Nurses' Communication Skills and Response to Conflict: Impact of "New Directions" Relational Skills Training

Barbara Bonnice, RN, MSN, DNP Student

Clinical Inquiry Project

Oregon Health and Science University School of Nursing

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Abstract

Conflict avoidance and ineffective efforts to resolve conflict are associated with increased patient harm. The person-centered approach (PCA) to relating provides four skills to assure effective communication, even in situations of conflict. Few studies have demonstrated changes in collegial relationships and improved patient safety after formal communication and conflict training. This study evaluated the sustained impact of the “New Directions” program on nurses’ communication skills and response in situations of conflict. This retrospective study followed one small group of subjects. The sampling frame included 24 participants who voluntarily registered for one of three "New Directions" Program at OHSU over the past four years. Dependent variables were approaching a team member in a situation of conflict and relating successfully in a situation of conflicting differences. Independent variables included use of relational skills at the end of the program versus two or four years later and the influence of participants’ general self-efficacy (GSE). 13 participants completed the survey data and 11 submitted written exemplars of approaching and avoiding conflict. A paired t-test demonstrated a significant increase in the relational skill of suspending negative judgements and in the outcome of approaching a team member in a situation of conflict. Correlational analyses show a significant correlation between GSE and the relationship skills at two or four years. Multiple regression testing demonstrated significance for the overall model of approaching conflict. Multicollinearly stemming from an untested relational skills scale precluded estimating the relative effect of each of the independent variables on the participants’ approaching conflict and relating successfully. 40% of the exemplars showed the participants suspended negative judgements and 70% found a gift or benefit from having approached the conflict. Study participants who review the results identified professional responsibility for effective team relationships as another variable that influenced their approaching conflict. This study contributes preliminary modeling for identifying the variables that most influence nurses to protect patient safety by approaching team members and relating successfully by embracing differences in situations of conflict.

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Introduction

In 2000, the Institute of Medicine (IOM)'s *To Err Is Human: Building a Safer Health System* identified the link between widespread failure by healthcare professionals to communicate, transfer knowledge, and collaborate and the incidence of patient harm (Institute of Medicine [IOM], 2000). *Silence Kills*, a follow-up study focused on these communication and collaboration failures, revealed that over half of 1,700 nurses, doctors, and healthcare administrators surveyed in 2004 had witnessed serious mistakes, broken rules, corner cutting, and incompetence by other healthcare professionals yet less than 10% had spoken up about such threats to patient safety (Maxfield et al., 2005). The dire consequences and pervasiveness of communication and knowledge transfer failures so vividly documented in *To Err Is Human* (IOM, 2000) and *Silence Kills* (Maxfield et al., 2005) demand that professional practice and the healthcare work environment be transformed to support optimal transfer of patient information (Hutchinson, Vickers, Jackson, & Wilkes, 2006).

Transferring information and knowledge for the benefit of the client is one of the fundamental tenets of professionalism (Cornett & O'Rourke, 2009; Pearson et al., 2006). O'Rourke's (2003) model of professional practice conceptualizes the responsibilities of the professional role and its related competencies or expectations as four overlapping components: practitioner, scientist, leader, and transferor of knowledge. The latter component calls attention to the obligation of each professional to proactively transfer reliable, valid, and timely information about the patient to ensure safety, promote recovery, and maximize health. Consistent with the findings of the IOM (2000), Cornett and O'Rourke (2009) link patient safety

and team communication when they declare that “Being accountable to speak up is a legal, ethical, and moral responsibility; to not do so aids and abets error” (p. 213).

Professional self-regulation standards mandate that nurses mobilize, individually and collectively, to prevent/ reduce patient harm (Craig & Banja, 2010; Padgett, 2013). Despite this substantial evidence of a critical link between patient safety and communication, nurses as a whole continue to have long-standing patterns of conflict-avoidance, perceiving conflict as negative and reporting-off conflicts to managers for intervention (Brinkert, 2010; Mahon & Nicotera, 2011).

Nurses, as the largest constituency of health providers, have the potential to moderate poor patient outcomes by developing and enforcing professional competencies and care delivery systems that assure effective communication and knowledge transfer. As the *Code of Ethics for Nurses* (ANA, 2001) suggests, collegiality is the core competency for productive intraprofessional communication. It describes the nurse as responsible for maintaining caring and compassionate relationships with colleagues while working together toward the common goal of meeting the health needs of patients. The guiding principles of intraprofessional relationships are (a) individual obligation to transfer knowledge, (b) group accountability for care delivery to be consistent with professional and nursing standards, and (c) shared responsibility for communicating any information that potentially benefits the safety, recovery, and health of the client (Cornett & O’Rourke, 2009; Padgett, 2013). Exchanging experiences, knowledge, and information enhance the professional development and decision making of participating colleagues while also promoting patient safety (Cornett & O’Rourke, 2009; Twigg & McCullough, 2014).

Most communication models are situated within the constructs of a "healthy" organizational work environment and "safe" situations for individuals to communicate and resolve conflict (RNAO, 2007). The conditions for "safe" team communication are defined as both parties conducting themselves in accordance with some agreed upon norms that generally include skilled communication that is clear, open, authentic and assertive; showing respect by being receptive to and caring about the perspective of others; and a willingness to work collaboratively in making decisions and finding solutions (Brown et al, 2011; Moore, Leahy, Sublett & Lanig, 2013). In fact, collaboration is often defined by the ideal of *mutual* willingness to dialogue about a shared goal (Fisher, Ury, & Patton, 1991).

Yet, healthcare providers will forever encounter differences in personalities, values, communication approaches, perspectives on patient care, and the use of power /authority (Edwards, Throndson, & Girardin, 2012; Lyndon et al, 2014; Moore, Leahy, Sublett, & Lanig, 2013; RNAO, 2007). The prevalence of nurses anticipating negative emotions from unresolved escalated conflicts, disrupted team relationships and ineffective negotiation of the desired patient outcome suggests that many healthcare providers do not respond "safely" during conflicts (Almost et al., 2010; RNAO, 2007). Lyndon et al (2014), reports that 47% of participants experienced "situations in with patients were put at risk due to failure of team members to listen or respond to a concern (p.2)". In a recent study, new graduate nurses identified communicating and managing conflict with hostile nurses, patients, and families as the most important learning need to support transition into practice (Luz et al, 2014) Given the reality of variation in patient, family, and team member communication styles and differences in perspectives and desired outcomes, a communication approach that includes being successful in "unsafe" conditions is needed.

The person-centered approach (PCA) to relationship competence is founded in the principle that it is possible and desirable to relate effectively regardless of relational differences such as disruptive or hostile behaviors or situational contexts such as authority gradients or conflict about role responsibilities. The four skills of the PCA are congruence, empathic listening, empathy, and unconditional positive regard. The participant's competence is measured in terms of whether he or she can relate effectively regardless of how the person he or she is communicating with responds. If this approach to communication and conflict is effective no matter which antecedents and consequences a nurse anticipates, and then nurses can become confident and competent to address errors, problems, and other issues typically associated with conflict in a wide diversity of situations.

