

Module 7 (2b)

Managing conflict with emotional competence: From confrontation, to Stepping Back, and Dialogue

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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/icare-haaland-model/>

Background for trainer

Handling conflicts can be learnt – and learning to recognize emotions and step back are key skills. Participants in earlier courses in Kilifi report that levels of conflict at work have dropped after they started using their communication skills actively to handle “conflict starters” with awareness and take action to prevent them from becoming big. They learnt these skills in the first workshop in the training process. Managers interviewed in an external evaluation of the communication course confirmed that the level of conflict had been reduced, and they ascribed this to the providers now communicating with emotional competence.

Most of your participants will have learnt a lot about tackling conflicts constructively during their observation and reflection tasks, and during the basic course. The purpose of this module is to affirm the learning, facilitate sharing of good methods to handle conflicts, and to review the common methods people use to react to conflict. Furthermore – participants should practice and reflect on skills to recognize and stop automatic reactions to emotions, and step back to find reasons behind behavior that could trigger a conflict. Listening, showing respect, staying present and asking open questions are key skills to practice.

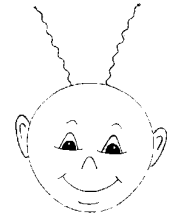
By recognizing emotions, stepping back from automatic reactions and communicating constructively, the provider is able to (re)build trust and to establish a professional relationship – as a basis for having a respectful dialogue. The provider will communicate (verbally, and non-verbally) an intention to **understand the reasons** for the strong action/emotion from the other person, appreciate the person’s perspectives, and find a common goal.



When the supervisor uses power to put the provider down, she may take out her anger on the person “below” her – the patient.

An automatic reaction can be described this way:

When faced with a behavior that triggers your emotion (*often your fear or vulnerability, which you cover up with anger*), you may “attack”, or confront the other person. This, in turn, often triggers the other person (*his/her fears, which could be covered up with anger, or arrogance*) to “attack back”. Two people in “attack mode” will usually focus on themselves and be concerned about their own interests and needs. They may not be able or willing to listen well to the other person, and thus not have a basis for a respectful dialogue. Neither person has awareness – their “antennae” are down, and they are not able to listen – with the intention to understand the other person.



Also, *the “attack mode” does not allow for any empathy*, or for seeing the situation from the other person’s perspective, or for seeing his/her needs. It is common to rather start mutual accusations about “who is at fault” for the conflict, and to argue about who said what and who did what, and assign intentions for hurt/wrongdoing to the other person. *Each person wants to be “right”*, with limited ability or motivation to consider the views of the other person. This will usually be a “dead end”, and it will lock the people into a conflict.

Enter Emotional Competence, and what happens?

Participants report that they have now stopped reacting automatically to opinions and behavior that previously triggered them, and often were the start of a conflict. They say this is the main difference in their practice after the first phase of observation and reflection and participating in the basic workshop. They have become aware of these triggers, and most often manage to recognize the emotions and to step back from the urge to react and confront. Instead, they choose to listen, and get an overview of the situation before they act – with awareness. This, many say with a smile, is usually enough to “cool” both themselves and the other person, and to enable them to look at the issue and find a solution through having a respectful dialogue – rather than being caught up in the automatic emotional reactions, as they used to be. Sometimes, they take “time out” to let tempers cool (=they recognize the emotions in themselves, and decide they cannot handle the situation well here and now). After cooling down, they then approach the other person, with respect, to find a joint solution. *This is, in essence, using emotional competence.*



From blaming -



....to using EC

Many participants say they use the same methods at home: They have established better relations with their children and family, and they have fewer conflicts. The key is to recognize, understand and respect the emotions behind people’s reactions (including one’s own), by stepping back and listening, and thus break the cycle of automatic reactions and choose dialogue instead. When one person in a (brewing) conflict is aware, and stops the automatic reaction, the other person will be affected and will also soon stop arguing – opening up the space for reflection and dialogue. It (usually) only takes one person to break the emotional “deadlock” of a conflict – unless the conflict is about abuse of power, and the other person has no interest to solve it (his/her interest is simply to win). In another few cases, you meet people who are very quarrelsome (for whatever reason) and are also not interested to find a common solution. These cases will, however, be the exceptions: *Usually, a provider using the skills described in this module, will be able to handle most conflict well.*

