

Conflict Resolution

Purpose

The purpose of this presentation is to discuss conflict and its effect within the workplace.

Time

60 minutes

Objectives

- Discuss techniques to promote constructive communication between the preceptee and the preceptor
- Determine the appropriate style of conflict resolution to use in specific situations

Outline

Definition of Conflict
Communication and Conflict
Emotional Intelligence
Five Techniques of Conflict Management
Conclusion

Materials Needed

- ❑ PowerPoint file NPA_5_Conflict
- ❑ Optional video called Dealing with Conflict — Healthcare Version available from CRM at <http://www.crmlearning.com/dealing-with-conflict-healthcare-version>. If you choose to not use this video, you may wish to substitute other conflict resolution material.

Note

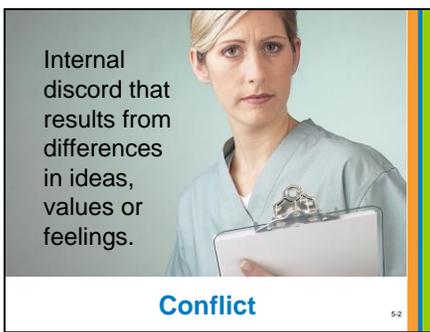
Instructor notes for the Conflict Management/ Critical Thinking Activity begin on Page 11 of this instructor guide.



Conflict Resolution

PPT 5-1

This afternoon, we are going to talk about conflict and how to manage it.



Conflict

PPT 5-2

Conflict is a fundamental part of everyday life. If I say to you, “You have a conflict to resolve,” what is your gut reaction?

Allow time for a few responses.

There is **NO WAY** to prepare you for conflict in a few minutes of time.

Let’s start with our definition of conflict. Conflict is when we have differing needs, wants and perceptions. It’s when our concerns are threatened.

Ask the participants to describe some conflicts they have faced professionally.

What was the outcome? Was there something you felt you did particularly well? Was there anything you would do differently?

Conflict Can Be Caused by Miscommunication



- Communicate your expectations to the new nurse.
- Give the new nurse the opportunity to communicate their needs to you.

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Conflict Can Be Caused by Miscommunication
PPT 5-3

Intent versus Perception — these are often two very different things.

The communication style of a person also may be influenced by whether he/she is an introvert or an extrovert.

Conflict Can Be Caused by Miscommunication



How do the sender and receiver process the same message?

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Conflict Can Be Caused by Miscommunication
PPT 5-4

Ask yourself, did the receiver get an accurate message?

Communication Techniques Can Help Manage Conflict

Core Skills of Communicating Assertively

- Describe what you see.
 - Restate or reflect, if necessary.
- Give information without degradation.
- Maintain eye contact.
- Listen actively.

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Communication Techniques Can Help Manage Conflict

PPT 5-5

There is a great deal of differences between being assertive and being aggressive.

When would aggressive communication be important?
Perhaps only in a crisis situation, such as a code blue.

Be careful with restating or reflecting. It may be perceived as condescending.

Conflict Can Be Caused by a Difference in Values

- How do you address this with a preceptee?
- What other situations could cause conflict between a preceptor and a preceptee?



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Conflict Can Be Caused by a Difference In Values

PPT 5-6

Example:

- 1) Your preceptee consistently goes on break for longer than 15 minutes.
- 2) Your preceptee makes a medication error by giving a patient his medication 1-½ hours late but doesn't report this to you. You find out only because the patient tells you.

Ask the participants: How would you handle this situation?

The Marriage of Emotional Intelligence and Conflict

- E.I. is the interplay of emotion and intelligence.
- Try to concentrate on problems/issues NOT personalities.
- Goal: win-win situation for all involved.



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The Marriage of Emotional Intelligence and Conflict

PPT 5-7

Emotional intelligence will have a direct influence on a person's preferred style of conflict management.

Is a win-win outcome always possible? When might it not be possible?

Consider: If a person is "less" emotionally intelligent, they have less control over themselves. They may address conflict more aggressively and view co-workers as competition.

Remember, you can never take back your words.

Constructive Feedback in a Positive Way

- Criticize the issue or behavior, NOT the person.
- Avoid absolutes: "You always." "You never."
- Send "I" messages, not "you" messages.
- Avoid using the words "just" or "but."
- Plan your conversation.

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Constructive Feedback in a Positive Way

PPT 5-8

Pre-planning is VERY helpful!

"You always . . ." is very derogatory and puts the other person on the defensive.

The words just, but or however will negate a previous positive statement if they are included in the same sentence. "You did a great job handling that patient's emergency, but you forgot to call the doctor afterwards."

