

# 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

# Background

- 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

- 2<sup>nd</sup> semester      n = 44
- 3<sup>rd</sup> 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.**

<b>Student Uncivil Behaviors Experienced <i>Often or Sometimes</i></b>	<b>Student Frequency %</b>	<b>Faculty Frequency %</b>
<b>Not paying attention</b>	<b>94</b>	<b>84</b>
<b>Using a computer unrelated to class</b>	<b>97</b>	<b>72</b>
<b>Holding distracting conversations</b>	<b>67</b>	<b>91</b>
<b>Acting bored and apathetic</b>	<b>86</b>	<b>72</b>
<b>Using cell phones/pagers during class</b>	<b>78</b>	<b>36</b>
<b>Arriving late for class</b>	<b>46</b>	<b>52</b>
<b>Creating tensions by dominating discussions</b>	<b>49</b>	<b>16</b>
<b>Being unprepared for class</b>	<b>27</b>	<b>24</b>

Faculty Uncivil Behaviors Experienced <i>Often or Sometimes</i>	Student Response %	Faculty Response %
Being unavailable outside of class	<b>82</b>	71
Ineffective teaching style or method	<b>68</b>	45
Deviating from syllabus, assignments	54	52
Arriving late for scheduled activities	29	<b>68</b>
Being inflexible, rigid, authoritarian	39	<b>56</b>
Ignoring disruptive behaviors	<b>46</b>	30
Leaving scheduled activities early	14	<b>54</b>
Making condescending remarks or put-downs	18	<b>40</b>
Punishing entire class for one person's behavior	<b>35</b>	20
Making rude gestures or behaviors	15	<b>36</b>
Not allowing open discussions	18	<b>28</b>