An important point to be aware of is that causes of conflict are not always obvious – not even to the people involved. A useful clue is – always look for the emotions, and particularly for vulnerability: *In conflict, someone has usually been hurt.*

With reduced incidence of conflict at work, participants report that they simply enjoy work more, and are less stressed. Many say it makes them treat patients as persons and give them more patient centred care, and also have better relationships with their colleagues. As one participant said:

- *“The amount of work I have to do is still the same, but I no longer leave the work exhausted. I manage my emotions, I step back from conflict, and I have more energy.”*

Several of them say their level of work satisfaction has increased, and the level of burnout has decreased. Although this is not measured quantitatively (by measuring burnout before and after the course process), there are many indications that burnout has been reduced among those who have learnt communication skills and have learnt to recognize and manage emotions well.

There are thus a number of good reasons to continue to strengthen awareness and skills to handle conflict with emotional competence, through dialogue – with awareness.

One of the participants contributed the following comment:

- *“It is effective to listen attentively, not being judgmental and not with my mouth full of words. By applying the communication skills, one is able to handle conflicts effectively.”*

Conflicts are very common in hierarchical cultures, such as within medicine, where using and showing power is ingrained, and often automatic. In countries where the national and/or religious culture is also strongly hierarchical, working in the medical profession is an extra challenge, and fear commonly prevents lower level staff from speaking up. 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 conflict would be “shifted downward”, and they would take out their frustrations on a colleague – or more commonly, on a patient. Thus, they said, conflicts would be spreading, and would sour the working milieu. Having a respectful dialogue becomes a challenge.

Constructive skills to recognize and manage emotions competently (*especially fear and vulnerability*) and communicate with awareness and respect help to build confidence and to balance challenges better, and to deal directly with the person with whom the conflict or problem started. Critical thinking and recognition and reflection on their own role in triggering conflict are keys to building better skills over time, using the tools learnt in the workshops.

There are six sections in this module. An overview:

1. **Introduce the topic, establish relevance, share experiences, affirm learning, and identify further learning needs:** using examples from participants to identify how they now recognize and deal with conflict, and how they communicate in a conflict situation. They identify what they still need to learn, to be able to handle conflict with emotional competence (slides 1-5)
2. **Exploring causes of conflict, and potential effects of conflict on self and others:** Looking at what causes conflict for them in their work, and then in general: what influences the way we relate to conflict. The many negative effects when conflict is not handled well (slides 6-10)
3. **Using communication skills to recognize emotions, step back, explore the reasons behind the behavior, prevent conflict and focus on patient’s needs – by using respectful dialogue:** A demonstration of constructive use of communication and emotional competence skills to create a respectful dialogue is the introduction to identifying what a strategy can consist of, including the identification of reasons behind the “trigger” behavior. The demo shows how a strategy can be used in a work situation with a colleague who has not learnt to use constructive communication skills, and how s/he starts by reacting automatically to an emotional trigger (*the mother having “disobeyed” her advice*). Insights and reflections on the use of this strategy is a core part of this module, and will be referred to during the next set of slides to relate to five commonly used strategies to respond to conflict (slides 11-13)

4. **Different strategies to handle conflict:** Reviewing the main strategies for responding to conflict, and relating each of them to the situation shown in the demonstration will concretize the learning and make the strategies “come alive”, and thus be easier to remember and choose from (slides 14-20)
5. **Summing up, and role-play:** Emphasizing dignity, respect, listening non-judgmentally with the intent to understand and create a respectful dialogue; recognizing emotions and stepping back as main “ingredients” in handling conflict with emotional competence, summarizing main steps in the Win-Win strategy which is recommended (slides 21-23)
6. **Recognizing early signs of conflict and preventing it:** An exercise introduces further reflections on using awareness to look for clues that a conflict is brewing. An example and a list of useful behaviors sum up measures that can be taken to prevent conflict. This set of slides can be used in the “Strategies...” Module on the last day if there is no time left for it here. It will take about 30 minutes (slides 24-27)

Time needed: 2 hours

Preparation: Role-play description: The Rude and irresponsible colleague (see script at the end)

Materials needed: Flipcharts, marker pens, tape

Facilitator/co-facilitator roles: This presentation is best done by an experienced trainer, by her/himself. Other trainers function as assistants, rather than “co-facilitators” (*see definition*).



