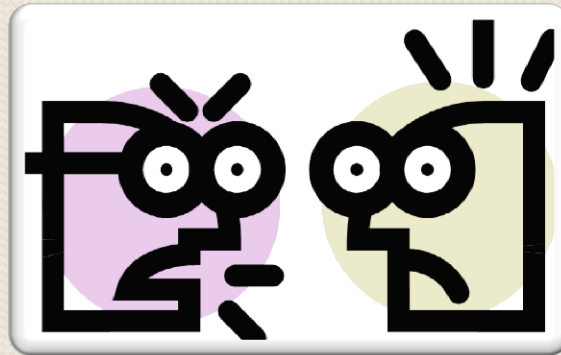# Conflict is not Common in Our Workplace

Shirley Newberry, PhD, RN

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 Mangers, 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

- Hot Buttons

- 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

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

Eligible Survey Respondents	Completed Survey (n)	Return Rate
Staff Nurses n = 1174	615	52%
Formal and Informal Leaders n = 96	89	93%
Total n = 1270	704	55%

Demographic Profile by Generation

|	Age (Years)	Participants (n=691)	Education
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

Work Setting

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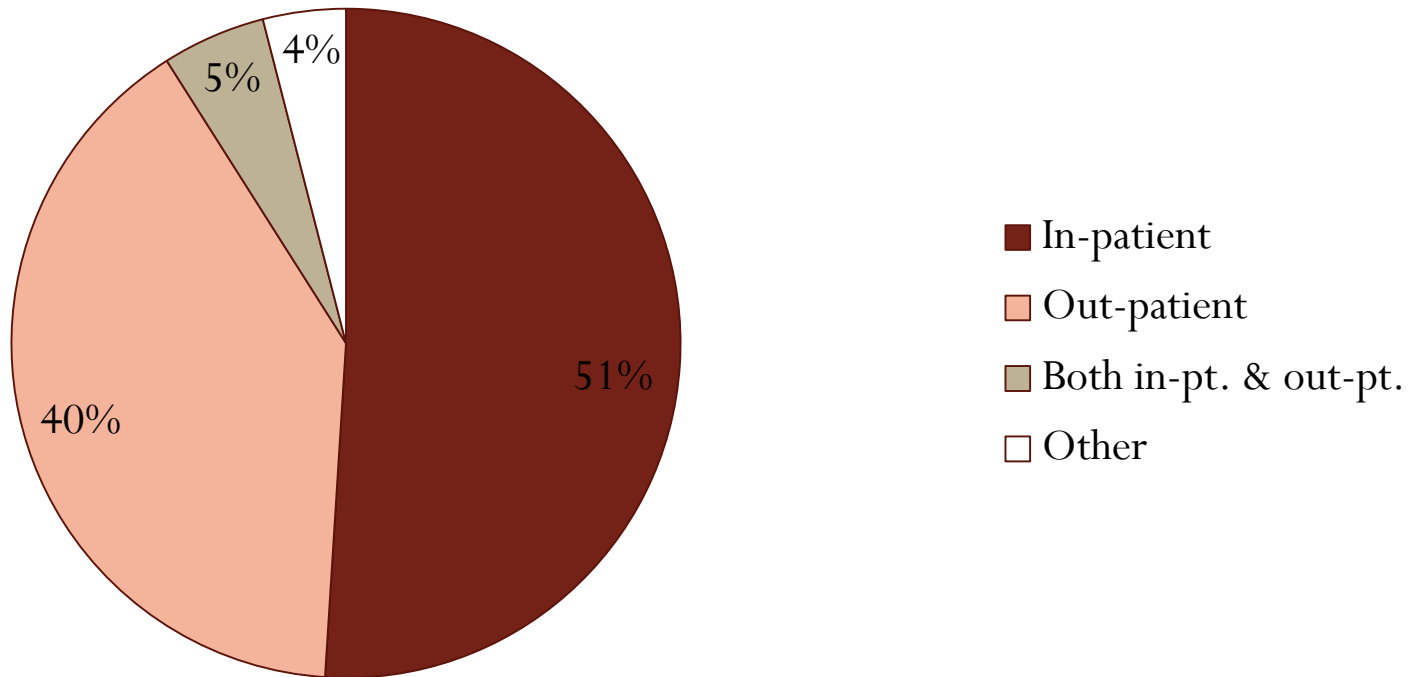
Prevalence of Conflict

