

Acute Care Nursing

Module 3: CONFLICT RESOLUTION

At the end of this module you will have achieved the following objectives:

1. Describe relevance of Chain of Command to a Preceptor Program
2. Relate delegation rules to preceptor responsibilities, student assignments, and accountability.
3. Apply strategies to assist learner through the phases of reality shock.
4. Identify conflict resolution techniques.
5. Apply communication skills for conflict resolution.

A. Describe relevance of Chain of Command to a Preceptor Program

Chain of Command

The Chain of Command depicts the hierarchy of authority and responsibility within an organization. (Asita & Alasomuka, 2019; Sullivan, 2013). Faculty and clinical preceptors are in a position of authority over students. This authority should not be abused by asking students to perform tasks not associated with their education program, competencies, and scope of practice. Where students have problems with their preceptor or clinical experience, the chain of command, instituted for the particular nursing program in which the student is enrolled, should be followed.

In most instances, the chain of command would have the student first approach his preceptor about the problem and visa-versa. If the student does not feel comfortable or does not get a positive response from the preceptor, he/she should approach his/her clinical faculty. The same is true if the preceptor does not feel he/she is getting positive responses from the student. It is important to know the process/hierarchy to follow for any concerns. At no time should a student be reprimanded for bringing problems forward and discussing his/her concerns.

Guidelines for implementing the chain of command are to address clinical/administrative/safety issues and/or breakdowns in communication or behaviors that affect patient care, patient safety, or delays in treatment. Initiating the chain of command ensures that:

- the appropriate people are aware of the situation;
- issues progress from the level closest to the event and move up as the situation warrants;

- accountability is maintained when issues are no longer being managed effectively.

Please refer to the specific School of Nursing site listed under “Schools of Nursing” for the Chain of Command at UTEP and EPCC Schools of Nursing

B. Relate delegation rules to preceptor responsibilities, student assignments, and accountability

Delegation

Delegation is a combination of critical thinking and decision making skills in nursing practice. It is the process of getting things done through other people in order to maximize time management (p. 546). It is not dumping of undesirable tasks on other persons, giving orders, or a way to absolve oneself of responsibility and accountability (Huber, 2010). In fact, delegation increases the nurse’s responsibility in that the nurse retains accountability and responsibility not only for his/her own actions, but for those of the unlicensed assistive personnel (UAP) as well.

The BON states that delegation is “Authorizing an unlicensed person to provide nursing services while retaining accountability for how the unlicensed person performs the task. It does not include situations in which an unlicensed person is directly assisting a RN by carrying out nursing tasks in the presence of a RN.” (BON 224.4) Delegation authorizes a UAP to do a job and make decision needed to do the job being delegated. Effective delegation is beneficial in that it can result in safe and effective nursing care. “Delegation can free the nurse for attending more complex patient care needs, develop the skills of nursing assistive personnel and promote cost containment for the healthcare organization.” (NCSBN-ANA, n.d.)

Rules of Delegation (Rule 224.2) do not apply to RNs who:

- A. Supervise or instruct others in the gratuitous nursing care of the sick;
- B. Are qualified nursing faculty or preceptors directly supervising or instructing nursing students in the performance of nursing tasks while enrolled in accredited nursing programs (*This rule means that “students are authorized to perform nursing tasks as a part of their academic program; therefore, RN delegation is not required.”*);
- C. Instruct and/or supervise an unlicensed person in the proper performance of nursing tasks as a part of an education course designed to prepare persons to obtain a state license, certificate or permit that authorizes the person to perform such tasks; and

D. Assign tasks to or supervise LVNs or other licensed practitioners practicing within the scope of their license. This means that "*RNs make assignments to LVNs and delegate to UAPs. LVNs do not require delegation to engage in nursing practice since their license already authorizes them to provide nursing services.*"

[Click here to view Rules & Regulations \(PDF\)](#)

BON Exclusions are on page 185

LINK: § **[224.2. Exclusions from Chapter](#)**

The Nurse Practice Act of each state within the United States addresses rules and regulations about delegation. Nurses and nursing students need to be aware of the Rules and Regulations of the state in which they are practicing in order to delegate legally and effectively.