Purpose of the Project

The primary objective of this study is to contribute to the limited current evidence about effective training approaches that enhance an individual nurse's communication competence and seeking responsibility to approach conflicts in the healthcare. Despite a significant focus on development of healthy work environment and educational programs to build communication and conflict management skills, a critical approach to building individual nurses competence and confidence in approaching conflict and communicating effectively has yet to be identified. Finding an approach that is effective regardless of relational, situational, or contextual barriers is fundamental for nurses to fulfill their professional responsibilities for patient safety, collegiality and collaboration.

Specifically, the purpose of this study is to gain insight into the impact of the "New Directions" person-centered approach (PCA) Relationship-Competence Program on nurses’

communication skills and responses in situations of conflict. To achieve this objective, the specific aims of the study are to:

1. Describe the effect of the "New Directions" Program on nurses':
    a. Confidence with the four relationship skills learned in the program; congruence, empathic listening, empathy and unconditional positive regard.
    b. Confidence to approach a team member and relate successfully in situation of conflict
2. Determine general self-efficacy levels of nurses participating in the "New Directions" program
3. Describe the relationship between nurse participants' general self-efficacy and their
    a. Confidence with the four relationship skills
    b. Confidence to approach a team member and relate successfully in situation of conflict

Literature Review

The terms “nursing,” “collegiality,” “professional regulation,” “professional role,” “professionalism,” “communication,” “conflict,” “group,” “resolution,” “management,” and “patient safety” were used individually and in various combinations to search MEDLINE and CINAHL. Peer-reviewed and non-peer-reviewed journal articles published in English since the IOM’s *To Err Is Human* (2000) were included in the database searches. Articles addressing professional knowledge and regulation, nurse collegiality, and nurse-nurse relationships were identified and assessed. Sixty-three articles were referenced in the databases; 40 were not consistent with the focus of this paper. The bibliography of each article was reviewed, and five articles with additional professional concepts or knowledge transfer strategies were included, for

a total of 28 articles. The types of studies include two evidence-based best-practice guidelines as well as limited experimentation studies, systematic reviews, qualitative studies, and descriptive studies (Polit & Beck, 2012). In light of the minimal research on professional practice standards in nursing, all studies were retained (Padgett, 2013; Pearson et al., 2006). The professional responsibilities of individual nurses and nursing as a profession regarding transferring knowledge provide the framework for reviewing and synthesizing the results of the 28 articles.

Knowledge transfer role clarity.

Advancing the O'Rourke model role component of transferor of knowledge begins with nurses understanding and accepting relevant professional standards (MacDonald et al., 2010). Or, in the words of Oyetunde and Brown (2012), "role behavior is influenced by role expectations" (p. 109). The professional standard for transfer of knowledge is summarized by Cornett and O'Rourke (2009) as follows:

> The transferor of knowledge component is the means by which other interdisciplinary team members, patients, families, and administrators benefit from professional RN practice of appropriate intervention and timely, reliable, and valid information about the patient's condition. In this model, the transferor of knowledge is viewed as a professional role obligation, and when exercised, it produces skilled communication and collaboration. Transfer of knowledge is also a process that occurs in all interactions. (p. 213)

Role clarity informs *what* knowledge must be transferred, whereas communication skills and relational or social competency inform *how* the knowledge will be transferred (Mahon & Nicotera, 2011). *What* is to be communicated is defined by the nursing profession's social contract with the public, which *Nursing's Social Policy Statement* (ANA, 2003) delineated in its

definition of nursing: “Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations” (p. 6). *How* the message is communicated should align with best practices for providing information and feedback “in a therapeutically effective manner so that the recipient can ‘hear’ the message” (Cornett & O’Rourke, 2009, p. 213).

Developing role competence is an ongoing process of monitoring, evaluating, and evolving one’s values, knowledge, capabilities, and skills and of using professional and nursing standards as the reference point for accountability (Duff, 2013; Pearson et al., 2006). Nurses as a whole have long-standing patterns of conflict-avoidance, perceiving conflict as negative, and reporting-off conflicts to managers for intervention, as well as little emphasis on developing relationship competencies that foster nurse-to-nurse communication (Duddle & Boughton, 2007; Mahon & Nicotera, 2011). While there is evidence in the literature about the benefits of conflict competence and recommendations from professional nursing organizations that nurses participate in conflict intervention training, few nurses seek to further their education and performance in this area (RNAO, 2007; Vivar, 2006).

There is the opportunity for nursing to learn from the medical profession’s strategies for raising the standard of communication performance. The Accreditation Council on Graduate Medical Education (ACGME) has embedded communication competence within the six physician competencies. The National Board of Medical Examiners (NBME) now evaluates medical students actual performance with these required communication competencies (Schirmer et al., 2005). And there is also a growing focus on studying the curriculum and communication

assessment tools using more rigorous research methods to identify approaches to improve physicians' communication competence (Schirmer et al., 2005).

Nursing's' Communication and Conflict Competence.

Nursing researchers have identified a wide-range of communication or relationship approaches that are generally supportive of positive nurse-nurse interactions. At the most basic level, beginning with common courtesies and speaking up to eliminate gossip or talking negatively about other nurses sets a foundation for open dialogue (Moore, Leahy, Sublett, & Lanig, 2013; RNAO, 2012). Clearly, identifying a positive intention of achieving a patient, family, or team outcome promotes a shared goal that facilitates knowledge transfer (Lux et al., 2014; RNAO, 2012). When encountering conflict or differences that seem insurmountable, suspending negative judgments and using empathic listening to understand and respect different perspectives promotes knowledge transfer and enhanced decision making (Gomes, Noguez, Thofhern, & Amestoy, 2012; MacDonald et al., 2010; RNAO, 2012). Acknowledging and apologizing for any misunderstandings also fosters ongoing communication (RNAO, 2012).

There is a small percentage of nurses who are psychologically empowered, confident, and competent in confronting conflicts are important role models or mentors for other nurses when it comes to developing collegiality skills (Pearson et al., 2006; RNAO, 2007). Many different communication and conflict management educational programs and activities facilitate development in assertiveness, giving and receiving feedback, and resolving conflict – the skills seemly inherent to this small group of relationship competent nurses (Brinkert, 2010; Moore & Putman, 2008; RNAO, 2007; Sayre, McNeese-Smith, Leach, & Phillips, 2012; Walczak & Absolon, 2001). Identifying conflict management styles, building psychological empowerment, and learning strategies for nurse-to-nurse communication are individualized approaches to

building confrontation and conflict resolutions competence (Almost, 2005; Duddle & Boughton, 2007; Lux, Hutcheson, & Peden, 2014; Mahon & Nicotera, 2011). Reflecting on difficult knowledge transfer situations or dilemmas and gaining insights about adaptations and coping processes promote resilience in the face of conflicts (Duddle & Boughton, 2007).

