Conflict is not Common in Our Workplace

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Gundersen Lutheran
What is Conflict?

- Any situation in which people perceive themselves to have incompatible goals, interests, principles, or reactions.
  - (Center for American Nurses, 2010)
Gundersen Lutheran’s Plan

- Webinar
  - Collaboration with Center for American Nurses, LDNA, WNA, Health Science Consortium

- On-line Module
  - For RNs only – required across the health system

- Workshops
  - Round 1: Clinical Managers, Educators, QI, APNs
    - Coaching call
    - Focus Groups
GL’s Plan continued...

- Workshops
  - Round 2: Informal Leaders at the bedside (Expert Leaders)
    - Learning Circles – once a month x 4 months
  - Next Steps

- Video production

- Program Evaluation Research

- Incivility in Nursing Education
Conflict Engagement: Individual Responses to Conflict

- Constructive Responses
  - Perspective taking
  - Creating solutions
  - Expressing emotions
  - Reaching out
  - Reflective thinking
  - Delay responding
  - Adapting

- Destructive Responses
  - Winning at all costs
  - Displaying anger
  - Demeaning others
  - Retaliating
  - Avoiding
  - Yielding
  - Hiding emotions
  - Self-criticizing

- Hot Buttons
Purpose: Program Evaluation

- To assess the effectiveness of the Conflict Engagement Portfolio intervention with Gundersen Lutheran nurses at baseline and at one year after the initiative.

- Assessing our organization: “What did we learn from our baseline evaluation?”
Framework

• Susan Jo Roberts’ model of identity development for nursing. (Roberts, 2000)
  • Used for selection of quantitative instrument
  • Used to guide qualitative analysis
What we wanted to know?

- What is the prevalence of conflict as perceived by staff RNs at Gundersen Lutheran?

- What is the perception of Gundersen Lutheran nurses in relation to “Internalized Sexism” and “Minimization of Self”?
  - Are there any differences in the subscales
    - Across generations
    - Among formal and informal nurse leaders, and staff nurses
    - Between nurses working in ambulatory care compared to nurses working in the hospital?
Methods

• Survey
  • Demographic
  • Nurse Workplace Scale survey
    • 12-item instrument
    • 2 subscales
      • “Internalized Sexism”
      • “Minimization of Self”

• Focus groups and individual interviews
## Survey Sample

<table>
<thead>
<tr>
<th>Eligible Survey Respondents</th>
<th>Completed Survey (n)</th>
<th>Return Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Nurses n = 1174</td>
<td>615</td>
<td>52%</td>
</tr>
<tr>
<td>Formal and Informal Leaders n = 96</td>
<td>89</td>
<td>93%</td>
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<tr>
<td>Total n = 1270</td>
<td>704</td>
<td>55%</td>
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</tbody>
</table>
## Demographic Profile by Generation

<table>
<thead>
<tr>
<th>Generation</th>
<th>Age (Years)</th>
<th>Participants (n=691)</th>
<th>Education</th>
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</thead>
</table>
| Baby Boomer (1946-1964) | Mean = 54 ± 5 | n= 346               | ADN = 41%  
BSN = 48%  
Master’s = 10% |
| Generation X (1965-1980) | Mean = 38 ± 5 | n=241                | ADN = 43%  
BSN = 53%  
Master’s = 4%  |
| Millenials (1981-2000) | Mean = 26 ± 2 | n=104                | ADN = 29%  
BSN = 68%  
Master’s = 3%  |
Staff Nurse Positions

- In-patient: 51%
- Out-patient: 40%
- Both in-pt. & out-pt.: 5%
- Other: 4%
## Prevalence of Conflict

<table>
<thead>
<tr>
<th></th>
<th>Very Common</th>
<th>Common</th>
<th>Somewhat Common</th>
<th>Not Common</th>
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<tbody>
<tr>
<td><strong>Gundersen Lutheran</strong></td>
<td>n = 56 9.2%</td>
<td>n = 162 26.6%</td>
<td>n = 242 39.7%</td>
<td>n = 149 24.5%</td>
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</tr>
<tr>
<td><strong>Gundersen Lutheran</strong></td>
<td></td>
<td>36%</td>
<td></td>
<td>64%</td>
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<tr>
<td></td>
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<td>(Hospital 41% Clinic 31%)</td>
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<tr>
<td><strong>National Survey by the Center for American Nurses</strong></td>
<td></td>
<td>53%</td>
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<td>47%</td>
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(Dewitty et al., 2009)
Rank of Conflict in the Workplace

- Nurse-Nurse
- Nurse-Physician
- Nurse-LPN/MA/CNA
- Nurse-Nurse Mgr
- Nurse-Other
- Nurse-Other Support

Percent
Nurse Workplace Scale

Beliefs in the Professional Workplace
And
Self-Advocating Behaviors
Nurse Workplace Scale: “Internalized Sexism”

- Hard to work with women
- Difficult for women to reach consensus
- Most friends are men or “can’t trust women”
- Prefer a male boss
- Believe men have more leadership ability
Purpose: To gain insight into the use of conflict engagement strategies in the workplace
Who is the conflict between?

- **Nurse to MD.** “I think respecting people’s personalities is very important…..”

- **MD to Nurse.** “The lack of understanding and respect of sharing ideas all the time. If we would know the physician’s game plan is; they forget to tell you..I disagree with the percentages here”

- **Nurse to Nurse.** “People you work with the most”

- **Nurse to MA/CNA.** “don’t have as much clout…” “Imbalance of power”
Hospital vs. Clinic

- Clinic “Pace is different, work is predictable” 2:87
- Hospital – “issues with scheduling” 1
- Clinic – “Work with one doctor most of the day, build a rapport” 1:91
- Clinic – “More respect working together” 1:98
Focus group leader stated “multiple nurses from the clinic setting indicated there was no conflict in the work setting.”

Nurse response “I just want to know where that is and if they have job openings”
Barriers

- Need for consistent working definition of conflict
- Belief that all conflict is bad
- Perception that conflict doesn’t exist in the current work setting
- In developing a proactive initiative, research suggests starting with manager training, but little evidence for moving forward with staff nurses
- Cost
- Limited opportunity for structured learning for ongoing skill building (too busy)
Benefits of the Journey

What would we like staff to experience

- Improve interdisciplinary communication, relationships, and job satisfaction
- Minimize stress
- Increase workgroup cohesiveness
- Increase staff retention
- Lead to an empowered and autonomous staff
- Improve patient outcomes
- Hear other’s stories
References


References
