

(encode) the information and then to respond to the sender by giving feedback (decoding). The encoding process occurs when the receiver thinks about the information, understands it, and forms an idea based on the message.

Several factors can interfere with the encoding process. On the sender's side, these can be factors such as unclear speech, convoluted and confused message, monotone voice, poor sentence structure, inappropriate use of terminology or jargon, or lack of knowledge about the topic. On the receiver's side, factors that may interfere with encoding include lack of attention, prejudice and bias, preoccupation with another problem, or even physical factors such as pain, drowsiness, or impairment of the senses.

For example, a staff nurse is in a mandatory meeting where the unit manager is discussing a new policy that will be starting the following month. However, the nurse is thinking about an important heart medication that her client is to receive in 5 minutes. The nurse's primary concern is to get out of the meeting in time to give the medication. After the meeting, the nurse has only a minimal recollection of what was said because she did not encode the information well. The following month, when the new policy is started, the staff nurse is confused about what she should do and makes several errors in relation to the policy.

Effective communication requires understanding that the perceptions, emotions, and participation of both parties are interactive and have an effect on the transmission of the message. Nurses often encounter situations that require clarification of the information for accuracy and encoding.² The following is an example of client teaching that requires a return demonstration:

A nurse gave a teaching session to a client who was being sent home with a T-tube after surgical removal of gallstones from the common bile duct. After the nurse finished her instructions, she asked the client whether he understood how to empty the drainage bottle and measure the drainage. The client looked very confused, but mumbled, "Yes," while shaking his head. The nurse recognized that although the verbal response was positive, the nonverbal responses

indicated that he really did not understand. The nurse surmised that further explanation or demonstration was required for this client to encode the message properly. (For more detail on client teaching, see *DavisPlus Bonus Chapter 3*).

Nurses should recognize the many barriers to clear communication and the benefits of clear communication. These are different from communication blockers discussed below. Once the barriers to communication are identified, they can be overcome, and the benefits of clear communication will follow. These barriers and the benefits that result when they are overcome are outlined in Box 12.1.

COMMUNICATION STYLES

There are three predominant styles of communication: assertive, nonassertive, and aggressive. Individuals develop their communication styles over the course of their lives in response to many personal factors. Although most people have one predominant style of communication, they can and often do switch or combine styles, depending on the situation in which they find themselves.³ For example,

a unit manager who uses an assertive communication style when supervising the staff on her unit may revert to a submissive style when called into the nursing director's office for her annual evaluation. Recognizing which communication style a person is using at any given time, as well as one's own style, is important in making communication clear and effective.

Assertive Communication

Assertive communication is the preferred style in most settings. It involves interpersonal behaviors that permit people to defend and maintain their legitimate rights in a respectful manner that does not violate the rights of others. Assertive communication is honest and direct and accurately expresses the person's feelings, beliefs, ideas, and opinions. Respect for self and others constitutes both the basis for and the result of assertive communication. It encourages trust and teamwork by communicating to others that they have the right to and are

“The encoding process occurs when the receiver thinks about the information, understands it, and forms an idea based on the message.”

Box 12.1

Barriers to and Benefits of Clear Communication

Barriers	Benefits
• Unclear or unexpressed expectations	• Clear expectations
• Confusion	• Understanding
• Retaliation	• Forgiveness
• Desire for power	• Recognized leadership
• Control of others	• Companionship
• Negative reputation	• Respect
• Manipulation	• Independence
• Low self-esteem	• Realistic self-image
• Biased perceptions	• Acceptance
• Inattention	• Clear direction
• Mistrust	• Trusting relations
• Anger	• Self-control
• Fear or anxiety	• Comfort
• Stress	• Motivation or energy
• Insecurity	• Security
• Prejudice	• Increased tolerance
• Interruptions	• Increased knowledge
• Preoccupation	• Concentration

encouraged to express their opinions in an open and respectful atmosphere. Disagreement and discussion are considered to be a healthy part of the communication process, and negotiation is the positive mechanism for problem-solving, learning, and personal growth.³

Assertive communication always implies that the individual has the choice to voice an opinion, sometimes forcefully, and to not say anything at all. One of the keys to assertive communication is that the individual is in control of the communication and is not merely reacting to another's emotions.⁴

Assessing Self-Assertiveness

Answer the following questions to determine your self-assertiveness:

- Who am I and what do I want?
- Do I believe I have the right to want it?
- How do I get it?
- Do I believe I can get it?

- Have I tried to be assertive with a person I am having difficulty communicating with?
- Am I letting my fears and perceptions cloud my interactions?
- What is the worst that can happen if we communicate?
- Can I live with the worst?
- Will communications have a long-term effect?
- How does it feel to be in constant fear of alienation or rejection?

Rules for Assertiveness

Anyone can learn to use an assertive communication style and develop assertiveness. When first developing this skill, people often feel frightened and overwhelmed. However, once individuals become comfortable with assertiveness, it helps reinforce their self-concepts and becomes an effective tool for communication. There are a few rules to keep in mind while developing assertiveness along with an assertive communication style:

- It is a learned skill.
- It takes practice.
- It requires a desire and motivation to change.
- It requires a willingness to take risks.
- It requires a willingness to make mistakes and try again.
- It requires an understanding that not every outcome sought will be obtained.
- It requires strong self-esteem.
- Self-reward for change and a positive outcome is essential.
- Listening to self is necessary for identifying needs.
- Constant reexamination of outcomes helps assess progress.
- Role-playing with a friend before the interaction builds skill and confidence.
- Goals for assertiveness growth need to be established beforehand.
- Assertiveness requires recognition that change is a gradual process.
- Others should be allowed to make mistakes.

Personal Risks of Assertive Communication

There are always personal risks involved in learning any new skills or in attempting to change behavior. Learning assertive communication is no exception. People often fear that they may not choose the "perfect" assertive response. However, even seasoned assertive communicators may err from time to time

because every encounter is unique, involving different people and situations. The person who is new to assertive communication needs to recognize that it is a skill that takes practice.



I Win, You Win

Assertiveness does not mean that a person will always get his or her way in every situation, and it is likely the individual will handle some situations better than others. Remember that the goal of assertive communication is to prevent an "I win, you lose" situation and to encourage an "I win, you win" outcome.⁴ A win-win goal is achieved when both parties have the ability and willingness to negotiate even though they do not get all they want. However, there may be situations when personal goals are not achieved. Some questions to consider when this occurs are:

- How do I feel about losing?
- Did I express my opinion clearly? Why not? How could I make it clearer?
- Did I do the best I could do? How could I have done better?
- Was I in control when responding to the situation? When did I lose control? What should I have done to regain control?
- Did I stay focused on the issues? What side issues distracted me? How could I have avoided distractions?

