Incidents were categorized into six types. Students' journal entries reflected: Association of preferred leadership behaviors to positive feedback from peers and recognition by foremost, conflicts identified as resulting in potential increased level of confidence to handle conflict. Increased ability to advocate on the patients' behalf. Timely resolutions of clinical issues using improved responses. Among the recorded cases, there was little evidence initial reactions favorable personal outcomes resulting from analysis.

METHODS

Pre-professional degree RN students were required to maintain a 14-week journal documenting conflictual situations encountered in their daily practice. Using a Reflective Conflict Management tool (Gibb, 2015), the students recorded one (minimum) to three (maximum) incidents of interpersonal conflict in the work setting per week. Each entry included a description of the incident, the emotional impact of the experience, a self-reported rating of their leadership performance, and reflection on any positive or negatives outcomes resulting from the conflict. At prescribed intervals, weeks 4, 9, and 14, the students responded to six additional self-reflection questions addressing their perceived growth in leadership performance and conflict management skills. The completed assignment provided students the opportunity to transfer online learning into practice without fear of penalty for error in behavior or judgment. Weekly data entries and serial reflection questions were thematically coded manually and analyzed by the faculty dyad.

RESULTS

Five participants recorded 142 conflictual events, achieving saturation for this study. Incidents were categorized into six types of interpersonal conflict: peer-to-peer, nurse to subordinate, nurse to supervisor, nurse to physician/other discipline, nurse to patient/patient's family, and nurse to support personnel. Students' journal entries reflected: 1) personal feelings during each encounter, 2) their reaction to each situation, 3) identification of dominant conflict resolution style used, 4) comment and rating of communication effectiveness, and 5) identification of any positive or negative patient or staff outcomes. Responses to serial questions were coded into the following themes: 1) awareness of personal conflict management style, 2) areas of needed improvement, progressive changes in leadership behaviors over time, and 3) overall impact of the reflective practice assignment in the development of effective communication style. Analysis of the data revealed gains in students' insights into leadership skill in the management of conflict from the beginning and at the end of the course. Various degrees of change in improved leadership behavior were determined through the analysis of student responses. Students reported being "surprised, caught off guard," and "unheard how to handle the problem," and "not knowing what to say." Avoidance and accommodation were most often used with peers or subordinates.

RESULTS cont.

- Initial reactions to conflict included feelings of intimidation, annoyance, anger, insult, frustration and fear. Most frequently reported "gut" reactions to conflictual situations were as follows: 1) avoidance of confrontation due to feelings of personal threat (4/5); 2) non-confrontational behavior with delegation of problem resolution to supervisor (4/5); 3) under confidence in ability to confront issues and meeting role expectations (2/5). Conflicts with supervisors and physicians resulted in silence and embarrassment.

- Foremost, conflicts identified as resulting in potential or actual negative outcomes for patients were managed primarily through accommodation or advocacy.

- Among the recorded cases, there was little evidence of collaboration or compromise as functional strategies for conflict resolution.

At the course conclusion, 14 weeks, all students reported: Less use of avoidance behaviors in initial conflict management style. Timely resolutions of clinical issues using improved leadership skills. Increased level of confidence to handle conflict. Positive feedback from peers and recognition by supervisors in leadership performance. Increased ability to advocate on the patients' behalf. Favorable personal outcomes resulting from completing the reflection assignment. Assumption of preferred leadership behaviors to improved work relationships and improved patient outcomes.

CONCLUSION

The complexity and sources of conflict and its management in the nurses' work environment revealed team dynamics, poor communication, disharmony, conflict, and under confidence. Reflective journaling assignments for online RN BSN students to apply, engage, reflect, and self-reflect using theory and concepts brought forth throughout the course and BSN completion program. Participants showed positive progression in communication and in conflict management over time. Improvements were noted in communication, patience, teamwork and listening skills. One student reported increased confidence in speaking up for herself. Another remarked that she felt more empowered and able to set a good example for others. Anecdotal comments, such as, "it was nice to do an assignment that focused on my strengths rather than weaknesses," and, "I don't know what happened to me...I suffered completing this assignment...it was hard work looking at myself, but I feel so proud of my accomplishments," supported the effectiveness of this assignment, meeting course and program goals.

Limitations: Gender comparison unavailable

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