Most models of communication depend upon both parties to conduct themselves in accordance with some agreed upon norms such as being open, receptive, authentic, transparent, truthful, and collaborative and caring (RNAO, 2007). In fact, collaboration is often defined by the ideal of mutual willingness to dialogue about a shared goal (Fisher, Ury, & Patton, 1991). Yet, the prevalence of nurses anticipating negative emotions from unresolved escalated conflicts, disrupted team relationships and ineffective negotiation of the desired patient outcome suggests that many healthcare providers do not respond as desired during conflicts (Almost et al.,2010; RNAO, 2007).

This anticipation of encountering resistance and negative emotions and not being prepared to respond effectively is perhaps the most influential antecedent in avoiding conflict. Any learning about interpersonal conflict in nursing must be situated within the arena of a social network in which members depend on each other for daily help and achievement of interdependent goals (Mahon & Nicotera, 2011; Padgett, 2013). Humans form subgroups or social networks based on perceived similarities in values and behaviors or practices between members (Almost, 2005). These social networks develop communication and interaction patterns that decrease interpersonal tension and make intraprofessional teamwork more predictable, providing a safety net for the completion of nursing tasks (Almost, 2005; Padgett, 2013). At the same time, confronting a colleague could be perceived as outside the accepted norms of the social network and feel risky as regards to obtaining needed help and cooperation (Mahon &

Nicotera, 2011; Padgett, 2013). This perceived risk translates into questions or concerns being raised only in “safe” workgroup networks and into organizational workflows that minimize discussions that might escalate conflict (Hansen, 1995; Mahon & Nicotera, 2011; RNAO, 2012).

Almost (2010) illustrated the many antecedent factors and potential consequences that influence a nurse's response to conflict:

> How nurses respond to the everyday encounters in their work lives is influenced by their level of confidence, belief in themselves, control in their life and negative cognition, and ultimately, influences the amount of conflict and job stress. The complexity of patient care delivery within units creates many barriers that prevent effective conflict resolution. Fluctuations as a result of unpredictable changes, variability among patients and complex work ultimately increases the level of conflict. p. 988

Given the variability of the antecedents and consequences of conflict, it becomes easier to understand a nurse's reluctance to venture into learning in this complex area. There is little in the literature to reassure that somehow all these variable and conditions can be successfully navigated to a collaborative and productive conclusion (Almost, 2010). And few of the research studies evaluate the effectiveness of communication programs enhancing direct knowledge transfer and conflict management between nurses (Brinkert, 2010). In reviewing the nursing literature on knowledge transfer, the greatest opportunity to improve patient safety is through identification of a specific set of skills that any nurse could use with the confidence in relating effectively even in “unsafe” situations of conflict.

Ernest Meadows, a leadership and performance teacher and consultant whose thinking is grounded in the person-centered approach (PCA) of the humanist psychologist Carl Rogers (1979), has developed a curriculum for relationship competence. Meadows claims that these four

skills are “necessary and sufficient” for the successful conduct of all work relationships. The four skills--congruence, empathic listening, empathy, and unconditional positive regard--enable efficient and productive participation in conflict, whether the situation is straightforward or challenging, amicable or hostile. These PCA skills represent a real possibility for each and every professional to develop positive relationships while raising and resolving conflicts that, left unaddressed, will undermine patient safety.

Methods and Measures

Study Design

This retrospective study used a cross-sectional cohort design, following one small group of subjects with no control group. The sampling frame included the 27 employees at Oregon Health and Sciences University (OHSU) who completed “New Directions” training either approximately two or approximately four and one-half years before this study was conducted. Currently OHSU is the only venue where New Directions is taught to nurses specifically, and it is offered to support nurses’ professional responsibility to engage in peer feedback and knowledge transfer to promote patient safety. One participant who was not a nurse and two participants who are no longer OHSU employees were excluded from the study.

The remaining 24 OHSU nurses were invited to participate in the study by email using a recruitment script and an IRB research consent and authorization form. This email was sent three times over a four week period of time. The participants could not access the survey link until they gave electronic consent. The survey data was collected using on a secure web application (REDCap with SSL encryption) that assigned a unique study code to protect the privacy of the participants.

Intervention

The program objectives for the 52-hour New Directions training were

- describe four new relational skills for improving communication,
- identify when to use each of the four relational skills,
- learn the steps involved in the four relational skills, and
- demonstrate novice-level use of the four relational skills.

Participants attended eight 6-hour sessions and one 4-hour session over 16 weeks. The curriculum included review of the theories and processes associated with the humanistic psychologist Carl Rogers's person-centered approach to relating and the four new relational skills interspersed with role-playing demonstrations and reflective debriefing. The spaced-repetition aspect of the sessions allowed reinforcement and deepening of learning as participants were asked to report examples of effective and ineffective approaches to applying the four skills and their new knowledge between sessions. The final three sessions included verification of each participant's level of competence with each of the four skills.

The four relational skills taught in New Directions are congruence, empathic listening, empathy, and unconditional positive regard. Training in these skills was offered to healthcare team members as a framework for raising and resolving conflicts that, if left unaddressed, will undermine patient safety. Critical situations in which nurses must address conflict to assure patient safety occur, for example,

- when team members disagree about how a change in a patient's condition should affect the patient's plan of care,
- when team members have different perspectives about what resources are required to keep a patient safe,
- when work assignments do not match team members' competencies, and

- when a team member's practices are not aligned with the standard of care and put the patient at immediate risk (Mahon & Nicotera, 2011).

The four relational skills are described here to facilitate understanding not only their relevance to promoting patient safety but also the survey tool, data analysis, and discussion that follow.

Congruence. Congruence entails an individual getting in touch with the experience inside her/him, taking responsibility for her/his own experience, and communicating her/his experience responsibly to another team member. For example, in a situation of conflict, demonstration of congruence includes expressing responsibility for making a judgment that something is not acceptable or OK. The individual recognizes that she/he creates her/his experiences of threat, intimidation, fear, calm, conviction, confidence, and joy. This brings the source or "cause" of the conflict inside the individual rather than the "cause" being the behaviors or actions of another individual.

The following three activities or behaviors appear in the survey tool for the skill of congruence:

- Become aware of what is going on inside of me and identifying what I want for myself.
- Speak responsibly about my experience without blame.
- Express myself congruently with my verbal and nonverbal messages aligned.

Empathic listening. Empathic listening is necessary to understand the experience of other team members, including other team members' differing perspectives or decisions about a patient's situation. This skill is critical in reaping the benefits of the full range of information, knowledge, and expertise held by diverse team members. Listening requires not taking the sender's message personally, reflecting back verbal and nonverbal messages to the sender, and validating that the sender feels understood.

