Linking Academia and Practice: Developing Conflict Competence

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Civility in Nursing Education

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Collaborative Research Project
Gundersen Lutheran Department of Nursing and
Winona State University Department of Nursing
Incivility is rude or disruptive behaviors which often result in psychological or physiological distress for the people involved— and if left unaddressed, may progress into threatening situations (Clark, 2009).

Academic incivility is a disruptive behavior that interferes with the teaching/learning environment (Clark & Springer, 2010).

Incivility occurs on a continuum following a natural progression beginning with low risk behaviors and developing into high risk behaviors when left unaddressed (Stokowski, 2011).

Little attention has been focused on systematic documentation of both student and faculty uncivil behaviors as the basis for promoting civility in the classroom.
Purpose Statement

The purpose of this study was to characterize nursing student and faculty experiences with uncivil behaviors in nursing education.
Methods

- Cross-sectional study using survey methodology

- Sample population
  - Undergraduate nursing students
  - Nursing faculty

- Instruments
  - Demographic questionnaire
  - Incivility in Higher Education Scale (IHE) (Clark et al., 2009; Used with permission from C.M. Clark)
    - Uncivil behavior experienced (often, sometimes, rarely, never)
Results

- **Population sample**
  - 2nd semester \( n = 44 \)
  - 3rd semester \( n = 31 \)
  - 4th semester \( n = 81 \)
  - Faculty \( n = 25 \)

- Majority of students and faculty believe disruptive student and faculty behaviors to be a mild problem.

- 56% of students and 44% of faculty reported that students are more likely than faculty to engage in uncivil behaviors.
<table>
<thead>
<tr>
<th>Student Uncivil Behaviors Experienced</th>
<th>Student Frequency %</th>
<th>Faculty Frequency %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not paying attention</td>
<td>94</td>
<td>84</td>
</tr>
<tr>
<td>Using a computer unrelated to class</td>
<td>97</td>
<td>72</td>
</tr>
<tr>
<td>Holding distracting conversations</td>
<td>67</td>
<td>91</td>
</tr>
<tr>
<td>Acting bored and apathetic</td>
<td>86</td>
<td>72</td>
</tr>
<tr>
<td>Using cell phones/pagers during class</td>
<td>78</td>
<td>36</td>
</tr>
<tr>
<td>Arriving late for class</td>
<td>46</td>
<td>52</td>
</tr>
<tr>
<td>Creating tensions by dominating discussions</td>
<td>49</td>
<td>16</td>
</tr>
<tr>
<td>Being unprepared for class</td>
<td>27</td>
<td>24</td>
</tr>
<tr>
<td>Faculty Uncivil Behaviors Experienced</td>
<td></td>
<td></td>
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<tr>
<td>---------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Often or Sometimes</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Being unavailable outside of class</td>
<td>82</td>
<td>71</td>
</tr>
<tr>
<td>Ineffective teaching style or method</td>
<td>68</td>
<td>45</td>
</tr>
<tr>
<td>Deviating from syllabus, assignments</td>
<td>54</td>
<td>52</td>
</tr>
<tr>
<td>Arriving late for scheduled activities</td>
<td>29</td>
<td>68</td>
</tr>
<tr>
<td>Being inflexible, rigid, authoritarian</td>
<td>39</td>
<td>56</td>
</tr>
<tr>
<td>Ignoring disruptive behaviors</td>
<td>46</td>
<td>30</td>
</tr>
<tr>
<td>Leaving scheduled activities early</td>
<td>14</td>
<td>54</td>
</tr>
<tr>
<td>Making condescending remarks or put-downs</td>
<td>18</td>
<td>40</td>
</tr>
<tr>
<td>Punishing entire class for one person’s behavior</td>
<td>35</td>
<td>20</td>
</tr>
<tr>
<td>Making rude gestures or behaviors</td>
<td>15</td>
<td>36</td>
</tr>
<tr>
<td>Not allowing open discussions</td>
<td>18</td>
<td>28</td>
</tr>
</tbody>
</table>
Creating a Culture of Civility

Student Suggestions

- Committee to address incivility
- Increase awareness
- Take student problems seriously
- Public awareness of incivility
- De-stressing classes

- Define expectations
- Teach students “best practice”
- Mid-semester reviews
- Incivility should be addressed by everyone
- No toleration policy
Faculty Suggestions

