Module 3e:

Managing conflict with emotional competence - to maintain dignity and respect

Understanding automatic reaction patterns — taking a step back By Ane Haaland, with Mwanamvua Boga

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Background

Conflicts are common at work and at home – they are a normal part of life. Conflicts are also a source of many problems, as they can affect our working life very negatively, and lead to health providers handling patients roughly and to making medical and human mistakes that can have serious consequences.

Conflicts are especially common in a hierarchy, where speaking up against the people "above", who have more power, is often seen as difficult and thus often avoided. Many of our participants commented that when there was a conflict with the supervisor (e.g. they felt they had been treated unfairly, and did not dare speak up), the reactions to the conflict would be "shifted downward": They would take out their frustrations on a colleague – or more commonly, on a patient. Thus, they said, conflicts would be spreading; would sour the working milieu and strain relationships – and could result in lower quality of patient centered care. Conflicts also affected their own wellbeing negatively.



Yet, many people have never learnt to handle conflicts with emotional competence, or how to manage power well within a hierarchy. Many act automatically on their emotions (e.g. with strong immediate judgment) when faced with e.g. strong opinions, anger or a behavior they do not agree with (from patients or colleagues). This can again spur an automatic reply from the other person, and may result in conflict.

- "A patient was on anti-meningitis treatment, the intravenous line came out, attempts to refix it at the extremities failed. We told the mother that the baby needs to be shaved for a scalp vein access but the mother refused.
- I reacted harshly asking why she refused but she did not answer and I told her to let the baby stay without treatment as she enjoys being in hospital."

Such conflicts are often not solved, and it is the person at the lower end of the power hierarchy who may suffer the worst consequences.

There are many apparent causes of conflict: Providers may react e.g. to consistently not being listened to by colleagues or supervisors; ridicule or sarcasm from supervisors; not being involved in decision making; feeling they are not treated equally or fairly; lack of team work, having expectations

that are not met, unsolved social problems, overwork, lack of appreciation, not being able to say no, being met with lack of respect, insecurity on how to respond to patients showing emotions, e.g. anger, etc etc. Family problems may also spill over into work.

The two key messages in this module are:

- Usually, emotions are involved in causing and fueling a conflict, and skills to recognize and manage emotions competently are central to handling conflicts well. When providers know that they also need to look for the emotional reasons behind the conflict (especially vulnerability), and address these with respect – a whole new chapter opens in the management (and prevention) of conflict.
- 2. It only takes ONE person to change, to prevent a conflict from "taking off": When one of the parts recognizes what happens (i.e. feels her own anger/fear/vulnerability/etc), and steps back from the automatic reaction to this emotion she stops the conflict from developing. She stops the "judgment lock" which a conflict situation often feels like (two people judging each other, both focused on their own way of seeing the situation, and on being "right"). She communicates respect by not responding to accusations/provocations/etc. She can start listening, and start looking for the reasons behind the reactions and then find the "common goal" in solving the conflict.

NB –if emotions are "high" – stepping back will also give space to decide if taking "time out" to cool down emotions is necessary, before starting to explore the conflict with a view to solving it.

Learning to recognize emotions and to step back (from immediate judgment) is seen by our participants as the most important skill they learn during the course.

Patterns in reacting to conflict: Learnt in the family

The way we deal with conflict has usually been influenced by how we were brought up in the family. Let us look at three common patterns:

1. Parents in family A practiced an authoritarian style, where the father (and/or the mother) was the one who was "right" (and judged those who were "wrong"), and his/her words were "law". If someone disagreed, they were punished, or ridiculed, or ignored. Children in this family may have been expected to "swallow" their natural reactions of hurt and anger to unfair treatment by the parent(s). Empathy was not invited, or practiced. These children may (as adults) continue to let people in authority judge them and treat them unfairly, without speaking up: they learnt to fear the conflict, and bury it. Their automatic reaction may be to hide their feelings towards the person in power/above them in the hierarchy – with very good reason: They need to protect themselves the best way they can. They will not have learnt to handle a conflict by facing up to the person who is treating them unfairly, and discussing the issue with him/her in a constructive way. They may evade conflict with someone "above them". (BUT – the feelings of hurt and anger that have been "swallowed" will need to be released at some stage – and this is where they may "punish" the patients or other people below them in the hierarchy.)

Another alternative is that people who grew up with authoritarian parents become authoritarian themselves, particularly toward those beneath them in the hierarchy (e.g. staff, and also patients).

Recognizing and managing emotions with competence was not a skill they practiced.

2. In family B, there were always conflicts: both parents and children spoke out about their frustrations, and there were often verbal "fights". Though children learnt to argue their points, they may rarely have been listened to – no matter how hard they tried. Empathy was not invited, or practiced. This meant they did not learn to solve the problems leading to the conflicts, and they carried those frustrations and the judgment with them. As adults, they might often "fuel" a conflict without resolving it, for example by confronting other person(s), and then walking off. The conflicts remained, and they may take out their frustrations on others, often those below them in the hierarchy (e.g. staff as well as patients).

Also in this family, recognizing and managing emotions with competence was not a skill they practiced.

3. Parents in family C discussed problems with their children and listened to them. When there was an argument, the children's point of view were heard and respected, and parents insisted the children listened to their views, learning empathy: Respect had to be practiced on both sides, and focus was on listening, and understanding both sides. Parents inquired into what was behind the children's reactions, and helped uncover the feelings (e.g. of being hurt, emotionally). They discussed the fact that emotions are involved when there are conflicts and taught the children emotional competence. Conflicts were treated as normal, and they were solved. The children were not afraid to bring up issues with their parents and learnt to not be afraid of conflict. As adults, they carried with them the attitude that conflicts could be solved – by recognizing and stepping back from automatic emotional reactions (like judging) and then speaking and listening to one another with respect, keeping in mind that there is usually an emotional reason (or several) behind the conflict.