Summary: Handling conflict with emotional intelligence

Conflict is common in our work and life. In a conflict, there are emotions on both sides. Learning to recognize and navigate these emotions is key to constructive handling of conflict. You need four main skills – and this includes using “**your head and your heart**”, or – seeing the connection between the cognitive and the emotional aspects.




The four main skills are:







1. **Recognizing the emotions** – your own, as well as those of the other person. Which emotions were triggered by the situation – yours, and his/hers? Identify and acknowledge;
2. **Think** – (and stop) – taking a **step back** from your automatic reactions to the emotions, and get space/time to think;
3. **Analyze the reasons** – look for what are/can be reasons behind the emotions (and the potential consequences of different action you might take, to respond). To do this, you need to reflect and to ask questions – with awareness.
4. **Act, with awareness** – based on what you have understood and learnt from the analysis of the situation. Handle it now, or take time out to cool down and reflect some more?







Practicing these skills will enable you to act professionally and not let a potential conflict escalate. When recognizing and analyzing the emotions that were triggered on both sides in the situation leading up to the potential conflict – you can step back from your automatic reactions and get a clearer view, rather than judge (usually the other person) for being “stupid”. Reacting emotionally (and usually – automatically) is a very common and human response to something that has hurt you, and accepting this is a good start for handling the situation with awareness and respect for both sides. These skills are taught in this module.





We talk about emotional intelligence and emotional competence as being mostly same set of skills. *A thorough discussion of emotional competence is found in Module 3b, Workshop 1, part C in this website.*








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




<p style="text-align: center;">Managing conflict with emotional competence</p> <p>From ConfrontingTo Stepping Back, and Dialogue</p>  <p style="text-align: center;">Follow-up course Kilifi, Kenya</p> <p style="text-align: center;">Ane Haaland, Mwanamvua Boga, Sili Ndaa</p>	<p>Introduce the module in your own way – referring to the conflict module in the basic workshop, 3e Ask: How many of you have been involved in conflict since we saw you last? (show of hands)</p> <p>Acknowledge a lot of changes in handling conflict: Participants have given good examples of their learning and insights in endlines and reflection tasks Explain: We are aware that conflict is a natural part of life and relationships. Let us share how we are dealing with conflict now, since the basic workshop. Let us also discuss if and how you use respectful dialogue when dealing with conflict.</p>
<p style="text-align: center;">Recognizing and managing conflict: Different ways, different purposes</p> <p>In groups, share:</p> <ul style="list-style-type: none"> ➢ How you handle conflict in your work place now ➢ What skills have you used, what worked well, why? ➢ What have you learnt? ➢ What more do you need to learn to handle conflict? 	<p>Exercise 1: Sharing experiences – Different ways, different purposes to deal with conflict</p> <p>Reflect on a conflict you had after the basic workshop, what skills you used, what worked, and why. How did it affect the relationship with the other person? See description at the end of the module.</p> <p>Awareness is key: Stopping automatic reactions and Stepping back are the most important skills</p>
<p style="text-align: center;">Respect + communication skills = less conflict</p> <ul style="list-style-type: none"> • <i>“Before this course, I used to disrespect patients views and sometimes I could lead to conflicts between me and the patients and relatives. During this communication course, I have learnt how to respect patients’ rights and this has lead to less conflict and created a safe working environment between me and my patients.”</i> • <i>“It is effective to listen attentively, not being judgmental and not with mouth full of words. By applying the communication skills, one is able to handle conflicts effectively.”</i> 	<p>Read out the example</p>
<p style="text-align: center;">Learning objectives</p> <p>To strengthen awareness and knowledge of:</p> <ul style="list-style-type: none"> • Your own strategies to handle conflict – how well they work, what are gaps and further learning needs • Causes of conflict among patients and colleagues • How conflict affects us, and what it can result in • How emotions affect conflict • Different conflict resolution strategies • Strategies to deal with and to prevent conflict <p>To strengthen skills to</p> <ul style="list-style-type: none"> • Recognize danger signs for conflict • Step back, and • Communicate with emotional competence to handle conflict constructively, with awareness and respect for emotions – through dialogue 	<p>Read out the objectives Ask if there are other aspects we should include?</p>