The following three activities or behaviors appear in the survey tool for the skill of empathic listening:

- Receive the sender's message as all about him or her.
- Reflect back my understanding of the verbal content of the sender's message.
- Reflect back my understanding of the nonverbal content of the sender's message.
- Validate my understanding of the sender's message.

Empathy. Empathy is a way of being with another person while she/he finds her/his own answers regarding her/his problem or point of confusion. Empathy is premised on the certainty that the best answers to a person's problem are within the person with the problem and that connecting with self-generated answers is more effective than following advice from an external source. For example, when two team members have developed a pattern of ineffective communication and negative regard, others typically offer advice based on skills that work for them. Should such advice not prove useful for the team members in the negative dynamic, empathy offers an alternative approach that involves these team members identifying and leveraging their individual strengths to find their own answers.

The following three activities or behaviors appear in the survey tool for the skill of empathy:

- Recognize when another person wants to grow.
- Refrain from offering advice when another person wants to grow.
- Stay present while the other person finds his/her own answers.

Unconditional positive regard. Unconditional positive regard has as its premise that differences are enriching. To relate successfully in the face of conflict using unconditional positive regard, an individual maintains his/her own difference while finding the gift in another's

difference for herself/himself. This approach to addressing conflict stands in contrast to most other approaches, which usually set the expectation that differences between individuals will be reduced or eliminated by one or both parties giving up something or one party deferring to the other (Mahon & Nicotera, 2011). The distinction is significant given that research has shown that each member of a complex, interdisciplinary team has incomplete and differing information about any given situation as well as having limitations based on individual factors such as fatigue, competing priorities, mental and physical health, and response to cultural norms such as perceived hierarchal power (Leonard, Graham, & Bonacum, 2004; Nørgaard, Ammentorp, Ohm Kyvik, & Kofoed, 2012). Thus, an approach to conflict that maintains and embraces the diversity of perspectives of team members is more likely to produce reliable answers and creative solutions in relation to patient safety than an than an approach that diminishes differences t(Nørgaard et al., 2012).

The following three activities or behaviors appear in the survey tool for the skill of unconditional positive regard:

- Recognize when you have received a difference as a threat.
- Suspend negative judgments about differences you are not OK with.
- Embrace differences as gifts.

Measurement

A survey tool was developed to allow each participant to rate her/his confidence with the specific behaviors and activities associated with the four relational skills on a scale from ranging from 0 to 100, with 0 defined as “cannot do at all,” 50 as “moderately certain can do it,” and 100 as “highly certain can do it.” The survey tool also includes scales regarding self-efficacy, a

construct often used as a proxy for assessing the competency or the performance impact of communication skills training for professionals (Nørgaard et al., 2012).

The survey tool was created using Albert Bandura's "Guide for Constructing Self-Efficacy Scales" (2006), after an extensive literature search for established scales that measure the impact of communication skills training failed to locate any that incorporate the crucial components of (a) seeing oneself as the source of the conflict and (b) maintaining differences while finding a gift for oneself in conflict. Effective collegial interactions are associated in the literature with assertiveness, listening, respect, and appreciation (Brinkert, 2010; Nørgaard et al., 2012). These traits are consistent with the New Directions skills of congruence, listening, and unconditional positive regard.

Bandura (1997) has defined self-efficacy as an individual's belief in his/her capacity to accomplish a certain mission or task. The construct "general self-efficacy" (GSE) adds in the possibility that self-efficacy could have a trait-like dimension. GSE is thought to capture "differences among individuals in their tendency to view themselves as capable of meeting task demands in a broad array of contexts" (Chen, Gully, & Eden, 2001, p. 63). People with high GSE see addressing conflicts as one of those difficult tasks that need to be accomplished regardless of the challenges involved (Desivilya & Eizen, 2005). Thus, the individuals with higher GSE could be expected to have greater engagement in learning the skills to manage conflict and in applying new skills in situations of conflict with team members. Indeed, given the variability in individuals' communication competency and the prevalence of cultural and social barriers to approaching and relating successfully in situations of conflict in health care, perhaps only those with high GSE will elect to enroll in communication training such as New Directions or pursue resolving patient safety concerns regardless of difficulties. The survey tool included

measurement of GSE in order to analyze the relation between participants' GSE and their self-efficacy with the four skills and with approaching conflict and relating successful in situations of conflict.

Participants completed a 25-question survey online. The survey comprises (a) demographic information; (b) a GSE assessment; (c) a self-assessment of confidence with the four relational skills both "immediately after the program" (T1) and "as of now" (T2); and (d) a self-assessment of confidence in approaching conflict and relating successfully in the situations of conflict both "immediately after the program" (T1) and "as of now" (T2). In addition, data about individual application of the four skills in the context of work cultures and team social networks were collected by requesting descriptions of the participant's experiences interacting with and avoiding a team member in situations of conflict. The completed surveys were anonymous but coded for statistical analysis.

Results

Statistical Methods and Data Analyses

Each participant's responses to the GSE items were averaged into an overall GSE score for the participant. Each participant's relational skills self-efficacy scores were averaged into one overall relational confidence (RC) score at T1 ("immediately after the program") and a second RC score at T2 ("as of now." A paired *t*-test was used to compare the means of the different participants' self-efficacy with the relational skills at T1 and T2. Pearson's correlation was used to evaluate the covariance of GSE and the relational skills at T1 and T2. Factorial ANOVA analyses were used to analyze the effect of age, gender, years of education, years in nursing, practice area, or time since the completing New Directions on participants' GSE or their confidence with the relational skills at T2, approaching conflict, and relating successfully in

situations of conflict. Multiple regression testing was used to measure the associations among GSE, confidence in relational skills at T2, and confidence with approaching conflict and relating successfully in situations of conflict.

Each narrative exemplar was analyzed using qualitative content analysis to identify(a) the difference with which that the participant was not OK; (b) seeing self, rather than another party, as the source of conflict; (c) individual versus group/culture variations about when conflict is approached or avoided; (d) use of the relational skills when approaching conflict; (e) successful relating as defined by the participant maintaining differences and moving from difference as a threat to difference as a gift; and (f) the likelihood the participant would approach the other team member again in the future.

Quantitative Results

Fifteen of the 24 employees invited to participate in the study electronically submitted demographic information and confidence ratings with GSE and the relational skills. Four of the surveys submitted were incomplete data, so they were excluded from data analyses. Eleven participants submitted exemplars about approaching and avoiding conflict; two of the participants' exemplars had insufficient data for analysis.

Participants. The majority of the respondents (n = 11) had graduate degrees (62%), were older than 50 (61%), had been a nurse 20 or more years (77%), and had completed New Directions two to two and one-half years ago (76%). Clinical nurses constituted 23% of the respondents, while 67% of respondents were members of management (manager, director, or professional practice leader). Two male employees completed New Directions training at OHSU, only one of the two participated in this study.