People will usually carry the type of behavior which they learnt as children with them, until they learn about the reasons for their present pattern and learn alternative skills to handle conflicts constructively – using emotional competence.

When people don't learn to handle conflict well, it can contribute to physical illness like high blood pressure and heart attack, and general "ill health". Unresolved conflict is often a factor in burnout.

The starting point for a different behavior is knowledge of how a conflict is caused and flares up - about one's own role in fueling or stopping the conflict – and the reasons for these. To discover one's own role and patterns requires observation of one's own behavior in relation to causing and participating in conflict (and the effects of this behavior, on others), and reflection on these. Such observations are part of this course, and should be carried out before teaching this module.

It happened in the recent post, where a patient had undergone some prostatectomy and the irrigation had to run throughout the night. Due to some recklessness of one of my colleagues on night duty, the bladder irrigation blocked. So when I was being handed over the report, I asked the nurse what the hell she was doing, until the irrigation blocked, and the ward had only 3 patients. Somehow I overreacted, I became angry and focused on myself, what will I tell the doctor when he comes to do his ward rounds.

There and then something within me told me to cool down, though it was not easy.

There and then something within me told me to cool down, though it was not easy. I apologized for being so inconsiderate and judgmental and also for lacking respect and told her I will deal with the situation from there on. She thanked me for stepping back because she is also not as senior as I am. Later on I felt at ease as we had solved the issue and forgave each other."

A key to handling conflicts well is to learn to recognize danger signs for conflict (*in yourself and in the patient or colleague*). Skills are needed to recognize and take a step back from automatic emotional reactions (*like judging*), and to listen and communicate to explore the reasons for the conflict with the other person – with respect, and *with the intention to understand*. This means you need to look for and explore the emotions behind the other person's emotions and actions, and learn to respond to these – rather than "just" to the contents of what is being said. Doing this is practicing emotional competence.

"My supervisor didn't give my off duties as I requested. I viewed the duty roster, I felt irritated but I decided to leave my tempers to cool. I didn't want to confront her when my tempers were high. I also engaged on self-talk and self-reasoning. I said maybe she didn't give me the offs due to the shortage of staffs. After my tempers are down, then I faced her and asked her why she didn't consider my request. She said it was due to shortage of staff and we both agreed to give me my requests when other members finished their offs and leaves. The situation was solved and there was no conflict between us."

The aim of this module is to teach participants why and how to use such a strategy when a conflict is brewing - leading to a "Win-Win" situation, which is the result of a collaborative approach. The trainer should guide them to understand their own patterns to handling conflict, the common reasons for these, and the alternative ways of communicating with emotional competence in a conflict situation.

There are 6 sections in this module. An overview:

- 1. **Introducing the topic and the objectives, and main aim:** To develop awareness of the role of emotions in creating and fueling conflict, and that using emotional competence to recognize the emotion(s) and stepping back from automatic reactions is a key skill to learn (slides 1-3)
- 2. **Conflict as a normal part of life,** how it can affect us at work, and what causes conflict. Focus on recognizing and responding to the emotions behind the conflict (slides 4-14)
- 3. Learning to handle conflict with emotional competence and conscious communication: Understanding personal patterns of dealing with conflict, and how they were formed, and different ways of dealing with conflict (slides 15-22)
- 4. Strategies to managing conflict by recognizing emotions + take a step back (slides 23-29)
- 5. Role-play to practice skills to manage conflict with emotional competence (slides 30-31)
- 6. **Different ways of managing and resolving conflict,** and their effects on the other person and the outcome of the conflict; summing up (slides 32-40)

Further background about purpose and contents of the sections

1. Introducing the topic and the objectives, and main aim

Relevance of the topic is established by asking participants to reflect on being involved in conflicts. All have realized that conflict is a very common occurrence in their work, and at home, and — usually realize that not many people have learnt to deal well with these situations. Also not familiar to many is the central role emotions play in creating and fueling conflict, and that learning to recognize and step back from automatic emotional reactions (*like judging*) is a key skill to learn. Issues raised in module 3b (*Building emotional competence*) will all be relevant to reflect on further in this module. Emphasize the main aim as being able to recognize emotions and step back (*from automatic reactions such as immediate judging*) — and give themselves "space" to think rationally, rather than act automatically and emotionally. This will enable them to focus on the relationship between the two parts, and not only see themselves and their own opinion/side. When "stuck" in their own automatic emotional reactions, they commonly see only their own side.

2. Conflict as a normal part of life, and seeing the emotions behind

The demonstration sets the scene for how conflict can affect us at work, and how emotions influence the relationship between colleagues in such a situation. With background from the previous module and emerging skills in emotional competence, participants are now equipped to recognize, identify and discuss the emotions involved on both sides of the interaction, and understand the central role fear has in such a conflict. Starting to reflect on what could be reasons behind the emotions prepares them for the role-play they will use later in the session. When they realize that the common automatic emotional reaction in a conflict is for each person involved to focus on her/himself and her own needs or opinions, they will be able to reflect on conflict being a poor basis for constructive communication. They will realize the need to become aware, and to gain skills to handle the situation with awareness and emotional competence.

Furthermore, common causes of conflict are highlighted here, with emotions as the underlying reason and trigger for action in many cases.

The common effects of conflict are explored, and participants realize the strong negative influence conflicts can have on their work: Trust is absent, patient centered care is difficult to practice, and work satisfaction is low in a place where conflicts are common, and not well recognized or managed.

3. Learning to manage conflict with emotional competence and conscious communication

People handle conflicts differently: personal patterns of dealing with conflict are usually formed during childhood. These patterns can result in automatic emotional reactions to situations that are felt as threatening: Some people will confront, and some will evade conflict. Becoming aware of one's own pattern, and reflecting on the reasons these patterns were developed, is the starting point for change. When participants realize WHY they respond (*automatically, with judgment*) as they do, they will start developing a choice to act differently. Learning emotional competence and to communicate with awareness are key skills.

