THE IMPLEMENTATION OF CONFLICT MANAGEMENT TRAINING INTO THE POST
ANESTHESIA CARE SETTING FOR STAFF NURSES DURING YEARLY COMPETENCY
DAY

A Synthesis Project Presented

by

ANN M. LEARY

Submitted to the Office of Graduate Studies, University of Massachusetts Boston,
in partial fulfillment of the requirements for the degree of

MASTER OF ARTS

May, 2011

Critical and Creative Thinking Program

THE IMPLEMENTATION OF CONFLICT MANAGEMENT TRAINING INTO THE POST
ANESTHESIA CARE SETTING FOR STAFF NURSES DURING YEARLY COMPETENCY
DAY

A Synthesis Project Presented

by

ANN M. LEARY

Approved as to style and content by:

_____

Carol Smith, Professor
Chairperson of Committee

_____

Jeremy Szteiter, Lecturer
Member

_____

Peter Taylor, Coordinator
Critical and Creative Thinking Program

ABSTRACT

THE IMPLEMENTATION OF CONFLICT MANAGEMENT TRAINING INTO THE POST ANESTHESIA CARE SETTING FOR STAFF NURSES DURING YEARLY COMPETENCY DAY

May, 2011

Ann M. Leary RNC, BSN University of Massachusetts Boston
M.A., University of Massachusetts Boston

Directed by Professor Carol Smith

I am a Nurse in Charge of the Post Anesthesia Care Unit (PACU) at Brigham and

Women's Hospital in Boston and believe conflict can be managed better by using critical and

creative thinking skills. Conflicts in the healthcare workplace are common and can take on a

variety of forms: nurse to physician, nurse to nurse, and nurse to patient/family. Both my

research and experience suggests that nurses commonly avoid conflict, rather than engaging in

collaborative problem solving about conflict, which would often lead to better solutions. The

Critical and Creative Thinking Program has given me the confidence and provided the skills to

continue my work using multiple approaches including collaboration in conflict management in

the healthcare setting. Some of the tools I have learned from the Critical and Creative Thinking

Program that are critical to the better management of conflict are: active listening, knowing

yourself, and taking time to consider all options available when making decisions. The program

has changed the way in which I approach conflict by actively listening to what the person is

trying to say and really trying to grasp an understand about their point of view. Gathering all the information is crucial before making a decision because they may provide additional information and new ideas that I can implement in my decision making.

There is currently no training in conflict management for staff nurses, only for nursing management. However, it is needed at the staff nurse level as well as leadership level. Consequently, the goal of my synthesis is to design a conflict management workshop for my staff nurses. This workshop will be taught during the Annual Post Anesthesia Care Unit (PACU) Competency Day, held on various days throughout the year. I will teach this workshop to small groups which consist of five to seven staff nurses who are familiar to me. During the workshop I will help my staff nurses become more aware of their typical conflict resolution style by introducing them to the five Thomas Kilmann Styles of Conflict Resolution, which are: competing, compromising, avoiding, accommodating, and collaborating-and asking them to reflect on the style they most use. They will then be given a chance to reflect on strengths and limits of different ways of responding in three case scenarios: nurse to physician conflict, nurse to nurse conflict, and nurse to patient/family conflict based on the use of the Thomas Kilmann styles. At the end of the workshop there will be a final reflection about the workshop. This will involve the staff having time to do some private writing and a group check in.

Once the workshop is complete, I will continue to investigate how the staff is managing their own conflicts as well as provide opportunities for them to share their stories and insights about managing particular conflicts. This information will be helpful to bring back to the Leadership Team and will also help me understand the ways that the workshop are to be extended or revised in the future for the staff nurses.

This is dedicated to my Mother, Jean Leary, Jean, Christopher, Casey, and Shandi. My friend
Robert for all his kind words.
Special thanks to all my CCT Friends and Professors.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS

CHAPTER 1

INTRODUCTION
MY PERSONAL JOURNEY

"Good actions give strength to ourselves and inspire good actions
in others"-Plato

As I begin my quest into "The Implementation of a Conflict Management Workshop for staff nurses working in a Post Anesthesia Care Unit, (PACU)"I must ask myself: Why do I think this is needed? What am I hoping to accomplish as outcomes? To answer these questions, I should begin by telling you a little about myself, my profession, and my work experiences over the last 20 years.

I am currently the Nurse in Charge of a sixty-nine bed Post Anesthesia Care Unit (PACU) at Brigham and Women's Hospital in Boston and really believe that a conflict management workshop would make a difference for the nursing staff who work under my direction. The Post Anesthesia Care Unit (PACU) is a large open room with curtains that separate the patient slots. Given there are no walls to separate the space, one can imagine that the lack of privacy and noise level can be an issue.

This picture seen below in Figure 1 shows how the layout is organized in the unit. It shows three PACU slots which are side by side and can be enclosed only by a curtain. This is a wide open space where everybody can hear and see what you are doing. As you can see privacy is limited, the slots are separated only by a curtain.

Figure 1-The Post Anesthesia Care Unit (PACU) layout of space.
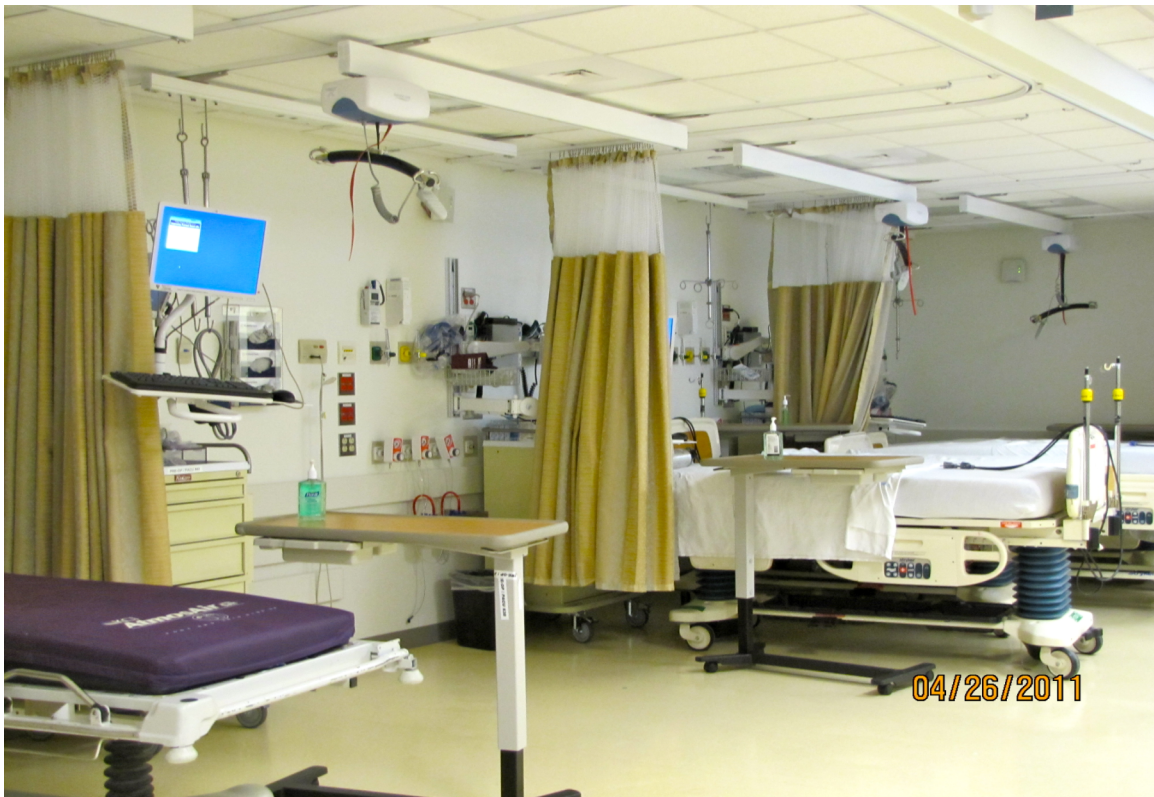
There are only two private rooms in the entire PACU. One is a negative airflow room,

used for contagious respiratory infections and the second one is just a quiet space we use for

immune-suppressed patients who need to be protected from other patients or status post lung

transplants.

This beautiful new space, which opened in March 2009, was designed by the Leadership

Team and staff to be an open space, because patients are recovering from anesthesia and this

space is not meant for long term care. One major difficulty with this environment, however, is

that when communicating with people everybody else hears what you are saying, so there is little

or no privacy., that a patient's family members and visitors are allowed and welcomed into the

Post Anesthesia Care Unit (PACU) before and after surgery. Keep in mind, that most hospitals

do not allow families and or visitors into the recovery area. The Brigham is committed to "family centered care" and the family is included in the care, as well as the patient. The visitors are in the open space and see the behaviors of the staff, physicians, and other family members.

The goal is to create a healthy work environment for everybody, including the family or visitors. There are many challenges that arise for the nursing staff each day such as: patients without beds available upstairs, who then must board in the PACU until a bed becomes available; angry family members who may be upset when the patient does not have a bed to be transferred to; and patients who receive a poor prognosis or diagnosis after surgery. The nurses provide support for these patients and their families as they negotiate these challenges. Although conflicts arise, this can be an emotional time for the patient, family member, and the staff nurse involved in the care. The patient may need to hold the nurse's hand or receive a Reiki Treatment, which provides relaxation to the patient. Some patients prefer to be left with family members who may need the support and encouragement of the nursing staff. The staff nurse may also need support from the Leadership Team, allowing the nurse to discuss his/her feelings and how it makes them feel. This evidence is supported by Vivar (2006) and Hocking (2006) who both agree the staff need support and encouragement from the leadership team, mentoring the staff nurses during the process.

Overall, the staff nurses are caring and compassionate caregivers who provide wonderful patient care and are committed to excellent nursing practice. They laugh and cry with, and support their patients through the recovery process, often the most difficult time of their lives. The staff often connect with both the patient and family as human beings, thus treating the whole person and not solely the disease process, which is important for recovery and well being.

Consider the following example of the great effects of good nursing practice.

There was a very difficult patient situation a few weeks ago. A patient named Lisa was 25 weeks pregnant when her uterus ruptured and leaving the baby sitting in her abdomen. The surgeons had to remove the fetus and perform an emergency hysterectomy. Unfortunately, there was no hope for the baby boy to survive. Lisa and her husband Kevin were devastated by this news. Before the patient went into the Operating Room, the PACU RN named Linda and I went over to meet this family and explain what would happen once the surgery was completed. We would be waiting for her to come out of the Operating Room and we would have her husband wait in the private area. We called for Julia the Labor and Delivery (L&D) nurse, who came to the PACU to guide us through the process of what needed to be done for this patient and family. Julia, who had been through this situation numerous times, was compassionate and had great insight. Keep in mind, that this situation is not something that normally occurs in the PACU.