- Did I allow the situation to get personal? Did the other person initiate the personal attack? How could I have redirected it away from the personal?
- Was what I asked for under my control? If not, why did I ask for it? What would have been more realistic?

Reviewing these questions and analyzing the answers will help when you attempt to be assertive in future communications. For example, if the answer to the second-to-last question was yes, then during the next communication, a special effort can be focused on avoiding personal attacks during the encounter. Learning to communicate assertively is a process of continual improvement.

Impact of Assertive Communication

Another risk factor that quickly becomes evident when changing to an assertive communication style is the impact that it has on those who know the person best. Sometimes family, friends, peers, and coworkers become barriers to change. Change always produces some degree of stress. Those individuals who are closest to the person trying to initiate changes may feel uncomfortable because they have become accustomed to the old communication styles and behaviors over a long period of time. They can no longer anticipate and depend on the person's responding and reacting in the usual way.⁵ In addition, they will have to develop new communication patterns of their own to match the changes caused by assertive communication.

Sometimes family, friends, peers, and coworkers become so uncomfortable that they may try to sabotage the person's attempts at assertive communication. It is important to recognize why and when these sabotage efforts occur and to remember that assertiveness is an internal, personal process. Everyone has a right to change, and it must be respectfully communicated to others that their support for these changes is important.

It is also important to know and periodically review the rights and responsibilities of assertiveness to help reinforce the assertive communication process. The rights and responsibilities of assertiveness are listed in Box 12.2.

Practice and reinforcement of assertiveness skills may be required, especially when preparing for an anticipated conflict negotiation or a confrontational meeting with another. Although a confrontational situation always produces anxiety, rather than

Box 12.2

Rights and Responsibilities of Assertiveness

- To act in a way that promotes your dignity and self-respect
- To be treated with respect
- To experience and express your thoughts and feelings
- To slow down and make conscious decisions before you act
- To ask for what you want
- To say no
- To change your mind
- To make mistakes
- To not be perfect
- To feel important and good about yourself
- To be treated as an individual with special values, skills, and needs
- To be unique
- To have your own feelings and opinions
- To say "I don't know"
- To feel angry, hurt, and frustrated
- To make decisions regarding your life
- To recognize that your needs are as important as others'

being feared, it should be recognized as having the potential to be highly productive. Box 12.3 lists several behaviors that, if practiced and used, will help increase confidence and assertiveness skills during anticipated confrontational meetings.

You can use the checklist in Box 12.4 to determine your own degree of assertiveness.

Nonassertive Communication

Nonassertive communication is also referred to as *submissive communication*.

Submissive Communication

When people display submissive behavior or use a submissive communication style, they allow their rights to be violated by others. Their requests and demands are surrendered to others without regard to their own feelings and needs. Many experts believe that submissive behavior and communication patterns are a protective mechanism that helps insecure people maintain their self-esteem by avoiding negative criticism and disagreement from others. In other situations, it may be a means of manipulation by way of passive-aggressive behavior.

Box 12.3

Assertiveness Self-Assessment

Statement	Communication Behavior
1. I didn't say what I really wanted to say at the last staff meeting.	_____
2. I always express my opinion because it is better than everyone else's.	_____
3. I have the courage to speak up almost all the time.	_____
4. I wish someone else would speak up at the meetings besides me.	_____
5. I am not intimidated by the high-pressure tactics of supervisors, physicians, and/or teachers.	_____
6. I have trouble stating my true feelings to those in authority.	_____
7. I really put that know-it-all aide in her place last shift.	_____
8. After the last meeting with my unit director, I felt hopeless, resentful, and angry.	_____
9. I speak up in meetings without feeling defensive.	_____
10. When I need to confront someone, I avoid the problem because it will usually resolve itself.	_____
11. When I need to confront individuals, I address them directly.	_____
12. When I confront individuals, I let them know in no uncertain terms that they are wrong and need to change their behavior.	_____
13. When I'm reprimanded, I keep silent even though I'm seething inside.	_____
14. The last time I was asked to stay over for another shift, I said no and didn't feel guilty.	_____

Box 12.4

Conflict Resolution Tips

In nursing practice, good communication and conflict management skills are essential. The following tips may help resolve communication problems:

Improve Your Conflict Management Skills

- Seminars
- Books
- Mentors

Change Your Paradigm

- Focus on the positive, not the negative.
- Realize that appropriate confrontation is a risk-taking activity.

Achieve Better Communication

- Improved relationships
- Improved teamwork
- Mentoring

Understand Your Values

- Focus on a win-win.
- Be willing to negotiate and compromise.
- Be direct and honest.
- Focus on the issues.
- Do not attack the person.
- Do not make judgments.
- Do not become the third person; encourage peers to go direct.
- Do not spread rumors.

Set Personal Guidelines

- Confront in private, never in front of anyone else.
- Confront the individual; do not report him or her to the supervisor first.
- Do not confront when you are angry.
- Start with an "I" message.
- Express your feelings and opinions.
- Allow the other person to talk without interruptions.
- Listen attentively.
- Set goals and future plans of action.
- Let it go.
- Keep it private and confidential.

What Do You Think?

Recall a recent exchange with someone (e.g., friend, instructor, parent, physician) in which you felt you "lost" the exchange. How did you feel? How did you respond? How could using an assertive communication style have helped?

Box 12.5

Assertive Communication Suggestions

- Maintain eye contact.
- Convey empathy; stating your feelings does not mean sympathy or agreement.
- Keep your body position erect, shoulders and back straight.
- Speak clearly and audibly; be direct and descriptive.
- Be comfortable with silence.
- Use gestures and facial expressions for emphasis.
- Use appropriate location.
- Use appropriate timing.
- Focus on behaviors and issues; do not attack the person.

Because of their great fear of displeasing others, personal rejection, or future retaliation, submissive communicators dismiss their own feelings as being unimportant. However, at a deeper level, submissive behavior and communication merely reinforce negative feelings of powerlessness, helplessness, and decreased self-worth. Rather than being in control of the communication or relationship, the person is trading his or her ability to choose what is best for the avoidance of conflict. Every communication by a submissive person becomes an "I lose, you win" situation. However, subconsciously it is more of "You may think you win, but I really am winning because I'm getting what I want or need."