4. Strategies to dealing with conflict by recognizing emotions and take a step back

Participants now have the background knowledge of 1) There is usually emotions behind a conflict, 2) They are likely to have an automatic emotional pattern to respond to conflict, and 3) They can develop a choice to manage conflicts differently, using emotional competence. The main skill to learn is to recognize what is happening (i.e. "a conflict is brewing, or happening, and I am angry/scared/"etc), and to stop the automatic emotional reaction (to judge the other person/the action/opinion) — and take a step back: This will enable the participant to get "space" to think, and to prevent the conflict from developing by looking consciously for the (possible) reasons behind. It only takes ONE person to change, to prevent a conflict from "taking off". When a person stops the automatic reaction, she can stop judging and start listening, looking for the reasons behind the emotions and then look for the common goal the two people in the conflict may have. This breaks the "conflict energy", and makes the other person also stop and reflect. The action communicates respect, which is the basis for practicing emotional competence.

Learning to recognize emotions and take a step back (from automatic judgment) is seen by our participants as the most important skill they learn during the course.

5. Role-play to practice skills to manage conflict with emotional competence

The role-play is a re-play of the conflict situation demonstrated by the two trainers at the start of the module. Participants will now get the script with the "story" – the reasons behind the actions or behavior, on both sides: an important part of the learning here is that there is *always* a reason behind what people do (*often - it is subconscious, or not obvious to them*). Having the intention to find the reason, and asking questions to discover it – always sheds new light on a person's behavior. (*Commonly, providers discovered when doing the observation tasks that once they stepped back from their initial judgmental action or behavior, and looked for the reason behind what the other person did – they were always surprised, and frequently humbled.)*

These issues are brought out in the discussion, after the role-play.

6. Different ways of managing and resolving conflict,

The last part of the module identifies and analyses five common ways of dealing with conflict, and the effects of each strategy on the other person and the outcome of the conflict. For these strategies to make sense and be learnt and remembered, they need to be linked to participants' experiences. For each strategy, trainer needs to take time to elicit such strategies. The most immediate example will be from the role-play they just conducted in their groups, where presumably most will have used the collaborative approach. As this is the most constructive approach to learn to use (*in the right circumstances*), time should be spent discussing it. Trainers can prepare to act out the other four approaches and show these – after eliciting ideas from the participants.

The module should be summed up by emphasizing the (commonly) most effective way to deal with conflict, and the emotional competence skills needed to practice it.

Time needed: 2-3 hours

Preparation: Select and prepare role play script.

Materials needed: Flipchart, markers

Facilitator/co-facilitator roles: Trainers can prepare small demonstrations to illustrate a number of points in this module, to make it lively and to show the points clearly. The strategies at the end of the module can also be shown, very briefly, to enable the participants to recognize the different strategies (*when used against them, and if they themselves use these strategies*) more clearly.

Presentation slides: Comments, questions, main points to bring out

Managing Conflicts with emotional competence



How to manage
conflicts to maintain
dignity and respect for
patients and
colleagues

Basic workshop

Ane Haaland Mwanamvua Boga Esther Kamenve Introduce the topic in your own way

E.g Ask: Have you ever been involved in conflict at your work place or in your day to day life? **Ask** them to buzz in pairs for 2 minutes

Get feedback.

Main points:

To acknowledge that conflict is very common in our day to day life and affects us negatively. And – that most of us have not learnt how to handle conflict constructively in our training.

Explain: Most of you said (feedback from your tasks, and baseline) that you want to learn more about handling conflict. This is what we will do in this module.

Referencing and acknowledging the iCARE-Haaland model

- Please feel free to use and adapt the material in this presentation, and the model it is built on, by referring to the model, and the authors:
- This presentation is adapted from «Managing conflict with emotional competence», which is part of the learning materials in the iCARE-Haaland model.
- To reference this content please use the following: Haaland A, with Boga M, 2020. Communicating with awareness and emotional competence: introducing the iCARE-Haaland model for health professionals across cultures. With contributions from training teams, Vicki Marsh and Sassy

Molyneux. https://connect.tghn.org/training/icarehaaland-model/

 The authors' names should remain on the presentation, with a by line recognizing the person who (has adapted and) is presenting the presentation Please reference the materials you use from this module and the presentation in the way specified on the slide.

Example:

Step back - prevent conflict

 "Somebody asked me (sarcastically), how was the course? I replied it was very interesting and was a lot of learning. Then she asked me, do you think you have changed? Because I have not seen any difference. My reaction was to take a step back, I acknowledged and set aside my emotions. I also told her what I have learnt, like how to deal with emotions." **Ask** a participant to read the example.

Ask if others have practiced the skill of stepping back

Get a confirmation (e.g. – some have practiced), and move on

Learning objectives

- By the end of the session, participants will
- Understand
 - What a conflict is
 - Why conflicts occur
 - How emotions affect conflict
 - How emotional competence and stepping back can stop conflict from developing, or escalating
- Be aware of how conflicts affect them, what it can result in, and how they deal with conflict
- Be able to practice emotional competence and stepping back as important conflict solving skills

Read out the objectives

Conflict part 1:

How does it affect you and your work?







Explain: You confirmed in your examples that conflicts are common at work and at home - it affects us all.

Now let's look at how it affects us and our work

Conflict: What is behind reactions Demo: Handing over nursing report



- Senior nurse report on duty
- > Junior hands over report
- Senior notices: colleague has not completed her tasks as expected

Demonstration no. 1

Prepare two trainers to do the demonstration. **See** instructions at the end of the slides.

Let them show the situation in front on the class. **Ask** participants – before the demo – to pay attention to what the two nurses did to fuel the conflict, and what they did to calm it.

NB – This demo can be used throughout the presentation as our common reference point for topics you discuss

(Participants will play it out later, with good skills, in a role-play in groups)

Discussion in groups



- What did the senior/ Junior nurse do, which fuelled the conflict?
- How did the two people feel?

What could be behind the reactions?

 Where was their focus of attention?