Once the surgery was complete the baby boy was brought to the PACU private room where the Labor and Delivery Nurse Julia took pictures of the baby and created a "Memory Box" for this family. Linda and I watched while she took the pictures of this beautiful tiny deceased baby boy and we both agreed this was very difficult. Once the patient came out of the Operating Room, Linda helped Lisa recover from anesthesia and when she was ready, her husband and baby boy joined her in the private room. Linda and I were very concerned about how long the baby boy would stay in the room with the parents. The nurse from Labor & Delivery explained that this varies from case to case. The family stayed together for hours. Linda and I were outside the room and were witnesses to a beautiful moment between this wonderful couple and their baby boy. The baby boy was being held by his mother who was resting quietly. It was very emotional, but the nursing staff provided the support that this family really needed. Nursing care needs to be individualized for each patient, depending on the situation. A

wonderful job was done by Linda and Julia in providing this individualization of care. Linda and I debriefed after the experience about how difficult it was to care for this family. Linda felt she really did meet this family's needs during a difficult time with the support of the team.

However, things do not always go smoothly, despite the best intentions, and conflicts often arise in part because of the high stress nature of a Post Anesthesia Care Unit (PACU). For example, the nurse Julia was professional and compassionate when handling the baby boy. If it had been someone with less experience, the outcome might have been different, creating conflict between the PACU nurse Linda and the Labor and Delivery nurse. Linda and Julia are experts in the field of nursing and knew how to manage this situation. If it was a nurse with less experience, the Leadership Team would have to provide the support needed to create a positive outcome for this family.

I have been in nursing for over twenty years, initially working in the Intensive Care Unit (ICU) for eleven years, another stressful environment and then Post Anesthesia Care Unit (PACU) for the last eleven years. Because of my awareness and concerns about conflict in these settings, I have done research into what other health care settings have in place to help staff nurses deal with and manage conflict. Sadly I have found no research that specifically focuses on helping staff nurses manage conflict, but there is research that suggests such help is needed, as well as work on effective ways of managing conflict that could be helpful for staff nurses. For example, Kelly (2006) writes, that many nurses want to be "treated as professional but are not prepared for conflict. She also noted that in Ireland (where she works) the competencies and continuing education programs are "deficient" in conflict management. Vivar (2006), another person in nursing education says, "There are limited resources for managing conflict." I would definitely agree with this and believe the reasons are the financial constraints the healthcare

industry is under. There are also time constraints, and the primary focus is treating medical problems and not interpersonal problems.

Instead the focus on conflict management training within most hospitals is geared towards leadership, directors, and managers, not the nursing staff. This holds true at Brigham and Women's Hospital as well. I have spoken in detail to my Leadership Team about this issue The team consists of three Nurses in Charge, one Nurse Educator, and one Nurse Director, formerly known as Nurse Manager. By way of background for those unfamiliar with nursing: The Nurse Director manages the whole Peri-operative Service, which consists of: (a) the Pre-op-Unit, which is the entry point where the patients begin the surgical process, (b) the Post Anesthesia Care Unit (PACU), which is where the patients recover from surgery and (c) the Day Surgery Unit (DSU), which is where patients are discharged the same day after surgery. The Nursing Director makes the final decision for the department and uses the Leadership Team, which consists of the Nurse Educator, who is responsible for all the education and updates for the staff, and the 4 Nurses in Charge, including myself, who oversee assignments for staff nurses, and provide feedback for the needs of the unit. It is set up with the Nursing Director at the top of the hierarchy, with the Nurse Educator and the Nurses in Charge working together to help her make decisions.

The team agrees with my idea that it would be helpful to involve the staff nurses with training in conflict resolution as well, because they are the front line workers. The Leadership Team has also committed, once my work is complete, to making my workshop part of the Post Anesthesia Care Unit (PACU) Annual Competency Day in 2012. The Annual Competency Day is taught by our own nursing professionals and the program is updated on a yearly basis based on the needs of the unit. The Competency Day is held ten to twelve times throughout the year and

there are five to seven staff nurses who attend each class. There are over eighty staff nurses that have to attend these classes and that's why it's offered many times throughout the year making it less stressful for the nurses to attend. I am looking forward to teaching this workshop on conflict management. I must ask myself, where do I begin?

My Journey From Staff Nurse to Nurse in Charge

The Nurse in Charge, my current job, is managing the unit and assigning staff nurses to patients once the surgery is finished, using a computerized system, called Peri-operative Tracking System (PTS). This system is updated by the Operating Room during the surgery. The cases turn colors once the patient is ready to come out of the Operating Room (OR) to the Post Anesthesia Care Unit (PACU). This allows the Nurse in Charge to assign the patients and avoid delays and speed recovery. The Nurse in Charge is responsible for adequately staffing the unit and making sure the staff feel supported in their role as well.

I never realized how much this job would require conflict management skills to effectively manage situations. The need to manage conflict between staff nurses was something new for me. I felt it was important to improve my own skills and then share this with the staff.

It was a big transition for me when I moved from being staff nurse to Nurse in Charge because I felt I was always under scrutiny about what decisions were being made. I also have participated in numerous workshops on conflict resolution to improve my skills. I found Phyllis Kritek's Workshop, "Nursing's Role in Creating a Healthy Work Environment" very helpful, providing new ideas and tools to practice in managing conflict. I have also found my first hand observations in the hospital have provided me with valuable insight. Every day, I learn something new when managing conflict to add to my foundation of knowledge.

I have met many great roles models who have provided support and encouragement in my nursing career. The first is a nurse, Ferne who precepted me in the Intensive Care Unit (ICU) in 1990, at the beginning of my career as a staff nurse. She was a great mentor and role model. The ICU can be a very stressful environment. She made sure I had a great orientation to this area. Once the orientation was complete, she would check in with me to make sure I felt comfortable with my patient care assignments. She would answer questions and if she didn't know the answer, she would find out the information. She was one of the best preceptors, I've ever met, as well as role model, mentor and friend.

When I reflect back on my earliest experiences as a novice staff nurse, I realize that conflict management and resolution has always piqued my curiosity since I began my career in the Intensive Care Unit (ICU) in 1991. Early on I witnessed how some of the older nursing staff would intimidate the newer staff, which is also known as eating their young"(Daiski 2004, 43). According to Daiski,

> Horizontal violence is deliberate, hostile, destructive actions manifested by
> behavior such as intimidation, disinterest, neglect, discouragement, physical and
> or emotional abuse, humiliation and excessive criticism perpetrated from
> colleague to colleague. (Daiski, 2004, 43)

This type of behavior never seemed right to me and I felt it undermined the culture of learning that Ferne, my preceptor was trying to create. Many of the new nurses, myself included, would avoid these nurses, because of fear of what would be said. I vividly remember one senior nurse who would whisper very nasty comments under her breath. We called it the "Silent Whisper." I listened to this for about a year before I decided to say something. These comments were directed at the newer staff nurses, including me. I practiced what I was going to say and waited for the perfect opportunity to say it. During a very busy evening this nurse was in the

medication room mumbling under her breath and appeared visibly angry. I entered the room and asked her, "Is there something wrong?" She said there was not Then I asked:"Did I do something to offend you?" She said no and said it was "just this place." I offered to help her with her assignment and she politely declined.

After this conversation took place the relationship was much improved, probably because I reached out to her and deep inside I think she was testing to see how far she could push me. When I think back to this situation, this might have been a way in which she managed her own stress when working with new nurses. Thinking back, I wish I had addressed it early on, but was not sure how to do this, a perfect example of avoidance. This was something I was not prepared for during nursing school as I had never even heard of avoidance as a conflict resolution style. This nurse was another staff nurse in the same role as I was, so why did I wait? Now after many years of resolving conflicts, I realize I did not have the awareness, tools or the confidence needed to effectively manage this situation. This is the reason I feel so strongly about creating a workshop to help staff nurses to manage conflict. Nurses tend to use avoidance as a tool to manage conflicts, similar to what I did during this situation.

When I now think back to the above situation, it was a turning point in my career to speak up and address this problem. As my confidence increased, I was able to address this situation and not allow it to go any further. Unfortunately, it took a year to do, and came only after having discussions with other nurses about the most effective ways to manage this situation. It made me realize that nurses are not trained during nursing school to effectively manage situations like this one mentioned above and that when you communicate effectively, it strengthens the team and improves nursing outcomes.

My new job as the Nurse in Charge has opened my eyes to the importance of managing conflicts, as it accounts for most of my time throughout the day. I never realized the impact of conflict at the management level. I learn something new every day. Still I continue to seek more information on how to improve my own conflict management skills, despite all the reading I have done and workshops I have gone to, so I can help to improve the staff nurses skills. If more staff nurses could effectively manage some of their conflicts this would help members of the Leadership Team to work on other things beside conflict.

Extending My Journey Through Joining the CCT Program

I was curious to learn more about resolving conflict using critical and creative thinking skills. I was not sure what I was looking for, but when I heard about the Critical and Creative Thinking (CCT)) program through my nursing colleagues it made me curious to take a course and see what it is all about. I did not consider myself a creative person but wanted to learn to look at different alternatives to problem solving. I believe that there can be many ways to solve problems and not just what feels comfortable to us.

I enrolled in the Critical and Creative Thinking Program in 2007. My first course was the Critical Thinking course. Two of my colleagues, Kathy and Barbara, who had enrolled in the CCT program in previous years, said they learned so much they used in their leadership jobs. They both strongly recommended the program as well. I was not sure where this journey would lead, but much to my surprise, this is now my last course after 4 years of being a CCT student. I have really enjoyed this program, the professors, and the great people I have met along the way. I wanted to work more on conflict management because of its importance for the nursing profession.

The CCT program has provided great tools to manage conflict as well to promote creative and critical thinking. It has taught me to slow down and really think about other options. In the past I tended to act hastily, without putting much thought into something. This program has allowed me to work on topics of interest, making it something worthwhile to use in my workplace. After an incident or conflict takes place, I find myself really thinking about what went well or what could have been done differently the next time around. This has allowed me to grow and develop and be a better person. I wholeheartedly believe that creating a workshop on conflict management and resolution is the way to go. It would make such a difference for nurses in their daily practice of caring for the patients, families and each other.