- Promote honesty and trust
- Make a commitment to civility
- Treat each other (faculty & students) with dignity and respect
- Be aware of “what is civil and what is not”
  “Am I doing all that I can do to be more civil at work?...confront uncivil behaviors in a civil way”
- Have consequences for incivility for both faculty & students
- Role model civility in both faculty meetings and the classroom
Conceptual Model: Faculty Empowerment of Students to Foster Civility

Civility

Psychic Comfort
Problem-solving
Motivation
Self-direction

Student Empowerment

Constructive Reciprocal Engagement

Clark and Kenly, 2011
Educational Implications for Creating a Culture of Civility

- Faculty and students need foundational skills to address uncivil behaviors
- Faculty and students need to work together to build a respectful learning environment
- Faculty contribution to their professional relationships with teaching colleagues
  - Create a zestful workplace
  - Faculty journal club
References

Conflict Skill Building in a Nurse Residency Program

Ana Schaper PhD, RN
Rebecca Inglis MSN, RN
Stephanie Swartz MS, RN
Background

- Nurses experience conflict in the work setting
  - Interpret conflict negatively
  - Use avoidance as the dominant conflict style followed by accommodation
- Newly registered nurses frequently report acts of disrespect and destructive conflict
- New nurses benefit from communication skill development
Conflict Engagement

In a field like nursing, where passions and tensions run high, learning to effectively handle conflict is a critical safety skill. That’s why ANA has created a comprehensive program designed to give nurses the skills and strategies they need to perform well in the face of conflict.

On-Site Conflict Engagement Program

ANA created a three-part program designed to help nurses of all levels, in all locations deal with conflict. Participants:

- Get general knowledge in an online education module
- Learn from conflict experts in a conflict setting
- Practice role-playing with real-world scenarios

This program also gets real-world results. In a recent survey, individuals who completed the program reported a "real desire to quit creating work-arounds to avoid conflict" because they had "stronger skills to comfortably and respectfully address conflict." Reduced conflict in the workplace can lead to improved patient care, reduced employee burnout, and a healthier work environment. Contact ANA to schedule training at your facility.
Dynamic Conflict Model
- Not conflict management or resolution
- Behavior oriented
- Focus is on one’s own behaviors
- Conflict Dynamic Profile-Individual
  - Valid, reliable instrument
  - Self-awareness and group/team awareness
### Hot Buttons

<table>
<thead>
<tr>
<th>Constructive</th>
<th>Destructive</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Active</strong></td>
<td></td>
</tr>
<tr>
<td>Perspective Taking</td>
<td>Winning at All Costs</td>
</tr>
<tr>
<td>Creating Solutions</td>
<td>Displaying Anger</td>
</tr>
<tr>
<td>Expressing Emotions</td>
<td>Demeaning Others</td>
</tr>
<tr>
<td>Reaching Out</td>
<td>Retaliating</td>
</tr>
<tr>
<td><strong>Passive</strong></td>
<td></td>
</tr>
<tr>
<td>Reflective Thinking</td>
<td>Avoiding</td>
</tr>
<tr>
<td>Delay Responding</td>
<td>Yielding</td>
</tr>
<tr>
<td>Adapting</td>
<td>Hiding Emotions</td>
</tr>
<tr>
<td></td>
<td>Self-Criticizing</td>
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</tbody>
</table>
Lessons Learned: Conflict Engagement

- **Nurse Managers**
  - Need practice
  - Assumptions often wrong
  - Perspective taking is key vs. “jumping in to fix”

- **Informal Nurse Leaders**
  - Need practice
  - Need support

- **Staff Nurses**
  - Need more practice and support!
  - How and when to engage in conflict?
  - Incivility is trigger to “hot button responses”!
Evidence-Based Practice

Modifying the Conflict Engagement Program for Nurse Residents
This program was designed to foster effective communication in high-stress conflict situations

- Conflict Dynamic Profile-Individual (CDPI) self-assessment
- Conflict Engagement workshop
- Crucial Conversation skills interwoven
- Focus on civility and respectful communication
- Integrated monthly skill-building sessions
Practice-based Evidence Approach

The specific aims of this evidence-based practice program are to:

- implement a modified conflict engagement program.
- assess the implementation of the program and constructive conflict engagement skill building.
Methods

- Sample: Nurse Residents
- Pre-workshop survey with one-year follow up
  - Demographic questionnaire
  - Incivility in Higher Education (baseline only)
  - Conflict Dynamic Profile-Individual (CDPI)
- Notes from monthly debriefing meeting
Outcomes

- Demographics
  - 39 participants
  - Median age 25 years
  - 59% baccalaureate prepared
  - 92% worked in the inpatient setting
Residents indicated that disruptive student behaviors and faculty behaviors were no problem or a mild problem (64% & 54%, respectively).