Exercise no. 1

Ask them to discuss the questions in groups **Get feedback** on one question at a time, see description at the end of the slides.

Main points: See description

Key point: The emotion behind the reactions on both sides is insecurity and fear.

NOTE: Make sure the point of solving the medical problem – by putting in the drip in the sick child – is dealt with before discussing what happened!

Conflict: A normal part of life

A conflict is

- A struggle to resist/overcome
- Contest of people with opposing needs, ideas, values or goals
- A situation where 2 or more parties become aware that what each party wants is incompatible with the wishes of the other
- A fact of life
- Conflict exists at all levels of society in all sorts of situations
- · Causes discomfort, anger, frustration, sadness, pain
- · Few people have learnt to deal well with conclict

Read out the slide

Use their examples to illustrate different types of conflict we face at work.

Add: The national situation, the world – conflicts between countries, ethnic groups..

Conflict Causes discomfort, anger, frustration, sadness, pain:

Link to the negative feelings expressed in the demo

Sum up this part by stating conflict is normal. Dealing with it with emotional competence helps improve the situation (how people cooperate) at work, and it improves people's health.

In the next part of this presentation, we will work on how to deal well with conflict – by learning to recognize emotions and taking a STEP BACK – rather than reacting automatically

Skills: The space to step back

- «Between stimulus and response there is a space. In this space lies our power to choose our response. In our response lies our growth, and our freedom.»
 - Viktor Frankl, professor in psychiatry, and holocaust survivor
- What is the link to emotional competence?

Explain (in your own words): The main skill we will practice in this module is – to recognize the emotion(s) we have when a conflict is brewing, and to be able to step back rather than act automatically on the emotion.

This skill has saved lives, and still does....

Ask if anybody can link this "space" to emotional competence?

Group Discussion

- What could be the cause of this conflict:
- Discuss the situation from the demo
- What could be other causes of conflict (between colleagues)?



Exercise no 2

Ask them to discuss in groups, about demo: What could be causes of the conflict? Other causes?

Get feedback on one question at a time, see description below the slides.

Main points (see below slides):

Main reason for conflict: Emotions, and lack of skills to communicate with emotional competence A main skill here is to recognize the emotions (both nurses could have done this) with awareness, and to take a step back from the automatic emotional reactions.

Other causes: See next slides

Many things can lead to conflict:

- · Your pride is hurt
- · You are not able to say no, until you suddenly had ENOUGH!
- · Your perceptions are being questioned and judged



- Too high or too low expectations/being underutilized
- · Unclear roles
- Jealousy among collegues (behind = inferiority?)
- · Lack of appreciation/lack of recognition
- · Inability to take care of own fears/problems (eg from home)

Review the causes from the groups, above, and add causes of conflict from this list Lack of strategies and skills to recognize and manage emotions often leads to conflict



- Stress created by too much or too little responsibility, lack of managerial support, lack of participating in decision-making
- When nurses or patients hold beliefs, values and goals that differ from those of their colleagues or carers, the situation can lead to conflict
- When individuals or groups are not getting what they want or need, and are seeking their own self interest
- Leadership style







Explain further causes of conflict

Ask them to buzz briefly on these causes, and ask

– why do we write "apparent" causes?

Sum up by using the slide below

Common reason - leading to conflict:

Emotions – with reasons

- Reasons for conflict = commonly emotions
- Emotions = on both sides
- Knowledge and skills needed to explore reasons behind the emotions
- · Can stop automatic reaction
- Stepping back = Key skill





Sum up the learning so far

Main point:

When you learn how to recognize and manage the emotions stirred in these situations, you can most often prevent a conflict from developing – by stepping back, and communicating with emotional competence: Using awareness, presence, and the intention to find the reasons behind the emotions, and then find a common goal. And of course – by showing respect!

Effects of conflict

Conflict can affect:

- Psychological health of staff and patients
- Job satisfaction
- Efficiency of the clinic or organisation
- Quality of care?
- Discuss what are other likely effects of conflict – from the demo you saw?





Exercise no. 3

Read out the first points

Ask if conflict can affect quality of care

Get a response (probably – YES!)

Ask them to discuss what can be other likely effects of the conflict in the demo, e.g. on the relationship between the nurses?

Main points:

The relationship will be strained.

No trust. Junior cannot ask questions?

Junior might gossip and complain.

Creates bad feelings in the workplace.

Other effects of conflict

- Undermines morale and self confidence
- Polarizes people makes people take sides and form rival groups
- Reduces cooperation
- Increases or sharpens differences
- Takes attention away from important activities
- Leads to irresponsible or harmful behavior, e.g violence, fighting





Add points from this list, to the list made by participants, above

Effect: Cooperation is lost

 "When there is a conflict it does not matter whether it's a relative or colleague or fellow working mates - its effects, our relationship break, trust is no more and cooperation is lost, so working together becomes a challenge."



Read out the example.

Conclude: We have seen in this section how conflict is a serious obstacle to good working conditions.

In the next section of this module, we will work on how we can deal better with conflict, using awareness and good communication and emotional competence skills.

(Probably take a break here, or an energizer)

Part 2: How to deal with conflict Aim: Handling conflicts with conscious communicationand emotionalcompetence





From confronting......To Dialogue

Explain:

In this part of the module, we will explore and practice skills to handle conflict with awareness and conscious communication and emotional competence skills

"It's my nature"

• "I hate handling conflicts. this I try as much as possible to avoid the conflicts unless when necessary. I tend to think that's my nature"

Read out the quote, and ask them to buzz:

What do you think - is this true? In plenary – get their ideas

Bring out the following points:

Everybody can learn to handle conflict better you can learn emotional competence skills, and practice them (we will do that here in the workshop)

Thinking it is someone's "nature" to avoid – or confront – conflict, can be a way to resist learning, and change

While our upbringing "programmes" us to deal with conflict a certain way, this "program" can be changed - with knowledge, skills and practice. And – changing our "programmed" response to dealing with conflict requires a conscious intention to learn, to do good work, and to practice patient centered care.