Shortly after I started CCT, I also participated in a workshop by David Dibble in 2007 to create better work environments and address conflict. Dibble's book and Workshop were titled, *The New Agreements in Healthcare, Healing a Healthcare System on Life Support*, and is an interesting way to approach these issues. His main philosophy is that we need to help people to solve problems by using these Four Agreements, which I believe to be difficult to follow. Dibble believes in fixing systems and that we must develop our staff by using these skills. Once the staff is developed, then it is time to concentrate on fixing the systems by having people doing the work and not management.

> The Four Agreements are: (1) Be Impeccable With Your Word-Speak with Integrity. Say what you mean. Avoid using the word to speak against yourself or gossip about others. Use the power of your word in the direction of truth and love. (2) Don't Take Anything Personal-Nothing other do is because of you. What others say and do is a projection of their own reality, their own dreams. When you are immune to the opinions and actions of others, you won't be the victim of needless suffering.(3) Don't Make Assumptions-Find the courage to ask questions and to express what you really want. Communicate with others as clearly as you can to avoid misunderstandings, sadness, and drama. With just this one agreement you can completely transform your life.-(4) Always Do Your Best-Your best is going to change from moment to moment; it will be different when you are healthy as opposed to sick. Under any circumstance, simply do your

best and you will avoid self-judgment, self-abuse, and regret. (Dibble, 2007, 41-44)

I felt this Workshop, "The Four Agreements in Healthcare" did not work effectively in part because of the size of the Brigham and Women's Hospital, which has over nine hundred beds and employs over three thousand nurses. I believe this workshop was designed for a much smaller healthcare setting. I also felt The Four Agreements are a very high standard for human beings to adhere to, making it difficult to live by these rules. If you can't live by these rules, it may be difficult to repair systems. I looked at them as guidelines to follow, but found it difficult at times. I believe that more straightforward guidelines about different ways to approach resolving conflict itself would be more effective. I really believe simple is best in such a fast paced environment, such as the Brigham, so I wanted to keep things less complicated and simplify things for the staff.

In 2008, one year after starting CCT, I participated in Phyllis Kritek's workshops on conflict resolution for nurses and it has made a great difference in the way I approach and manage conflict. She introduced me to the Thomas Kilmann Conflict Mode Index (TKI) Cost-Benefit Analysis Chart, which she has adapted for nurses, but could be used for all professions. I will discuss The Thomas Kilmann Model in further detail in the next chapter. I have found it to be an extremely useful model for understanding conflict resolution, which fits nicely with specific conflict resolution techniques I have learned about in CCT. Phyllis had initially worked with the Nursing Directors at the Brigham and my Director thought she would be great person to work with the group of Nurses in Charge. I was the Chairperson for the Nurses in Charge from 2008 to 2010: this committee plans the agenda's for forums which take place 3 times per year. We had Phyllis Kritek come speak to all 150 Nurses in Charge, at the Nurse in Charge Forum in 2008 and 2009. Two of her take away messages (in addition to her message about conflict

resolution styles) were: (a) there is a time and place to manage and address conflict and the timing is so important for successful outcomes and (b) it pays to know your "hot buttons."

Her message about the importance of timing was brought home to me in a situation that happened recently in the Post Anesthesia Care Unit (PACU). The Attending Anesthesiologist who was covering the PACU was very busy and not having a good day. I went to check on a patient in the back of the room who was having issues. When I returned, a couple of the nurses told me that the Attending Anesthesiologist smacked the telephone against the desk and appeared very angry. No one approached him. I thought it would be best to make sure he was all right and then address this situation later on. I did approach him the next day and we discussed the events from the day before. He was very sorry, not realizing the scene he caused. Thinking back, I was glad I waited for some time before approaching him because the outcome might not have been the same due to the high level of anger. Some conflict takes time to resolve between parties, like this one mentioned above. Not all conflict management is immediately successful, but we need not see it as a failure either. For example, the nurses that witnessed the original incident were not involved with the later discussion between the two parties, but I did let them know that the situation was addressed and ultimately resolved.

Synthesis Roadmap

In this synthesis my main goal is the creation of a conflict management workshop for staff nurses. I have the support of the Leadership Team, and we each are role models and committed to mentoring the staff. To create an effective workshop, I need to address the following questions:

(1) Why is more effective conflict resolution needed? What are the psychological and physiological costs of conflict?

(2) What conflict resolution and management techniques are most useful for Post Anesthesia Care Unit (PACU) Nurses? Why is this so? What do they need to know and understand about conflict and about themselves to use these techniques?

(3) What are the obstacles towards their using these techniques? How do units need to be structured to foster their using these techniques?

(4) What are the types of conflict situations do nurses typically face? What techniques are particularly useful in these different situations?

In Chapter 2, I review research that bears on questions 1-3. I begin by discussing the physiological and psychological costs of conflict and why more effective conflict resolution techniques are needed. Then I introduce the Thomas and Kilmann Model of Conflict Resolution Styles, which is my favorite model, because it is simple to understand yet provides deep insight for effectively managing conflict. This is the one I will use in the workshop. I will also discuss the conflict resolution techniques that are effective in taking a collaborative approach to resolving conflict and the obstacles nurses may face when using these techniques. Although different situations may call for different strategies, research has suggested that collaboration is often the most effective style to manage conflict and creates win-win situations for both parties, yet it is not used as often as it should.

In Chapter 3, I present my plans for the actual workshop that I will teach to the staff nurses on Annual Competency Day. I will use the Thomas-Kilmann Model in conjunction with some case situations I have identified from my experience. A central part of my workshop will

be presenting nurses with case studies of 3 different types of conflict situations they may be faced with. The first case study is a nurse to physician conflict, the second is a nurse to nurse conflict and the third is a nurse to patient/family conflict.

Finally in Chapter 4, I present my plans for the evaluation of my workshop and further follow-up with nurses. I address questions such as: What needs to be updated? What needs more work? What went well? How can I assess how my staff nurses are using this information and managing conflicts and provide them with continued opportunities for learning and sharing? This allows me to reflect on the process of my workshop, learn from my experiences, and think about my next steps.

CHAPTER 2

CONFLICT RESOLUTION THEORIES, STYLES, AND TECHNIQUES

"Sometimes creativity just mean the daily work of helping others to see a problem in a different way"-Joseph Badaracco

Conflict in the workplace is unavoidable, especially in nursing. There can be numerous conflicts nurses are confronted with on a daily basis. It can be a nurse to nurse conflict, nurse to physician conflict or nurse to patient and family conflict. The outcome depends on how the conflict is managed or resolved. This can be difficult for nurses because of their time constraints. There has been so much research into what nurses need when it comes to managing conflict, but I struggled to find programs currently in place to improve conflict management for staff nurses. The programs in place that I found are geared towards management and executive level nurses.

According to Kelly (2006), who is a nurse lecturer at the Department of Nursing and Midwifery, University College Cork, Ireland nurses tend to use "avoidance" to manage conflict, one of the least effective approaches in the long term. The reasons for this may be time constraints, lack of education, and fear of retaliation from leadership. Other nurse educators and consultants both in the U.S. (Hocking 2006), and Europe (Vivar 2006) agree that nurses tend to use "avoidance" as a means to manage conflict. I would definitely agree as I have seen this use of this style numerous times throughout any given day. Early on in my career, I was using avoidance as well because I was not familiar with the other styles of conflict management and time constraints were also an issue. The nursing job tends to be task oriented to meet the

demanding needs of the patients, rather than process oriented: there is so much to do in such a

short amount of time.

Some of the benefits of acquiring more effective conflict management tools according to

Thomas-Kilmann are:

- **Increased understanding:** The discussion needed to resolve conflict expands people's awareness of the situation, giving them an insight into how they can achieve their own goals without undermining those of other people.

- **Increased group cohesion:** When conflict is resolved effectively, team members can develop stronger mutual respect, and a renewed faith in their ability to work together. This could work for nurses to bond with each other through this common experience.

- **Improved self-knowledge:** Conflict pushes individuals to examine their goals in close detail, helping them understand the things that are most important to them, sharpening their focus, and enhancing their effectiveness.

They go on to note, however:

> If conflict is not handled effectively, the results can be damaging and costly. Conflicting goals can quickly turn into personal dislike. Teamwork breaks down. Talent is wasted as people disengage from their work. It's easy to end up in a vicious downward spiral of negativity and recrimination. And of course, unresolved conflict can have psychological and physiological costs. Not a healthy work environment.
> http://www.mindtools.com/pages/article/newLDR_81.htm (Viewed 6 February 2011)

If I want my team working effectively, I need to stop this downward spiral. To do this, it

helps to understand the theories that lie behind effective conflict resolution. In this Chapter, I

first consider why more effective conflict resolution is needed for nurses by reviewing the

psychological, physiological, and actual financial costs to conflict. I then introduce the models of

conflict resolution styles that I have found most helpful-The Thomas-Kilmann and Ron

Kraybill's models of conflict resolution styles. Finally, I consider the strategies and techniques

that are needed for effective conflict resolution through collaboration, which is often the most

effective style to managing conflicts in the nursing situation as well as consider the potential

obstacles to using these techniques by staff nurses.

The Psychological and Physiological Costs of Conflict: Why More Effective Conflict Resolution is Needed

A broad definition of workplace conflict that I have found very helpful was provided by

Daniel Dana, who is a pioneer in the field of mediation. Upon completing his PhD in 1977, he

developed one of the first Employee Assistance Programs in the federal government during the

administration of President Jimmy Carter, taught "Managing Organizational Conflict" at

Syracuse University, and ultimately left academics and founded the two Mediation Training

Institutes. Dana writes:

> Workplace conflict is a condition between or among workers whose jobs are
> interdependent, who feel angry, who perceive the other(s) as being at fault, and
> who act in ways that cause a business problem. Take notice that this definition
> includes feelings (emotions), perceptions (thoughts), and actions (behaviors).
> Psychologists consider these three the only dimensions of human experience. So,
> conflict is rooted in all parts of our human nature. (Dana, 2001, 5)

I really like this definition of conflict because emotions, thoughts, and behaviors

influence our response to the conflict and affect how we will manage it. This holds true in

nursing as well as business.