Aggressive Communication

Sometimes there is only a very fine line separating assertiveness from aggressive behavior and communication.⁴ Whereas assertive communication permits individuals to honestly express their ideas and opinions while respecting the other's rights, ideas, and opinions, aggressive communication strongly asserts the speaker's legitimate rights and opinions with little regard or respect for the rights and opinions of others. It easily becomes a communication blocker (see below).

Aggressive communication—used to humiliate, dominate, control, or embarrass the other person or lower that person's self-esteem—creates an "I win, you lose" situation. The other person may perceive aggressive behavior or communication as a

personal attack. Aggressive behavior and communication are viewed by some psychologists as a protective mechanism that compensates for a person's own insecurities, and others view it as a form of bullying. By demeaning someone else, aggressive behavior allows the person to feel superior and helps inflate his or her self-esteem.

Aggressive communication can take several different forms, including screaming, sarcasm, rudeness, belittling jokes, and even direct personal insults. It is an expression of the negative feelings of power, domination, and low self-esteem. Although aggressive people may seem outwardly to be in control, in reality they are merely reacting to the situation to protect their self-esteem.

Using appropriate methods of communication in conjunction with an assertive communication style enhances the communication and understanding by both parties. Developing an assertive communication style is important in using communication builders. (For more information, go to <http://www.ncbi.nlm.nih.gov/pubmed/21248553>).

Verbal, Paraverbal, or Nonverbal Communication

There are three primary methods of communication: verbal, paraverbal, and nonverbal. **Verbal** communication is either written or spoken and constitutes only about 7 percent of the communicated message. **Nonverbal** communication makes up the other 55 percent of communication and includes body language, facial expressions, gestures, physical appearance, touch, and spatial territory (personal space). **Paraverbal** is the tone, pitch, volume, and diction used when delivering a verbal message. How people say something is often more important than what they are saying. A sentence can have a completely different meaning by placing emphasis on different words. Paraverbal communication makes up about 38 percent of the total message and is often considered part of nonverbal communication.⁶ When the verbal, paraverbal, and nonverbal messages are congruent, the message is more easily encoded and clearly understood. If the verbal, paraverbal, and nonverbal messages are conflicting, the paraverbal and nonverbal messages are the most reliable. It is relatively easy for people to lie with words, but

paraverbal and nonverbal communication tends to be unconscious and more difficult to control.

For example, the nurse suspects that the mother of a newborn infant may be experiencing postpartum depression. The nurse asks the mother how she feels about her new baby. The mother responds in a quiet, very slow monotone (paraverbal message), "I'm so happy I have this baby" (verbal message), while looking down at her feet in a slouched-over posture with her arms folded (nonverbal message). The message from the mother is conflicting. The words are saying she is happy, but all the paraverbal and nonverbal signs indicate that she is sad and depressed. The observant nurse concludes that more assessment for depression is required.

FACTORS THAT AFFECT COMMUNICATION

People are always communicating something, in

either a verbal, paraverbal, or nonverbal manner.

There often is a degree of overlap among the three styles. Some of the things people do and say help build communication, but other actions or words break communication down. Anything done or

said that interferes with communication is called a *communication blocker*. Actions and speech that encourage and build communication are called *communication builders* and are often referred to as *therapeutic communication techniques*. Other factors, such as the environment the communication is taking place in, stress levels of the parties communicating, grief and change experiences, and people feeling angry can also block effective communication.

Nonverbal Communication Builders

Eye contact. In general, in North American culture, using eye contact while communicating is a sign of interest in the person and says, "What you are saying is important to me." However, there is a need to be cautious using it. It can turn into a staring contest and says, "I'm trying to dominate you." Also, eye contact has other meanings in other cultures. Some tribes of American Indians believe that direct eye contact is an attempt to take the

“Through active participation, workers have an opportunity to have an impact on and direct the changes that are being made. Some people mistakenly believe that if they do not become involved, the changes will not happen.”

evaluation helps the nurse organize and structure interpersonal interactions in a way that will produce an "I win, you win" situation.¹²

The basic problem-solving steps of the nursing process form the framework for successful conflict management. Nurses who are good problem-solvers using the nursing process also tend to be good at conflict resolution, and nurses who are good at conflict resolution tend to be excellent problem-solvers. Rather than being avoided in the work setting, conflict should be considered an opportunity to practice and grow in the use of problem-solving skills.

CONFLICT RESOLUTION

Everyone experiences conflict at one time or another as a part of daily life. Often people feel more comfortable addressing the conflict that arises in their personal lives than conflicts that arise in the professional setting. Problem-solving is often perceived as less emotional and more structured, whereas conflict management is considered to be more emotionally charged, with the potential to produce hostility. However, the steps of conflict management and problem-solving are almost identical to those of the nursing process. The one additional element that must be included in conflict resolution is the ability to use assertive behaviors and communication when discussing the issues.

Contributing Factors to Conflict

There are many things in life and the environment that contribute to conflicts. These can range from a difference of opinion about how a job should be done to major underlying beliefs such as culture, religion, and politics. The focus here is on resolving conflicts that affect the work environment, primarily emotional issues, insecurity, lack of skills, and diversity issues. Understanding the underlying elements of all types of conflict is a key in preventing and resolving many of the issues.¹³

Understanding what motivates a person's behavior permits the individual to better appreciate the full scope of the conflict.¹⁴ Conflict is often a

symptom of some deeper problem, and the conflict really never gets resolved without dealing with the underlying issues. When individuals are able to separate themselves from the conflict, they are less likely to take things personally and more likely to begin to focus on the underlying issues causing the problems than on the other person's behavior. The interaction becomes less judgmental and threatening to the other person. However, understanding the other person's motives never excuses unacceptable behaviors such as sarcasm, angry outbursts, and abusive language. Rather, it allows for direct confrontation of the behavior in a more controlled and less emotional way.

Emotions

Emotions and feelings are a primary contributing factor to the development of conflicts. Many people are very sensitive to what others say to them or by threats to their perceived security and react aggressively to demonstrate their hurt feelings.¹⁵

A common situation that causes conflict is the nurse's feeling of being overworked or overwhelmed by assignments. The overloaded nurse might say something like "I have a huge amount of

work today. Why isn't anyone helping me?" rather than asking a particular individual for help. Believing another person is, or should be, a mind reader rarely produces the results the person desires. When the person who is expected to help fails to comply with the implied request, the overworked nurse becomes angry and resentful. The other person may not understand where this anger is coming from and often avoids addressing the angry person for fear of making him or her angrier.¹⁵ This type of poor communication and lack of direct, respectful conflict resolution produces tension among workers, deterioration of working relationships, decreased efficiency, and, ultimately, lower-quality client care.