Confidence with the four relational skills. Age, gender, higher education, years in nursing, practice area, and time since completing New Directions had no effect on confidence with the relational skills. While participants' ratings of confidence with behaviors associated with the four skills increased between the time "immediately after the program" (T1) and "as of now" (T2), only the mean of the behavior of "suspend negative judgements about differences you are not OK with" increased significantly, from 54.3 to 68.2 ($p = 0.016$). The change in confidence with overall RC from T1 to T2 was not significant (Table 1).

Confidence to approach and relate successfully in situation of conflict. There is also no effect of age, gender, higher education, years in nursing, practice area, or time since the program on confidence in approaching a team member in a situation of conflict or in relating successfully in situations of conflict. Approaching a team member in a situation of conflict had a mean change score that was significantly higher ($p = 0.01$) at T2 (76.3) than at T1 (60.0); this was not true for relating successfully in situations of conflict (Table 1). There is also a strong correlation between suspending negative judgment and approaching conflict now ($r = 0.73$, $p = 0.005$).

General self-efficacy and relational skills. Participants' GSE scores is ranged from 38.3 to 92.8 with a mean of 75 and a standard deviation of 15. The majority of participants rated their GSE between 68 and 82. The participants with the lowest GSE scores (38.3 and 57.6) also had the lowest total RC scores (46.3 and 48.4, respectively). Age, gender, years of education, years in nursing, practice area, or time since the program had no significant effect on GSE. The participants' GSE correlated significantly with none of the 13 items describing the four relational skills at T1 but GSE did correlate with 11 of the 13 items at T2 (Table 1). The two relational skill behaviors which did not vary with GSE at T2 were:

- Become aware of what is going on inside of me and identifying what I want for myself.
- Reflect back my understanding of the nonverbal content of the sender's message.

The participants' GSE also significantly correlated with total RC at T2 ($r = 0.83$, $p < 0.000$) (Table 1).

General self-efficacy and outcomes. The participants' confidence in their ability to approach a team member in a situation of conflicting differences and to relate successfully in a situation of conflict was significantly correlated with GSE at both T1 and T2 (Table1).

In analyzing the relative importance of GSE and each of the 13 relational skills on the outcome variables of approaching conflict and relating successfully in situations of conflict, multicollinearity precluded use of multiple regression modeling. This suggests the items in the scale are redundant or perceived as repetitive by participants. To overcome the problem of multicollinearity within the 13 separate items, a subscale average for congruence, listening, empathy, and unconditional positive regard was calculated and included in the multiple regression model along with GSE.

The model using the independent variables of GSE and the relational skills subscales was an overall good fit with the dependent variable for approaching a team member in a situation of conflict, $F(5,7) = 5.74$, $p = 0.02$, adjusted $R^2 = 0.66$. The same modeling with the dependent variable of relating successfully was also significant, $F\ (5, 7) = 42.98$, $p < 0.001$, adjusted $R^2 = 0.95$. There was a significant negative effect of congruence ($t = -2.01$, $p = 0.035$) and a positive effect of unconditional positive regard ($t = 3.22$, $p = 0.015$) on relating successfully in situations of conflicting differences, $F\ (5, 7) = 42.98$, $p < 0.001$, adjusted $R^2 = 0.95$. The change in sign for GSE and congruence again validates multicollinearity which precluded estimating the predictive

main effect of any one variable or interaction effects on the participant's approaching conflict and relating successfully. conflict.

Qualitative Results

Differences the participants were not OK with. The most frequent theme of "differences that the participants were not OK with" was interpersonal communication styles (e.g., disrespectful, aggressive, argumentative). Almost as frequent were differences about team member's assignments or coordination. Three exemplars described differences about clinical practice decisions.

Use of the four relational skills. Two participants demonstrated only congruence (seeing self as the source of the conflict), one participant demonstrated only incongruence (perceiving the other as responsible for the conflict), and the other seven demonstrated a mix of congruence and incongruence (Table 2). Actions consistent with the ten demonstrations of congruence include ownership for "my perceptions", interpretations and assumptions about the other party's choices or behaviors; recognizing that the participant herself was the source of the conflict when she decided the other person should think or act differently; and becoming aware of using ineffective communication approaches (e.g., "asking more and more unnecessary question" (Table 2, ID 6).

Incongruence was most overtly and consistently demonstrated in the eight exemplars by setting expectations for how the other party should be different. The following are examples that suggest the participant is seeing the other party as the source of the conflict rather than owning the decision to judge a difference as "not OK" (Table 2):

- "A purposefully evasive and argumentative charge RN" (ID 5).

- "One of my teammates can be demanding…without taking in information about barriers or challenges" (ID 18).
- "I did not appreciate that she was unwilling to grow" (ID 15).

Participants demonstrated listening activities in half of the exemplars. Listening was most commonly described as acknowledging the other team member's position or receiving new information from the other team member. Since empathy is not a skill used in situations of conflict, it is no surprise that it is not visible in any of the exemplars.

Unconditional positive regard involves maintaining congruence and suspending negative judgment while finding a gift for oneself in the difference that previously was received as a threat. The significant change in the relational behavior of "suspending negative judgements about differences you are not OK with" is visible in eight of the participant's experiences with conflict. The following is an example of using unconditional positive regard:

> I *was feeling very frustrated with a team member regarding her approach of working with a parent. She had been visibly angry with me and spoken poorly of my care and I was feeling very defensive and angry myself. I took some time to think about the situation and what could be going on, then I asked her to come and speak with me privately. I approached her with honestly, verbalizing how I perceived the situation, and asking her what was going on. I also did tell her I was hoping we could resolve whatever conflict we were having if we just talked about it. She told me….about a time several months prior when she'd felt I had been rude to her. I then explained that the situation likely had nothing to do with her, but rather that I was not handling a stressful day very well and felt terrible about the way I had come across to her. She went on to apologize about her behavior and we agreed to have more open line of communication in the future.*

In addition to the gift of an open line of communication, some of the gifts that other participants found for themselves were enhanced decision making, recognizing one's own stress or anxiety triggers, and gaining new information (Table 2).

Approaching versus avoiding conflict. The increase in self-efficacy with "approach a team member in a situation of conflicting differences" can be seen in the exemplars. Surprisingly, even when asked to report examples of avoiding conflict, seven of the nine participants still wrote exemplars of approaching conflict. The primary difference in the seven "avoiding" conflict exemplars was an awareness of a hesitancy to approach and taking time to self-reflect. The self-reflection brought increased awareness about internal struggles that were a barrier to approaching the conflict. One participant who initially avoided a conflict about a practice issue met with a team member after reflecting that "I knew that my core value of patient safety was bigger than a verbal conflict" (Table 2, ID 4). Other participants identified that "dealing with personal issues at the time" and "experiencing emotions I had not yet worked through" influenced delays in approaching conflict. Two of these participants described a prior experience of relating unsuccessfully to the other party about the conflict and being unsure about what to do now. One participant ended the story saying "time for more reflection and consideration" (Table 2, ID 14).

