## Title:

Crucial Conversations in Nursing Academics: Practical Strategies

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#### **Session Title:**

Skilled Communications for the Academic Setting

Slot:

G 05: Saturday, 18 March 2017: 2:00 PM-2:45 PM

**Scheduled Time:** 

2:20 PM

## **Keywords:**

communication, conversation and dialogue

#### References:

Altmiller, G. (2012). Students perceptions of incivility in nursing education:

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  Introducing the INE-R. *Journal of Nursing Education*, *54*(6), 306-315. doi: 10.3928/01484834-20150515-01
- Major, K., Abderrahman, E. A., & Sweeney, J. I. (2013). Crucial conversations in the workplace: Offering nurses a framework for discussing and resolving, incidents of lateral violence. *American Journal of Nursing*, 113(4), 66-70.
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Nikstaitis, T., & Coletta, L. S. (2014). Incivility among intensive care nurses.

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## **Abstract Summary:**

Nominal literature has explored approaches to address incivility among nurse educators and even more so, in nursing academia. This session focuses on practical strategies for discussing critical issues with passionate colleagues using the Crucial Conversations Framework. **Learning Activity:** 

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
Identify assumptions that lead to chaos versus dialogue.	Factors that lead to crucial conversations.
Value the benefits of dialogue in the workplace despite varying emotions, opinions, or position of authority.	Consequences of silence and violence and strengthening relationships.
Apply practical strategies based on Patterson, Grenny, McMillan, and Switzler's (2002) book, "Crucial Conversations," to build and maintain communication in nursing academia.	Building safety, learning to look, listening, self-monitoring, and mutual purpose.

# **Abstract Text:**

The literature is replete with evidence supporting the presence of incivility, lateral violence, and bullying in nursing (Nikstaitis & Coletta, 2014; Warrner, Sommers, Zappa, and Thernlow, 2016). Most studies have focused on incivility between nurses in the inpatient setting. The prevalence of incivility among nurse academicians has only been recently studied. In 2009, Clark, Farnsworth, and Landrum developed the first known empirical instrument to measure incivility in nursing education, which was revised by Clark, Barbosa-Leiker, Gill, and Nguyen (2015).

A qualitative study by Peters (2014) revealed that nursing faculty who had been teaching for five or more years had experienced faculty-to-faculty incivility including sensing that colleagues wanted them to fail, perceived possessiveness from experienced faculty, sensing a power struggle within the department of nursing and feeling that senior faculty felt threatened by novice nursing faculty.

Burger, Kramlich, Malitas, Page-Curtrar, and Witfield-Harris (2014) suggest that the bioethical theory symphonology can help faculty facilitate difficult conversations and focus on areas where this is fundamental agreement within the context of nursing education.

While research has found incivility to be present between nurses in bedside practice and academics, strategies to address the effectiveness of strategies that decrease incivility need to be studied.

Effective communication has consistently been a strategy used across professions to create a healthy work environment (Shanta & Eliason, 2014). Major, Abderrahman, and Sweeney (2013) suggested nurses engage in crucial conversations with co-workers and decrease lateral violence. The framework suggested stems from Patterson, Grenny, McMillan, and Switzler (2002) book titled *Crucial Conversations*.

This presentation will hone in on the assumptions that lead to chaos versus dialogue, the benefits of dialogue in the workplace despite positions of authority, and how to apply practical strategies based on Patterson, Grenny, McMillan, and Switzer's (2002) book, *Crucial Conversations*, to build and maintain communication in academia. Research on the effectiveness of this strategy in nursing academics is needed.