How we learn to handle conflict:

Patterns from our upbringing



- · Most of us handle conflict (automatically) like we did in our family
- Autoritarian: Fear upwards, «kick» downwards: Swallow feelings
- Fighting openly, but not looking for reasons, and not solving the conflict
- Listening to each other: show respect and empathy, explore reasons, solve the conflict
- We can learn awareness, emotional competence and «stepping back»

Explain: Most of us handle conflict based on what we learnt when we grew up (see background to this module). Basic insecurities, or unfulfilled emotional needs from childhood, influence how we respond to conflict (see also background to this module).

Explain 3 main patterns, see slide **Encourage** participants to look at their own reactions, and to reflect on where they learnt. Explain: When we know what the origin of our pattern is, it is easier to change it: The reason to hang on to some old pattern that does not "work" could be - avoiding the "work" to change?

The impulse to judge

What triggers your automatic reactions - and makes you act on impulse – e.g. in a conflict?





Exercise

Ask them to discuss in pairs what (especially what kind of emotions or actions) cam trigger their automatic reactions. Are they aware? What do they do when emotions are triggered? How does this affect how they communicate?

Get a couple of examples, discuss briefly, and agree that the work to become aware of what triggers you, needs to continue.

Ask them to reflect on how their own reactions are related to what happened in their families.

Ways you deal with conflict

1. Confronting

- "I confront it. E.g. Many at times when I quarrel with my husband, I do it head on i.e. he says this, i answer there and then till we come to a conclusion"
- ➤ I usually confront. I have to say something to show my facts. I don't agree to the be defeated."

Explain: Let us look at how you say that you deal with conflicts – what are your patterns/automatic reactions?

Explain: This is a summary from your baselines.

There are three main ways you describe:

The first is – **to confront conflict**In your group, confronting is the most common way of dealing with conflict

(NOTE to trainer: you can add numbers from the analysis of the baseline here – to show how many in this group use confronting, how many use evading, and how many take responsibility to resolve the conflict. Also add – how many act automatically when faced with conflict.)

Ways you deal with conflict:

2. Avoiding

- "I avoid it, if I cant avoid it I reason with the other person"
- "I keep quiet and decided not to comment on anything, I left her talking on herself"



The second method is to avoid the conflict

Ways you deal with conflict:

3. Taking responsibility to resolve the conflict

 "The best I could do is by accepting responsibility for what has happened even if am wrong, but I was there and it could be my presence contributed to the conflict. So I should say sorry to the other party, and very calmly without confrontation – initiate solutions to the conflict." The third method you have described is – to reflect on your own role in causing the conflict, and to apologize – if appropriate.

Ask: How easy is it to say sorry?

Ask them to buzz.

Get some suggestions and reflections **Main point:** It is not easy, it requires
awareness and willingness to say that you
were wrong, and to show your vulnerability.

AND – apology can work wonders - it speaks
to people's emotions (which have been hurt).

We do an exercise on apology in the last
module on communication strategies.

Ways you deal with conflict:

4. Listen to both sides: Mediating

"With conflicts of work I discuss them with the affected person in the best way I can to come to an agreeable solution. But first I have to wait for tempers to go down before handling and discussing the issues."

Explain: There is another method you describe – what you do when you are not part of the conflict yourself:

to listen to both sides, or act as a mediator.

Sum up: So this is what you do – Now let us look at what you said you need to learn, to deal better with conflict

Your learning needs

- Methods and techniques to use when handling
- How to first think before reacting to avoid any unwanted eventualities
- How to effectively deal with my emotions when handling conflict (anger, fear.)
- How to handle conflicts peacefully and with minimal exchange of words restoring friendship at the end of it
- To stop being partisan and handle everyone as they deserve
- The win-win, win-loose, compromise and loselose strategies in conflict resolution.

Explain: These are the points from your baseline (read them out).

Buzz in pairs: Is there anything else you want to add to this list?

Strategy: Emotional competence

Managing conflict: Recognize emotions and step back from automatic reactions







Explain: The main strategy to prevent conflict is – to recognize the emotions and what may be about to happen (through awareness, using antennae), and then - stop your automatic reaction by stepping back.

Ask: What does it mean "to step back"? It can be **Physical** stepping back – an act of walking away, or

Mental stepping back – setting your negative thoughts aside

Both can be needed to stop a conflict. This is part of practicing emotional competence

Handling conflict is about:

- Understanding and acknowledging your own fear (and the fear of the other person)
- Recognize the emotions what is about to happen
- · Stop automatic reactions, step back
- Not judge automatically
- Listening, with respect + the intention to understand
- Look for reasons; find the common goal, focus on this - rather than on your own interest.

Explain: Let us sum up what we have learnt so far about what conflict is about.

Read out the text on the slide

Ask if they recognize this, and agree

Link to emotional competence.

Steps to handle emotions in conflict

Step 1: Recognize:

- Recognize own emotions when a conflict is brewing with patient or colleagues
- > Recognize the emotions of the other person

Step 2: Acknowledge > Get antenna out

Step 3: Step back

op automatic reactions, be fully present

Step 4: Listen with intention to understand: Stay present, do not judge, listen actively (not with your mouth full of words!)

Respect the emotions

Step 5: Find reasons behind emotions and conflict – find and focus on common goal



Sum up the main steps to handle emotions, by reading out the steps.

Explain: The main aim is to become aware of the emotions, recognize what is happening, and practice emotional competence.

When you become aware, you have a choice. You can take action to make yourself, or the other person feel less unsure. Such action will have a positive effect on the interaction, and will usually stop the conflict from developing.

