

# Conflict Resolution

How can I incorporate conflict resolution as part of the nursing practice, improving my own skills and sharing this with the staff?

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For years I have been fascinated with the implementation of conflict resolution. I go back and forth evaluating myself and assessing what could have been done differently. The choices we make, the words we say, and the actions we take not only impact our lives, but also the lives around us. During an interview 6 years ago for the Nurse in Charge position there were 12 people around a large table. As I entered the conference room, I became very nervous with my heart racing and dry mouth. How would I be able to get through this? I reassured myself that this was one of those situations to learn from. Many questions were asked of me but one that stands out in my memory was, "how do you resolve conflict?" My response was communicating with that other person and discussing the situation. Today my response would be much different, as I will show in this report. In section I I review publications that show the need for improved conflict resolution in nursing. In section II, I present the T-K classification of different modes of conflict resolution, using examples from my own work situations to illustrate the pros and cons of each. In section III I describe the approach of Phyllis Kritek whose workshop in October has provided the impetus for evaluation myself and charting a path of future improvements as well as for involving

both the leadership team and my staff in the efforts to improve conflict resolution.

I still struggle with when to address conflict and find myself evaluating my own skills and looking for areas in which to improve on. Conflict is 90% of a nurse manager's responsibility and must be proficient in this. There is a time and place to resolve conflict effectively and when to use each strategy effectively. This is an area where nurses struggle and need further education. It is up to the leadership team to mentor and coach the staff in the process. To improve ourselves, we do not need to tackle everything at once. This could be said for conflict resolution, a work in progress.

The same holds true for my research project, an ongoing adventure for me to explore other possibilities for my own growth and development and sharing this with the staff. In this paper I provide a definition of conflict resolution and discuss the Thomas-Killmann Mode Index (TKI) and give examples of each. I also discuss ways in which to improve my own skills and share this with the staff. Future goals would be a roll out plan starting first in the Post Anesthesia Care Unit (PACU) at the Brigham and Women's Hospital and then hospital wide. Most managers would agree that they operate in a fish bowl, being constantly watched. The staff looks at us to see what is going on and learn what is the acceptable behavior, especially when it comes to a matter of ethics and integrity.

## **Section I**

According to Phyllis Kritek, "conflict can be defined as a fight, battle, or war. It can be competitive or opposing action of incompatibles. It can also be a mental struggle, resulting from incompatible or opposing needs, drives, wishes, or external or

internal demands. We all play a role in conflict taking into account my own personal experiences with conflict, my issues, my responses, my emotions, behaviors, and habituation to projection and blaming, normalization of projection and blaming, and cultural reinforcements. There can be generational, race, gender, and preferences in conflict resolution.” (Kritek, 2002)

Nurses have numerous responsibilities and dimensions to their job. First, communication is an important aspect of the job. If a nurse communicates effectively this in turn creates better patient outcomes. It is up to management team to coach and mentor the staff in the process of conflict resolution. The staff must feel safe in the environment and have no fear of retaliation. At the Brigham the leadership team is on board with educating this group on conflict resolution. The Nurses in Charge have been to Phyllis Kritek’s workshop and the intent is to now get the staff on board. This can be difficult because of the size of the hospital. There are 3000 RN’s employed at the hospital. So, how do we accomplish this? It must start with one RN at a time. It will be a work in progress but we need to start somewhere. After all don’t we owe it to our patients and their families? It may also create harmony in the work place.

There can be many different types of conflicts for nurses consisting of personal, interpersonal, and interdepartmental. Personal is that a nurse is experiencing internal conflict that puts her at odds with work goals. Conflict within a nursing unit is often interpersonal in that individuals have unresolved disagreements with others that interfere with work flow and unit harmony. Conflict between nursing units is interdepartmental and may interfere with organizational workflow and harmony. An

example of this conflict would be the Post Anesthesia Care Unit (PACU) and a surgical floor regarding timely transfer of patients. (Collins, 2006)

## **Section II**

I really enjoyed learning about the Thomas Killmann Mode Index (TKI). I will explain each of the 5 modes and give an example of each as it pertains to the nursing profession. Something to take into consideration is nurses tend to use avoidance in regards to conflict resolution. According to Vivar's article, "avoidance is used to deny the person, issue, or situation. People or groups use this approach to ignore that a problem exists. Therefore, there is no active resolution of the conflict. This is a generally disapproving strategy." (Vivar, 2006)

### **The Thomas Killman Conflict Mode Index (TKI) 5 Strategies:**

**1. Competing** is imposing or dictating a decision. It designates a situation in which one person or group attempts to acquire complete dominance. This strategy is appropriate when quick decisions are vital and there is no time for discussion, such as an emergency. This tends to lead to winners and losers. It can create strained work relationships.