Insecurity and Lack of Skills

Conflicts sometimes arise because people do not know how to deal with them or feel threatened by the thought of confronting another person. Some of the

“Everyone experiences conflict at one time or another as a part of daily life. Often people feel more comfortable addressing the conflict that arises in their personal lives than the professional conflicts that arise in the job setting.”

reasons people give for not resolving conflicts before they get out of hand include the following:

- Fear of retaliation
- Fear of ridicule
- Fear of alienating others
- Mistaken belief that they are unable to handle the conflict situation
- Feeling that they do not have the right to speak up
- Past negative experiences with conflict situations
- Family background and experiences
- Lack of education and skills in conflict resolution¹⁶

Diversity

Diversity simply means that people are different from each other. It is a multifaceted issue that involves many areas of people's lives, including culture, values, life experiences, instinctual responses, learned behaviors, personal strengths and weaknesses, and native abilities or skills.¹⁷ Each time two people interact, they bring the sum total of all these elements into their communication. To communicate effectively, both parties need to first recognize that the other person is different, then understand how these differences affect the communication, and finally accept and build on these differences. (Cultural diversity is discussed in more detail in Chapter 21.)

“When the person who is expected to help fails to comply with the implied request, the overworked nurse becomes angry and resentful.”

Diversity Recognition

Conflicts based on diversity issues can be resolved by recognizing the diversity and then using it to promote teamwork, improve communication, and increase productivity. Recognizing diversity helps people better understand each other as well as themselves.¹⁸ The ultimate goal of diversity recognition is to use each individual's strengths, rather than emphasizing the weaknesses, to build a stronger, more self-confident, and productive environment. For example, consider the following scenario:

Anne B, RN, is a nurse in your unit who has a reputation for being a “nitpicker.” She is constantly judging her peers and criticizing their actions on the basis of her own personal standards. Her judgments of others are not well accepted by her coworkers, who try to avoid her as much as possible.

Betty A, RN, another nurse on the unit, always seems to be coming up with ideas for changing things in the unit but then avoids joining the committees that are formed to put the ideas into practice. When she does join a committee, she quickly gets bored and does not follow through on her responsibilities. The other committee members become angry and frustrated by Betty's behavior. They feel that because it was her idea in the first place, she should work as hard as everyone else to make the change.

You have been selected as the chairperson for a committee that has been formed to design a new client care documentation tool. Both Anne and Betty are on the committee. The other committee members are upset because Anne and Betty are on the committee. Everyone knows about Anne's and Betty's personality quirks. As chairperson of the team, you need to draw on everyone's strengths while recognizing their diversities to develop a new, comprehensive, yet easy-to-use form. If you perform well in your chairmanship role, each team member's self-esteem should be enhanced, and the morale of the group should improve.

At first glance, these may not seem like diversity issues. However, Anne is a detail-oriented person, whereas Betty is a visionary. Although their interests and abilities are very diverse, neither one is right or wrong. People who are preoccupied with details are left-brain dominant; creative, visionary individuals are usually right-brain dominant.

Two primary tasks are required to complete the project:

- Task 1.** Conduct brainstorming sessions with staff members, physicians, and ancillary personnel to develop a general concept of what the documentation should include and how the form should look.
- Task 2.** Work with the print shop to design the specific layout and content of the final form.

Plan

Task 1. It would be most appropriate to include Betty in the group that directs the brainstorming efforts

and collects different ideas. She probably had no preconceived form in mind before starting the process and will feel comfortable investigating and researching a variety of different possibilities. Anne would have difficulty with this task. The lack of structure of the brainstorming process would make her feel out of control and would probably frustrate her urge to consider all the details of the project. Anne would most likely already have a good idea of the form she wanted.

Task 2. Anne would be much better at this task because of her orientation to structure and detail. Working with the print shop, she could focus her attention on each item on the form and decide where it should be placed, how much room it should be given, and how it flows in the document. She would make sure the form met all the standards and regulatory requirements of the Joint Commission and would ensure it was error free. Betty, on the other hand, would very quickly become bored with this aspect of the project. To her, all the attention given to the details would seem like a waste of time, and she would probably start recommending changes in other unit forms.

“Rather than being divisive, diversity, when recognized and used correctly, can promote teamwork, improve communication, and increase productivity.”

Placing people in the working environments that correspond with their strengths will ensure success for the project. The project will be a successful experience for the nurses and will promote positive changes in peer relationships.

Resolving Conflicts

Several different strategies can be used to resolve workplace conflicts. Depending on a person's communication style and personality traits, different outcomes may occur. People who use an assertive style of communication and incorporate the communication builders have much greater success in the positive resolution of conflicts.¹⁹ Below are listed some strategies for conflict resolution.

Strategy 1: Ignore the Conflict

- **Submissive personality:** Person avoids bringing the issue to the other through fear of retaliation or ridicule if he or she confronts and expresses honest feelings or opinions.

- **Assertive personality:** Ignoring the conflict is never an option. They will almost always use strategy 2.
- **Aggressive personality:** Person has decided not to pursue the conflict because the other person is “too stupid to understand” or it would just be a “waste of my time.”

Strategy 2: Confront the Conflict

- **Submissive personality:** Person does not handle the situation directly but refers the problem to a supervisor or to another person for resolution.
- **Assertive personality:** Person sets up a time and place for a one-on-one meeting. At the meeting, the two parties focus on the issues that caused the conflict and negotiate to define goals and problem-solve. If conflict is more severe, the parties may resort to negotiation or mediation (see below).
- **Aggressive personality:** Person confronts the other loudly, in front of an audience, and attacks the other's personality rather than the issue. Person

either walks away before the other can speak or keeps talking without stopping and does not allow the other person to respond. The communication is strictly one-sided and very negative.

Strategy 3: Postpone the Conflict

- **Submissive personality:** Person keeps track of the issues until they reach a critical point, then dumps all the issues at one time on the offender in a highly aggressive manner. The other person generally has no idea why he or she is being attacked and may respond with anger or submission.
- **Assertive personality:** Hardly ever uses this method except to allow the other person to “cool down” and become more receptive to what others have to say.
- **Aggressive personality:** Person waits until he or she can either use the incident as a threat or blackmail or express the conflict in front of an audience.