"Delegation is a management tool that RNs use to help clients derive the most benefits from nursing care." The RN is responsible for safe and appropriate delegation and it is utilized at the RN's discretion. That is, the decision to delegate belongs to each RN after careful analysis of all relevant factors (e.g., client condition, UAP competency, complexity of the task)."
(See BON Rule §224.5 RN Accountability for Delegated Tasks).

As preceptors, it is important to teach and encourage nursing students in their last semester how to use the art of delegation. Students should be reminded of the principles of effective delegation and how to integrate them into practice.

LINK: §**[224.5 RN Accountability \(PDF\)](#)**

BON Rules and Regulations p. 186

Legal Implications / 5 Rights of Delegation

The most critical, legal element in delegation is that the nurse must not delegate anything that requires nursing judgment. The nurse must first assess needs and then the task delegated must be within the scope of sound nursing judgment to delegate. The licensed nurse maintains accountability for the delegated responsibility (NCSBN, 2019).

Delegation is a process and skill which should incorporate determining the right task being delegated to the right person through the right communication and ending with the right feedback. To this end, The National Council of State Boards of Nursing (NCSBN) developed the five rights of delegation in 1995 (NCSBN, 1995). Using the five rights is a means to assess whether or not there will be a safe outcome. The five rights are:

1. Right task
2. Right circumstances
3. Right person to whom the delegation is made
4. Right direction and communication by the RN
5. Right supervision and evaluation as determined by the RN

Link to the **[BON Five Rights of Delegation \(PDF\)](#)**

General Criteria for Delegation

- The task must one that can be properly and safely performed by the unlicensed person
- The task must not require the unlicensed person to exercise professional nursing judgment
- The unlicensed person must be adequately identified
- By individual or by training, education, and/or certification/permit
- The RN either instructs in the task or verifies competency
- The RN shall adequately supervise the performance
- If continues over time, the RN shall periodically evaluate the delegation of tasks
- The RN is directly responsible for the care
- The facility, agency, institution follows current protocol for instruction and training

Tasks That May Be Delegated

- Non-invasive and non-sterile treatments
- The collecting, reporting, and documentation of data
- Ambulation, positioning, and turning
- Transportation of the client within facility
- Personal hygiene and elimination
- Feeding
- Socialization activities
- Activities of daily living
- Reinforcement of health teaching planned/provided by the RN
- Physical, psychological, and social assessment which requires professional nursing judgment, intervention, referral, or

Discretionary Delegation Tasks

(See Rule 224.8b, p. 188 of the rules & regs)

- Sterile procedures
- Non-sterile procedures (burns, penetrating wounds)
- Invasive procedures (inserting tubes, instilling)

- Care of broken skin other than minor abrasions or cuts generally classified as requiring only first aid treatment

Tasks That May Not Be Delegated

- Specific tasks involved in the implementation of the care of plan which require professional nursing judgment or intervention
- Formulation of nursing care plan and evaluation of client's response to the care rendered
- The responsibility and accountability for client health teaching and health counseling which promotes client education and involves the clients significant others in accomplishing health goals
- Administration of medication

Reluctance to delegate can be due to:

- Getting trapped in the "I can do it better myself" fallacy
- Lack of ability to direct
- Lack of confidence in subordinates
- Lack of confidence in self
- An aversion to taking a risk
- Need to feel indispensable and difficulty letting go
- Fear of losing authority or personal satisfaction (Huber, 2013). Data from Delegating [videotape]. Del Mar, CA; McGraw-Hill; and Poteet, G. (1989). Nursing administrators and delegation. *Nursing Administration Quarterly*, 13(3), 23-32). (Grohar-Murray & Langan, J., 2011, p. 176-177)