# Creating a Culture of Civility

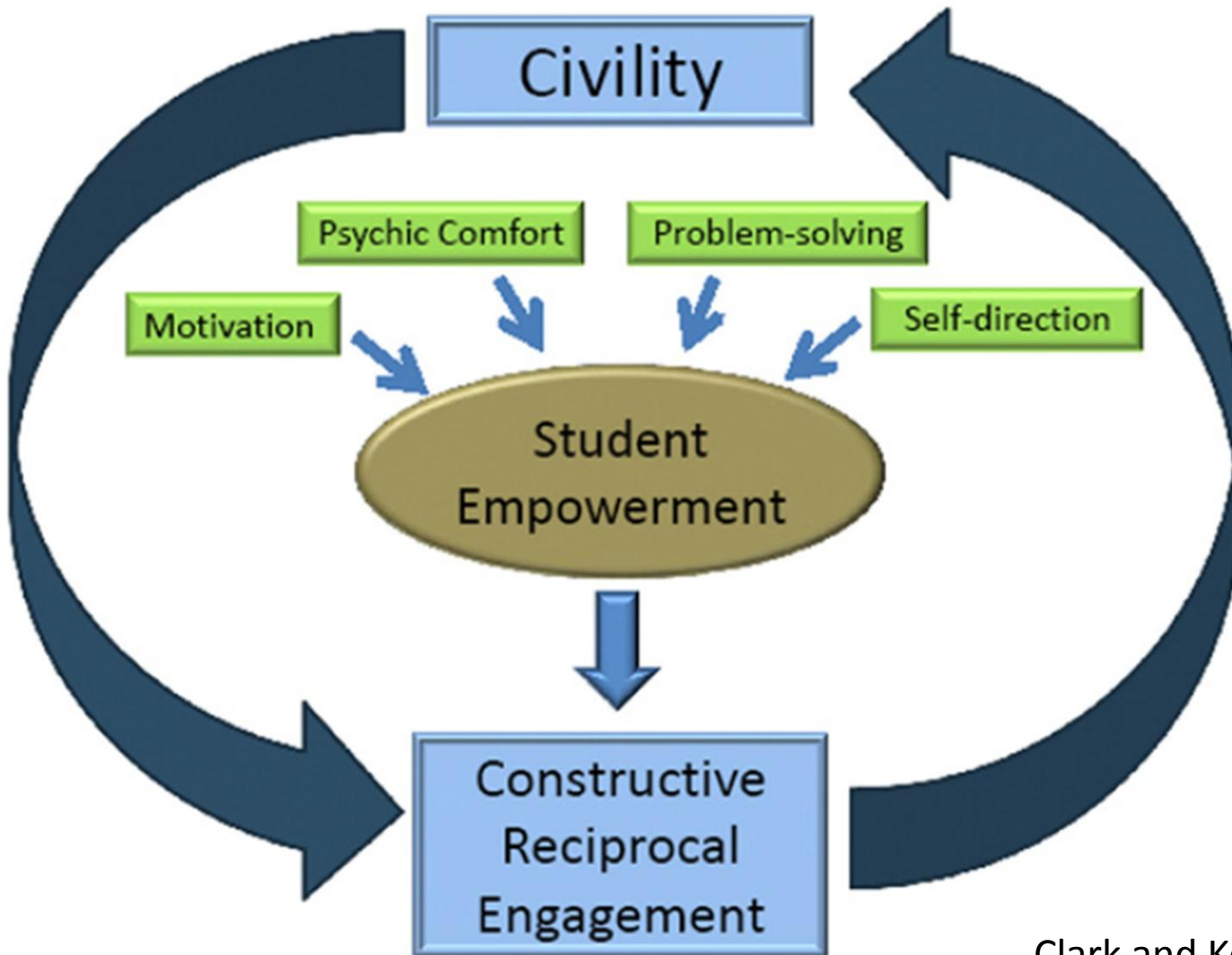
## ➤ Student Suggestions

- 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

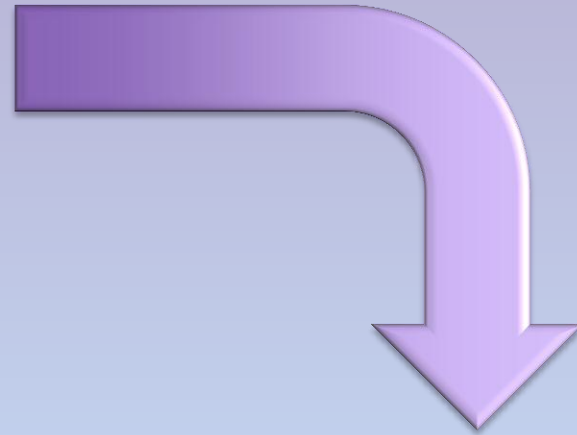
Conceptual Model:  
Faculty Empowerment of Students to Foster Civility



# 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

**Academia**



**Practice**

# References

- Clark, C.M. (2009). Faculty field guide. *Nurse Educator*, 34(5), 194-197.
- Clark, C.M. (2010) Five-part series: Fostering civility in nursing education and practice. *Reflections on Nursing Leadership*, 36(1), Sigma Theta Tau International.
- Clark, C.M. & Kenly, B.L. D. (2011). Faculty empowerment of students to foster civility in nursing education: A merging of two conceptual models. *Nursing Outlook*, 59, 158-163.
- Clark, C.M.; Olender, L., Cardoni, C. & Kenski, D. (2011). Fostering civility in nursing education and practice – Nurse leader perspectives. *Journal of Nursing Administration*, 41(7/8), 324-330.
- Clark, C.M. & Springer, P.J. (2010). Academic nurse leaders' role in fostering a culture of civility in nursing education. *Journal of Nursing Education*, 49(6), 319-325.