Professional nurses need to be assertive and feel comfortable when handling conflict and confronting others. The conflict situations that nurses may encounter range from uncooperative clients and lazy coworkers to hostile, insecure, but

influential physicians and administrators. Practicing assertiveness skills during confrontational situations helps increase the nurse's confidence in handling daily work-related conflicts and allows the honest but respectful expression of opinion and ideas. Keep in mind that unresolved conflicts never really go away. Ignoring a conflict situation may postpone it, sometimes for a long time, but it will not resolve the issue. Unresolved conflicts often fester until they either reach the boiling point or are manifested in negative behaviors or feelings.¹⁹ Some of the feelings and behaviors that are symptoms of unresolved conflicts include the following:

- Tension and anxiety manifested as sudden angry outbursts
- Generalized distrust among the staff members
- Gossiping and rumor spreading
- Intentional work sabotage
- Backstabbing and lack of cooperation
- Isolation of certain staff members
- Division and polarization of the staff
- Low-rated peer evaluation reports²⁰

Improved Communication Skills

Often, when conflict is handled appropriately, it produces much less anxiety than was initially anticipated. An individual who prepares for a confrontational meeting by expecting the worst-case scenario may be pleasantly surprised when the meeting and discussion take place. Many conflicts turn out to be merely errors in perception, simple misunderstandings, or misquotes of something that was said. If a situation is cleared up at an early stage, this prevents the development of the symptoms of unresolved conflict (listed earlier) and improves staff relationships. Individuals feel more confident and have better self-esteem when they resolve the conflicts in an adult and productive manner.

Another advantage of good conflict management is the improvement in communication skills. As with any skills, the more these skills are practiced, the

easier they will become to use. A conflict situation is illustrated in the second Issues in Practice box at the end of the chapter.

A Focus on Strength

For many people, resolving conflicts based on diversity issues can be difficult, especially when individuals feel insecure about their skills or abilities. When people feel insecure, they may revert to submissive or aggressive behavior or communication styles to hide their weaknesses or differences.

Because assertive people recognize that everyone, including themselves, has both strengths and weaknesses, they feel comfortable with diversity and are more likely to accept and support others by recognizing and using their strengths. Focusing on strengths provides them with positive feedback and

helps them grow personally and professionally.²⁰ Focusing on weaknesses and differences tears down an individual's self-esteem, creates an uncomfortable work atmosphere, and makes people defensive and sometimes hostile. (For more information, go to <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1291328/>.)

“Keep in mind that unresolved conflicts never really go away. Ignoring a conflict situation may postpone it, sometimes for a long time, but it will not resolve the issue.”

“The conflict situations that nurses may encounter range from uncooperative clients and lazy coworkers to hostile, insecure, but influential physicians and administrators.”

NEGOTIATION

There is an old saying that “everything is negotiable.” Negotiation is a common method to manage conflicts. Negotiation can be between nurse and client, nurse and nurse, nurse manager and staff, or nurse manager and administration. Negotiation is the process of give and take between individuals or groups with the goal of reaching an agreement acceptable to both sides.²¹ It is a specialized two-way communication skill in which individuals or groups with differing needs or ideas settle on a middle ground result that may not completely please either party. Negotiations may be formal or informal, hostile or friendly.²² A cooperative atmosphere fostered by both sides that recognizes the similarity of each side's demands will be the most productive in reaching a satisfactory solution.

Bargaining is a special type of negotiation that is used most often when money-related issues are being discussed. Collective bargaining is a formal process that is used by groups of workers represented by a union or a negotiating body to solve workplace issues such as salaries, health-care benefits, safe work environment, and hiring practices. Formal contract negotiation is a key element in collective bargaining and requires that the two sides designate negotiating teams that are selected by both management and employee groups. (See DavisPlus Bonus Chapter 2 for more detail.)

Less formal negotiations found at the unit level may still have some of the elements of a formal bargaining effort. For example, if a nurse manager is negotiating with a group of staff, he or she may want just one or two individuals from the group to negotiate the problem. These individuals are designated as spokespersons who will be the primary representatives for the group. A formal written list of issues may be drawn up, but most likely the exchange will be informal in nature during a face-to-face meeting.²³ Informal negotiations between individual nurses can be used to resolve conflicts that if left to fester will eventually cause disharmony and lower morale among the staff.

Conflicting Powers

In formal contract negotiation, there is an obvious power control conflict. Each side is reluctant to give up power or relinquish any control of key factors such as money or rights. The employees' group tries to gain some power from management and improve benefits for its members. The power tug-of-war also factors into less formal negotiations.²² Staff negotiating with nurse managers for more staff, different length shifts, longer breaks, or fewer weekend shifts may be perceived by the nurse manager as attempting to usurp some of his or her power. Individual nurses negotiating a conflict may also interpret the negotiation as an attempt to reduce the other person's power.

“Focusing on weaknesses and differences tears down an individual's self-esteem, creates an uncomfortable work atmosphere, and makes people defensive and sometimes hostile.”

“Negotiation is the process of give and take between individuals or groups with the goal of reaching an agreement acceptable to both sides.”

Learn the Skills

The underlying purpose of all negotiation is to achieve a goal or objective. Negotiation is a skill that nurse managers must learn and with which all nurses should familiarize themselves. Some keys to successful negotiation include the following:

1. Do some research, particularly if negotiating with management or administration. Focusing on issues such as quality of care and client safety will be received more positively than just listing the wants or wishes of nurses.
2. Clearly identify the objectives and goals of the negotiation. The old saying “If you don't know where you are going, how will you know when you get there?” is never so true as in negotiations.
3. If criticized by the other person or side during the discussions, avoid taking it personally. Especially avoid becoming angry and hostile. This will shut the negotiation down immediately.
4. Avoid making personal attacks on the other person or group. It will cause anger and hostility and shut down the negotiations.
5. Negotiate in good faith. Effective negotiations always require give and take and a willingness to meet in the middle.

Digging in one's heels and refusing to give in on any element under consideration is not negotiating in good faith.

6. Respect the other side's goals and objectives. Unless proven otherwise, assume that they are also negotiating in good faith. Trust on both sides is a key element of successful negotiation.
7. Pre-plan the elements of the negotiation list that can be sacrificed in order to obtain concessions from the other side.
8. Attend workshops or seminars on negotiation and bargaining. Nurse leaders in particular need to master the techniques of the negotiation process. Facilities should provide staff-development in negotiating techniques for all nurses so that they can use these skills in all aspects of their professional lives.^{22,23}

Mediation or Arbitration?

