



Developing Conflict Engagement Competence at the Staff Nurse Level

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What is Conflict?



- Any situation in which people perceive themselves to have incompatible goals, interests, principles, or reactions.

(Center for American Nurses, 2010).

Challenges for Nursing

- How can health systems proactively address intimidating and disruptive behaviors that lead to **destructive** conflict issues in the workplace?
- How can nurse leaders support their staff for **constructive** conflict engagement with physicians and other colleagues rather than avoidance of conflict?
- How can we accomplish **sustainability** of conflict competent skills?

Addressing the Challenge

- To proactively address conflict in workplace, the Department of Nursing committed to utilizing the Center for American Nurses' Conflict Engagement Profile program.

Goals of the Project

- Create a program that is time efficient, cost effective, and meaningful to staff nurses.
- Develop staff nurse skill in the use of constructive conflict engagement strategies
- Build a community of practice for ongoing support in addressing conflict

Framework

- Susan Jo Roberts' model of identity development for nursing. (Roberts, 2000)

Design

- Pre-test with post-test at 6 months
- Conflict Dynamic Profile Instrument (CDPI)

Conflict Engagement Profile Program

“Knowledge + Competency + Coaching = Healthy Work Environments”

(Center for American Nurses, 2010)

- Knowledge
 - On-line tutorial on conflict in clinical practice
- Competency
 - 4-hour skill development workshop
- Coaching
 - Learning Circles: practice, practice, practice

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

Learning Circles (LCs)

- Timeframe
 - 1 hour sessions for 4 months following the workshop
- Meeting Format
 - Discussion – thoughts on conflict
 - Practice – role play
 - One role play scenario provided
 - Participants provide other scenarios for role play
 - Three people participate in the role play with one person being a resource to both players
 - Discussion and homework for next month

Participants

- 45 of 202 (22%) staff nurses with a clinical designation of Expert Leader (EL) volunteered to participate
- Median age was 50 years
- Median time of employment was 18 years
 - 58% employed in the hospital setting
 - 42% employed in the clinic setting
- 56% had a bachelor's degree
- 58% were active in the system's shared governance structure

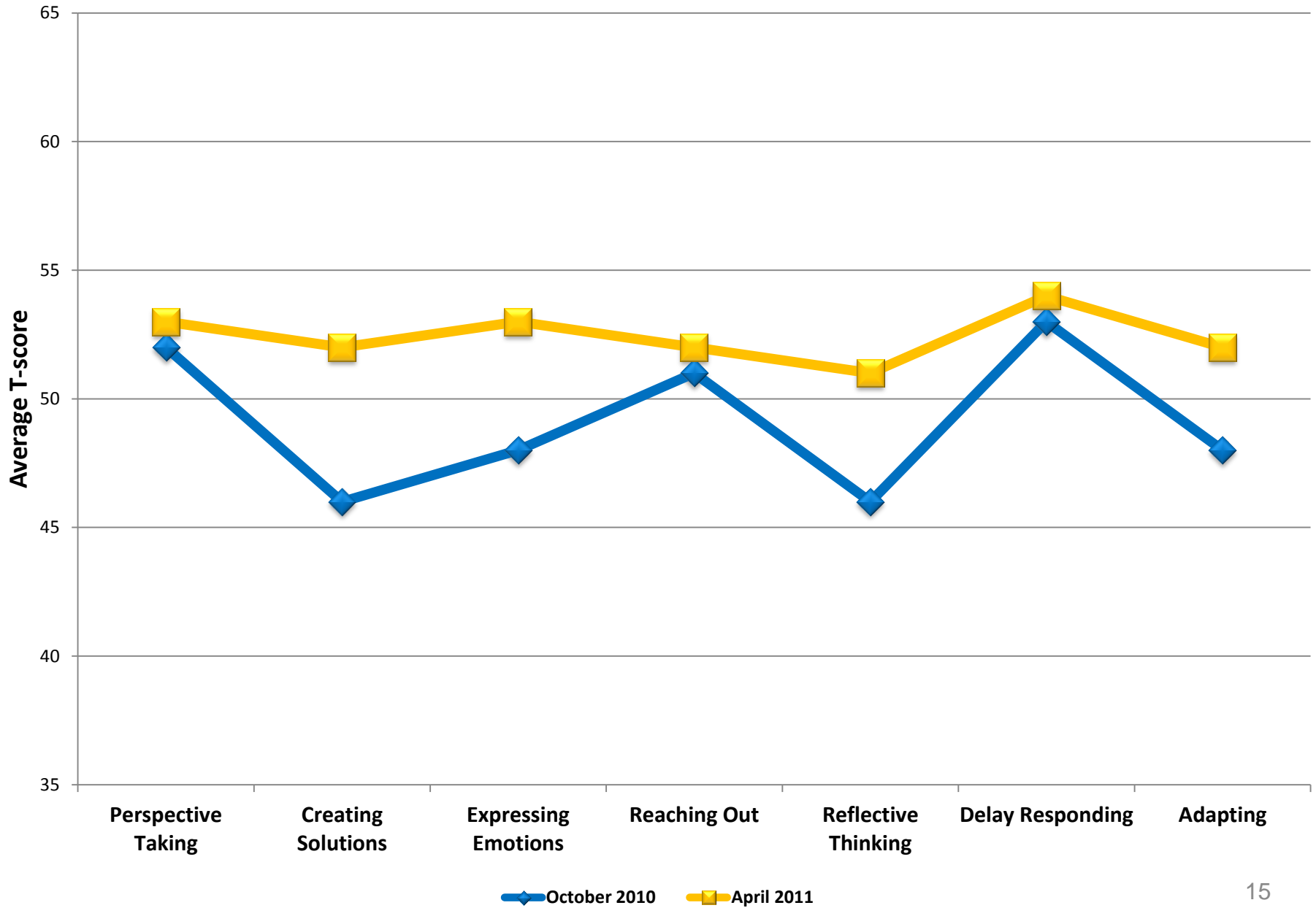
Focus area selected for each Learning Circles

- Month 1 - Perspective Taking
- Month 2 - Hot Buttons
- Month 3 - Destructive Strategies
- Month 4 - Constructive Strategies

Attendance

- 91% attended at least one LCs
- 76% attended 2 or more LCs
- 50% attended 3 or more LCs

Comparison of Conflict Dynamic Profile Constructive Responses Gundersen Lutheran Training



Comparison of Conflict Dynamic Profile Destructive Responses Gundersen Lutheran Training



Lessons Learned

- Raising awareness
- Constructive strategies remained the same or improved
- With the exception of “demeaning others, destructive strategies remained the same or decreased
- Skill building occurred over time
- At the 4th LC participants voiced their personal commitment to improving skills (goal for next year)
- At the 4th LC participants began to recognize how their behaviors contribute to ongoing conflict

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

Further recommendations for Research

- Sustainability
- LCs with the Nurse Residency over a year long program
- “Coaching” with Manager population
- Interprofessional communication video

Questions???



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