- Clark, C.M., Farnsworth, J., & Landrum, R. E. (2009). Development and description of the incivility in nursing education (INE) survey. *Journal of Theory Construction & Testing*, 13 (1), 7-15.
- Clark, C.M., Springer, P., (2010). Academic nurse leaders' role in fostering a culture of civility in nursing education. *Journal of Nursing Education*, 49(6), 319-325. DOI: 10.3928/01484834-20100224-01
- DalPezzo, N.K. and Jett, K.T. (2010). Nursing Faculty: A vulnerable population. *Journal of Nursing Education*, 49(3), 132-136.
- Heinrich, K.T. (2010). An optimist's guide for cultivating civility among academic nurses. *Journal of Professional Nursing*, 26(6), 325-331.
- Luparell, S. (2011). Incivility: a 5 step approach to prevention and reconciliation. Webinar May 3, 2011.
- Stokowski, L. (2011, March 24). The Downward Spiral of Incivility in Nursing. Retrieved March 29, 2011, from Medscape Nurse: <http://www.medscape.com/viewarticle/739328>.
- Suplee, P.D., Lachmann, V.D., Siebert, B., & Anselmi, K.K. (2008). Managing nursing student incivility in the classroom, clinical setting, and on-line. *Journal of Nursing Law*, 12(2), 68-77.