Why subordinates avoid responsibilities

- Fear of criticism for mistakes
- Lack necessary information and resources to do a good job
- Overwhelming workload
- Lack of self-confidence regarding ability to successfully delegate
- Positive incentives may not be sufficient motivators
- Delegator's personality and preferences may interfere with the delegation process
- Ease of seeking answers from the delegator than deciding on their own how to deal with problems (Huber, 2010, p. 550)

Preceptor Behaviors to Strengthen Delegation Skills of Nursing Students

- Encourage students to view delegation as a learning opportunity
- Help students accept that they can't do everything themselves

- Help students become comfortable with seeking assistance from other colleagues
- Help students learn when assistance of other disciplines is necessary

What do you think?

List 2 preceptor behaviors to strengthen the delegation skills of senior ADN and BSN nursing students. Many of these students feel intimidated by delegation. How can you make them feel more at ease when it comes to delegating?

Help students to learn the process of delegation (Huber, 2010. P. 548)

- Develop a good attitude
- Decide what to delegate
- Select the right person
- Communicate responsibilities clearly and precisely
- Grant authority
- Provide support
- Monitor the delegation
- Evaluate

Establish criteria to help student establish competency of the subordinate

- Know job description of UAP
- Determine type of education & training needed to do the job and whether UAP has training needed
- Communicate & give feedback related to delegation clearly, completely and courteously.
- Evaluate whether job was completed correctly & within time frame
- Create a positive work climate and teamwork
- Be visible and available to assist as needed without rescuing (as long as patient care is not jeopardized)
- Facilitate delegation opportunities and acceptance of responsibility by student
- Set goals for delegation according to the level of the student
- Build confidence by giving positive feedback whenever possible

Parsons, (1999) and Huber (2013)

Delegation Flow Charts

In order to facilitate the decision-making process of delegation, refer to the Delegation Flow Chart for Acute Care Nursing or Community Health Nursing.

LINK: [Rule 224 Delegation Flow Chart for Acute Care Nursing \(PDF\)](#)

LINK: [Rule 225: RN Delegation to Unlicensed Personnel and Tasks Not Requiring Delegation in the Independent Living environment for clients with Stable & Predictable Conditions \(PDF\)](#)

LINK: [Delegation Resource Packet](#)

C. Apply strategies to assist learner through the phases of reality shock

Reality Shock

Reality shock is caused by a discrepancy between cultures, education received, and what actually exists in the work setting. Nursing students often experience this because of their pre-conceived ideals of the work setting and the reality of the work. One example of this is working 12 hour shifts: In previous semesters, students were used to working eight hour shifts two days per week; and now they will be working 12 hour shifts as many days per week as their clinical preceptor. Marlene Kramer (1974) did extensive research on reality shock and the disconnect between school values of new nurses and reality of the work-world.

The chart below indicates the four stages of reality shock, common behaviors of persons going through each particular stage, as well as ways the preceptor can help his/her preceptee through the phases.

STAGE	BEHAVIORS	HOW TO HELP
Honeymoon	<ul style="list-style-type: none">• Perceives everything being wonderful• Fascinated by the newness of the experience• Focused on mastery of skills, routines and integration with the staff	<ul style="list-style-type: none">• Harness the student's enthusiasm for skills and routines• Be realistic but don't stifle the enthusiasm• Introduce student to staff, be inclusive

Shock/ Crisis	<ul style="list-style-type: none"> • Sets in when needs and goals are not met • Experiences outrage, rejects school and work values • Preoccupied with the past, globally negative 	<ul style="list-style-type: none"> • Be a good listener • Have student record his/her suggestions for improvement • Provide opportunities to vent • Assist the student to see more of the situation and view it more objectively
Recovery	<ul style="list-style-type: none"> • Sense of humor returns • Tension lessens • Discrimination between effective and ineffective behaviors 	<ul style="list-style-type: none"> • Assist student to see positives • Talk about ways to improve the work environment • Verify and support critical thinking efforts
Resolution	<ul style="list-style-type: none"> • Conflicts in values resolve in either constructive or destructive ways (crisis doesn't last forever) • Can see rejection of role/nursing or burnout or new ways to cope positively 	<ul style="list-style-type: none"> • Assist student with constructive problem solving • Help student with new, more helpful coping mechanisms • Acknowledge and manage conflicts that persist

Benner, P. (1984); and Kramer, M. (1974).