Alves (2005 443), who studied occupational stress in Certified Nurse Anesthetists

(CRNA's) who were practicing with anesthesiologists, sees workplace conflict as one

contributor to workplace stress and writes: "Few CRNA's perceive their practice as

collaborative, and many used compromise as a solution." I found this very interesting because of

the hierarchy in the workplace and see this happening in my unit as well. This does not always

allow for good communication between team members, one giving into the other. This does not

create the best outcomes for patients because team members need to be open and honest with one another about what is best for the patient. Keep in mind, there can be other causes of workplace stress such as high volume of work and the difficult life threatening situation that your patients are in.   Researchers have noted that workplace stress is common and, in turn, can have many adverse consequences. Alves (2005), who is Associate Clinical Nurse Specialist/Nurse Anesthesia Program Coordinator, Northeastern University in Boston, writes:

> Occupational stress is defined as harmful physical and emotional responses that occur when the requirements of a job do not match the capabilities, resources, or needs of the worker and can lead to poor health and even injury. Of all American workers, 40% perceive their jobs as stressful. Mood and sleep disturbances, upset stomach and headaches, and disrupted relationships with family and friends are examples of stress related problems that are quick to develop and are common early manifestations seen in workers experiencing extreme stress. In addition, evidence is accumulating rapidly to suggest that workplace stress has an important role in several types of chronic health problems, especially cardiovascular disease, musculosketal disorders, and psychological disorders. (Alves, 2005, 443)

She goes on to say that, **"**Stress related illnesses can account for absenteeism and costs the employer $75 billion dollars a year." (Alves, 2005, 443) Workplace stress has increased over the years due to increased job responsibilities. Indeed, Tisza, Mottl, and Matthews (2003, 2) report "Stress claims in the United States in the 1980's were less then 1% of all workers compensation claims. They have risen dramatically over the years." Stress in turn, creates job dissatisfaction and high nursing staff turnover. It costs money and numerous hours to train new staff, so retention is crucial. Further, according to Forte (1997, 123), when workers are stressed, "Memory fails, compliance is compromised at best." This affects patient care outcomes if the nurse is stressed out managing conflict, which is the main focus for my Workshop. So the goal should be to create a culture of learning for the nursing staff. This in turn creates job satisfaction, better retention of nurses and better patient outcomes.

The National Joint Commission, which accredits hospitals by inspection, on a bi-yearly basis, provides standards or guidelines that the hospital must be in compliance with to receive accreditation and must be taken seriously. Interestingly enough, the Joint Commission has recognized the importance of conflict resolution for nursing and medical professionals. This is a step in the right direction to provide education for all and the implementation of creating healthy work environments. Hocking who works in the field of nursing states that:

> There are National Patient Safety Goals in place that protect the patient and the hospital needs to be in compliance with these standards. The Joint Commission recognized publicly that defensiveness and conflict have a high cost for nursing and medical disciplines, It has an even higher cost for society, however, in that it brings about: duplication of effort, unnecessary conflict, energy depleting discord and the potential for greater risk to patients. (Hocking, 2006, 250)

Conflict is rooted in the human experience and it is inevitable part of life. But, if managed more effectively, it could reduce workplace stress. Although there are other causes of workplace stress, I am focused on conflict resolution at this point. I believe education is the key to helping manage conflict more effectively and that it is up to the Leadership Team to see that the needs of the staff are met. Ultimately, I believe there are multiple reasons why conflict resolution skills are needed and can be helpful for the staff nurses. First, it would help increase efficiency and create better patient outcomes. If the staff nurses are provided the resources to managing conflict and feel supported by the leadership team, they can more effectively manage their environment. Second, if the staff are working in a healthier work environment, they are happier, more satisfied human beings. This is a win-win for all involved in the process. Finally, it might even improve the physical health of nurses. It would be interesting to see if stress related illnesses will decrease once the staff is trained in how to effectively manage conflict.

Contrasting Approaches to Conflict Resolution: Conflict Resolution Styles

A key idea about conflict resolution I have encountered in my readings is that there is more than one way to manage a conflict and that there are strengths and limits of different approaches. However, many times, an individual responds to conflict impulsively and emotionally (using a preferred conflict resolution style), rather than by using effortful thinking and deliberation. They don't even realize they have choices in how to respond, and consider that there may be other approaches that allow them to more effectively deal with and "manage" the conflict.

Many of the books I have read are geared toward management. For example, Daniel Dana's Conflict Resolution book is more geared towards meditation and is directed at the managerial level when he writes that there are three ways to resolve conflict: "power contests, rights contests and interest reconciliation" (Dana 2001, 41). The smart manager resolves conflicts by the third style. I found this model less useful for my purposes because it does not include the full range of conflict resolution approaches in everyday life. Phyllis Kritek's book, *Negotiating at an Uneven Table, Developing Moral and Courage in Resolving Our Conflicts*, is also directed toward nursing management; however it seems it certainly could be used for staff nurses as well. She uses the Thomas-Kilmann Model of five styles of conflict resolution, and the idea of "hot buttons." These ideas could be used by anybody in any situation to improve their approaches to conflict resolution. My goal is to provide the tools necessary for staff nurses to effectively manage conflict based on some of the information from Phyllis's Workshop. My Workshop will be an introduction to the Thomas Kilmann five styles and I will help nurses know

how and when to apply them when managing his or her own conflicts. Also I think being able to identify which style is being used in any given situation may be helpful for nurses as well.

In the next two sections, I discuss two models of conflict resolution styles: the Thomas Kilmann Model and the Ray Kraybill Style Matters Inventory, a later adaptation of the TK Model.

The Thomas Kilmann Model of Conflict Resolution Styles

In the 1970s Kenneth Thomas and Ralph Kilmann introduced their Thomas-Kilmann Conflict Model Instrument as a way to assess different conflict resolution styles. These two gentlemen have been in the field for years, and their model and instrument are among the most widely used in the field.

Kenneth Thomas, PhD, has been a tenure-track professor of management at UCLA, Temple University, the University of Pittsburgh, where he was also director of the Ph.D. program, and the Naval Postgraduate School in Monterey, California. He is very concerned with the usefulness of his work. So he keeps it simple so people are able to remember. He has also developed the assessment tools and support materials so that coaches, managers, trainers and consultants can use them to make a difference in their organizations.

Ralph H. Kilmann, Ph.D., is now an independent author/consultant but was a Professor of Organization and Management at the Joseph M. Katz Graduate School of Business, University of Pittsburgh for thirty years. Kilmann has published more than fifteen books and one hundred articles on such subjects as organizational design and conflict management.

Thomas and Kilmann propose that there are five different styles of managing different interpersonal conflict: competing, collaborating, compromising, avoiding, and accommodating.

These styles were defined using two behavioral dimensions of assertiveness (attempting to satisfy one's own concerns and or interests) and cooperativeness (attempting to satisfy others' concerns and/or interests). Each style varies in terms of how assertive and cooperative it is.

More specifically, the five styles are characterized as follows:

- **Competitive:** People who tend towards a competitive style take a firm stand, and know what they want. They usually operate from a position of power, drawn from things like position, rank, expertise, or persuasive ability. This style can be useful when there is an emergency and a decision needs to be make fast; when the decision is unpopular; or when defending against someone who is trying to exploit the situation selfishly. However it can leave people feeling bruised, unsatisfied and resentful when used in less urgent situations. This style is assertive and uncooperative.
- **Collaborative:** People tending towards a collaborative style try to meet the needs of all people involved. These people can be highly assertive but unlike the competitor, they cooperate effectively and acknowledge that everyone is important. This style is useful when a you need to bring together a variety of viewpoints to get the best solution; when there have been previous conflicts in the group; or when the situation is too important for a simple trade-off. This is assertive and cooperative.
- **Compromising:** People who prefer a compromising style try to find a solution that will at least partially satisfy everyone. Everyone is expected to give up something, and the compromiser him-or herself also expects to relinquish something. Compromise is useful when the cost of conflict is higher than the cost of losing ground, when equal strength opponents are at a standstill and when there is a deadline looming. This is intermediate in both assertive and cooperative.
- **Accommodating:** This style indicates a willingness to meet the needs of others at the expense of the person's own needs. The accommodator often knows when to give in to others, but can be persuaded to surrender a position even when it is not warranted. This person is not assertive but is highly cooperative. Accommodation is appropriate when the issues matter more to the other party, when peace is more valuable than winning, or when you want to be able to collect on this "favor" you gave. However people may not return favors, and overall this approach is unlikely to give the best outcomes. This is unassertive and cooperative.
- **Avoiding:** People tending towards this style seek to evade the conflict entirely. This style is typified by delegating controversial decisions, accepting default decisions, and not wanting to hurt anyone's feelings. It can be appropriate when victory is impossible, when the controversy is trivial, or when someone else is in a better position to solve the problem. However

in many situations this is a weak and ineffective approach to take. This is unassertive and uncooperative.
http://www.mindtools.com/pages/article/newLDR_81.htm (Viewed 6 February 2011)

How might these styles apply to nurses?

Competing may be used in nursing when someone is looking to come out on top and win the conflict. Their values and beliefs can be imposed on the other party. They may use their position of authority to make things happen. This is common in sports and can occasionally occur between nurses, competing about what is best for the patient. This can also occur between physicians and nurses as well, based on the hierarchy about who makes the final decision for the patient. Keep in mind that nurses do have to use a position of authority to advocate for their patients and not remain silent. It can also occur between senior staff and newer nurses similar to the "Silent Whisper" situation.

Collaborating is often the most effective style to use in nursing. Unfortunately, it takes time and energy to do this along with listening skills. The communication must be open and honest to collaborate effectively. It is important to think about all options before reaching a decision together. This style occurs less frequently in nursing because of time constraints. This style may occur when a staff nurse will collaborate with an Attending Surgeon and make a plan of care for patients. Both agree with the plan and provide information that is used in the decision making process.

Compromising does take place as part of staff nurses styles. Things that come to mind are when Post Anesthesia Care Unit (PACU) nurses are trying to give report to the floor nurse. Both of the nurses will reach a consensus about the best time to give the report and then transfer the patient. The floor nurse may be busy with patients and the PACU may be quiet and the

PACU nurse agrees to hold the patient until the floor nurse gets caught up with her patient care assignment.

Accommodating is someone looking to maintain harmony in the workplace. This can occur in nursing especially nurse to physician, and nurse to nurse situations. The nurse caves in and gives in to the demands of the other party. There can be feelings of anger after the situation settles down and the nurse may hold a grudge and build a file on that person—not the best way to manage conflict.

As mentioned previously, avoiding is perhaps the most common style used in nursing. I believe the reasons are that it is quick, saves time, and nurses may lack the tools to effectively manage the situation. It also helps someone avoid being criticized, feeling inferior, or being seen as a troublemaker by others. There are other styles that may be more effective in the long run, depending on the situation. A staff nurse may avoid a difficult family. Not an ideal situation, but the nurse should look to the leadership team for guidance on how to handle this situation more effectively.

I believe it would be beneficial for the nurses to learn all five styles of conflict resolution management. By learning about each different style, nurses can broaden the approaches they take to resolving conflict. The goal is to use the collaboration style more often to effectively manage conflict. This style takes time and effort but the outcomes are more beneficial in the long run. (See Appendix 1 for a description of the 5 styles, and the costs and benefits of each.)