An example of this would be in nursing, there tends to be a lot of competition between nurses in the Post Anesthesia Care Unit (PACU) and the nurses on the floors. An example would be when the PACU nurse calls the floor to give report on a patient who is ready to be transferred to the floor and the floor nurse does not come to the telephone even after a 20 minute heads up. This creates competition between the 2 areas and slows down the patient flow process. The PACU nurse is upset that report has

not been received and the floor nurse is too busy to take report. The competing is between the 2 nurses on when report will be given. It is my responsibility to call the floor and explain that the Operating Room is on hold waiting to come out to the PACU and there is no space because the floor patient has not been transferred to the floors. This creates a lot of animosity between the nurses. But, the Operating Room (OR) needs to come out and I must move patients out of the PACU who are ready and keep patients moving along. The floor nurse often gets upset as well as the PACU nurse. It is a no win situation but we must keep focused on patient flow and not get caught up in the emotional aspect of this. This gets tricky at times and a lot of time is spent working through flow issues.

**2. Compromising** is taking turns or soft bargaining. There is negotiation and swapping between two parties. Each person gives something up but gets something in return. This strategy is important in maintaining relationships.

An example of this would be assigning the holiday time for the Leadership Team. The shifts need to be covered by the Leadership Team. One Nurse in Charge will work the day before and another will work the day after. However, the person who is assigned to the day after is unable to work but there is someone working a 12 hour shift that can provide coverage into the evening. This person can cover the shift even though it should be an evening person. This would be the compromise but the conflict is who will work the shift. This is taking turns and negotiating between the leadership team. You work the day before Christmas and I'll work the day after. Both sides give something up but also gain something. But of course the Nurse Manager has the final

decision.

**3. Avoiding** is avoiding those people you find troublesome and postponing a discussion until later. Also, it can be denying that a problem exists. Therefore, there is no resolution. However, avoiding a situation until more information is available and analysis of the problem has been made could be an adequate approach of handling conflict. According to the literature this conflict response is described as a “generally disapproved strategy.” (Vivar, 2006)

An example of avoiding would be a negative nurse who never has anything good to say and a nurse who is positive and upbeat. The upbeat RN tends to avoid the negative one because the conversation is always negative. This is difficult for someone positive to constantly hear this. This could be a case where avoidance may go on for too long and the behavior is never addressed. This situation can often go unresolved.

Another example when I worked in the Intensive Care Unit (ICU) the older seasoned nurses exhibited bad behavior to the newcomers. Often these seasoned nurses are referred to as “barracudas” because they eat their young. I think back to my own practice at this time and I would avoid them. But, you can only avoid them for so long before strategizing a plan to speak with them. What I did was the seasoned RN was in the medication room, whispering. This was her favorite tactic, called the “Irish whisper.” I entered the room and asked her if she had a problem with me. Her response was “no.” After I confronted her and had a discussion, the behavior changed. I am not sure why I did not confront her earlier. Maybe, it was lack of confidence or fear. I do believe this is a test to see what your reaction will be. Not a good way to learn and feel

comfortable in a new area. My initial reaction was avoiding this behavior but later turned to collaborating, where both parties had conversation about the situation.

**4. Accommodating**, also called giving in, is the antithesis of competition where cooperation is high and assertiveness is low. It refers to the conciliation that occurs when one person or group is willing to yield to the other. At times it can appear as a relevant approach, because it encourages the accommodator to express themselves.

An example would be a nurse who is afraid or intimidated to address an issue with another staff member and just agrees with that person, and not challenging them when things come up. Accommodation at times can appear relevant, as it encourages people to express themselves. Often times the nurse just gives in to something.

Another situation that comes to mind is a few weeks ago a patient's husband comes in to visit after surgery and he was impaired by alcohol. He could barely walk or talk. He had driven himself to the hospital and was in no condition to drive home. I had a conversation with him and strongly encouraged him not to drive and take a cab home instead. I spoke with patient relations and obtained a cab voucher for him to get home safely. Luckily for me the situation went well and I persuaded him to do this and he complied. I was actually using competition but persuaded this man that we were giving in or the accommodation strategy. I let him believe he made these decisions for himself.