When the sides are unable to reach a resolution to their differences, they may resort to mediation. Mediation is a form of alternative dispute resolution that can be either formal or informal. In a formal negotiation setting such as a contract dispute, the disagreements are sometimes resolved through formal mediation, in which a neutral third party provided by the Federal Mediation and Conciliation Service meets with each side.²⁴ The appointed mediator works with both sides to reach an agreement; however, the agreement is nonbinding and either side can reject the settlement.

A less formal mediation process can be used to reach an agreement between two individuals who disagree.²⁵ Some health-care facilities select volunteers to receive training in mediation techniques. These individuals use the skills they learned to settle conflict situations between employees and colleagues. At the training sessions, the mediators learn skills such as how to identify what situations would be most appropriate for mediation, communication techniques that allow both parties to speak freely and identify their key issues, and methods of reaching a mutually acceptable resolution. The parties involved in the mediation process do so voluntarily and will

“Trust on both sides is a key element of successful negotiation.”

not be forced to participate by management. All communications during the mediation are confidential.²⁶ Much like the formal mediation process, agreements developed during the informal process are also nonbinding.

Arbitration is another form of alternative dispute resolution and usually the last step before the dispute is taken to court for litigation. It can be either nonbinding or binding, in which case both parties agree ahead of time to comply with whatever decision is reached by the arbitrator. In a formal setting such

as a contract negotiation or settlement for a malpractice suit, an arbitrator with binding power

is appointed. This person is a neutral third party who, like the mediator, investigates the conflict, meets with both sides, and makes a recommendation for settlement.²⁴ Binding arbitration, by its very nature, is not appropriate for informal negotiations. Although the formal process of negotiation and arbitration are usually applied to more formal settings and situations, the skills that are involved in their practice are useful in a number of other settings and situations. (For more information, go to <http://www.ncbi.nlm.nih.gov/pubmed/23513710>.)

Conclusion

A person's professional and personal lives are influenced by communication styles and behavioral patterns. The ability to analyze personal strengths, weaknesses, and communication behaviors is important in everyday communication but is particularly important in negotiation and conflict resolution.

Certain specific communication qualities and skills are essential for interacting with coworkers and clients. Of primary importance is the skill of assertive communication, which allows people to

express themselves openly and honestly while respecting other people's opinions and ideas. Being able to identify submissive and aggressive behavior is also essential in trying to resolve problems, as is recognizing issues of diversity, which underlie many problems in communication. Disagreements with others are ultimately resolved through the practice of conflict management. Because it is an outgrowth and extension of the problem-solving method, nurses should be able to quickly grasp its structure and master its use.

There are some methods faculty can use to overcome academic incivility. Becoming a catalyst and a change agent in one's own nursing program will set an example that others can follow. Make civility and cooperation a key element in the vision, mission statement, and outcomes of the program. Revise the curriculum so that shared values, collegiality, and collaboration are threads that guide students and faculty in the learning process.²⁴

ETHICAL PROHIBITIONS TO INCIVILITY

As of now, there are no federal standards to regulate workplace violence; however, several states have attempted to develop laws to control it. In most cases, these laws are confusing and difficult to enforce. To help fill this void, the Joint Commission (TJC) developed new guidelines under their "Leadership" standard to deal with behaviors that are interpreted as lateral violence. These include the following:

- Requiring hospitals and other organizations to develop their own codes of conduct defining behaviors that are considered lateral violence
- Requiring hospital administration to develop and implement a process for managing individuals who are displaying disruptive and inappropriate behaviors
- Requiring additional standards for medical staff to follow for the credentialing process, including demonstrating interpersonal skills and recognizing interprofessionalism.

“Make civility and cooperation a key element in the vision, mission statement, and outcomes of the program.”

A Guide for Caring

The Joint Commission notes:

“Intimidating and disruptive behaviors can foster medical errors, contribute to poor patient satisfaction and to preventable adverse outcomes, increase the cost of care, and cause qualified clinicians, administrators, and managers to seek new positions in more professional environments. Safety and quality of patient care is dependent on teamwork, communication, and a collaborative work environment. To assure quality and to promote a culture of safety, health care organizations must

address the problem of behaviors that threaten the performance of the health care team.”²⁷

The American Nurses Association (ANA) Code of Ethics also has principles that support ethical, civil, and caring relationships. (For more information on the Code, see Chapter 6.) It was developed as a guide for carrying out nursing responsibilities in a manner consistent with quality in nursing care and the ethical obligations of the profession. The National League for Nursing (NLN) website gives high priority to the Code of Ethics and to faculty responsibility as a way of dealing with student behavioral problems. The specific parts of the ANA Code of Ethics (2014) that relate to incivility are as follows:

1. “The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual. . . .”
- 1.5 Principles of respect extend to all encounters, including colleagues. “This standard of conduct precludes any and all prejudicial actions, any form of harassment or threatening behavior, or disregard for the effect of one’s actions on others.”
- 3.5 “Nurse educators have a responsibility to . . . promote a commitment to professional practice prior to entry of an individual into practice.”²⁷

The Joint Commission, the ANA, and the NLN make it clear that underlying attitudes of caring and respect are essential expectations of those who enter the profession of nursing. It is essential for nurses to learn and internalize these attitudes. A caring attitude is *not* transmitted from generation to generation by genes—it is transmitted by the culture of a society.³ The ANA has had a Task Force on Workplace Violence for several years (<http://nursing-world.org/Search?SearchMode=1&SearchPhrase=workplace+violence>). It developed a website that assists nurses in understanding more about this problem.

Professional Standards

Ethical behaviors in nursing school correlate with ethical behaviors in professional practice.²⁷ The American Association of Colleges of Nursing (AACN) notes the importance of professional

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standards, including the development and acquisition of an appropriate set of values and an ethical framework. It stresses that incivility is unethical and notes that nursing faculty have a “moral imperative” to deter incivility.¹⁵ Early identification of incivility in a culture of violence is very important in preventing severe physical harm (see Figure 17.3). The AACN strongly suggests that educators try to determine the presence of incivility before students enter a program.²⁷

Codes of Conduct

Some universities and colleges have instituted honor codes. Studies have shown that academic settings with an honor code have less cheating. One type of honor code for students and faculty is called HIRRE, which stands for “honesty, integrity, respect, responsibility, and ethics.” In HIRRE, students sign a pledge promising not to cheat or plagiarize.²⁷ Faculty and students can use a reporting system to identify violations of the honor code.