Ray Kraybill: The Kraybill Conflict Style Inventory

Ray Kraybill is the author of *Style Matters: The Kraybill Conflict Style Inventory (KCSI)*, 2005 and *Facilitation Skills for Interpersonal Transformation*. Kraybill has worked with the Thomas Kilmann Model for years and found it to be effective for training purposes because it

was quick to administer. However, Kraybill notes that he found some problems with the Thomas Kilmann Model and developed this alternative style inventory because he felt the Thomas Kilmann Model did not take into account cultural backgrounds of individuals, lacked in-depth details, and the booklets were expensive for companies to buy.

Style Matters is a:

> Psychometrically validated 24 page conflict style inventory that shows users their preferred style of conflict management and provides details for each style. Several pages outline and provide detail for each style and provide tips for how to use the style. http://riverhouseepress.com/index (Viewed 25March11)

Kraybill offers courses, training and materials at a reasonable cost and has it available online through Riverhouseepress. Some of the materials are free because he wanted the tools to be available to both the student and the trainer. This is a great resource for me to know about for future workshops. There are ideas on line for free that would be helpful for the nurse to keep learning once the workshop ends. This tool was updated in 2005 and has taken into account cultural differences and tips on bringing out the best outcomes in each style.

Like Thomas Kilmann, Kraybill's five styles are based on the two dimensions of assertiveness and cooperativeness. However, Kraybill's five styles of dealing with conflict are named differently (with the Thomas Kilmann's names added by me in the parentheses):

> Directing (called *Competing* by Thomas Kilmann) Highly assertive and not concerned about relationships.

> Harmonizing (called *Accommodating* by Thomas Kilmann)-Very concerned with relationships and not assertive.

> Avoiding (also called *Avoiding* by Thomas Kilmann) Neither assertive nor concerned with relationships.

> Cooperating (called *Collaborating* by Thomas Kilmann) Assertive but also concerned with relationships.

Compromising (called *Compromising* by Thomas Kilmann) Medium assertive and medium concern for relationships.

http://riverhouseepress.com/index (Viewed 25March11)

Kraybill says there is no right or wrong style and each style has its own strengths and weaknesses. You choose the style to be used based on the situation. There are some suggestions for the "avoider, letting them know you want something from them and return later to hear their response." "Remember to stay low keyed otherwise the avoider will withdraw further." http://riverhouseepress.com/index (Viewed 25March11)

One of the things I really like about Kraybill's conflict styles is there is information for the trainer to use as part of the workshop. This information can be used in combination with the Thomas-Kilmann Model as well, which piques my interest. The examples to use for workshops consist of: suggested introductory statements to make to the audience, administering, and interpreting the data. Something I may use in my workshop would be the introductory statements. He also talks about "flexibility" when using each style appropriately. We tend to manage conflict better if we use the different styles depending on the conflict. It is not good to use one or two styles but to use a variety to have a better outcome. I also like that he talks about bringing out the good in others as they learn the styles and his styles are positively named such as harmonizing (instead of accommodating). For me, harmonizing means "keeping the peace" rather than giving into something.

However, I decided to use the Thomas-Kilmann Model for the following reasons. First, my guess is that it will be easy for the staff nurses to understand and learn to apply to their own situations. I think they will more readily understand "accommodating" rather than "harmonizing." Also, I like this model because it does not take long to teach during my Workshop and my time is limited. I am also very familiar with these styles from my prior

workshops that used this model. I did notice some cultural difference in Kraybill's styles (e.g., harmonizing might appeal to Eastern cultures), but these may not be important my nurses who are from a more Western orientation. Another idea I really like in Thomas Kilmann is the collaborative approach to managing conflict for the staff nurses. I really believe this to be the most effective style to managing conflict in the long run and creates a win-win for all.

Conflict Resolution Techniques are Effective in Collaborative Conflict Resolution

Avoidance is a short term answer to a long term problem. There are times when avoidance is needed but the problem needs to be addressed later on, otherwise it will get worse. Nurses tend to use this technique when there are more effective styles that should be used instead to create better outcomes. Collaboration is a style that can be used when managing conflict. Vivar, (2006) who is Assistant Lecturer in Nursing, echoes this sentiment when she writes:

> "Many of the situations that nurses face when dealing with conflict need a collaborative style and open communication.This style takes time and is a win-win for everybody. However, the nurse is too busy caring for patients that they do not have enough time to think about interpersonal conflicts. Conflict resolution should be a priority among nursing organizations because conflict has an influence on patients." (Vivar, 2006, 204)

This is parallel with what Hocking (2006) says and I agree with both based on over twenty years experience in the field of nursing. I really believe wholeheartedly, that once the tools are taught and the staff has time to practice, the communication outcomes for staff and patients would improve. It has to first begin with the Leadership Team for it to be effective and then to have a buy-in from the staff.

Phyllis Kritek, an expert and internationally known nurse scholar who has presented at numerous workshops and training programs on negotiation skills, provided great insight for the Nurses in Charge during the workshop in 2008 about some of the skills needed. One of the first things she taught us was to "be aware of your hot buttons." This makes perfect sense to be aware of what will set us off and what to do when dealing with conflict. If you are emotional in the moment, that is not the time to handle or manage conflict. Maybe, excuse yourself and take a rest room break to think up strategies and then return to manage the conflict with a clear mind. Be sure to focus on facts: clarify and summarize if something is unclear. It is important to ask questions to gain a richer, deeper understanding of the problem. This could provide more solutions that you might not of otherwise thought of. An important CCT tool is about asking questions for clarification.

This ties in nicely with CCT tools of "reflective practice" or "reflection in action" as well. Reflection involves knowing ourselves and being aware of the hot buttons and thinking through ahead of time about what we can do when those buttons are pushed. When they do get pushed, we've already prepared ourselves to react in healthy ways rather than unhealthy ones.

Kritek also talked about another CCT tool, active listening, and the importance of using this during conflict. Active listening is used throughout the CCT program, everybody has a voice and is heard. It is important to listen and think about other peoples' points of view without passing judgment. Even though I may disagree with someone and may not see eye to eye, it is his or her opinion which the person is entitled to have. Then we should ask questions to try to understand what the other person's views are and why they are important to them. They may have logical reasoning for their point of view. This may help me discover new ways of getting

what I want and learning about others and reaching a consensus. This sounds like the collorabative style to me.

Engaging in dialogue provides another way to manage conflict by just getting ideas out in the open. Dialogue only allows one person speak at a time, so this way everybody gets a turn. Being quiet allows everybody in the room to actively listen to the speaker without interruption. It allows the listener to reflect on the spoken word and to try to learn the other point of view, without judgment. Doing this quietly helps to process the information.There are many of ways to do things and come up with solutions. We want to learn them all to effectively manage conflict.

According to Hocking (2006), who is a Healthcare Consultant in her own business,

> Unhealthy conflict in health care settings creates stress for nurses. Unresolved conflict generates feelings of being overwhelmed or swamped. By using reflection, it is possible to gain insight into underlying beliefs and behaviors conflict. Insight gained from reflection can help nurses create a harmonious, advantaged environment, which supports them in their quest to provide high quality patient care. (Hocking, 2006, 249)

When I think about achieving good patient outcomes, I believe we must have open, honest communication and trust. It is very important to create healthy work environments to achieve this goal and it must be an ongoing process. This can be hard work, but when you keep the patient as the focal point, I really believe that the nurses are willing to give this a try. Nurses really want to do what is best for their patients. My goal is to have the nurses role play and practice the styles learned.

Obstacles for Nurses Using These Techniques

The are many potential obstacles for staff nurses using these techniques These are: avoidance due to time constraints, the Leadership Team's lack of support or involvement, the nursing staff being unfamiliar with techniques for resolving conflict, environmental influence, fear of retaliation, and high acuity of patients' illnesses.

One of the biggest obstacles is that nurses tend to use avoidance as a style because it takes less time. This is not effective in the long run and is considered a quick fix. We need to take a more collaborative approach to effectively resolve or manage conflict. The research has shown that this is effective to resolving conflict and it is something that nurses should use more frequently. Something that might improve this outcome would be when working with the avoider, let them know you want a response and will return later on. Being aggressive will only make them withdraw more.

Another potential obstacle is lack of support by leadership. For the staff to effectively manage conflict, it begins with me as the role model to mentor and be available to staff for questions and concerns. My research emphasizes how important it is to have leadership involvement during and after the training. We as leaders need to allow the nursing staff time to manage their own conflicts and be there to provide support during the process. This might involve providing privacy for the nursing staff to have a discussion about the conflict.

According to Baker (1995), who works in nursing, and Kelly (2006) the Leadership Team needs to be involved with the staff to support them in learning these new techniques:

> The Leadership Team must be involved in the process of conflict management. The changes need to take place at the managerial level in order for successful conflict resolution techniques to be adopted by staff nurses. Nurse managers must mentor and coach the staff using a collaborative resolution style on an ongoing basis. (Baker, 1995, 298)

This underscores my point of how important the role of the leader is as the staff grow and develop their own conflict management skills. Luckily my team has been to numerous workshops and are themselves effective at conflict management. Keep in mind that the leaders need to be proficient in managing conflict using the five styles. Both Baker and Kelly's articles refer to the need for Leadership to be involved in mentoring the staff, and help them to become more effective in conflict management, by allowing them to be more independent in their practice. We must also allow staff nurse to make mistakes; this should not be looked at as a failure, but an opportunity for growth and development.

Another obstacle is that the staff nurse may be unfamiliar with the styles used to manage conflict. To my knowledge, this is not taught in nursing schools. You are not trained to manage conflict when it comes up on the job and many times the nurse isn't sure of how she does this. More education is needed to provide these tools and then practice the tools learned by role playing, open and honest communication, and having mentors. It is critical to practice what has been learned, otherwise the tools will go to waste. Practicing helps provide the knowledge and skill to effectively manage conflict. Also it will increase the confidence of the nurse. Another idea is having the nursing staff keep a journal of what has been learned in the workshop to have this available to refer to. Then the staff nurses can refer to the documentation and see whether or not they have been practicing what they've learned.

The environment must feel safe to allow nurses to effectively manage conflict and there should be no fear of retaliation from the Leadership Team. This could consist of being labeled a troublemaker or being taken in the office and spoken to. This could be another reason for ineffective conflict management styles. Given my Leadership Team is on board, this will not be a problem. However, the Leadership Team needs to make sure the staff feels comfortable asking

questions and looking for support from the Leadership Team. Leadership's visual presence is key during the roll out after the workshop, to provide support to the staff, making it a priority. Right now it will be staff nurses only being trained because the Leadership Team has already been trained.