**5. Collaborating** is where there is a win-win situation. Each person or group meets the problem with equal concern. This approach encourages identification of areas of agreement and disagreement, and selection of a solution to the problem that incorporates both parties' perspectives. This strategy takes the most time and effort but



a richer understanding is gained.

An example would be a nurse and doctor collaborating to reach a decision on a patient's pain management whether to use morphine or dilaudid. This often involves a discussion about what should be done for the patient, taking into account past experiences with pain management. This can be time consuming but the patient benefits in the end. This is something that takes place throughout the day between the multi-disciplinary team implementing a plan of care for patients.

We as nurses need to be good communicators and use of each of Thomas-Killmann's five strategies for conflict resolution. In fact, may use all 5 going back and forth, depending on the situation. This in turn creates better patient outcomes and harmony in the workplace.

According to Kelly, there is a stereotypical perspective that nice nurses avoid conflict. There is a stereotypical expectation that nurses should not engage in conflict as people refer to them as kind, warm, and sympathetic personalities. Nurses are viewed by the public as nice and that nice people avoid conflict, accommodate other people above themselves, and adapt their behavior to match what they think people expect of them. Conflict is necessary to concentrate on the problems and not the personalities. (Kelly, 2006)

### **Section III**

Not all conflict is bad, in fact it may be beneficial for change in the workplace. Many nurses tend to avoid conflict and do not see it this way. We can be creative when resolving or managing conflict. So, how do we prove this to the leadership team at the

Brigham and Women's Hospital? The Post Anesthesia Care Unit (PACU) consists of Nurse Manager, 4 Nurses in Charge, and a Nurse Educator. There are over 80 nurses and 20 PCA's and 10 secretaries in the PACU. This is a lot of ongoing activity on a daily basis. This does not include anesthesiologists or surgeons. I spoke with Mairead Hickey who is the Chief Nursing Officer (CNO) about my project and she said the work has begun with the Nurse Managers, applying Phyllis Kritek's concepts. I am the Chairperson for the Nurses In Charge. This team is responsible for planning 3 Forums a year for the Nurses in Charge, involving education and hospital updates. This past October, education has been implemented for this group involving Phyllis. It is only the beginning and there is still a lot of work that still needs to be implemented. Hopefully, we can continue this for May 2009 Forum. The evaluations were great for this workshop and the nurses would like to learn more. So, I do believe we are off to a great start with the educational component.

I evaluated my own style for 2 weeks. Thanks to Kritek's suggestion. This process involved interviewing staff and the Leadership Team on my own styles. The results were interesting and eye opening. The way in which I view myself was pretty close to the way the staff viewed me. Most of the staff thought it came easy for me. Actually this could be no further from the truth; it has been a work in progress.

I have also started the exercises in Kritek's book, "Negotiating at an Uneven Table." This is a book designed to provide further assistance with resolving conflicts by performing these exercises. I feel I owe this to the staff, patients, families and my Leadership Team. I do believe resolving conflict comes from experience and expertise. I

control myself and my emotions. This involves shadow work according to Kritek. Shadow work is the process of development in which our images and dreams come back to life. The shadow worker, when viewing a person or object, sees both the lights side and its dark side. The shadow is unconscious and we cannot gaze at it directly. We must however, learn to seek it and understand it. The shadow hides in our secret shames. There are things we can do to track down the negative inner voice, review its message which is usually a generalization, change the generalization message to a concrete behavior that is the focus of the struggles and finally make positive statements that contradict the generalization. (Kritek, 2002)

Phyllis Kritek's workshop in October was great. She started with brief definitions and examples of conflict. It is up to us how we set the table, and timing is everything. Avoidance may be used when emotions are high. It is good to follow up when the time is right and not to let it go, otherwise the conflict will resurface. In the afternoon, we did an exercise on generational issues. There were so many Baby Boomers in this group. This group is not ready to give up the power to the Generation Xer's. Phyllis Kritek would ask questions and we would go to the side of the room based on where we thought we belonged. One of these questions was do you view yourself: "as European, American, or Negro?" The responses varied in the group. She would ask us why and the responses were interesting and varied in the room.