	Very Common	Common	Somewhat Common	Not Common
Gundersen Lutheran	n = 56 9.2%	n = 162 26.6%	n = 242 39.7%	n = 149 24.5%
Gundersen Lutheran	36% (Hospital 41% Clinic 31%)		64%	
National Survey by the Center for American Nurses	53%		47%	

(Dewitty et al., 2009)

Rank of Conflict in the Workplace
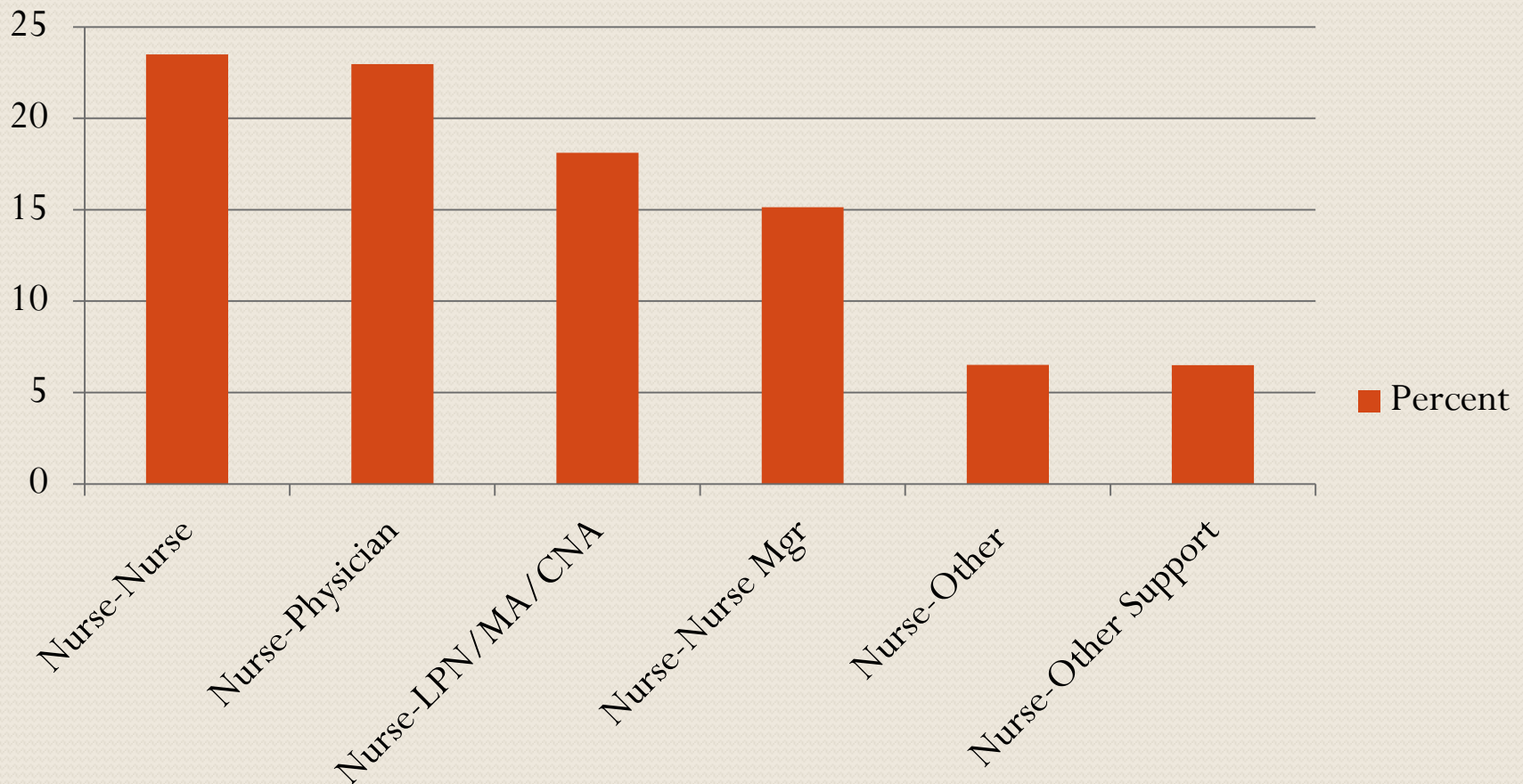
Nurse Workplace Scale

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

Focus Groups

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….."[1:55]*

- *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"[1:70]*

- *Nurse to Nurse."People you work with the most"[3:125]*

- *Nurse to MA/CNA." don't have as much clout…"[1:77] "Imbalance of power"[2:62]*

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

Quote from Survey

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

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