In the two exemplars of actual avoiding conflict, one participant became aware that she was asking the other party to change and that it was "in my own best interest to know that this is the way she is and move on so I don't feel stuck" (Table2, ID 2). The other reporting being "unwilling to put myself in the center of my teammate's energy "and is still feeling stuck (Table 2, ID 18).

Likelihood to approach team member. When the participants suspended negative judgments and found a gift in the conflict, there were also comments suggestive of a high likelihood to approach the other party again to relate, share knowledge, or seek to understand different perspectives (Table 2). When negative judgments about the other party's decisions or behaviors were sustained, there was a mixed likelihood to approach the other party in the future. If the other party was agreeable to doing what the participant requested or responded in a way that the participant perceived as positive ("went better than I expected", "continued good working relationship" gained "helpful information,), then the participant was likely to approach the other party again. When the participant perceived the other party as resistance to requested changes or as negative in his or her response, the participant was less unlikely to approach again (e.g. "don't have time to coach", "unwilling to put myself in the center of my teammate's energy", "she refuses to talk about it") (Table 2) .

Discussion

Intervention

The study demonstrated a sustained impact with the skill of "suspend negative judgments about differences you are not OK with". Similar to the findings in social science studies about the positive aspects of conflict, suspending negative judgments was associated with the participants' discovering gifts for themselves including enhanced teamwork, problem solving, and decision making (Mahon & Nicotera, 2011). Experiencing a positive benefit from approaching and relating in situations of conflict reinforced the participants continued approaching conflict over time.

The participants did not self-assess a significant increase in self-efficacy with any of the other relational behaviors. It is difficult to sort the degree of error versus validity of these

findings given the use of an untested scale and small sample size, however the variations in the use of congruence, listening and unconditional positive regard in the exemplars is consistent with these results. Other studies evaluating the enduring impact of communication training programs have found that participants will maintain the skills when experiencing a clear reinforcing benefit or a growing belief in their ability to perform the behaviors successfully (Fallowfield, Jenkins, Farewell, & Solis-Trapala, 2003; Parle, Maguire, & Heaven, 1997). This variation in application of the skills in the work setting merits further investigation to identify barriers, lack of clear reinforcing benefits, or competency limitations.

Congruence is taught as the skill used to get in touch with and communicate one's experience responsibly. In approaching conflict with a commitment to embracing differences, congruence is taught as the skill to introduce one's difference into the dialogue with the other party. The four participants who reviewed the study findings were asked to comment about the mix of congruence and incongruence demonstrated in the exemplars of approaching conflict. They were not surprised to see this mix of congruence and incongruence and described congruence as a facilitator for approaching a team member about a conflict, but not as a required behavior. They reported that congruence remained the most challenging skill and that there are times they felt compelled to address a conflict even when they have not gotten congruent. They were surprised to see so little listening reported in the exemplars. These participant reviewers recommended replacing the exemplars with interviews with probing questions to gain a more complete picture about individual competency and facilitators and barriers to applying the skills in the clinical setting. These interviews might also reveal if additional coaching and feedback would increase the potential of the relational skills learned or if a focus on other influencers would have greater sustained impact.

One participant reviewer of the study findings raised the issue of potentially contaminating the intervention by placing the program within the context of professional responsibilities. Her increased ownership for the professional responsibility to transfer knowledge even in situations of conflict or negative relational patterns to assure an open exchange of knowledge and information had the largest influence on her approaching conflict. This variable should be included in the future study measures.

General Self-Efficacy

This study uniquely contributes to the research by including measurement of the effect of GSE on the sustained impact of communication training. While GSE correlated with 11 of the 13 relational behaviors at T2, it did not correlate with the key behavior of congruence, "become aware of what is going on inside of me and identifying what I want for myself". The three participants who demonstrated congruence in their exemplars had varying GSE scores of 87.8 (the highest GSE score), 74.9 (at the mean score), and 69.8 (below the mean). The rest of the participants with GSE scores ranging from 38.3 to 84 demonstrated using a mix of using both congruence and incongruence. Since GSE is not a strong predictor of this first critical step of congruence, interviewing the participants may surface individual, social or cultural variables that are strong predictors of the use of incongruence. Some of the variables that might be associated with the participants using incongruence rather that congruence include a lack of perceived benefits of congruence, team members' reaction to congruent approaches, or not having access to resources like time or mentors to support getting congruent before needing to address a patient concern.

The strong correlation between the GSE and 11 of the relational skills at T2 but not T1 suggests that the use of the skills may have had a reciprocal effect on GSE. Bandura (1997, p.

195) recommends that when evaluating changes in behaviors, both efficacy expectations and performance changes should to be measured to "clarify their reciprocal effects on each other." Not measuring GSE before and immediately after the completion of New Directions training represents a missed opportunity to discover whether GSE was modified by use of the relational skills.

Study Limitations

This study has several limitations that should be addressed in research that expands on these preliminary results. A sample size smaller than 30 participants and failure to evaluate the reliability and validity of the relational skill items are the largest weaknesses in the study. Reliability and validity testing would reduce redundant items and facilitate partitioning the relative effects of the different independent variables on the outcomes. The independent variable of professional responsibility for peer feedback and knowledge transfer should be added to the measures to evaluate its relative importance for nurses approaching a team member in a situation of conflict. Also, the clarifying the definition of relating "successfully" will increase the reliability and validity of analyzing this important outcome as well as its potential reciprocal influence on the participants' GSE.

The retrospective survey approach is dependent upon the participants' memory of a learning experience that happened two or four years ago. With the long time frame between the course completion and the data collection, many other events may have influenced the participants' self-efficacy with relational skills. A longitudinal design with data collection at baseline, completion of the course, six months, and two years would facilitate concurrent evaluation of the participants' experiences with the relational skills as well as identifying other variables influencing their approaching and relating successfully in situations of conflict. This

data collection should include use of a validated communication skills measurement scale that is completed by both the participant and the team member approached in the situation of conflict. And the potential reciprocal effect of the use of the skills on GSE is preliminary but warrants continued inclusion in the study measures.