<p style="text-align: center;">Causes of conflict</p>  <ul style="list-style-type: none"> • Buzz – • What has caused conflict around you since we last met? 	<p>Exercise 2: causes of conflict (5 minutes)</p> <p>Ask them to buzz on what are some of the reasons which caused recent conflicts – relating them to the examples discussed in the first exercise.</p> <p>See description at the end of the module</p> <p>Note: This is a “refresher” from the basic workshop – it is enough to let them share 1-2 examples in plenary</p> <p>Remind them that you will continue to share these issues throughout the module</p>
<p style="text-align: center;">Causes of conflicts</p> <ul style="list-style-type: none"> • Basis: Our upbringing. Basic insecurities, or unfulfilled emotional needs from childhood • 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: «Attack» on our values is very sensitive • When individuals or groups are not getting what they want or need, and are seeking their own self interest • Leadership style • Alcoholism, mental stress, financial problems 	<p>Ask: From our basic workshop can we remember what we say were some main causes of conflict?</p> <p>Emphasize: Family background is very important. The way we learn to deal with conflict in our family, will shape how we deal as adults – until we learn</p> <p>Review the other causes</p> <p>Ask: How could leadership style cause conflicts?</p> <p>Get an experience to illustrate the point</p> <p>Ask: Are causes of conflict always obvious?</p> <p>Get a few reflections.</p> <p>Emphasize: Causes of conflict are not always obvious – not even to the people involved. A useful clue is – always look for the emotions, and particularly for vulnerability: In conflict, someone has usually been hurt.</p>
<p style="text-align: center;">Others causes of conflict</p> <ul style="list-style-type: none"> • You are not able to say no, (until – you blow up?) • Your pride is hurt • Your perceptions are being questioned • Assumptions/prejudice • Too high or too low expectations • Attitudes related to race, gender, personality • Issues related to hierarchy  <p style="text-align: center;">In summary:</p> <ul style="list-style-type: none"> ➢ Lack of awareness; ➢ Automatic reactions 	<p>Explain: These issues can also cause conflict</p> <p>Ask: Any examples?</p> <p>Any other cause of conflict we may have left out?</p> <p>Any questions so far?</p> <p>Sum up: Lack of awareness about the emotional aspects of conflicts – the reasons behind – are very often the main causes.</p> <p>When you use awareness to step back and look for the reasons behind, conflicts can be handled through respectful dialogue before they blow up and become destructive.</p> <p>Handling conflict with awareness and respect is a key skill in effective communication.</p>
<p style="text-align: center;">From taking things personally – to acting with emotional competence</p> <ul style="list-style-type: none"> • Patients often react (emotionally) to the provider as a «representative of the institution» • When a patient is angry and shouts at you e.g because he has waited long– it is not your fault • It is normal to feel insecure (and want to attack back) when receiving anger– even when you have no power over what he is complaining about • When recognizing it is not personal, stopping the automatic reaction and stepping back– you handle him without making a conflict: • Apologize on behalf on your institution. Then he can relate to you as a person who understands  	<p>Ask: Do you sometimes take things personally, get angry and land in a conflict – and then find out the issue had nothing to do with you?</p> <p>Get a few responses.</p> <p>Read the points on the slide, ask them to buzz and reflect briefly</p> <p>Discuss –</p> <p>Ask how they can prevent themselves from taking things personally?</p> <p>Get suggestions</p> <p>Conclude: Emotional competence skills – to recognize emotions and step back, analyze and then act – will be very useful skills.</p>