# **Conflict Skill Building in a Nurse Residency Program**

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**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



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### Career & Credentialing

» Conflict Engagement

Conflict Engagement Form

ANA Chat

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## Conflict Engagement

SHARE

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 turnover, and a happier work environment. Contact us to schedule training at your facility.



Find the right job for you!

ANA Nurse's Career Center

A photograph of a nurse in white scrubs talking to an elderly patient who is sitting in a wheelchair.

TOP VIEWED

- 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

## Constructive

## Destructive

### Active

Perspective Taking  
Creating Solutions  
Expressing Emotions  
Reaching Out

Winning at All Costs  
Displaying Anger  
Demeaning Others  
Retaliating

### Passive

Reflective Thinking  
Delay Responding  
Adapting

Avoiding  
Yielding  
Hiding Emotions  
Self-Criticizing

# 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

# Incivility in Higher Education (IHE)

- Residents indicated that disruptive student behaviors and faculty behaviors were no problem or a mild problem (64% & 54%, respectively).

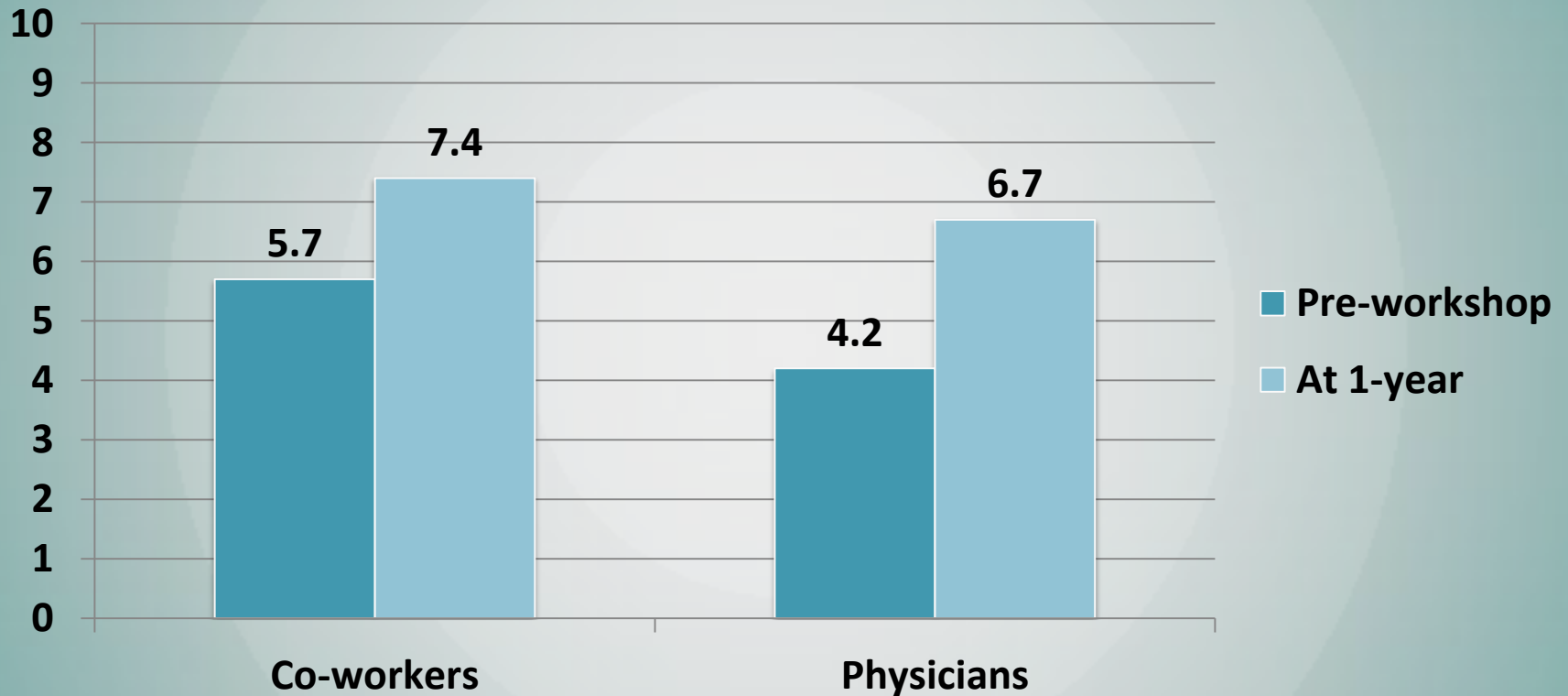
Disruptive Behaviors in the Classroom	
Faculty members more are much more likely	0
Faculty members a little more likely	13%
About equal	23%
Students are a little more likely	46%
Students are much more likely	13%
Don't know	5%