Enforcement by faculty, directors, or the dean can include expulsion for honor code infractions.^{9,15}

The Internet Society has an established code of conduct that is used as a guide for responsible behavior of Internet operators. It is important to remember that the Internet relies on the good conduct of those who use it.¹² However, because of recent misuses that have led to teenage suicides, ethical codes are continuing to evolve.

WORKPLACE INCIVILITY

Workplace incivility is a broad term that includes workplace hostility, bullying, lateral violence, horizontal violence, vertical violence, and workplace violence. It is the threat of violence or the actual causing of physical harm to workers either inside or outside of the workplace. Workplace incivility runs along the continuum, ranging from verbal abuse to physical violence and homicide.

Workplace Violence

Over 2 million workers are targets of workplace abuse each year, and it is blamed for the deaths of

more than 1,000 people a year in the United States. When the uncivil behavior is directed toward harming someone, it is moved to the far end of the continuum and becomes physical workplace violence. The estimated cost of workplace violence in the United States is \$4.2 billion per year.²¹ Whether in the form of mere workplace incivility or full-blown workplace violence, these behaviors result in negative outcomes for clients as well as employees and administrators.²¹

Workplace violence in the health-care setting is a growing problem. It is important to be able to recognize characteristics in a person that may indicate escalating cycles of violence, including nurses, physicians, clients, family members, or others. A survey conducted in 2013 of 550 nurses’ perceptions of how workplace hostility affected client safety revealed several major concerns. In the survey, a large number of the nurses

indicated the following actions could occur in an environment of horizontal hostility leading to the compromise of client safety and quality of care:

- Failing to clarify an unreadable order because of fear of the physician
- Lifting or ambulating heavy or debilitated clients without assistance rather than asking for help
- Using an unfamiliar piece of equipment without asking for instructions first
- Carrying out orders that the nurse did not believe were correct²⁸

Institutions need a comprehensive plan to deal with violence, including client violence toward health-care workers. Without appropriate interventions, disrespect and unresolved conflict can quickly spiral out of control and eventually lead to physical violence.¹⁴ The Occupational Safety and Health Administration has developed a set of guidelines for limiting workplace violence and stopping it once it gets started (see http://www.osha.gov/OshDoc/data_General_Facts/factsheet-workplace-violence.pdf). This is an appropriate place to start developing an institutional plan. It is comprehensive yet flexible and can be modified to fit almost any workplace environment.

“Once a tipping point is passed, the potential for violence increases dramatically. Interrupting the spiral with positive interventions and communication before that tipping point is important in defusing the anger.”

Stop the Spiral

The incivility spiral (Fig. 17.3) depicts uncivil behavior between two people or two groups. The behavior can escalate into violence, or those involved can let go of their resentment and stop the incivility from progressing. The path chosen depends largely on communication, both at the beginning of the conflict and during its progress. Conflict resolution interventions are essential to the process.^{9,15}

The higher up the spiral the uncivil behavior advances, the more coercive behavior is displayed and the greater is the desire for violent revenge. The victim of the incivility experiences loss of face, increased anger, and a desire to fight back against the one creating the hostile environment. Once the tipping point is passed (i.e., the point in the spiral where neither party can back down), the potential for physical violence increases dramatically. Interrupting the spiral with positive interventions and communication before the tipping point is reached is essential in defusing the anger.^{9,15}

What Do You Think?

How do you think incivility compares with child abuse or elder abuse? Are the measures to overcome child or elder abuse similar to those required to overcome workplace violence?

Solutions to Horizontal Violence in Nursing

Nurses must prevent a situation from reaching the tipping point where incivility turns into violent actions. The importance of providing safety in practice needs to be continually reinforced to prevent negative outcomes from an unsafe work environment. The Quality and Safety Education for Nurse (QSEN) competencies developed by the AACN can be successful in reducing educational and workplace incivility when they are efficiently implemented into a facility or nursing program. The six QSEN areas for prelicensure and graduate nursing programs include client-centered care, teamwork and collaboration, evidence-based practice (EBP), quality improvement (QI), safety, and informatics.²⁹ Although these areas

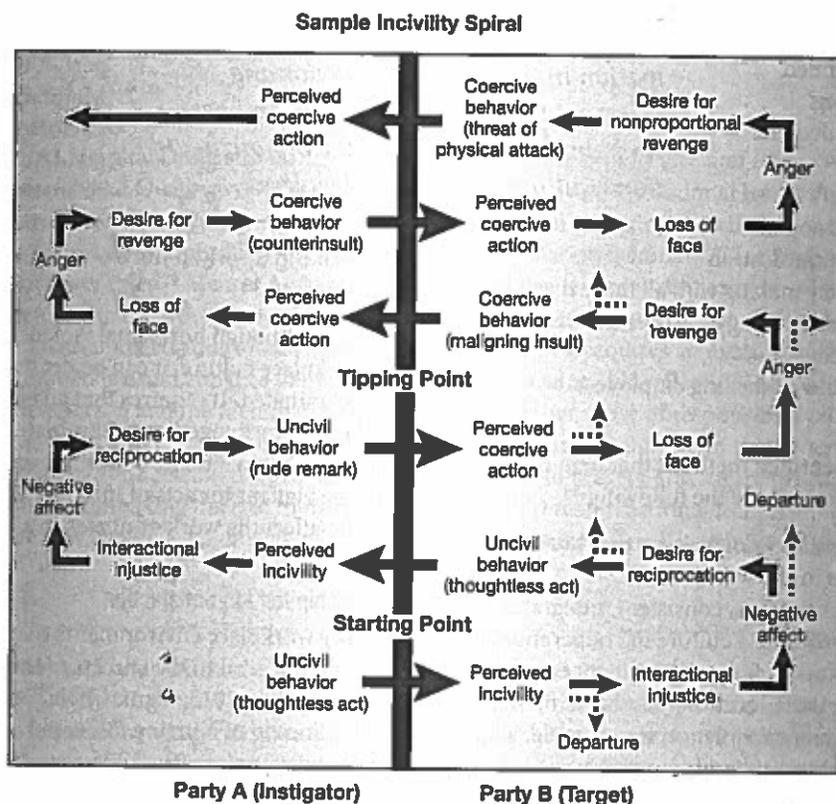


Figure 17.3 The incivility spiral. (From Anderson LM, Pearson CM. Tit for tat? The spiraling effect of incivility in the workplace. *Academy of Management Review*, 24(3):453-471, 1999. Retrieved May 2014 from <http://www.jstor.org/stable/259136>, with permission.)

are being addressed in the clinical setting, there is still a need to promote these competencies in education (see Chapter 4).