<table>
<thead>
<tr>
<th>Disruptive Behaviors in the Classroom</th>
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</thead>
<tbody>
<tr>
<td>Faculty members more are much more likely</td>
<td>0</td>
</tr>
<tr>
<td>Faculty members a little more likely</td>
<td>13%</td>
</tr>
<tr>
<td>About equal</td>
<td>23%</td>
</tr>
<tr>
<td>Students are a little more likely</td>
<td>46%</td>
</tr>
<tr>
<td>Students are much more likely</td>
<td>13%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>5%</td>
</tr>
</tbody>
</table>
Personal Stories from Clinical Placement

- Disrespectful comments
- Not sharing wisdom
- Ignoring questions
- Showing no interest
- Ignoring
- Criticizing
- Demeaning
- Witnessing nurse-to-nurse destructive conflict
Confidence Rating for Engaging in Conflict with…

- Co-workers
  - Pre-workshop: 5.7
  - At 1-year: 7.4
- Physicians
  - Pre-workshop: 4.2
  - At 1-year: 6.7
CDPI Data
Nurse residents realize that
“Conflict is an opportunity in disguise.”
A Nurse Resident’s Story:
Engaging in Conflict for Patient Safety
Lessons Learned

- Timing of program initiation
- Generational conflict
- Success stories
- Good “perspective taking” takes time
- Engagement, not management
- Real-life scenarios
- Ownership
- Decision making
Implications for Practice

- Conflict skill building is important for preceptors of students and nurse residents.
- Incivility and generational conflict influences the nurse residents willingness to engage in conflict.
- Nurse residents can be supported in dealing with conflict by:
  - Developing constructive Conflict Engagement skills
  - Being prepared for Crucial Conversations
  - Participating in open dialogue of conflict issues and role play


Thomas, CM. (2010.) Teaching nursing students and newly registered nurses strategies to deal with violent behaviors in the professional practice environment. *Journal of Continuing Education in Nursing, 41*(7), 299-310.

http://nursingworld.org/MainMenuCategories/CertificationandAccreditation/Continuing-Professional-Development/Conflict-Engagement
http://www.vitalsmarts.com/crucialconversations/
http://hs.boisestate.edu/civilitymatters/
Creating Space for an Open Dialogue on Generational Conflict Between New Nurses and Wisdom Workers

Karen Hayter, MS, RN
Ana Schaper, PhD, RN
Shirley Newberry, PhD, RN

Jill Blackbourn, RN
Rebecca Inglis, MSN, RN
Mary Lu Gerke, PhD, RN
Today Five Generations of Nurses Practice in the Health Care Setting

- **Traditional Generation**
  1927 - 1945
- **Baby Boomers**
  1946 - 1964
- **Generation X**
  1965 - 1977
- **Gen Y/Millennials**
  1978 - 2000
- **Homelanders**
  2001 - 2020
Significance

Generational conflict can enhance the future of nursing or contribute to unhealthy working environments.

- New Nurse residents identified generational differences as challenging and leading to destructive conflict in the workplace.
- Seasoned “Wisdom Worker” nurses identified generational differences among current challenges they face in sharing their wisdom with young nurses.
Problem Statement

- An avenue was lacking in which younger nurses could link with wisdom workers.
- An event was created to bring the Baby Boomer and the Millennial generations together to start dialoguing about conflict and look at ways to further this work in the future.
Celebrating the Joy of Nursing

Goals:

- To explore ways in which generational differences can be openly discussed
- To foster collegiality among New Nurses and Wisdom Workers
Guiding Principles

- Caritas
- Caring for one another
- Open and welcome dialogue
- Intergenerational dialogue to create collegiality, sense of community, and relationships between generations.
Methodology

- Participants (N=57)
  - 36 New Nurses
  - 21 Wisdom Workers

- Set the table for honest communication
  - Short didactic presentation on generational perspectives
  - Focus on gratitude for one another

- World Café participation method used to foster discussion
Methodology, continued.