Building a Foundation of Trust

- Exhibit enthusiasm
- Show interest in preceptee
- Focus on the positive
- Really listen
- Do not compromise confidentiality
- Be honest
- Appreciate and accept differences
- Disagree constructively

Building a Foundation of Trust

PPT 5-9

Building a foundation of trust is essential to being able to have difficult conversations involving conflict.

Show enthusiasm for having the privilege of growing and nurturing a new nurse into the profession or a seasoned nurse to your unit. What a great opportunity! This person will become your co-worker, a fellow team member. You are instrumental in influencing this nurse's practice, attitude and so much more.

Show interest not only personally but also in their practice. Notice not only the large accomplishments but also the small ones.

Accentuate the positive! Coach the preceptee where opportunities for improvement exist.

Really LISTEN to what is being said and to what is not being said. Listen to the nonverbal communication. Frequently, the strongest, most revealing messages are sent nonverbally. Never hesitate to ask when picking up on nonverbal communication.

Confidentiality should never be violated, whether specifically requested or implied. It's the quickest way to destroy the trust you are building.

Candid, professional feedback is a must. You will not be doing the preceptee any favors by sweeping things under the rug, ignoring behaviors or clinical performance. Ultimately, the preceptee is a reflection of your precepting. Preceptees want to know. This is their opportunity to learn the right way.

A willingness to attempt to understand others and their situations can build rapport and trust and lead to more open communication. Consider your own psychological type preferences. Which ones seem like assets? Which present the greatest challenges? Based on your self-analysis, if someone wanted to build a working relationship with you, what fundamental things about you would they need to understand? Thus, knowing yourself and a better understanding yourself will assist you in also appreciating the differences of others.

It is OK to disagree! Doing it in an assertive, professional manner is key. Remember: Conflict is not a personal attack. It is an opportunity to assist each other in our learning/growing process.

Research Demonstrates ...

- Conflict intensifies when ignored.
- Women tend to favor peaceful co-existence in the workplace and do not engage in confrontation.
- Men can argue, call each other idiots (and mean it!) and then go have a drink together.

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Research Demonstrates ...

PPT 5-10

There are inherent differences between men and women.



Women as Warriors

Women are reluctant to engage in conflict because they don't want to be labeled as "emotional."

- Premenstrual
- Menopausal
- In need of some curative relationship with a man

5-11

Women as Warriors

PPT 5-11

This is the most genteel way I have ever heard this described!

Nightingale Syndrome

- Gentle, caring nurses don't engage in open conflict.
- Nurses are "nice" people, and "nice" people don't fight or argue.
- Nurses are self-sacrificing.



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Nightingale Syndrome

PPT 5-12

Whether you are male or female, as a nurse, you can fall under the Nightingale syndrome. When conflict is avoided, we neglect our own needs, goals and concerns and are self-sacrificing. Self-sacrifice is strongly supported by the altruistic philosophy of nursing.

We don't even go to the bathroom when we need to!
How long has it been since you sat down and actually took a 15 minute break?

Video

We have a conflict management video we'd like to show you.

Show video. The following slides support and expand on the video's content.

Conflict Management



- Compete
- Collaborate
- Compromise
- Avoid
- Accommodate

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Five Styles of Conflict Management

PPT 5-13

People generally stick with one style of conflict management.

The most common strategy is avoidance.

Both the "Importance of Outcome" and "Importance of Relationship" play a role in the conflict management situation. When choosing a conflict management style, you should consider how important the actual outcome of the conflict is in either a personal or professional context. You also must consider the importance of maintaining the relationship with the person with whom you are having the conflict. Again, this may be personal or professional, or even both.

Collaboration may NOT always be the best choice. This depends on the situation. There are conflict situations where any one of the five management styles may be considered to be the most appropriate and effective.

Putting Conflict Management Techniques to Work

- **Competing**
 - Quick, decisive action is necessary for vital issues

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Putting Conflict Management Techniques to Work
PPT 5-14

Review the five styles again.

Provide examples of each. Consider including role play.

Putting Conflict Management Techniques to Work

- **Collaborating**
 - Need a solution when both concerns are too important to be compromised

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Putting Conflict Management Techniques to Work
PPT 5-15

Provide examples.

Putting Conflict Management Techniques to Work

- **Compromising**
 - To expedite solutions under time pressure, goals are moderately important

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Putting Conflict Management Techniques to Work
PPT 5-16

Provide examples.

Putting Conflict Management Techniques to Work

- **Avoiding**
 - Potential damage of conflict outweighs the benefit of a resolution

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Putting Conflict Management Techniques to Work
 PPT 5-17
Provide examples.

Putting Conflict Management Techniques to Work

- **Accommodating**
 - When preserving harmony and avoiding disruption are very important

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Putting Conflict Management Techniques to Work
 PPT 5-18
Provide examples.

Two Questions

- 1) Must conflict always be negative?
- 2) Can conflict really be productive?