Creating a Positive Work Environment

Alertness is essential to defuse incivility in the work setting. Listening to fellow workers' accounts of incivility is a first step and should be followed by reflection and development of an action plan. Ignoring the problem never solves it and often escalates the frequency and intensity of the incivility. To break the cycle, it is necessary to be proactive about incivility incidents and to see them as signs of potentially more dangerous problems.

The Nursing Organizations Alliance recommends eight actions to help build a positive workplace environment and overcome incivility:

1. Building a collaborative culture that includes respectful communication and behavior
2. Establishing a communication-rich culture that emphasizes trust and respect
3. Making accountability central to the culture with clearly defined role expectations
4. Maintaining adequate staffing
5. Training leaders competent in cooperation and communication
6. Sharing decision-making with all those it will affect
7. Continuously developing employee skills and clinical knowledge
8. Recognizing and rewarding employees' contributions²⁵

Other identified methods that help reverse horizontal violence include the following:²⁴

9. Recognizing and acknowledging that horizontal violence exists in the workplace
10. Adopting a continuous, consistent, integrated approach to promote a culture of cooperation and address instances of horizontal violence
11. Providing regular education for all staff on the subject of horizontal violence; for example, what it is, how to address it, and so on
12. Instituting mechanisms that enable and allow staff members to safely address issues of horizontal violence
13. Talking to all staff members about the phenomenon, breaking the silence

Nurses can break the cycle of incivility by looking at their own acceptance or participation in the negative behavior and using organizational structures and personal influence to change the organization's culture of horizontal violence.³⁰ Some important actions nurses need to take individually to reduce the effect of lateral violence on their own careers and lives include:

1. Naming the problem—call it *horizontal violence* to refer to the situation.
2. Raising the issue at staff meetings—bring the light of day to the problem.
3. Asking supervisors about developing a process for dealing with incivility in the workplace.
4. Learning from experience—keeping a journal raises self-awareness about personal values, beliefs, attitudes, and behavior, and it is a good source of documentation.
5. Pursuing a path of personal growth—finding those things that create happiness and satisfaction and developing them goes a long way to counteract incivility.
6. Ensuring the nurse is part of the solution, not part of the problem.
7. Maintaining self-care behaviors—peer support, good nutrition, adequate sleep, time-outs, meditation, and exercise.
8. Speaking up when horizontal violence is witnessed.²⁹

Although horizontal violence is endemic in the workplace culture, it can be decreased and maybe even eliminated. It requires that all employees of every workplace work together to eliminate oppression and unhealthy behaviors from the environment. Nurses must be vigilant for acts of incivility that are less obvious but affect the work of nurses in all settings.

Leadership for Job Satisfaction

Healthy workplace environments that empower nurses are critical to the success of the profession. At a conference in 2013, Sigma Theta Tau International Honor Society of Nursing discussed healthy workplace environments. The conference identified the key attributes of both healthy and unhealthy workplace environments and interventions for improvement. (See <http://www.nursingsociety.org>. Read the Posts from CHWE blog by Kathleen Stevens, EdD, RN, ANEF, FAAN, posted on Reflections on Nursing Leadership.)

“Nurses can break the cycle of incivility by looking at their own acceptance or participation in the negative behavior and using organizational structures and personal influence to change the organization's culture of horizontal violence.”

Box 17.4

Thirteen Qualities of Transformational Leaders

1. You hold a vision for the organization that is intellectually rich, stimulating, and rings true.
2. You are honest and empathic. People feel emotionally safe and trust that you have their interests at heart.
3. Your character is well developed, without the prominent dark side of ego power.
4. You set aside your own interests in looking good and getting strokes, instead making others look good and giving others power and credit.
5. You evince a concern for the whole (not just your own organization), reflected in your passionate and ethical voice being heard when necessary.
6. Your natural tendency is to help others engage, deepen their perspectives, and be effective.
7. You can share power with others—you believe sharing power is the best way to tap talent, engage others, and get work done in optimal fashion.
8. You risk, experiment, and learn. Information is never complete.
9. You have a true passion for work and the vision. It shows in your time commitment, attention to detail, and ability to renew your energy.
10. You communicate effectively both in listening and in speaking.
11. You understand and appreciate management and administration. They appreciate that you move toward shared success without sacrifice.
12. You celebrate the now. At meetings or anywhere else, you sincerely acknowledge accomplishment, staying in the moment before moving on.
13. You persist in hard times. That means you have the courage to move ahead when you are tired, conflicted, and getting mixed signals.

Source: Johns C. Becoming a transformational leader through reflection. *Reflections on Nursing Leadership*, 30(2):24–26, 2004.

Healthy workplace environments are supported by the Magnet Hospital Designation (Agency for Healthcare Research and Quality [AHRQ], 2008). It is critical to develop a healthy workplace environment to decrease absenteeism, increase productivity, and dramatically reduce turnover rates.²⁹ Mentoring has been shown to lower incivility in the workplace. Mentoring partnerships, along with updated educational models, increase cultural competence and enhance job satisfaction for both the new person and the mentor.³⁰ It eases the new nurse's transition into his or her new role and helps the mentor to better understand the problems the new nurse is having in completing the role transition. It also helps make the new person a genuine member of

the group much more quickly than if they were learning on their own by trial and error.

Transformational leadership (TL) is a key element in reversing incivility in the academic or workplace environment. TL acts as a lens through which leaders can see themselves and the workplace inequalities that need to be changed.³¹ As an intervention, TL requires an extraordinary capacity for self-restraint, self-reflection, and deep consciousness of the inner sense of responsibility. In addition, TL plays an important role in implementing needed changes in present and future practices.³¹ Box 17.4 lists 13 transformational leadership qualities that can work toward increasing civility in the workplace.

Conclusion

Incivility violates trust and undermines the nurse's obligation to care. It creates insecurity and hostility and degrades learning, collaboration, and performance in all institutions where it is found. In all settings, relationships are adversely affected by incivility. Research and active efforts to deal with the problem will help to ensure better client care. TL qualities can transform incivility into civility and caring. TL can stop upward-spiraling

incivility and help with spotting, intervening in, and overcoming incivility. Constructive mentor-mentee rather than tormentor-tormentee relationships will promote professional growth in nurses and improve both the academic environment and the health-care setting. Emotional intelligence arising from the practice of civility is essential and basic to the practice of nursing.