What do you think?

In which phase of reality shock would you expect to find your new preceptee and what strategies can you use to help him/her?

D. Identify conflict resolution techniques

Conflict Techniques:

Conflict occurs when individuals, groups, or organizations hold differing values, goals or perceptions. Conflict is a part of everyday life. However, if conflicts are

left unresolved, they can escalate into crisis situations. Many conflicts occur in nursing. There may be conflict between members of the health care team, with the patient's family, between nurses, and conflict related to values and beliefs about nursing practice. Addressing conflict in the clinical setting is essential to developing healthy work environments and productive working relationships. It is beneficial for preceptors to discuss methods of conflict resolution and how they can be applied to different situations for a positive outcome. Preceptors may share methods they have found to be successful in dealing with difficult people. This is especially helpful if the feedback and application are immediate. Although inevitable, conflict can be minimized, diverted and/or resolved

Conflict is destructive when it:

- Takes attention away from other important issues; Undermines morale or self-concept
- Polarizes people and groups, reducing cooperation; Increases or sharpens differences; Leads to irresponsible and harmful behaviors, such as name-calling

Conflict is constructive when it:

- Results in clarification of important problems and issues; Results in solutions to problems Involves people in resolving issues important to them; Causes authentic communication; Helps release emotion, anxiety, and stress; Builds cooperation among people through learning more about each other; joining in resolving the conflict
- Helps individuals develop understanding and skills

STEPS to help negotiate a positive solution to conflict (Crisis Prevention Institute, 2003, cited in DelBel, 2003):

- Prepare in advance. Before meeting with the other person, take a moment to prepare yourself, relax and think clearly.
- Try to separate the person from the issue.
- Clarify the issue. Try to see the problem from the other person's point of view by asking questions, listening carefully and using summarizing statements.
- Explore opportunities for agreement. Brainstorm a variety of solutions to the conflict and be creative and open to new ideas.
- Negotiate Solutions. Select mutually agreeable solutions from your brainstormed ideas.
- Try to satisfy each of your underlying needs.

- Commit to the agreement. To ensure mutual understanding, summarize your agreement either verbally or in writing.

E. Apply communication skills for conflict resolution

Communication – the key to resolving most conflicts – is itself often the cause of conflict. For instance, someone may not be clear in his or her communication, or someone may not be truly listening. Making assumptions can also affect communication. A lack of communication can result in misunderstanding. You can use the power of communication to break these blocks. With practice you will send out a message that is accurately heard and returned.

Active listening

This allows you to hear what is actually being said, not what you think the other person is saying. Clearly knowing what each person is saying provides the greatest potential for respectfully resolving the problem. In turn, both parties become less defensive.

Open questions

An excellent strategy to clarify the other person's point of view is to ask open-ended questions. These questions invite people to express and explore what is most important to them. Questions beginning with "how, what, when, where, who and tell me about . . ." open up the possibilities for clarifying core issues. When asking the questions, use a moderate tone in your voice. When listening, your stance should show that you are genuinely interested in hearing the answers.