Key issues 1: Maintain respect

"It doesn't matter how hurt we are, approaching the other person in a calm manner and with respect can help solve the problem"



Emphasize 3 key issues when handling conflict The first one is – to maintain respect

Key issues 2:

Choose the right time



- "It is better to avoid an unpleasant situation when tempers are high. Better to wait for a person to calm down, then approach that person to resolve the issue."
- If both/all are upset, help calm the situation and emotions first, by
 - Acknowledging the problem(s)
- Not taking side (if you are not a part)
- Reassuring that you will listen, and facilitate a solution
- Agree on a time to talk (very soon)

Explain: The second issue is – **choose the right time.**

Read out the text

Ask for questions and comments

Key issues 3

Focus on the common goal – look for reasons for differences

- Identify: What is (or could be)
 a common goal?
- What are the differences?
- What are reasons for the differences?



Explain: The third issue is -

focus on the common goal, explore reasons for differences, and find solutions

Participant's example

 "Allow the two parties to cool down first, find out where the problem was, find a solution of which each one could know their weak and strong points. After understanding that, they come to an agreement and forgive each other and start afresh" Read out the example

Applying what you have learnt to dealing with conflict

Role play



After the role-play

Discuss:

- How did you handle the situation?
- · What skills did you use?
- · What have you learnt?
- Which skills do you need to strengthen, to deal well with conflict?



Dealing with conflict: Different ways, different purposes

1. Collaboration

- · Mutual willingness
 - to seek effective solution to satisfy both
- Cooperative, win-win
 - as both are concerned about the interest of the other,
 but not prepared to give up to please the other.
- Used when
 - goals and needs of both sides are important.

Dealing with conflict: 2. Avoidance

- Used by:
 - People who negate their own concerns, and
 - concerns of others
- Uncooperative
- Powerful technique
 - can be used purposefully to frustrate the other.
 - One party withdraws when other methods have failed
- Appropriate when
 - potential negative results of initiating and acting on conflict are
 - much greater than the benefits of its resolution

Role play no 1

Explain: We will now ask you to play out the situation we showed you at the beginning – the junior nurse giving report to the senior nurse. You should use your new emotional competence skills to deal with the situation in a different way.

Divide participants in groups of 3, ask them to decide who should be the senior nurse, the junior nurse, and the observer.

Suggest that those who are in managerial jobs choose to be the senior nurse.

See script at the end of the module

Exercise no. 4: Role-play discussion

Ask them to discuss the questions in groups, after they have given feedback on what happened (*by each participant, according to observer's instructions*)

Get feedback – focus on what they have learnt, and what insights they got – especially related to recognizing emotions, and using emotional competence to step back and handle the situation respectfully.

NB – Do not spend time on discussing what they DID – focus on what they LEARNT

Sum up further learning needs

Explain: We will now look in more detail at some of the most commonly used strategies to deal with conflict.

We have 5 different ways.

After the summary of each strategy, we give you two minutes to discuss in your group:

Was this the strategy we used in the role-play?

Why/why not?

Read out the slide, add your own words **Ask** them to discuss briefly

Ask them to show hands if they used this strategy, and explain why – if they did

Link this strategy to emotional competence

Explain: This is the second strategy

Read out

Ask them to discuss, as above

Dealing with conflict:

3. Accomodation

- Cooperative interaction
 - One party prepared to give up her needs
 - for the sake of the other
- · Nonassertive person feels -
 - more important to maintain harmonious interpersonal relationships
 than to express their own opinions and needs clearly.
- · Person will apologize to solve conflict
- Appropriate if
 - person was wrong
 - opponent is more powerful, or
 - when issue is more important to preserve harmony.

Explain: This is the third strategy

Read out

Ask them to discuss, as above

Example: Accomodation

 I make sure we discuss the whole issue and come to a solution but if the other party is resistant, I just say "let it be the way you say it"



Read out the example

Dealing with conflict: 4. Compromise

- Cooperative style
- Used by people who realize that
 - in conflict, not all parties can be satisfied
- Both parties prepared to
 - give and take
- Mutually acceptable solutions are sought
- Leads to lose-lose atmosphere:
 - both have to give up something,
 - are only part satisfied
- Used when
 - both have equal power,
 - goals are only moderately important, and
 - quick solution is needed.

Explain: This is the fourth strategy.

Read out.

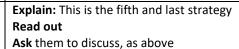
Ask them to discuss, as above.

Ask: Have you used this strategy sometimes?

What is the effect? **Get** some suggestions

Dealing with conflict: 5. Competition

- Power-oriented uncooperative mode
- · One person
 - is aggressive,
 - pursues own goals,
 - at the expense of the other
- · Win-lose situation similar to forcing an issue
- · When style used too often,
 - morale is damaged
- Appropriate when
 - quick or unpopular decision is needed



Strategies to resolve conflict

Win-lose: Use of power of one position, use of mental or physical power, use of majority rule



 Lose-lose: Use of compromise, bribes, resorting to rules



Win-Win: Use of problemsolving, reaching consensus, focus on goals: This is using emotional competence



Sum up the learning from the strategies
Apply to their examples from the role-play
Ask for comments about their learning, and link it
to using emotional competence

Summing up:

Using insights and skills to manage conflict, using emotional competence

Please discuss:

 What have you learnt so far about handling conflict?



Exercise no. 5

Ask: Discuss in groups what they have learnt **Ask** for feedback, let co-facilitator write **Hang** flipcharts on wall as a "celebration" of their learning, and to remind them.

Emphasize learning on emotional competence.

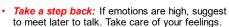
Main points from other groups:

"Have learnt that it's important to say sorry. We need to teach our children to say sorry so that when they grow up they can say sorry to their wives and children in future."

"Upbringing very crucial, how we teach our children means a lot."

Summary: Resolving conflict with emotional competence







- · What do you need, what can you give?
- Reflect on own situation and priorities, then discuss. Use positive thinking, be generous





Sum up the best ways to resolve conflict, using emotional competence skills.

The point is rather – preventing a difficult situation or dilemma to develop into a conflict

Suggest that they try using these skills in their work, and at home – and see and reflect on what happens

Inform them that we will also work on conflict in the follow-up course, and that they should note good examples from how they use the emotional competence methods.