4-hour program held twice

- New Nurses and Wisdom Workers met separately
  - Reflective exercise questions presented
- Generational Cohorts came together
  - Presented with the answers to the reflective questions
  - Discussed similarities and differences across the generational perspectives
  - Small intergenerational work groups were challenged to create a personal definition of nursing to take forward into their clinical practice
  - Everyone participated in a celebration of nursing
World Café Reflective Exercise 1

- **Wisdom Workers were asked:** In working with New Nurses, what do you find most satisfying...most challenging?

- **New Nurses were asked:** In working with Wisdom Worker nurses, what do you find most satisfying...most challenging?
## Most Satisfying Experiences with the Other Generation

<table>
<thead>
<tr>
<th>New Nurses identified</th>
<th>Wisdom Workers identified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wisdom Workers as:</td>
<td>New Nurses as:</td>
</tr>
<tr>
<td>· Excellent clinical resources</td>
<td>· Risk takers</td>
</tr>
<tr>
<td>· Willingness to teach</td>
<td>· Open to new ideas</td>
</tr>
<tr>
<td>· Willingness to share past experiences</td>
<td>· Viewing failure as a learning opportunity</td>
</tr>
<tr>
<td>· Being patient with New Nurses</td>
<td>· Masters of technology</td>
</tr>
</tbody>
</table>
### Most Challenging Experiences with the Other Generation

<table>
<thead>
<tr>
<th>New Nurses identified</th>
<th>Wisdom Workers identified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wisdom Workers as:</td>
<td></td>
</tr>
<tr>
<td>▪ Resistant to change</td>
<td></td>
</tr>
<tr>
<td>▪ Lacking of computer skills</td>
<td></td>
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<tr>
<td>▪ Less sensitive/“burned out”</td>
<td></td>
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<tr>
<td>▪ Less team oriented</td>
<td></td>
</tr>
<tr>
<td>▪ Frustrated with new staff</td>
<td></td>
</tr>
<tr>
<td>New Nurses as:</td>
<td></td>
</tr>
<tr>
<td>▪ Preferring texting over face-to-face communication</td>
<td></td>
</tr>
<tr>
<td>▪ Overestimating their ability to multi-task</td>
<td></td>
</tr>
<tr>
<td>▪ Not as dedicated (work ethic is different)</td>
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</tbody>
</table>
World Café
Reflective Exercise 2

If you could have just one question answered from our work together today, what would that be?

- How can New Nurses develop the feeling of organizational commitment (loyalty) experienced by Wisdom Workers?
- What lessons have Wisdom Workers learned?
- Where can we get more information on generational perspectives/differences related to nursing practice?
Reflective Exercise 2, continued

- How do we weave our generational groups together and create joy leading to solidarity among nurses?

- How can we have this type of open discussion with other nurses on our units?
Nurses: Coming Together to Honor Our Past and Embrace Our Future
Themes That Crossed Personal Definitions of Nursing

Care – Compassion – Connections

- “…profession dedicated to a healing presence incorporating education, compassion and empowerment in the lives of people we touch”

- “As a nurse we co-create an intimate relationship with patients and families, through which we can demonstrate compassion, skilled, and competent care.”
Themes That Crossed Personal Definitions of Nursing

Nursing as Art and Science

- “A profession in which there is a complete interweaving of art and science, which emphasizes compassionate caregiver and advocate while supporting evidence-based practice.”

- “A profession of providing autonomous and collaborative care to patients and families using scientific and holistic approach in preventing, treating and maintaining an individuals health...”
Implications for Clinical Practice

- Open dialogue in this setting resulted in respectful discourse on both the satisfying and challenging nature of working with nurses of another generation.
Implications for Clinical Practice, continued

Future goals include:

- Prioritizing the need for different generations of nurses to connect socially and in the co-creation of nursing practice
- Creating opportunities for open dialogue on topics of values, beliefs, and relationships with colleagues.
- Adding nurses from Generation X into the conversation to develop a more congruent look at all generations.
- Development of a mentor-mentee program to align seasoned Wisdom Workers with New Nurses.
Celebration of Nursing
Passing of the Light
References

- MSA HR Capital National Normative Database, 2009 – Generational Distribution Graph
Questions?
Thank you for your time.