The acuity of the patients illnesses has increased over the years, thus adding more stress and increased time constraints to the nurses' workload. Many of the patients have multiple co-morbidities and require more expert nursing care. These co-morbidities can be high blood pressure, obesity, diabetes and the list goes on. I am not sure how to improve this, but in the long run I believe better conflict management should create better patient outcomes through collaboration and commitment to excellent nursing practice.

Overall, my conclusion is that it takes a village to implement change. This really needs to start at the top with leadership, who have already been trained and so they can be role models for the staff. Now the staff needs to be taught these tools too, so they can begin to more effectively manage conflict. The Thomas-Kilmann Model has been around for over thirty years and is simple to use and easy to understand. There are some weaknesses to the Thomas-Kilmann Model but it is being used for nurses and keeping it simple is best. There may be obstacles but if the work environment is healthy this will create better outcomes for the nursing staff. I am sure there will be a learning curve, but we need to start somewhere to provide this education to our staff nurses.

My next chapter discusses the creation of the conflict management workshop that I plan to use for my staff nurses.

CHAPTER 3

CREATION OF THE CONFLICT MANAGEMENT WORKSHOP

"Just Remember, you can do anything you set your mind to, but it takes action,
perseverance, and facing your fears"-Gillian Anderson

The PACU Annual Competency Day is held ten to twelve times per year on various days and is taught by our staff nurses under the direction of the Nurse Educator. Yes, the staff nurses teach each other; these are our expert staff nurses who are interested in teaching. There are only four Nurses in Charge, making it nearly impossible for us to teach. The groups are relatively small, consisting of five to seven staff nurses per class in a relaxed environment. There are rules stated at the beginning of each class: everybody has a voice, questions are always welcome, and please do not judge others. Luckily, I will be familiar with my participants when presenting my workshop at this time, as they are the staff nurses who work for me.

Some of the workshops I have attended have been eight hours long and the guest speaker is not familiar with the audience. Phyllis Kritek, whose workshop was titled, "Nursing's Role in Creating Healthy Work Environments" had a large audience of one hundred and fifty Nurses in Charge. Phyllis immediately captured the audience's attention from the beginning. Phyllis used the five Thomas Kilmann styles and provided some tools that would be helpful in our Nurse in Charge roles. I really like the way Phyllis explained the "hot button" and being aware when they are being pushed. We need to know who we are and what pushes us over the limit. I never really gave this much thought until Phyllis explained the process. Some examples would be someone who is used to being spoken to in a quiet tone who is approached by another person who is talking in a loud tone of voice. This could set off the hot buttons for the quiet toned person, who

has sensitivities without the loud person even being aware of this. Hot button can have different meanings to people.

As I thought about how to best set this class up, I had to keep in mind that I would have only two hours for the workshop. I also needed to focus on what would be most valuable and useful for the staff to use as part of their practice.

I plan to provide a handout on the case study of the nurse to physician conflict one week before my workshop so the staff can have time to review the case study and become familiar with this case (see Appendix 2). I also plan to provide ahead of time a handout with the five Thomas Kilmann styles (see Appendix 1 for the design of this handout). I will wait to provide the other handouts (work in progress) during the workshop because I want to keep some surprises for the workshop. Questions I would ask the nurses about the nurse to physician case are: (a) How do you see the conflict in this situation? (b) How would you respond to this conflict? (c) Do you see yourself as someone who likes to avoid conflict, and do you see this as a problem? We could discuss these questions during the workshop itself. Having the information ahead of time allows the nurses to think more about the issue of conflict and their typical pattern of response as well as solutions.

During the Workshop itself, I will have a Powerpoint Presentation with bullets for the audience to refer to.

My workshop will consist of:

1. Introduction to Workshop (50 Minutes)

    A. Opening Discussion (15 Minutes)

    B. Presentation of Key Ideas (35 Minutes)

        a. Knowing Characteristics of Effective Communication (10 minutes)

b. Knowing "Hot Buttons" (10 minutes)

c. Knowing Different Conflict Resolution Styles & Strengths/Limits (15 minutes)

2. Exploration of Cases (55 minutes)

A. Case 1: Nurse to Physician Conflict (15 Minutes) (case given out ahead of time)

B. Case 2: Nurse to Nurse Conflict (10 Minutes)

C. Case 3: Nurse to Patient/Family (10 Minutes)

D. Role Playing about Cases (20 minutes)

3. Final Reflection (15 minutes)

Overall, my main objectives for the Workshop are:

A. To make staff familiar with the "Characteristics of Effective Communication.

B. To encourage staff to know their "hot buttons."

C. To introduce staff to the five Thomas Kilmann Styles of Conflict Resolution and their

strengths and limitations.

Introduction to Conflict Management Workshop (50 Minutes):

    A. Opening Discussion-(15 Minutes)

First, I would like to begin the workshop by asking anybody if they have any ideas about

what conflict is and why conflict management is important? I am hoping that this will open up

discussion and flush out ideas of what the staff may be looking to learn. This will bring out ideas

and questions about what conflict means to them and get the conversation started. Then I will

explain what the expectations are over the next two hours during this workshop.

B. Presentation of Key Ideas (35 Minutes)

a. Knowing Characteristics of Effective Communication (10 minutes)

I would like to include some ideas from Garmston's article (2005), which I believe will be helpful for the staff. I will explain there are different skills in effective communication and make a slide of it for the Powerpoint Presentation. I will also include these points in the handouts I provide at the workshop, so they can refer to these ideas at a future time. There are three sets of basic communication skills that are critical to resolving conflict:

- Sending: stating the intention of communications; revealing all relevant Information; providing facts, ideas, opinions, suggestions; announcing modifications of one's views; using proper voice; owning ideas; and making clear statements of advocacy.
- Receiving: checking for understanding by paraphrasing, pausing, inquiring, and probing for specificity.
- Paying attention to oneself and others: being aware of one's own thoughts and feelings; staying alert to others' voice patterns, nonverbal communications, and use of space; maintaining consciousness about group task and mood (Garmston 2005).

b. Knowing "Hot Buttons" (10 minutes)

A second key idea is being aware of your "hot buttons." "Hot buttons" are situations that make you upset and emotional, not a good time to effectively manage conflict. It is important to be aware of what sets you off. If you know what sets you off, then you can take a different approach to the conflict. If you have the type of personality that is easily triggered, it is important to be aware of this as well as the particular things that trigger your emotional reactions. Things to keep in mind when managing conflict would be:

- You control your behavior when managing conflict. I choose my response to something and how I will react.

- Take time to think about how to manage the conflict. Try not to react first and think about your next steps. This might be a good time to take a rest room break and strategize a plan to manage the conflict.

- Practice, Practice, and Practice using the five Thomas-Kilmann styles to effectively manage conflict. Practicing helps us reach our goals when faced with an actual real life conflict. There is much work to be done to keep yourself calm during the conflict and practice makes it more likely you can stay calm.

During the workshop I will explain what the hot buttons are and that is it important to be aware of these and know when they are being pushed. It is good to be aware of yourself and what makes you upset, and ask for help on how to deal with this. This might be a good chance for me to allow some additional time for reflection on an individual level for my participants. This might not be shared as a group activity but to give my participants a few minutes to think about their own hot buttons and acknowledge them. Keep in mind, this might have some sensitive meaning on a deeper and personal level for some and affects each person in a different way.

c. Knowing Different Conflict Resolution Styles & Strengths/Limits (25 Minutes)

At this point, I will discuss the Thomas Kilmann Model Styles and encourage the nurses the think about situations where each style might be helpful of harmful. The five Thomas Kilmann Model's are: competing, compromising, avoiding, accommodating, and collaborating. I will provide handouts with the TK Model Styles conflict using the costs and benefits to each style and provide full explanation of each and discuss what styles nurses tend to use the most.

We will then have a discussion about the styles they have used during conflicts. The

nurses might recognize that they have been using a certain style already and might not have been aware of it. If might be helpful to hear if someone only uses only one or two styles because they are unfamiliar with the other ones. Some nurses might admit to being "forced" to use a certain style because other people in conflict cause them to react a certain way. I will take the time to allow the staff to reflect on prior experiences and ask questions for clarification. I will allow plenty of time because this is the most important part of the workshop and I want them to have positive outcomes from this experience.

In future workshops I hope to have more time to provide the Thomas-Kilmann Inventory tests to assess their own styles that they tend to use when managing conflict. This may be helpful in case individuals are not that self-aware of the styles they use, and provides a further opportunity for self-discovery. However, at this time, I am aiming to keep it simple and easy to understand, knowing that in the future I can always expand and elaborate on this workshop.

Exploration of Cases (55 minutes)

In the next main section of the Workshop, I would present case studies for analysis. These are cases that staff nurses are involved with throughout their shift. The reason I have selected these cases is because they are real for staff nurses. These cases have actually occurred in the PACU but the names have been changed for privacy reasons. The cases I have selected will include a nurse to physician conflict, a nurse to nurse conflict, and a nurse to patient and or family conflict. It would be interesting to gather information on what the staff thinks about these cases and other situations they have been involved in.

It is also important to know when to use each of the five Thomas Kilmann styles and the strengths and limits of each response as it applies to these cases. There is a time to use a different style depending on the situation.

The case study between the nurse and physician will be provided to the nurses before the workshop along with the five Thomas Kilmann styles. The first case study will be a group discussion about how the nurses would manage this conflict. I will break the group into two for the second and third case study for discussion. Then we will regroup and have a discussion about how to manage the conflict. Keep in mind the good communication and active listening is important during the discussion.

Rahim (1986) suggests "all styles of conflict management are appropriate in one situation or another." In addition, Vivar suggests that there is "no appropriate or inappropriate strategy to deal with conflict. The time available, context, culture and type of personality should be taken into account" (Vivar 2006, 201). Time is of the essence in nursing because of the demands of the job in a stressful environment. It is important for nurses to have these skills and be able to put them to good use as well. Practicing managing conflicts is a way to learn how to use these skills. I really do believe it would make such a difference in nursing practice. It is great to have the skills to care for patients, but communication is the best way to create better patient outcomes. This would also increase staff satisfaction and retention of nurses.

These would be the group of questions I would ask the nurses to think about for each case scenario: (a) How do you see the conflict in this situation? (b) How would you respond to this conflict? (c) Do you see yourself as someone who likes to avoid conflict, and do you see this as a problem? (d) What would be the different ways people might respond in this situation? (e)

What are the strengths and limits of different ways of responding? We could discuss these questions during the workshop itself.