# Personal Stories from Clinical Placement



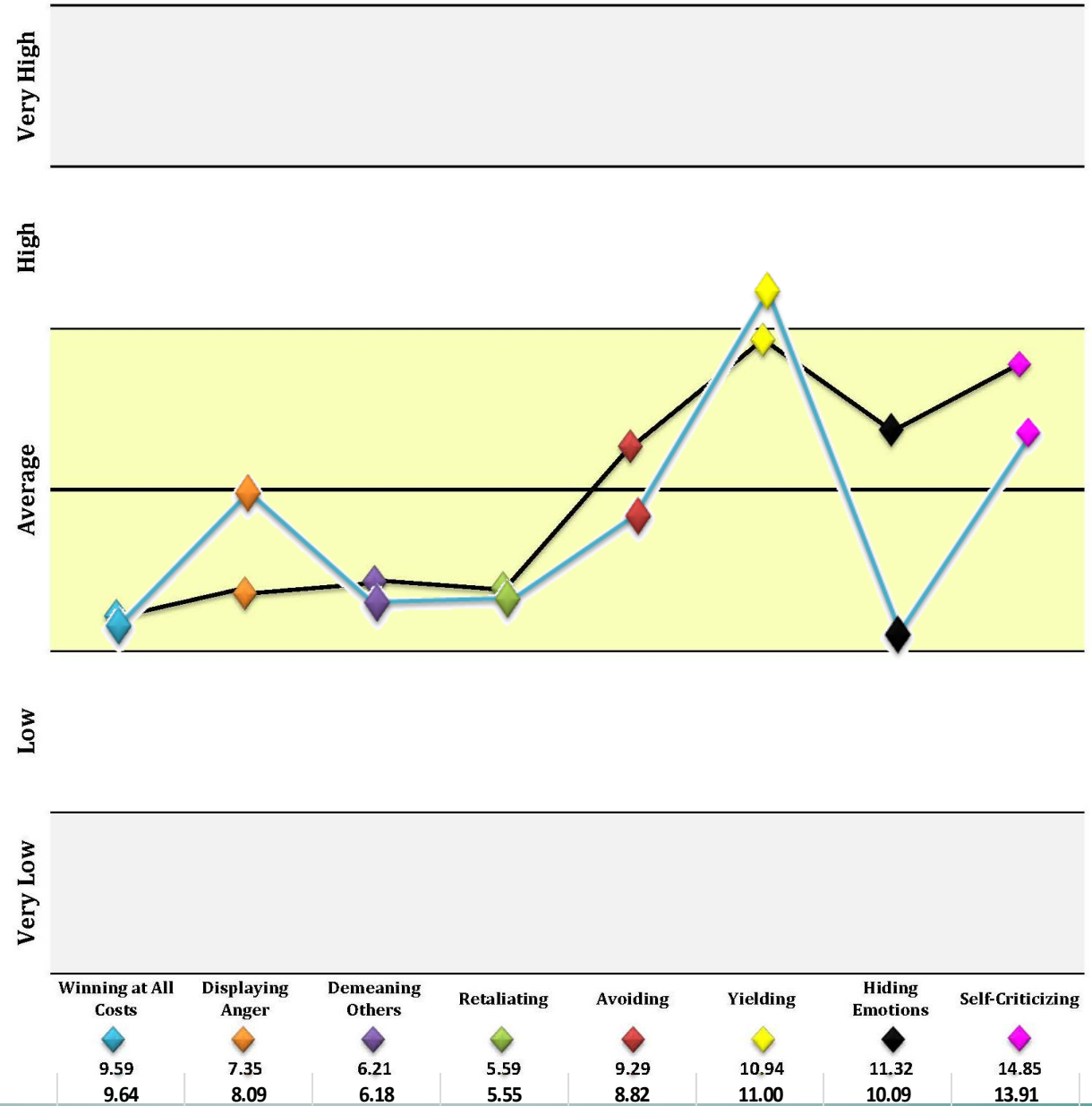
- Disrespectful comments
- Not sharing wisdom
- Ignoring questions
- Showing no interest
- Ignoring
- Criticizing
- Demeaning
- Witnessing nurse-to-nurse destructive conflict