Thought researchers have verified correlations between self-ratings and observer ratings in using self-efficacy to evaluate the enduring impact of communication training, self-reporting under and overrating is another threat to validity (Doyle, Copeland, Bush, Stein, & Thompson, 2011; Nørgaard et al., 2012). While self-reported exemplars were used as a second method to evaluate the relational skills used in situations of conflict, gathering data about the experiences of team members approached would offer another important perspective about the participants' use of the relational skills and relating successfully (Fallowfield et al., 2003) Using a control group with a great number and diversity of the participants would give additional rigor to evaluating the sustained impact of the program (Fallowfield et al., 2003)

Summary

Many studies have shown sustained improvements in communication self-efficacy after training workshops, but few have specifically studied the impact of these skills on approaching a team member and related successfully in a situation of conflict in order to improve patient safety. Studies about team conflict often focus on specific critical situations with consistent or known team members (e.g., code blue teams, surgical teams or specialty unit teams). In these contexts, there is opportunity for translation of learning and feedback into practice (Jones, Skinner, High, & Reiter-Palmon, 2013; Leonard, Graham & Bonacum, 2004). Yet many adverse patient outcomes occur as a result of conflict between team members who have never met, may not even be talking face to face, and are situated within an "unsafe" context such as power imbalance or

variations in conflict styles. Poor decisions are often made in these situations because team members often fail to share complete information or their unique perspective (Blum, Raemer, Carroll, Dufresne, & Cooper, 2005). The four person-centered approach relational skills are based on the premise that one of the four skills will always work, regardless of the context of hierarchy, nonexistent or poor team relationships, power imbalances, and variations in communication or conflict styles, And moreover, that approaching these conflicts will be beneficial in letting go of negative judgment and discovering new information or understanding that enhances decision making and protects patients.

Overall these results demonstrate that nurses who completed the New Directions program 24 or 48 months ago have sustained or increased their self-efficacy in suspending negative judgements and approaching a team member in a situation of conflict in the clinical arena. These changes were consistent for all nurse participants, regardless of age, years in nursing, positional authority, practice area, or education and strongly correlated with GSE ratings. The positive benefits of finding a gift reinforces the approaching of team members in situations of conflict. Inconsistencies in the use of congruence in situations of conflict represents an opportunity to discovery additional individual, social or cultural variables that have an impact on the application of the skills or perceived self-efficacy regarding relating successfully.

Brinkert's (2010) systematic review of conflict communication and interventions recommends that there be a shift from studying discrete interventions to developing a comprehensive program. As a step in this direction, this study provides preliminary modeling for identifying the relevant importance of different variables that impact nurses in approaching and relating successfully in situations of conflict. GSE and learning the competency of "suspending negative judgements" are strong candidates as significant variables for inclusion in the model.

Participants who reviewed the results of the study identified professional responsibilities for peer feedback and knowledge transfer to team members as another important variable to be investigated in future research models. Greater diversity in participants and use of a control group would validate exclusion of the variables of age, education, years in practice and practice areas from the model and clarify the probability the variables included in the model are broadly generalizable and effective. Building on these preliminary findings, future studies that continue this modeling have the potential to provide direction to individuals and groups committed to meeting their professional obligations to protect patient safety through approaching team members and relating successfully by embracing differences in situations of conflict.

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Table 1

Change in confidence of relational skills at T1 and T2 and influence of GSE at T1 and T2

Confidence Items	Mean T1	Mean T2	T-test T1, T2	Pearson's Corr GSE x T1	Pearson's Corr GSE x T2
Congruence					
Become aware of what is going on inside of me and identifying what I want for myself	58.77	74.23	*p = 0.07*	*r* = 0.25, *p* = 0.41	*r = 0.*48, *p* = 0.09
Speak responsibly about my experience without blame	61.42	70.92	*p = 0.11*	*r* = 0.49, *p = 0.*11	***r* = 0.55, *p* = 0.05**
Express myself congruently with my verbal and nonverbal messages aligned	57.54	64.85	*p = 0.32*	*r* = 0.08, *p* = 0.80	***r* = 0.65, *p* = 0.02**
Empathic Listening					
Receive the sender's message as all about him or her	61.67	67.08	*p = 0.31*	*r* = 0.34, *p* = 0.28	***r* = 0.65, *p* = 0.01**
Reflect back my understanding of the verbal content of the sender's message	58.08	65.58	*p = 0.07*	*r* = 0.40, *p* = 0.19	***r* = 0.66, *p* = 0.02**
Reflect back my understanding of the non-verbal content of the sender's message	63.85	70.62	*p = 0.21*	*r* = 0.08, *p* = 0.80	*r* = 0.51, *p* = 0.08
Validate my understanding of the sender's message	65.33	69.00	*p = 0.52*	*r* = 0.01, *p* = 0.10	***r* = 0.64, *p* = .02**
Empathy					
Recognize when another person wants to grow	66.42	67.17	*p = 0.92*	*r* = 0.10, *p* = 0.76	***r* = 0.92, *p* <0.00**
Refrain from offering advice when another person wants to grow	53.69	65.54	*p = 0.11*	*r* = 0.50, *p* = 0.09	***r* = 0.55, *p* = 0.05**
Stay present while other person finds his/her own answers	60.31	72.92	*p = 0.14*	*r* = 0.39, *p* = 0.19	***r* = 0.71, *p* = .01**
Unconditional Positive Regard					
Recognize when you have received a difference as a threat	63.23	67.08	*p = 0.57*	*r* = 0.11, *p* = 0.74	***r* = 0.77, *p* <0.00**
Suspend negative judgments about differences not OK with	**54.31**	**68.23**	***p = 0.02***	*r* = 0.50, *p* = 0.10	***r* = 0.77, *p* <0.00**
Embrace differences as gifts	55.92	70.67	*p = 0.17*	*r* = 0.30, *p* = 0.92	***r* = 0.61, *p* = 0.03**
Total Relational Confidence	58.88	69.39	*p = 0.09*	*r* = 0.24, *p = 0.*44	***r* = 0.83, *p* <.0.00**
Outcome Measure: Approach a team member in a situation of conflicting differences	***60.00***	***76.30***	***p = 0.01***	***r* = 0.60, *p = 0.*04**	***r* = 0.79, *p* = 0.001**
Outcome Measure: Relate successfully with team members in situations of conflicting differences	50.85	65.38	*p = 0.74*	**r = 0.65, *p = 0.*02**	***r* = 0.66, *p* = 0.01**

Table2

Researcher Analysis of Approaching and Avoiding Exemplars

ID	Total RC	Total GSE	The difference the participant was not OK with (conflict)	Congruent or Incongruent approach to conflict?	Listening skills evident?	Negative judgment suspended or retained?	Did the participant find a gift for herself or himself?
1	48.4	57.6	No exemplar				
2	68.6	81.9	Another team member spoke poorly about participant's care	Congruent: Participant identified that "I was angry/defensive; took time to think; verbalized my perceptions and desire to hear what was going on with her"	Participant heard that the other party was surprised she would talk with her; there was a time when she was rude to her and she was still angry;	Suspended: Difference about "poor care" wasn't "real", but raising this issue led to the other party revealing that she was upset about perceived rudeness in a prior interaction	Yes: Participant reported that "we agreed to have more open line of communication in the future"
			Perceived a team member as selfish about holiday scheduling based on seniority	Congruent: Participant identified "I was frustrated, the source of the frustration was wanting her to be different; recognized that I can't change her"		Suspended: The participant moved from wanting the other party to be different to accepting that "this is the way that she is"	Yes: Participant " found the gift that it is in my own best interest to know this is the way she is, and move on so that I don't feel "stuck" in trying to resolve this
3	89.2	93.2	No exemplar				