A. Case 1: Nurse to Physician Conflict (15 minutes):

This is probably the most discussed conflict in nursing today. This is the case study for which I will provide handouts before the workshop so that the staff nurses will think about ideas and suggestions to effectively manage this conflict. See Appendix 2 for details. This will give the staff nurses an opportunity to write down any questions they may have and bring them forward to me. I will also give the nurses the five Thomas Kilmann Models.

Traditionally, nurses worked under the direction and with the instructions of the physicians. This is known as the "doctor nurse game" and the object according to Stein (1967) is:

> for the nurse to be bold, have initiative, and to be responsible for making sufficient recommendations, while at the same time appear passive. This must be done in a manner so as it make her recommendations appear to be initiated by the physician. (Stein, 1967, 699)

However, now nurses have gained greater responsibility and accountability in the decision making process of patients. It is important that nurses and physicians communicate effectively as a team to promote better patient outcomes. Collaboration and a commitment to excellence is so important for them to work as a team. This in turn creates better patient outcomes when team members are working together.

The first case occurred to me while starting my afternoon shift after receiving report. I will wait till after the discussion to share with the staff nurses how I managed this conflict. I am

interested in hearing how the staff will resolve this conflict. I will tell them they can ask any questions during the discussion. The case is as follows:

> The Attending, MD, arrived at the desk very angry and venting his frustrations in front of the patients, family, and staff. I attempted to calm him down and take him somewhere quiet away from the desk and the patient care area to discuss the situation, without success. Keeping in mind, there are patients, visitors and staff everywhere. What would you do?

I will present this case and allow the nurses to discuss how they would manage this conflict. After the discussion I will explain how this situation was managed by me. What I initially did was say, "I will not talk about this anymore" and walked away. This situation and my response really bothered me, so I did follow up the next day. I was happy with the outcome and was very honest with him explaining that I felt threatened, and nobody should ever feel this way in the workplace. I went on the say, "The Brigham" is committed to creating healthy work environments; this is not the way in which to do this. He was shocked because he did not perceive himself in this manner and was upset with himself.

Reflecting back onto this situation I realized that I used "avoidance" initially because of how angry the MD was. There are times when avoidance is appropriate, but more as a temporary technique, not a final solution. During the follow up it was a collaborative effort coming from both of us. Once the time had passed and we were able to have a great discussion about what occurred at the desk and the effects of this behavior on the staff, patients and family who witnessed this situation. I really felt like this was a win-win for both of us. The discussion provided closure for both of us collaborating on the situation when the time was appropriate. I listened to what he had to say and then told him how the situation made me feel when this behavior was happening right in front of the patients, visitors and other staff. It did take time to reach a solution for this situation. This does create more healthy work environments.

When a situation is not addressed like this one above, we as human beings tend to build a file on people, hold a grudge, and gather allies to support us in our quest to isolate that person. This is not a healthy way to manage conflicts in the long run. If we are to create healthy work environments we need to be open and honest communicating with one another. This is not easy but is necessary to building better relationships.

B. Case 2: Nurse to Nurse Conflict (10 minutes):

The second case study I will use in my workshop is about a nurse-to-nurse conflict. I will present the following scenario to the class in a Powerpoint presentation and include it in the workshop handouts.

Here is the situation:

> A nurse named Allison (names changed for privacy of nursing staff) is trying to give report to the floors when the patient is ready for discharge from the Post Anesthesia Care Unit (PACU). This means that the patient is signed out by the anesthesiologist and the floor nurse has received a 30 minute heads-up by pager that the patient is ready to be admitted to the floor. The floor nurse refuses to take report on this call.

My own analysis of this case is as follows: often, the PACU RN gets frustrated and assumes the floor nurse is just trying to avoid admitting the patient and brings the problem to the Nurse in Charge at the desk to come up with the solution. The barriers are: the PACU nurse does not to ask further questions about what may be the problem on the floor, thus delaying this PACU patient from transfer. The solution may not be so simple because the floor nurse may have patient in distress or not enough staffing. Unfortunately, the right questions are not asked by the PACU RN and it takes two telephone calls, which could be avoided, to the floor to come

up with a solution that works for everybody. This case also brings up the importance of effective communication skills discussed earlier in the workshop.

The floor nurse in this case study is avoiding the situation. The PACU nurse is trying to compromise and transfer the patient to the floor. The two nurses need to do what is in the best interest of the patient, and this would involve a collaboration between the nurses. Collaboration strengthens relationships and provides good insights into what is best for the patient. This would be an ideal strategy to manage this situation.

Unfortunately, this actual situation needed the Nurse in Charge to intervene and make a third telephone call to speak with the Nurse in Charge on the floor and come up with the best solution to get this patient to her room. I realize that even if the nurses involved in the conflict chooses to use the collaborative style, they might still need the Nurse in Charge anyway to facilitate the process until the nurses feel more confident.

To help lead them to understand these points, I would break them into two groups of two to three staff nurses to discuss the questions posed at the beginning. I would circulate around the room to see how the discussion is going. One of the points to raise once the discussion is complete would be, "what style was used here?". This is a classic case of avoidance. Things that could have been done differently would be for the staff nurse to call the floor to see what the situation was and this would have avoided the involvement of the charge nurse and helps to create healthy relationships between the floor nurse and PACU nurse.

C. Case 3: Nurse to Patient/Family Conflict (10 minutes):

The third case consists of a nurse to patient/family conflict that does occur at times due to the high patient volume and turn over in the PACU setting. It is so important for the staff nurse

to connect with both the patient and family during the recovery period. Keep in mind visitors are welcome into the PACU on a limited time. There can be expectations, based on what the patient's needs are, making it individualized.

The third case study for my workshop involves a nurse named Michelle and a patient named Mr. Cahill; his family's last name was also Cahill (names changed to protect privacy because this is a real situation).

Here is the situation:

> Michelle is a seasoned RN with many years of experience. Mr. Cahill is the patient who was in the Post Anesthesia Care Unit (PACU) with multiple non-life threatening stab wounds. The patient had multiple family members at his bedside, including a toddler. This patient was involved in a fight and was stabbed several times. His situation as mentioned above, was not life threatening. The nurse had asked the visitors to leave the bedside, but could return to visit later on. Not one family member left the bedside. The nurse came to me and asked for my assistance and said we may need security, because the family would not leave upon her request.

I will share how this conflict was managed after the nurses have a chance to discuss their ideas. Then I would explain how I went over to speak with the family and politely and quietly asked that only two visitors at a time stay with the patient because he needed to rest and heal. I asked if they needed anything, this included the patient in the plan. This avoids a call to security and represents a completely different state of mind. All visitors agreed this would be best for the patient, and his mother and girlfriend stayed, while the others left the bedside.

Michelle initially was using the "competing" style with this family and was not involving them as part of the care of the patient. She would have more success if she used a "collaborative" approach and included the family into the decision making process, like this one above. Granted it took some time and patience discussing the best possibilities for this patient but it was worth it in the long run.

I may not share the discussion that took place with the staff nurse during the workshop, but will include it here. I asked the nurse, Michelle what had happened. She said she had listened to my conversation with the family members and wished she had made the patient the focus of the conversation, instead of just asking them to leave. I was unaware she was listening. The takeaway and learning from this situation for the nurse, Michelle is to include the patient as part of the outcome. Family members will generally respond positively if the best intentions are directed towards their loved one's well-being. Michelle had just asked them to leave with no explanation, making the family feel not welcome. This "competitive" approach usually does not work. Being honest, open, and including the family usually produce the best outcomes. When families feel threatened, this is when the conflict occurs for the nurse and the family. This is the situation with this case study, the Cahill family felt unwelcome, and despite being asked to leave the patient care area, they stayed instead to see what would happen. Explaining why things need to be done often makes it easier for the patient's family to understand the process. It is important to look at body language and tone as well, which can provide clues into the responses. Often times, situations that are going down the wrong road can be avoided if the nurse pays attention to the behaviors and body language. This is another form of communication that you interpret based on the way someone handles themselves. If you use a more collaborative approach, this creates a win-win for both parties involved. It does take time and energy to implement but if the focus remains on what is best for the patient, it strengthens relationships.

It is important to make the patient and family the center of the care. The Brigham is known for "family centered care" and are committed to this vision. The nurse needs to make the connection with the patient and family, making them feel safe and cared for.

D. Role Playing about Cases (20 Minutes)

After the discussion about the three cases studies, I will have the staff nurses role play some of the situations they may have been involved with. I will break the nurses up into pairs and first ask them to role play the nurse to physician conflict. Role playing allows the staff to practice the styles learned in a relaxed environment with other nurses. This also builds relationships between the staff nurses and allows them to realize there may be other ideas and solutions to problems. It can be eye opening when working in groups because everybody comes with different values and beliefs. This allows us to realize there can be many ways to solve problems.

My goal is to have them role play a collaborative style in the nurse to physician conflict and then have a discussion about how it felt. Was it comfortable? Uncomfortable? What may be the issues to using this style in your nursing practice?

3. Final Reflection (15 Minutes)

Reflection allows the staff time to evaluate the workshop and think about the tools learned and how to use them during the role playing with one another. We can learn much about each other and ourselves by reflection. Two goals of the reflection period are: (a) to allow them to consolidate what they learned, perhaps consider what they learned that was the most important to them, or that they will take away, along with further questions; and (b) provide feedback to me for continued improvement.

The end of the workshop is a time for reflection of prior experiences that the staff might of been involved with. It is a good time to discuss strengths and weaknesses of past situations and this workshop. Some ways the staff nurses could reflect would be a private written

reflection, and a group check-in. At the end of the workshop I will provide a few minutes to the staff to write down some thoughts of their own. Then we could have a closing group discussion about what techniques they may use and they can share these ideas with the group. This would help me out as well because if something did not get used, I may need to change how I present this material.

A definition of reflection according to Hocking's is: "the act of purposefully rethinking an action, the beliefs driving it, and the resultant outcomes to gain insight and understanding." (Hocking 2006, 255) This provides an opportunity to critically evaluate how I may have done something differently during my next workshop.

This workshop will take place at least twelve times throughout the year and each session may be updated and changed to improve my workshop. This is another way to solve problems and gain a greater insight at the same time to making my workshop beneficial to my staff nurses.

My own reflection would take place after the workshop based on the staff nurses' reactions to the information. I may need to introduce new and updated case studies to keep the workshop interesting and fresh. There is no doubt you can tell when workshops are going well and when they need work. I will pay particular attention to whether my staff nurses continue to ask questions of me after the workshop (a sign of ongoing change) as well as look for changes in their behavior in their interactions with each other.