# Confidence Rating for Engaging in Conflict with...



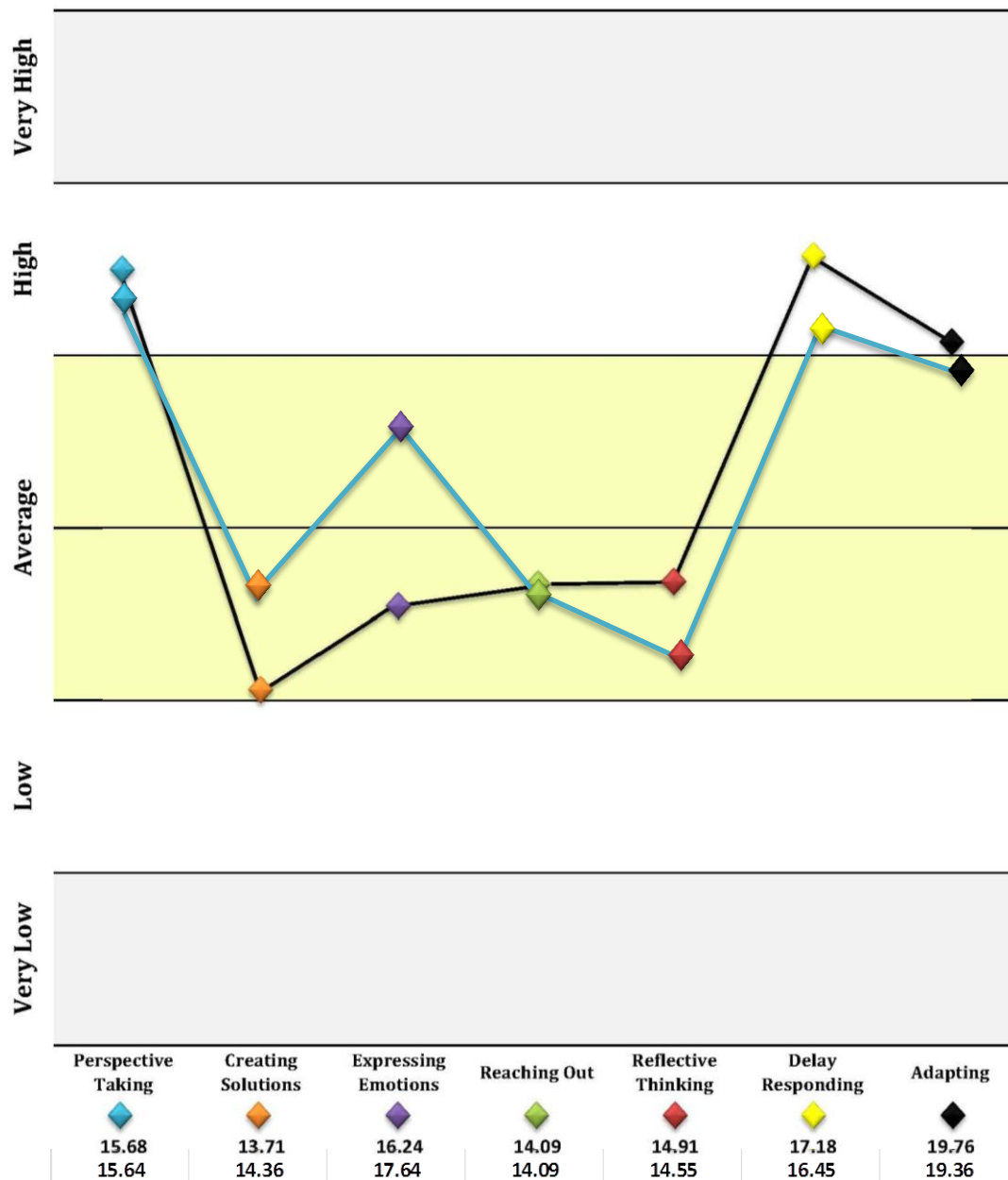
# CDPI Data

Average Destructive Responses  
(Lower Responses are Desired)



# CDPI Data

Average Constructive Responses  
(Higher Responses are Desired)





**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

# References

Dewitty, V.P., Osborne, J.W., Friesen, M. A., Rosendranz, A. (2009). Workforce conflict: What's the problem? *Nursing Management*, 40(5), 31-33, 37.

Dyess, S.M., & Sherman, R.O. (2009). The first year of practice: New graduate nurses' transition and learning needs. *Journal of Continuing Education in Nursing*, 40(9), 403-410.

Hunt, C. & Marini, Z. A. (2012). Incivility in the practice environment: A perspective from clinical nurse teachers. *Nurse Education in Practice*, 12, 366-379.

Laschinger, L.K.S., Finegan, J., & Wilk, P. (2009). New graduate burnout: The impact of professional practice environment, workplace civility and empowerment. *Nursing Economics*, 27(6), 377-383.

Leiter, M.P., Price, S.L., & Laschinger H.K.S. (2010). Generational differences in distress, attitudes and incivility among nurses. *Journal of Nursing Management*, 18, 970-980.

Mahon, M., M., & Nicotera, A., M. (2011). Nursing and conflict communication: Avoidance as preferred strategy. *Nursing Administration Quarterly*, 35(2), 152-163.

Setter, R., Walker, M., Connelly, LM, & Pererman, T. (2011). Nurse residency graduates' commitment to their first positions. *Journal of Nurse Staff Development*, 27(2), 58-64.