<p style="text-align: center;">Effects of conflict?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>General effects:</p> <ul style="list-style-type: none"> • <i>Undermines morale and self confidence</i> • <i>Polarizes</i> people/makes people take sides and form rival groups • <i>Reduces cooperation</i> • <i>Sharpens differences</i> • <i>Takes attention away</i> from important activities • Leads to <i>irresponsible</i> or harmful behavior, e.g violence, fighting </div> <div style="width: 45%;"> <p>Effects on you:</p> <ul style="list-style-type: none"> • Your <i>awareness</i> disappears • Can <i>feel worthless</i> – that your work, person, values = 0 • You <i>judge</i> the other person • <i>Critical thinking</i> disappears • This affects/ <i>destroys trust</i>, and relationships • Makes dialogue difficult </div> </div>  	<p>Ask: What are some of the main effects of conflict on patients, and on patient centred care? Effect on families? On colleagues, and supervisors? On ourselves?</p> <p>Let them buzz briefly Get feedback on one question at a time Flash the slide points (animated)</p> <p>Pick out a few key issues and ask - is it true? How? What affects you the worst? Discuss and reflect together</p>
<p style="text-align: center;">Demonstration: The outpatient nurse</p> 	<p>Demonstration: Emotional triggers</p> <p>Nurse Jane from the outpatient ward has brought a mother with a sick child to the ward for admission. She is received by Nurse Jane.</p> <p>See description at the end of module</p>
<p style="text-align: center;">What is behind the reactions?</p> <ul style="list-style-type: none"> • <i>Does this happen?</i> • What could be <i>behind</i> nurse Jane's reactions? • How do you think Mama Mary <i>felt</i>? • What <i>strategy</i> did nurse Grace use to deal with the conflict? 	<p>Ask them to reflect on the demonstration to answer the questions in the slide</p> <p>See description at the end of module</p>
<p style="text-align: center;">Insights from discussing the demo</p> <div style="display: flex; justify-content: space-around; align-items: center;">   </div>	<p>Explain: From the Demonstration, we have seen how the nurse used different skills to resolve the conflict. We will review the different ways of resolving conflict which we learnt in our basic workshop, and explore together to find out if we can identify which strategy Grace used.</p> <p>Ask: Do you remember any of the strategies? Collaboration, avoidance, accommodation, compromise and competition Get a few reflections, or just an acknowledgement that this is familiar to them</p>

<p style="text-align: center;">Recognizing and managing conflict: Different ways, different purposes</p> <p>1. Collaboration</p> <ul style="list-style-type: none"> • Mutual willingness <ul style="list-style-type: none"> – to seek effective solution to satisfy both • Cooperative, win-win – <ul style="list-style-type: none"> – as both are concerned about the interest of the other – but not prepared to give up to please the other. • Used when <ul style="list-style-type: none"> – goals and needs of both sides are important 	<p>Link the insights from the demonstration, to this way of solving conflict: Ask: How does this model of collaboration link to the demonstration we saw?</p> <p>Conclude: This was the model used, discuss why it worked. Integrates and respects ideas of the people involved</p> <p>NB: Also ask: When you discussed how you solve conflicts now, did any of you use this model? Example? How did it work?</p>
<p style="text-align: center;">Recognizing and managing conflict: 2. Avoidance</p> <ul style="list-style-type: none"> • Used by: <ul style="list-style-type: none"> – People who negate their own concerns, and concerns of others • Uncooperative • Powerful technique – <ul style="list-style-type: none"> – can be used purposefully to frustrate the other. – One party withdraws when other methods have failed • Appropriate when <ul style="list-style-type: none"> – potential negative results of initiating and acting on conflict are – much greater than the benefits of its resolution. 	<p>Explain: This is another method to deal with conflict: From your experiences discussed – does anyone have an example of using “avoidance” to “deal with” conflict? <i>(get the example – fit it to the model)</i></p> <p>Explain: Method is for people who ignore their own needs. Using this method is intended to put off conflict indefinitely. The “avoider” hopes the problem resolves itself without confrontation. Often, however, it will remain there, under the surface, affecting the relationship negatively. Ask: <i>What can happen if you use this model over time?</i></p>
<p style="text-align: center;">Recognizing and managing conflict: 3. Accomodation</p> <ul style="list-style-type: none"> • Cooperative interaction <ul style="list-style-type: none"> – One party prepared to give up her needs – for the sake of the other • Nonassertive person feels – <ul style="list-style-type: none"> – more important to maintain harmonious interpersonal relationships – than to express their own opinions and needs clearly. • Person will apologize to solve conflict • Appropriate if <ul style="list-style-type: none"> – person was wrong, – opponent is more powerful, or – when issue is more important to preserve harmony. 	<p>Same as above – get example, fit it to the situation, draw conclusions for how it worked for the people involved.</p> <p>Notes: Gives the opposing side what he/she wants Often used at home, if one of the partners or family members wants to keep the peace.</p> <p>Ask: <i>What can happen if you use this model over time?</i> <i>(It often ends in burnout or sickness for the one who gives in all the time. The relationship will suffer)</i></p>
<p style="text-align: center;">Example: Accomodation</p> <ul style="list-style-type: none"> • <i>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”</i> 	<p>Read out the example</p>