The reflection time will also allow the staff to fill out the course survey forms with feedback for future workshops and what they may need more information on. I will give out the course survey forms at the beginning of the workshop. My reason for this is that people are rushed when filling out the survey out at the end of the workshop, and I need to use this feedback to make the necessary changes and update my work. This feedback is crucial to the

success of my workshop. Also, the staff nurses talk to each other about programs and workshops they have attended. It is important to have the staff feel like they are part of the workshop and not to have this viewed as just another task for them to do.

The next Chapter is a discussion about evaluating my workshop. This will include a survey form. I will also discuss my next steps once the workshop is implemented.

CHAPTER 4

EVALUATION OF MY WORKSHOP

"Continuous effort-not strength or intelligence-is the key to unlocking our potential"-
Winston Churchill

I will have time to revise the workshop because of the continued feedback from the staff on my previous workshops. I am hopeful that each year we can revise and improve the workshop for the staff, so that over time staff nurses have an opportunity to learn about conflict resolution in greater depth. Another thing to keep in mind are that developing skills at role playing, perspective talking, and dialogue are critical for the developing a more collaborative conflict resolution style and for the workshop to be successful. Practicing the skills that are part of collaborative conflict resolution will give nurses confidence to put the skills to good use. There will be a learning curve and mistakes will be made, but as long as we learn from these mistakes, this is when growth and development occur. If you make a mistake and learn from this, you are growing.

I will look for signs from my staff that they are managing their own conflicts in the PACU and not requiring the assistance of the Nurse in Charge. The ways I will measure this will be by directly observing the staff nurses in the unit and by using dialogue to explore ways they have solved conflicts in the morning or at the end of the day when there is some free time. The staff may ask more questions of each other or try to understand each others' points of view. I am sure they will still need some assistance from the leadership team on occasion, and of course, we want them always to feel free to ask for help whenever it is needed.

I will be the investigator into how successful the staff nurses are managing their conflicts. I will bring the information back to the leadership team about the effects of the workshops.

Another resource to making my workshop successful will be nurses who could serve as "superusers" for conflict management roll out. These are the nurses who have been identified as role models for the staff to learn from and are already in place. These nurses are the experts and serve as resources to the staff. They will also be the models for the new skills learned and will provide assistance when leadership may not be available, mostly during the night shift. These nurses along with the leadership team would be role models for the staff during the day-to-day operations. This provides more resources for the staff and makes them feel more supported. We have used "superusers" when rolling out new pumps in the past and it worked well. The more staff on board with managing conflict, the better the outcomes and success of the workshop. This also creates a "buy-in" from staff as well.

I will collect a survey from the staff once the workshop is completed to collect ideas on what needs improvement and what went well. This information will serve as a great opportunity for future directions on improving my own work as well. It is also a learning curve for me as well as the staff nurses.

My survey will consist of a questionnaire:

PACU, Pre-op, DSUCompetency Day 2012

Program Evaluation

1. Were the program objectives met?

2. Did you feel that the program is relevant to your practice/expertise?

3. What did you learn that was most valuable to you? Explain what this was and why you find it valuable?

4. What did you think about the five styles: Competing, Compromising, Avoiding, Accommodating, and Collaborating? Can you give an example of each one of the styles?

5. What did you think of the techniques, such as being aware of hot buttons and role playing?

6. Have you ever used them when dealing with conflict?

7. Was the environment conductive to learning?

Please name specific conflict management subjects that you would like covered in next year's competencies.

Comments or suggestions about your experience today and materials covered are encouraged and expected!

It will be great once the workshop is implemented to reflect more on what my next steps will be to continue working on improving conflict management skills. I will reflect on the responses from the evaluation form on what the staff is interested in learning more about. My initial thoughts for the future are they would like more time for role playing and to have

superusers in the unit to provide assistance when things come up and they may not be sure about what to do. This idea will have to wait until after my workshop begins because I need feedback from the staff nurses on what they view as beneficial.

Another thought is that we need to make time to share stories of things that have worked well for us as this also allows nurses to grow and learn from the experiences. This can usually be done on a Wednesday morning before the Operating Rooms start. This gives the staff a chance for in-service activities and updates. In nursing we do not share our stories as much as well should. There is something called "Narratives" that involves writing up a situation that makes a difference in your life. This could be something that is special or difficult that made a difference in our practice. It is like a reflection but it is written down. These narratives can be very powerful events that have taken place during the nurse's shift and can be used to reflect on conflict situations and how they were resolved. For example, there was one narrative that a new nursing graduate reflected on about a harvest of organs. This is when the patient is declared decreased and the family has agreed to donate these organs to help others waiting for a transplant. The student's story was so powerful there was not a dry eye in the room. There was a conflict with the patient's family friend who did not get to say her good byes. The PACU nurse and student had the patient come back after the harvest to the unit for this good-bye to happen. They made her look her best and warmed up her hands with warm blankets. The friend came to the bedside and said her good bye to her best friend. This normally does not occur but there are exceptions to every rule and there is the human factor of what was best in this situation. The nurse and student reflected on the events and felt they did the very best for this patient and her loved ones. This situation will remain with this student, making her a professional nurse with a human side.

In conclusion it is important to keep the patient as the focal point during the training. We owe this to our patients and their families. We can make our work environment better by being better at communicating with each other and with managing conflicts. We can control our own behaviors and how we will respond to something. The literature suggests that effectively managing conflict creates better patient outcomes. This in turn, will make nurses feel successful in their practice. Leadership holds the key to the success of the workshop, as leaders are mentors and role models for the staff to follow. Follow up with the nursing staff on what is going on after the workshop is crucial as well. This allows the leadership team to see what works well and what still needs to be done to be successful in this setting. It also allows nursing staff time for reflection and practice. The staff nurses do wonderful work each day for our patients and their families and this workshop is to help make the work easier. We as a leadership team owe it to our nurses.

BIBLIOGRAPHY

Alves, S. (December 2005). A Study of Occupational Stress, Scope of Practice, and Collaboration in Nurse Anesthetist Practicing in Anesthesia Care Team Setting. <u>AACN(American Association of Critical Care Nurses) Journal</u>, 73 (6), 443-452.

Baker, K. (September-October 1995). Improving Staff Nurse Conflict Resolution Skills. <u>Nursing Economics</u>, 13, (5); 295-298, 317.

Daiski, I. (2004). Changing Nurses Dis-Empowering Relationship Patterns. <u>Journal of Advanced Nursing</u>, 48 (1), 43-50.

Dana, D.(2001). <u>Conflict Resolution.</u> McGraw Hill, New York, NY.

Dibble, D. (2007). <u>The New Agreements in Healthcare-Healing a Healthcare System on Life Support.</u> The Emeritus Group & The New Dream Team, LLC.

Garmston, R. (2005). Group Wise: How to Turn Conflict into and Effective Learning Process. <u>JSD National Staff Development Council,</u> 26, (3), 1-3

Hocking, B. (August 2006). Using Reflection to Resolve Conflict. <u>AORN Journal</u>, 84, 249-250.

Kelly, J. (January –February 2006). An Overview of Conflict. <u>Dimensions of Critical Care Nursing</u>, 25 (1), 22-28.

Kraybill, R. Style Matters, The Kraybill Conflict Style Inventory <u>http: riverhouseepress.com/index</u> (Viewed 25March11)

Kritek, P. (2002). <u>Negotiating at an Uneven Table: Developing Moral Courage in Resolving Our Conflicts</u>. San Francisco: Jossey-Bass.

Manktelow, J. Mind Tools, Essential Skills of Excellent Career. <u>http://www.mindtools.com/pages/article/newLDR_81.htm</u> (Viewed 6 February 11).

Rahim, M.A. (1986). <u>Managing Conflict in Organizations</u>. Praeger Publishers, New York, USA.

Stein, L. (1967). The Doctor-Nurse Game. <u>Arch. General Psychiatry </u>Vol. 16, June 1967, 699-703.

Tisza, S.; Mottl, J.; Matthews, D. (2003) Current Trends in Workers' Compensation Stress Claims. <u>Current Opinion in Psychiatry</u> 16, (5), 1-8

Ventura, S. (2008). <u>Start Right, Stay Right, Lead Right</u>. United States of America.

Vivar, C. (2006). Putting Conflict Management into Practice: A Nursing Case Study. <u>Journal of Nursing Management </u>14, 201-206

APPENDIX 1:

Thomas Kilmann Conflict Mode Index (TKI)

Cost-Benefit Analysis Chart

Prepared by Phyllis Beck Kritek, RN, PhD, FAAN

Source: Thomas, K.W. (2002). Introduction to Conflict Management: Improving Performance Using the TKI. Palo Alto, California, CPP, INC.

CONFLICT MODE	COSTS	BENEFITS
Competing Imposing/dictating decision Arguing for conclusion that fits your date Hard bargaining (no concessions)	Strained work relationships Suboptimal decisions Decreased initiative and motivation Possible escalation and deadlock	Asserting your position Possibility of quick recovery Self-defense Testing assumptions
Compromising Soft Bargaining (exchange concessions) Taking turns Moderating conclusions	Partially sacrificed concerns Suboptimal solutions Superficial understandings	Pragmatism Speed and efficiency Fairness Maintaining relationships
Avoiding Avoiding people you find troublesome Avoiding issues that are unimportant, complex, or dangerous Postponing discussion until later	Declining work relationships Resentment Delays Degraded communication and decision making	Reducing stress Saving time Steering clear of danger Setting up more favorable conditions
Accommodating Doing a favor to help Being persuaded Obeying an authority Deferring to another's expertise Appeasing someone who is dangerous	Sacrificed concerns Loss of respect Loss of motivation	Helping someone out Restoring harmony Building relationships Choosing a quick ending
Collaborating Reconciling interest through win-win solutions Combining insights into a richer understanding	Time and energy required Psychological demands Possibility of offending Vulnerability	High quality decisions Learning and communication Resolution and commitment Strengthening relationships

APPENDIX 2

Case Study 1: Nurse to Physician Conflict

This is the handout I will provide to the staff nurses before the workshop for them to review and think about. Please bring your creative ideas and solutions on how to solve this situation. There will be a group discussion on how to solve this situation.

Some of the questions I would ask you to think about in this situation of the nurse to physician conflict are: (a) How do you see the conflict in this situation? (b) How would you respond to this conflict? (c) Do you see yourself as someone who likes to avoid conflict, and do you see this as a problem? We could discuss these questions during the workshop itself.

Here is the situation:

The Attending, MD, arrived at the desk very angry and venting his frustrations in front of the patients, family, and staff. I attempted to calm him down and take him somewhere quiet away from the desk and the patient care area to discuss the situation, without success. Keeping in mind, there are patients, visitors and staff everywhere. What would you do?