ID	Total RC	Total GSE	The difference the participant was not OK with (conflict)	Congruent or Incongruent approach to conflict?	Listening skills evident?	Negative judgment suspended or retained?	Did the participant find a gift for herself or himself?
4	64.5	78.3	The team member had spoken disrespectfully to another team member	Incongruent: Participant stated "I needed to converse with her"	Participant reported that "I observed nonverbal communication and clarified some of her verbal communication	Retained: The participant "withheld suspicions that the person was not totally truthful"	Yes: Participant reported that she was " given information that would be helpful later"
			Difference of opinion about the performance of a team member	Congruent: Participant reflected that " core value of patient safety bigger than fear of verbal conflict; Incongruen**t:** Participant stated other person had a "verifiable practice issues"	Participant reported that "I listened to her responses"	Retained: The participant still wants other to change through "she set some goals and a development plan is to follow"	Yes: Participant reported that "it went better than expected and she gave me information that would help me in her future development"
5	86.7	81.6	Ordered to give a medication dosage by another team member that "may not have been the best practice"	Congruent**:** Participant aware of and manifested concern about medication dosage; determined wanted stakeholder huddle to resolve concern;	Participant acknowledged each person's need	Suspended: Participant reported that "applied each person's needs to the patient need that resulted in a plan that met each"	Yes: Participant reported that the "outcome was ultimately a win-win"

ID	Total RC	Total GSE	The difference the participant was not OK with (conflict)	Congruent or Incongruent approach to conflict?	Listening skills evident?	Negative judgment suspended or retained?	Did the participant find a gift for herself or himself?
			Charge RN who seems purposefully evasive and argumentative when approached to problem solve	Incongruent: Asked other charge RNs their experiences and challenges; then approached other Charge RN with the "cumulative" info; asked her to respond to "other's" information		Not clear: Participant reported that it "seemed to work fairly well"	No
			RN-MD differing knowledge	Congruent: Participant reported "I state my knowledge and recommendation"	Participant seeks "his or her differences in knowledge"	Suspended: Participant reported " I am interested in their sharing their knowledge"	Yes: Participant reports this is supportive of her "making the best decision"
6	63.5	69.8	Getting resistance from the other charge nurse	Congruent**:** Participant aware of own frustration with resistance from other charge RN and that she was asking "more and more unnecessary questions" the led to "eventual lack of situational trust"	Participant heard "babysitting him" message	Suspended: Participant described moving from frustration to wanting to understand the other charge RN's scenario	Yes: Participant reports that conversation "resolved our issues"
			Fearful of other party's	Congruent: Participant reflective about interpreting the other	Participant reported that "she explained her	Suspended: Participant moved from fear of criticism to "there was a	Yes: Participant reports that the discussion was "all

ID	Total RC	Total GSE	The difference the participant was not OK with (conflict)	Congruent or Incongruent approach to conflict?	Listening skills evident?	Negative judgment suspended or retained?	Did the participant find a gift for herself or himself?
			criticism	party's behaviors based on own experience and assumptions; participant "explained my perspective"	perspective"	lot said, all fairly productive"	fairly productive"
7	84.6	84	Situation with "someone I work closely with"	Incongruent: Participant described approach as "I stayed with the facts"		Maybe Suspended: Participant reported "I took the emotion out of it"	Yes: Participant reported "continued good working relationship even after the situation"
			Leader who "tends to silo groups"	Incongruent: Participant tried to tell the other person what she needs to change Congruent: Participant self-reflective about "I must approach strategically"		Retained: Participant reported that the leader "is not changing"	No
9	92.8	87.8	Co-worker was upset with me	Congruence: Participant became aware "that my anxiety was coming from me not from my co-worker; then shared "where I chose to perceive	Participant heard from co-worker about his/her communication "personality" and having "no issues	Suspended: Participant moved from seeing co-worker as the threat to understanding that s/he is the source of the anxiety	Yes: Participant described no longer "anxious when around her now and feel I have resolution"

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				our interactions as dysfunctional and then I chose to feel anxious"	with our engagement"		
			My own "triggers" e.g. shame and anxiety about job performance	Congruent: Participant describes that she is " more aware of my own emotions in conflict; more accepting of people's diversity and strengths; avoid conflict when have emotions I haven't worked through yet"		Suspended: Participant went from seeing her shame and anxiety as a threat to seeing these emotions as an opportunity to understand herself	Yes: Participant recognizes own triggers as a resource to reflect on own integrity
10	73.8	89.8	No Exemplar				
14	78.2	74.9	Participant describes "Others I've had the most difficulty with are reluctant to engage in this type of dialogue"	Incongruent: Participant reported " It is a challenge to stay one pointed in all communication Congruent: "I think it is a practice that requires a commitment almost like a spiritual practice"		Retained: Participants still feels challenged by others who are "difficult" or "reluctant "	No

ID	Total RC	Total GSE	The difference the participant was not OK with (conflict)	Congruent or Incongruent approach to conflict?	Listening skills evident?	Negative judgment suspended or retained?	Did the participant find a gift for herself or himself?
			Participants reports "degree of push back I am getting is pretty dramatic"	Incongruent: Participant wrote "she refuses to talk about it" Congruent: Participant aware that "I can't seem to get a feel for what is going with her"		Retained: Participant describes the other party's response as negative Maybe Suspended: Participant identifies "time for more reflection and consideration?	No
15	46.3	38.2	Team member being unwilling to grow	Incongruent: Participant reported that "I became threatening to her"		Retained: Participant describes the conversation as turning "negative"	No
			Asking a team member to help with paperwork	Incongruent: Participant "let her walk away and think about it "	Participant stated that she "listened, showed empathy, acknowledged position"	Retained: Don't see incorporation of team member's position in the outcome	No:
17	48.5	68.4	When errors occur	Incongruent: The participant wrote that "I offer the person the gift" Congruence**: "**I try to choose the time and place to have discussions when I can spend time and really		Not enough data to analyze	Not enough data to analyze

ID	Total RC	Total GSE	The difference the participant was not OK with (conflict)	Congruent or Incongruent approach to conflict?	Listening skills evident?	Negative judgment suspended or retained?	Did the participant find a gift for herself or himself?
				listen"			
18	57	69.6	A direct report did not inform about missed breaks	Incongruent: Participant asked direct report about how she is approaching breaks	Participant reported that she heard the explanations about working through lunch	Maybe Suspended: The participant wrote that they "brainstormed about barriers and potential solutions" so perhaps both perspectives were included in the outcome	Yes: Addressed an issue that was important to participant
			Demanding teammate	Congruent: Participant was aware of needing to "debrief after a particularly challenging discussion that was quite energetic and emotional; of being "unwilling to put myself in the center of my teammate's energy" Incongruent: Participant was "unwilling to become the target of my teammate's questions"		Retained: The participant still sees the teammate as needing to change her behavior	No