Ask if there are questions

Demonstration, exercises and role-play

Demonstration 1: Handing over the nursing report

Purpose: To strengthen awareness of how an automatic judgmental reaction to (unrecognized) emotions can start and fuel a conflict, and of which behaviors influence the conflict negatively, and which behaviors influence positively/reduces the conflict. Furthermore, to strengthen awareness of emotions as a main "trigger" reason for conflict, and of the consequences of this on the ability to communicate constructively. Finally, to start linking this awareness to their own work situation and start reflecting on the potential effects of their own behavior towards junior personnel.

Instruct two of your trainers to play out the following roles, exaggerating the negative reactions:

A. The senior nurse

You are the senior nurse working in the children's ward for the past 10 years. You take your work very seriously and do not accept nurses who do not do their work well or complete their responsibilities during their shift. You have taken a lead role in mentoring junior nurses in the ward and believe they should emulate your meticulous way of care to children.

This morning you reported on duty and you are at the bedside being given report by a junior nurse who has been on duty all night with two colleagues. This nurse is usually hard working and doing a good job, and you are looking forward to a good report and a comfortable start of the day.

The nurse reports on a two year old child who was admitted with diarrhea and vomiting. The child has been on intravenous fluids all night, but you note that the child still looks really dehydrated. As you check on the infusion you realize the fluid is not running and the IV line is out on tissues. You go through the fluid balance sheet; you realize no fluid entries have been made the whole night. You get really upset as this was the most seriously ill child in the ward and you don't understand why the fluids were not well monitored. You are worried that when the senior doctor comes on routine round he will be criticizing you for bad child care.

You challenge the junior nurse harshly, and demand that she tells you why she hasn't done her job. You are not really listening to her "excuses" and decide to teach her a lesson. But first, you put the drip in the sick child, commenting on how useless the junior nurse is!

B. The Junior nurse

You are a junior nurse with two years experiences working in the children's ward. You have been on night duty with two colleagues and the night has been very busy. You had two admissions and one death during the night. You spent quite some time trying to resuscitate the child who was brought in with severe malaria and convulsions, but the child eventually died, and this left you sad and emotionally drained.

You were responsible for nursing a two year old child who was admitted with diarrhea and vomiting and was on rehydration therapy the all night. The child continued to have profuse diarrhea all night. You managed to give the child the fluids, though he did not receive the required amount because of delays as you needed to take care of the new admissions and the critically ill child. This morning you realized the IV line is out and tried re-fixing it but with no success. You also forgot to document on the fluid chart how much fluid the child had received in the night. You are worried that your senior colleague won't understand your situation and will criticize you harshly.

You are at the bed side giving report to your senior colleague about the child this morning, and he/she notices that the fluids are not running and your charts are incomplete.

She starts criticizing you harshly, you get upset, and answer her back, telling her about your difficulties. But she does not appear to listen to you. You feel she is really unfair, but at the same time you know she is right, from a medical perspective.

The interaction is very uncomfortable.

Exercise 1: Fuel, reasons for conflict, and provider's focus

Purpose: To strengthen awareness of behaviors that fuel or make a conflict grow bigger, and of how people may feel in a situation of conflict. Furthermore, to identify emotions as a main reason leading to conflict, and lack of awareness about and skills on how to manage these emotions, as a main obstacle to handling conflicts with emotional competence. Finally, to identify that the focus of attention in a conflict is oneself, and realize the effects of this focus, on how one communicates.

Procedure

- 1. **Ask** participants to discuss the questions on the slide, in their groups
- 2. **Get** feedback on the questions, one question at a time. Ask the co-facilitator to write answers on flipchart.
- 3. After getting feedback on how the two nurses feel, ask: "What strikes you about the things we do that fuel conflict? Are we aware of what we do to each other, which can easily fuel a conflict?" **Get** some suggestions, discuss.
- 4. (An alternative is ask groups to write on flipcharts, during their discussion. If you do this ask groups to just write brief main points from each question on the flips, to make it easier to read and compare points. Ask them to hang the flipcharts on the wall and ask groups to view each other's points. Conduct the discussion while standing around the flipcharts: Ask for insights on each point and facilitate main conclusions.)
- 5. **Sum up** the learning focusing on the skills to strengthen emotional competence.

Main points

- Behaviors which **fueled the conflict** are e.g. being judgmental, disrespectful, harassing the junior nurse, using harsh tone, defending/justifying her action
- Most are not aware of how these behaviors can fuel a conflict
- The two nurses feel e.g. humiliated, disrespected, embarrassed, demoralized, worthless. These are very strong negative feelings.
- Behind the reactions is often fear, and insecurity. These emotions are covered up by the strong negative behaviors
- The senior nurse puts the drip in the sick child, and makes the junior nurse feel useless and clumsy (even though she recognizes it is necessary)
- The focus of attention for both nurses was themselves. When they have strong emotions, this is what tends to happen: Their main focus is on their own emotion, and much less on what they want to achieve, or on a common goal (e.g. to save the sick child), or on maintaining a good professional relationship while acknowledging and dealing with the mistakes made, and finding the reasons for why it happened. This loss of focus on the main goal can have serious consequences for the quality of patient centered care.
- Lack of communication skills and emotional competence make the conflict escalate. Neither of the nurses was aware of how their emotions affected their communication, and neither was skilled to manage the emotions competently.

Exercise 2: Causes of conflict

Purpose: To further strengthen awareness about emotions being a main trigger leading to conflict, and that practicing emotional competence (with recognizing emotions and stepping back as main goals) are key skills to handling conflict constructively. Furthermore, to strengthen awareness about the potential effects of a conflict, on relationship between colleagues and on patient care.