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Two Questions
 PPT 5-19
 Conflict gets a bad rap!

How did we learn to handle conflict? Childhood, culture, gender.

Generation and position within the organization also may have an effect.

Resolving conflict requires mutual cooperation.

The Prescription

- Communicate clearly. Check your message ... was it received as you intended?
- Confront conflict openly and with respect for the other person.
- Conflict needs to be defined in a more positive manner.
- Concentrate on the issues, not on the person.

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The Prescription

PPT 5-20

The belief that all conflict is bad may be generational or environmental. How was conflict perceived or handled in your family?

How we respond to others and evaluate OUR communication with them is particularly important in building rapport and trust.

Ask for some examples.

Conflict Management/Critical Thinking Exercise

Purpose	The purpose of this exercise is to have participants apply the most effective conflict resolution styles to different precepting conflict scenarios and to practice their critical thinking skills.
Time	30 minutes
Objectives	<ul style="list-style-type: none"> • Use the most appropriate conflict management style and communicate effectively for various precepting scenarios • Discuss the most pertinent critical thinking questions for the precepting scenarios
Outline	<p>Explain Activity Instructions Small Groups Work on Activity Large Group Discussion Debrief</p>
Materials Needed	<ul style="list-style-type: none"> □ Scenarios 1 – 5, examples of conflict management within a clinical setting □ Questions/discussion worksheet for each scenario □ Critical Thinking Skills handout with guidelines
Instructions	<ol style="list-style-type: none"> 1. Explain to the participants that they will be given different scenarios that preceptors have experienced. The goal of this activity is to formulate a problem solving strategy for your preceptee. 2. Ask participants to break into groups of three. 3. Distribute different clinical scenarios, one to each group. Each scenario has the same critical thinking questions but a different precepting “story.” <ol style="list-style-type: none"> a. Scenarios — one copy per group b. Discussion worksheet — two copies per group c. Critical thinking guidelines — one or two copies per participant.

Each group needs at least one copy of the guidelines for each participant. A few extras are a good idea in case someone writes on one during the activity and wants a clean copy to take and use later.

4. Direct each group to assign a leader, a secretary and a timekeeper. The leader will read the scenario to the group and guide the discussion using the questions on the worksheet and the critical thinking guidelines. The secretary will take notes for the group using the discussion worksheet. After the large group reconvenes, each small group leader will present a summary of the group's discussion using the worksheet and answer the questions when asked to do so.
5. Tell the small groups they will have 15 minutes to work on this activity.
6. Announce when time is almost complete so they can wrap up their discussion.
7. Ask the small group leaders to read their scenario to the entire group and then summarize their group's problem-solving suggestions.
8. Call on each group and ask for their report, keeping in mind that there is approximately 15 minutes to accomplish all of the reports.
9. Wrap up by stating that the Critical Thinking Skills (guidelines) handout is provided to assist in problem-solving strategy. Each participant is given their own copy of these guidelines to use as a resource.

Scenario 1

Your orientee, Sally, is a new graduate nurse who has been working on your unit for the past 4 weeks. She is quiet and hesitant to offer suggestions. You and your co-workers are becoming increasingly frustrated with her because she requires frequent instructions and constant direction.

Sally recently asked you to perform a drug calculation for her. She said, "I wasn't any good at that in school." She becomes defensive when you encourage her to think for herself and problem solve before coming to you for the answers.

Questions/Discussion

1. Describe the specific conflict(s)/issue(s) in this scenario.
2. What questions will you ask to help Sally critically think through the situation?
3. What conflict management technique would you use to address your concerns with this preceptee?
4. What emotional factors may be influencing her behavior in this situation?
5. Evaluate the preceptee's performance in managing conflict or patient care. Be specific.

Scenario 2

Sarah is an experienced med/surg nurse orienting on your unit for the last 4 weeks. She is feeling fairly confident with her skills. Sarah receives a new patient, who has a PICC line in place for long-term antibiotic therapy provided at home the past 3 months. The catheter is dressed with 2X2 gauze taped over the insertion site.

Sarah attempts to infuse the next dose of antibiotics but finds that the fluid will not flow. Sarah attempts to flush the catheter with normal saline but encounters resistance, so she notifies the physician. The physician tells her to send the patient to the special procedures lab to have a new PICC placed.

Sarah informs her preceptor of the situation. The patient is sent to the special procedures lab, where the nurse removes the dressing and finds the line kinked. She unkinks the catheter, and the line flushes easily. She redresses the line and sends the patient back to the unit. She then notifies the patient's physician. The physician phones the unit and expresses his displeasure to the charge nurse because the patient received insufficient nursing assessment.

Sarah believes her preceptor let her down by not checking the PICC herself and feels angry and embarrassed by the situation.

