

“Leadership Behavior Change in Conflict Resolution: Insights from Online RN-BSN Students”



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Abstract

The purpose of this retrospective, naturalist, qualitative study was to capture perceived growth in leadership behaviors in conflict resolution in the practice environment among practicing nurses using a reflective journaling assignment. In the capstone course, “Leadership and Management for the RN,” theories of leadership styles and conflict management were introduced and discussed in online forum format. As acknowledged by Leever, Hulst, Berendsen, Boendemaker, Roodenburg, and Pols (2010), students’ responses to teaching concepts in online discussion forums may not reflect actual transfer of knowledge into performance behavior. Avoidance behavior was the most commonly reported behavior used by nurses in conflictual situations (Leever, et al, 2010; Tsai, 2013), perpetuating ineffective communication and negativity among staff, colleagues, patients and families. The disciplines of nursing and business contributed to the development of the study.

Introduction

The inter-professional faculty researchers developed a journaling assignment adapted from Graham Gibb’s *Reflective Cycle Model* (1988). This model has been used widely within healthcare disciplines to facilitate health professions’ students to become effective communicators and reflective practitioners. The model employs a 5-step coaching process that addresses a description of the situation, feeling associated with the situation and an objective evaluation of the event. Predicated on the belief that people learn best from “doing,” reflective practices are helpful in situations that people experience frequently, especially when those experiences do not go well” (Gibbs, 1988).

Materials & Methods

METHODS

Pre-professional degreed RN students were required to maintain a 14-week journal documenting conflictual situations encountered in their daily practice. Using a *Reflective Conflict Management Journaling Tool* (Igo, 2015), the students recorded one (minimum) to three (maximum) incidents of inter-personal 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 identification of any positive or negatives outcomes resulting from the conflict. At prescribed intervals, weeks 4, 9, and 14, the students responded to six additional self-reflective 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 judgement. Weekly data entries and serial reflection questions were thematically coded manually and analyzed by the faculty dyad.

PARTICIPANTS

Following successful completion of their RN-BSN Degree Program, 5 of 9 students enrolled in the capstone course consented their journals to be analyzed for the study. Participants ranged from 39-49 years of age and were employed actively in a healthcare environment with varying years of clinical experience (1-3 years). Of the five participants, all were female (four Caucasian; one African American). Two of the participants reported having previous leadership training, one in a pre-licensure nursing program, and the second as a requirement of a corporate training prior to career change to nursing.

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) raised 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, “uncertain 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 under-confidence.
- 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 at 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.
- Association 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 disharmony, poor communication, unethical behaviors, and potential/actual risks of patient harm.. Reflective journaling assignments for online RN-BSN students to apply, engage, reflect, and self-correct 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 now 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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