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**

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Shirley Newberry, PhD, RN**

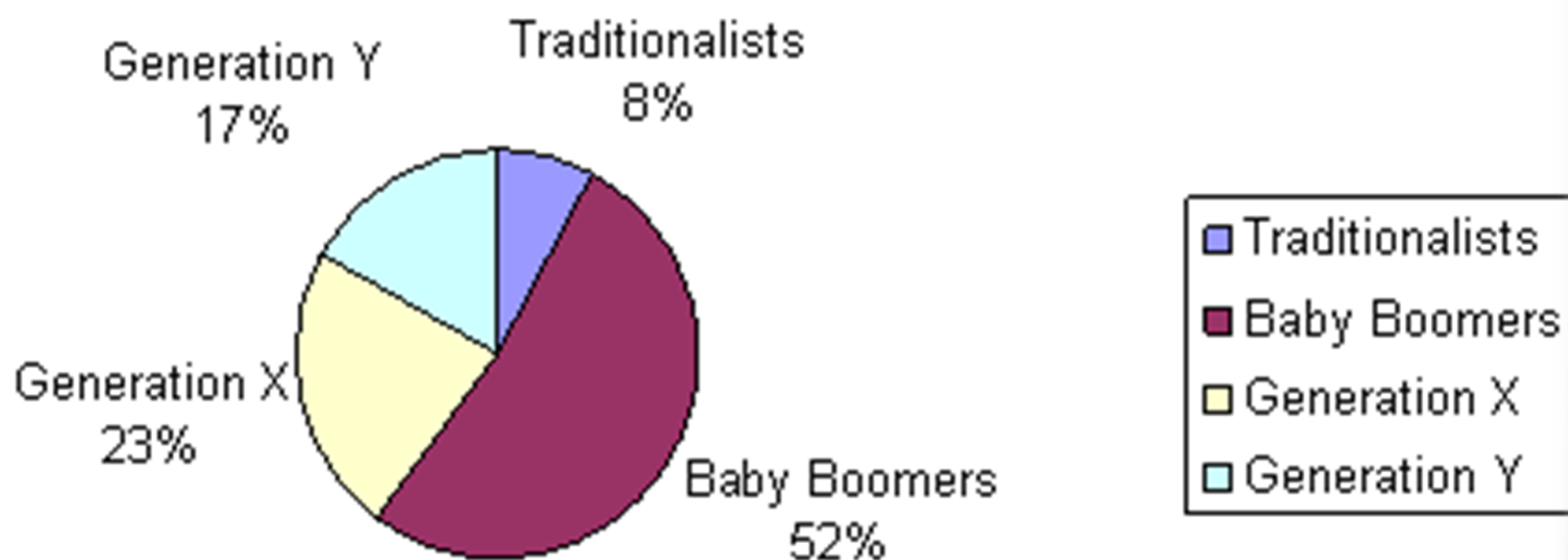
**Jill Blackburn, RN  
Rebecca Inglis, MSN, RN  
Mary Lu Gerke, PhD, RN**

# 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



## Healthcare Work Force



# 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

## New Nurses identified

### Wisdom Workers as :

- Excellent clinical resources
- Willingness to teach
- Willingness to share past experiences
- Being patient with New Nurses

## Wisdom Workers identified

### New Nurses as:

- Risk takers
- Open to new ideas
- Viewing failure as a learning opportunity
- Masters of technology

# Most Challenging Experiences with the Other Generation

## New Nurses identified

### Wisdom Workers as:

- Resistant to change
- Lacking of computer skills
- Less sensitive/“burned out”
- Less team oriented
- Frustrated with new staff

## Wisdom Workers identified

### New Nurses as:

- Preferring texting over face-to-face communication
- Overestimating their ability to multi-task
- Not as dedicated (work ethic is different)

# **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
- Winograd, M. & Hais, M.D. (2011). *Millennial Momentum*. New Brunswick, New Jersey: Rutgers University Press.



**Questions?**

**Thank you for your time.**