Questions/Discussion

1. Describe the specific conflict(s)/issue(s) in this scenario.
2. What questions will you ask to help Sarah critically think through the situation?
3. What conflict management technique would you use to address your concerns with this preceptee?
4. What emotional factors may be influencing her behavior in this situation?
5. Evaluate the preceptee's performance in handling conflict or patient care. Be specific.

Scenario 3

A new graduate nurse, Daniel, has been shuffled from one preceptor to another during the past 8 weeks. His attitude has been positive, and he has sought experiences on his unit despite the lack of consistency in his orientation.

He was unsuccessful in managing a full patient load on his busy med/surg unit and had to request that you take over one of his patients. His orientation checklist is not complete. The nurse manager, although somewhat sympathetic, has decided to take him off orientation so she won't have to use agency staff. She said, "He's had 8 weeks. It's either sink or swim."

You sit down with Daniel and discuss his orientation. He expresses frustration and feelings of not being ready to "be on his own." He is angry and upset and said he is ready to "find a job somewhere else."

Questions/Discussion

1. Describe the specific conflict(s)/issue(s) in this scenario.
2. What questions will you ask to help Daniel critically think through the situation?
3. What conflict management technique would you use to address your concerns with this preceptee?
4. What emotional factors may be influencing his behavior in this situation?
5. Evaluate the preceptee's performance in handling conflict or patient care. Be specific.

Scenario 4

You and your orientee, Julie, are working in a busy emergency department. Julie is an experienced med/surg nurse who recently transferred from another city. She and her husband have just moved into a new home and have four children in daycare and school. Julie has been orienting with you for the past 4 weeks.

Your ER shift has been very hectic. At the very end of your day, you are preparing to admit a frail, 78-year-old woman with pneumonia. Her temp is 102 F, heart rate 110 and respiratory rate is 24. Her SaO₂ is 94% on O₂ at 2 liters per nasal cannula.

You ask Julie if she has looked at the patient's orders, and she tells you that the ER physician has ordered Tylenol for fever and IV antibiotics. She said she is too busy to start an IV and initiate these orders. She said, "The floor nurses can do it. The ER used to do this to me all the time when I worked on medical/surgical. I really need to get out of here on time tonight."

Questions/Discussion

1. Describe the specific conflict(s)/issue(s) in this scenario.
2. What questions will you ask to help Julie critically think through the situation?
3. What conflict management technique would you use to address your concerns with this preceptee?
4. What emotional factors may be influencing her behavior in this situation?
5. Evaluate the preceptee's performance in handling conflict or patient care. Be specific.

Scenario 5

Your preceptee is John, a new graduate. For the past 2 weeks, he has been doing fairly well and is making initial rounds on your group of patients without you. Mrs. Smith, one day post op for a hip replacement, received IV analgesia 30 minutes ago for a pain level of 9. Mr. James, with a diagnosis of pneumonia, has been restless and agitated, which is unusual for him. Mrs. Scott, two days post op for a cholecystectomy, had a temperature of 101.4 F at 0400. She was medicated, but her temperature has not been re-checked by the night nurse.

As soon as John finishes his rounds, you ask him about his patient assessments and his plan for this morning. He has seen only 2 of his patients. He saw Mrs. Smith to assess whether her pain level was decreasing. Then, he obtained Mrs. Scott's temperature. The NA suddenly appears to tell you that Mr. James has severe dyspnea and is pale and diaphoretic. The two of you work through a respiratory crisis with Mr. James and manage to stabilize him.

You discuss prioritization with John. Given the information provided in report, you think John should have checked on Mr. James first. John is frustrated and said he feels he did the right thing in checking on Mrs. Smith and Mrs. Scott first because the night nurse did not tell him that Mr. James was having any extreme respiratory difficulty.

Questions/Discussion

1. Describe the specific conflict(s)/issue(s) in this scenario.
2. What questions will you ask to help John critically think through the situation?
3. What conflict management technique would you use to address your concerns with this preceptee?
4. What emotional factors may be influencing his behavior in this situation?
5. Evaluate the preceptee's performance in handling conflict or patient care. Be specific.

Critical Thinking Skills

Ask questions that require the nurse to think through a cause and effect or premise and conclusion of the situation. This obliges them to reason from data or information they possess. Use open-ended questions.

Use clinical thinking questions to critique nursing interventions.

- Tell me why.
- What are other possible reasons for . . . ?
- What would you do if . . . ?
- What are other possibilities or alternatives?
- How might the patient view this situation?
- What are other ways of approaching this situation?
- What would be the effect of your intervention for this patient?
- Describe the consequences of your patient care decisions.
- What are your patient care priorities?
- Evaluate patient responses to your care.
- What is the most important patient problem?

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