

Unit 2: Conflict Management
Z-Chapter 13
ONLINE CONTENT (1H)

Review Chapter 13 and the attached article entitled: Running on Empty: Compassion Fatigue in Nurses and Non-Professional Caregivers, and place your answers to the following questions in the Unit 2: Z-Chapter 13 dropbox by 0800 on 2/6/2023.

1. You have recognized one of your coworkers is suffering from Compassion Fatigue. Discuss specific ways you would deal with this person if they were a:

(Provide specific examples and techniques)

a. **Sherman Tank:** Attackers, come out charging, abusive, abrupt, intimidating, overwhelming. Confronting the individual and telling them how they are wrong so I was right. "I guess we see it differently."

b. **Sniper:** When confronting a sniper, important to involve the rest of staff. Always expose the attack by "That sounded like a put down."

c. **Constant Complainer:** "Did I understand that you are having difficulty with compassion fatigue?" "Would it be helpful if I helped you out with your patient load?"

d. **Clam:** "This is important to me. I'm not going to let the issue drop. I will be back tomorrow to talk to you about the issue."

2. Pick one of the ways to offset or reduce the risk of compassion fatigue in staff members (article) and provide **specific** examples a Unit Director could utilize in order to accomplish this.

Compassion fatigue should be addressed. To offset or reduce the risk of compassion fatigue in staff members, organizations and managers can create an open environment where employees have a venue for mutual support. Encourage employees to talk about how they are affected by their work. Offer training that educates employees about compassion fatigue and how to recognize the symptoms. Signs of compassion fatigue could be outbursts of anger and desire to avoid anything having to do with the patients struggle. They may be tired before the work day begins. They may lack activities, have difficulty focusing, excessive blaming, and excessive complaints about about their jobs and coworkers. They may abuse drugs/food, mood swings, depression/anxiety, headaches, GI problems, may work longer hours to compensate for the negative feelings. Share the caseload among team members, particularly the most difficult cases. Make time for social interactions among teams. Social events and a yearly retreat away from the workplace can build cohesion and trust. Encourage healthy self care habits such as good

nutrition, sleep, taking work breaks. Reward efforts and offer flexible work hours. Offer training that focuses on self care and life balance to build resilience to stress.

3. You are a new graduate RN working on a busy Medical-Surgical Unit. The patient assignment you have for the day is a very heavy workload, and the Charge Nurse has just informed you that you are getting a new admission from the ED. You know that you will not be able to manage your patient load and this admission. Utilizing the model for conflict resolution, provide specific examples of how you would manage this situation by using:

a. **Accommodation:** Lose-win situation in which one person accommodates the other at his or her own expense but ends up feeling resentful and angry. “The peacemaker.” Dreads conflict. In the situation the charge nurse would put their own feelings aside and let you have your way, possibly even working for you.

b. **Collaboration:** deals with confrontation and problem solving. It is a win win solution with a commitment to resolve the issue at the base of the conflict. Fully assertive and cooperative. Needs, feelings, and desires of both parties are taken into consideration and reexamined while searching for a proper way to agree on goals. Communicate your needs if you can’t handle the heavy workload and you and the charge nurse can work together to get the needs of patient done. If you can’t handle all of them, figure out a way you and the charge nurse are able to collaborate to get everything done. PCT can do vitals, you can assess and charge nurse may be able to take on new admission. Often leads to creativity and new ideas. Collaborating within the team works the best to get things done.

c. **Compromise:** Bargaining. No lose, no win. The trader. Charge nurse allows you to take on your patient load while they take the new admission. Or you take on the new admission while they help with the rest of your heavy patient load. They will allow you to take on part of the load but not let you take on all of it.

d. **Avoidance:** unassertive, uncooperative, lose-lose. In this case, you will not approach the situation of the heavy load and just avoid it all together. It is important to get back to the problem after emotions are cooled. If this is used in emergency department settings it makes stress level high and it is not an effective strategy to use. If I was using avoidance, I would escape the situation, trying to remain neutral which would delay response to the whole conflict.

e. **Competition:** Win lose. “The player.” Typically used to resolve conflict when one person has more power. The charge nurse would use that they have “more power” and would not have to help you out although they should.