Procedure:

1. **Ask** them to discuss in groups, about potential causes of the conflict seen in the demonstration

- 2. **Get** feedback on one question at a time, list other causes on flipchart
- 3. Sum up the learning

Main points

- Main reason for conflict: Lack of awareness about emotions (senior nurse's own emotions, and her awareness about how the junior nurse felt)
- Lack of skills to recognize and manage emotions, and to communicate well in such a situation
- Strong emotions (like fear) can make people lose the ability to listen with awareness, and to have perspective on the situation
- Other causes: See next slides

Exercise 3: Effects of conflict

Purpose: To strengthen awareness of potential effects of conflict on the relationship between senior and junior staff, and thus on trust, work satisfaction, cooperation in the workplace, and ultimately on quality of patient centered care and on nurses' own wellbeing.

Procedure and main points: On the slide.

Role-play 1: The junior nurse reports to the senior nurse

Purpose: To strengthen awareness of and skills on handling a difficult situation with emotional competence, and skills to take a step back to listen to and understand the reasons for the behavior of the other. Furthermore, to strengthen awareness of the potential effects of using such skills, on the junior nurse's confidence to handle difficult situations in the future, on the senior nurse's self-respect, on the relationship between them, on their work satisfaction, their wellbeing, and on thei ability to provide quality of care.

Procedure

- 1. **Explain:** We will now ask you to play out the situation we showed you at the beginning the junior nurse giving report to the senior nurse. You should use your new emotional competence skills to deal with the situation in a different way.
- 2. **Divide** participants in groups of 3, ask them to decide who should be the senior nurse, the junior nurse, and the observer. Suggest that those who are in managerial jobs choose to be the senior nurse
- 3. **Hand out** the role play script (senior nurse and junior nurse just get their own part, observer gets all parts), and ask them to play it out, and to give feedback in the groups at the end.
- 4. **In plenary**, ask for insights, reflections and learning after the role-play. Sum up learning on emotional competence.

The role play script (for handing out) The junior nurse reports to the senior nurse

Senior nurse's perspective

You are the senior nurse working in the children's ward for the past 10 years. You take your work very seriously and do not accept nurses who do not do their work well or complete their responsibilities during their shift. You have taken a lead role in mentoring junior nurses in the ward and believe they should emulate your meticulous way of care to children.

This morning you reported on duty and you are at the bedside being given report by a junior nurse who has been on duty all night with two colleagues. This nurse is usually hard working and doing a good job, and you are looking forward to a good report and a comfortable start of the day.

You are at the bedside of a two year old child who was admitted with diarrhea and vomiting, receiving the report from the junior nurse. The child has been on intravenous fluids all night but you note that the child still looks really dehydrated. As you check on the infusion you realize the fluid is not running and the IV line is out on tissues. You go through the fluid balance sheet; you realize no fluid entries have been made the whole night. You get really upset as this was the most seriously ill child in the ward and you don't understand why the fluids were not well monitored. The nurse tries to explain that it has been a really busy night. You are worried that when the senior doctor comes on routine round he will be criticizing you for bad child care.

How do you handle the situation?

Junior nurse's perspective

You are a junior nurse with two years experiences working in the children's ward. You have been on night duty with two colleagues and the night has been very busy. You had two admissions and one death during the night. You spent quite some time trying to resuscitate the child who was brought in with severe malaria and convulsions but the child eventually died and this left you sad and emotionally drained.

You were responsible for nursing a 2 year old child who was admitted with diarrhea and vomiting and was on rehydration therapy all night. The child continued to have profuse diarrhea all night. You managed to give the child the fluids, though he did not receive the required amount because of delays as you needed to take care of the new admissions and the critically ill child. This morning you realized the IV line is out and tried re-fixing it but with no success. You also forgot to document on the fluid chart how much fluid the child had received in the night. You are worried that your senior colleague won't understand your situation and will criticize you harshly.

You are at the bed side giving report to your senior colleague about the child this morning, and he/she notices that the fluids are not running, and your charts are incomplete.

How do you handle the situation?

Observer's task

Please observe the following: **Does the supervisor**

- First attend to the sick child and fixes the IV line?
- Ask open questions? Probe to get more information? Listen actively to the nurse? Try to find out (by observing, listening, asking) what is the reason behind the situation?
- Show the intent to punish the junior nurse (focus on her power/unaware of her own fear), or to help her learn from the mistake and prevent it from happening again? (focus on the learning/the goal)
- Show the young nurse understanding and support for her emotionally difficult night (coping with the death)?

After the exercise, let the supervisor comment first on his/her own behaviour in the role, and then give feedback (from observer and nurse) to the supervisor. Be sure to give positive feedback first, and to be constructive in your suggestions for improvement.

Discuss how supervisor and nurse felt, and how these feelings influence their actions. Focus the learning on how they practiced using emotional competence skills.

Exercise 4: Role-play discussion

Purpose: To strengthen awareness of the effects of practicing emotional competence skills and stepping back, on prevention of conflict and on a number of other factors (see purpose of role-play), by reflecting on the learning from the role-play. Furthermore, to acknowledge which skills they are now practicing well, and which skills they still need to strengthen.

Procedure:

- 1. **Ask** them to discuss the questions on the slide in groups, after they have given feedback on what happened (*by each participant, according to observer's instructions*)
- 2. **Get** feedback focus on what they have learnt (especially on practicing emotional competence skills), and what insights they got by playing the roles and reflecting on them afterwards.
- 3. NB Do not spend time on discussing what they DID focus on what they LEARNT
- 4. **Sum up** further learning needs

Main points to be brought out

- Giving people time to explain themselves without judging them is important in resolving conflict. This enables one to understand the issue from the other person's point of view.
- The way we approach the other party matters a lot in resolving conflict. If we approach the
 other person when our emotions are high, judging and blaming them, they will need to
 protect themselves and the conflict can get worse. We always need to strive to maintain a
 respectful attitude and use emotional competence when solving conflict.
- Being empathetic to the other person is key in solving conflict, most conflicts can be resolved
 if we listen to the other person with the intention to understand what is behind their
 behavior.
- It is important to solve conflict away from patients, as discussing conflicts in front of patients can affects patients' trust in the staff. It will also embarrass the person who has (presumably) made a mistake.