Paraphrasing

Paraphrasing is restating the essence of what the listener believes the speaker has said. Even if the listener does not agree with the speaker's perception, the willingness to understand where the speaker is coming from helps defuse the situation and clarify the issues. If such techniques are used by both parties, each will gain a clearer understanding of the issues. Once you have heard someone out, you need to convey your point of view. In conflict, there is often a tendency to portray the other person as the problem – in short, to blame. In blaming, you give away your own responsibility. The other person receives this as an attack and may become aggressively defensive or "shut down." Blaming statements usually begin with "you"

Assertive statements

Assertive statements maintain respect for both parties. They clarify rather than blame. Statements beginning with "I" allow you to clearly express your thoughts, feelings and needs without attacking or blaming the other person. Assertive statements often begin with "I think/believe . . . ," "I feel . . . ," or "I need/prefer . . . " Negative statements like, "you're always barging in and cutting me off when I am talking" might be changed to an assertive statement such as, "I need to be able to finish what I am saying."

Clarifying inconsistencies

During conflict, discrepancies in communication often occur. Calling attention to such discrepancies involves taking risks. When someone's action, expression, voice-tone or body language is at odds with the content of what that person is saying, he or she may be sending a double message. It may be necessary for you to let the person know this. Your aim is to encourage the speaker to express himself or herself honestly, while conveying respect and allowing him or her to save face.

Here are two examples of clarifying using "I" messages:

"By the look on your face, I can't help feeling you're bored with what I am saying in spite of you stating that you are interested."

"I am getting conflicting messages. You say you want to participate in developing this program but you have not been to any of the meetings."

What do you think?

Indicate how using the strategy of "I" messages can be helpful when precepting your senior nursing student.

Confrontation

- Considered most effective means for resolving conflicts
- Focuses on the problem and uses facts to identify the problem
- Attempts to solve the problem are done through knowledge and reason
- Goal is to achieve a win-win situation (everyone is a winner)
- Most effective when done in private
- Should be done as soon as possible after the event, unless very emotionally charged. (Sullivan & Decker, 2008)

Negotiation

- Is a give-and-take solution
- Purpose is to achieve agreement even if there isn't a consensus between the persons involved
- The best solution is not often achieved through negotiation
- The Ten Commandments for negotiators

TEN COMMANDMENTS for NEGOTIATORS

1. Clarify the common purpose.
2. Keep the discussion relevant.
3. Get agreement on terminology.
4. Avoid abstract principles, concentrate on the facts.
5. Look for potential tradeoffs.
6. Listen.
7. Avoid debating tactics, use persuasive tactics.
8. Keep in mind the personal element.
9. Use logic logically.
10. Look for solutions that satisfy the other person's real interests.
(Levenstein, 1984, in Sullivan, 2013)

Other conflict management techniques:

Collaboration

- All persons work together to solve problem
- Focus is on solving the problem, not trying to defeat an opponent
- Useful in situations in which goals of both parties are too important to be compromised.

Compromise

- Used to divide rewards between both parties
- Neither person gets what he/she wants
- Serves as a backup to resolve conflict when collaboration is ineffective
- Gets quicker results so can be used when a solution is needed right away

Competing

- An all-out effort to win regardless of the cost
- May be needed in situations involving unpopular or critical decisions
- Used when time doesn't allow for more cooperative techniques

Avoiding

- Avoidance of the conflict
- Persons do not acknowledge that there even is a conflict
- Used when persons don't want to upset or offend another person or interfere with good feelings for the other person

Accommodating

- A cooperative technique used when persons give up their own concerns for those of another
- Used to preserve harmony when one person has a vested interest in a particular issue but that issue is not important to the other person

Withdrawal

- One person is removed from the conflict making it impossible to resolve the problem
- Feelings about the problem may come up at different times.

Smoothing

- When one person will complement the other and downplay differences, putting the focus on minor areas
- Might work with minor problems, but doesn't work well with major differences

Forcing

- There is a forced end to a conflict but the cause of the problem still remains
- Might be appropriate in life and death situations, but otherwise is inappropriate

"A number of strategies exist to handle conflict; Choosing the best one to use is based on the situation and the people involved." (Sullivan & Decker, 2013).

What do you think?

Which conflict management skills do you anticipate using the most when precepting your ADN and/or BSN senior nursing student? Which ones do you think are most important for the student to learn?