We need to be aware of our hot buttons. Our values and beliefs come into play here and we may not even be aware of why we do the things we do. This may be stored in our unconscious and we are even aware of it. We also have biases and opinions that

affect our judgment. We need to become more aware of these. I feel like this has been a personal journey, making me a better and stronger person. I must also continue on this journey and see where it takes me.

The research does go into detail about where successful practices are taking place. One article by Anna Quigley describes security and safety for the 1600 hospitals and other health care services of New England's Health Care Services (NHS). Between June 2004 and May 2005, in order to counter violence directed at nurses and other caregivers. Conflict resolution training has been implemented. This training has helped the staff deal with verbal and physical abuse. Interestingly enough at the end of the training, 90% of the staff felt they possessed the skills necessary to deal with verbal abuse from the public. (Quigley, 2007)

I felt this particular article really goes into detail about how to implement this change. One of my other research articles by Kathy Baker discuss the team based philosophy, and how staff nurses need new skills to function effectively in this environment. This involves training nurse managers' in the skills to manage conflict effectively. Then the nurse managers mentor and coach the staff in the process. There must be a shared governance models on nursing units which provide insights into RN behavior when placed in a team structure. The strategies for success would be education and conflict resolution skill development are the first steps. Nurse Managers' should provide constant interaction and depth of understanding required for developing effective conflict resolution. (Baker, 1995)

My immediate goals would be to do a trial in the Post Anesthesia Care Unit

(PACU) involving the Leadership Team and Clinical Practice Committee (CPC). The CPC are some of the stronger nurses who work on research and practice issues. It might be a good idea to first start this roll out in the PACU as a trial. Start small and gain the support of the staff before attempting this hospital wide. This way it can be trialed and iron out the kinks. I would love to have Phyllis Kritek come and speak on a Wednesday morning about the process. In the PACU, Wednesday's are when educational in-services are provided. It is a late start day for the PACU. It would be interesting to see how staff would view this process. I am sure there would be some resistance, by most would be interested, especially, if it is explained that this is in the best interest of the patient. As the PACU expands from 32 beds to 69 beds in January 2010, conflict resolution is vital for us to be successful practitioners. With such a large area we need to be able to effectively communicate with one another and feel safe at the same time.

Another important focus would be taking time to reflect with one another and having a discussion about what went well and what needs further improvements. If someone fears retaliation from Leadership Team, this will not be effective. So, we all must all be on the same page. Also, conflict resolution creates harmony in the work place. After, all this is what we all want in the end. As part of our professional practice we owe this to our patients and ourselves.

There also needs to be time for reflection and dialogue between the staff members. Also, building team behaviors to accept and provide feedback to each other. The nurse manager is the model for the behavior providing feedback. But he/she must be proficient in conflict resolution for this to work. Reflection makes it possible to gain

insight into underlying beliefs and behaviors concerning conflict. Reflection can also help nurses create a harmony in the work environment. Reflection helps staff to build powerful relationships that become the mechanism for change in an organization. Reflection involves the analysis of values, beliefs, assumptions, and facts that influence a culture. Reflection gives an opportunity to gain a deeper, richer understanding of something. (Hocking, 2006)

I really like this quote by Plato, “Good actions give strength to ourselves and inspire good actions in others.” (Harvey & Sedas, 2008) If the staff feels supported by management this could be so successful. It must be seen as an investment into the nursing profession.

My future goals would be a hospital wide roll out. There are over 900 beds at the Brigham and implementing trials on the various floors would probably simplify things. Education is so important for success. The Brigham needs to create an environment that feels safe for staff to give this a try. There must be a buy in from the management team. It would be nice to have “super-users” for the role out. This group can assist the management team providing education for the staff. Role playing between staff and management may be beneficial on practicing the skills for conflict resolution as well. The newly licensed nurses (NLN’s) may be more acceptable to this change. The tricky part would be getting a buy-in from seasoned nurses. But, if it is explained properly and not seen as something else that has to be done, it would be so successful. Keeping in mind, this creates better patient outcomes. After all we owe it to our nursing profession.

I still have more research on a roll out plan. I would love to spend more time

with Phyllis because I have some unanswered questions. She is a wealth of knowledge and has provided great insight for my project. The Brigham has been instrumental at providing opportunities for me to practice my skills and share this with the staff. My Leadership Team and Nurse Manager, Jeanne, has supported me and encouraged me through this wonderful journey. I am not sure where I am going but my goal is continue this important work for the Nurses in Charge and the PACU staff.

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