<p>Recognizing and managing conflict: 4. Compromise</p> <ul style="list-style-type: none"> • Cooperative style • Used by people who realize that <ul style="list-style-type: none"> – in conflict, not all parties can be satisfied • Both parties prepared to <ul style="list-style-type: none"> – give and take • Mutually acceptable solutions are sought • Leads to lose-lose atmosphere: <ul style="list-style-type: none"> – both have to give up something, – are only part satisfied • Used when <ul style="list-style-type: none"> – both have equal power, – goals are only moderately important, and – quick solution is needed. 	<p>Same questions as above – get example “I bend, you bend”</p> <p>Ask: What can happen if you use this model over time?</p>
<p>Recognizing and managing conflict: 5. Competition</p> <ul style="list-style-type: none"> • Power-oriented uncooperative mode • One person <ul style="list-style-type: none"> – is aggressive, – pursues own goals, – at the expense of the other • Win-lose situation – similar to forcing an issue • When style used too often, <ul style="list-style-type: none"> – morale is damaged • Appropriate when <ul style="list-style-type: none"> – quick or unpopular decision is needed 	<p>Same questions as above</p> <p>Ask: What can happen to people who are working for a leader who uses this style consistently?</p> <p>Possibilities: Lose motivation, become passive, do not take initiative, become unproductive</p>
<p>Strategies to resolve conflict</p> <ul style="list-style-type: none"> • 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 problem-solving, reaching consensus, focus on goals   	<p>Sum up: Strategies to resolve conflict The strategies we have reviewed lead to:</p> <p>Win - lose –leaves a bad taste, one party is unhappy, feels bad</p> <p>Lose-lose - both parties lose something, no one is satisfied</p> <p>Win-win - best strategy, we should aim at this! (Requires good communication and emotional competence skills!) This strategy is based on respect and dialogue, and requires awareness of emotions.</p>
<p>Insights – Dealing with conflict</p>   <ul style="list-style-type: none"> • “It is imperative that no matter how angry or irritated we are, we need to approach others with dignity and respect bearing in mind that they are also people with feelings”. • “It is important to listen attentively, not being judgmental and not with mouth full of words. By applying the communication skills, one is able to handle conflicts effectively” 	<p>Read out the insights</p>

<p>Summary: Resolving conflict</p> <ul style="list-style-type: none"> • Choose Win-Win strategy: <ul style="list-style-type: none"> – Problem-solving, reaching consensus, – focus on goals – Use emotional competence • Recognize emotions, take a step back: <ul style="list-style-type: none"> – If emotions are high, suggest to meet later to talk. – Take care of your feelings • Respect, and listen: <ul style="list-style-type: none"> – There are <i>almost</i> always two sides to a conflict: Listen, with intention to understand • What do you need, what can you give? <ul style="list-style-type: none"> – Reflect on your own situation and priorities, discuss. – Use positive thinking, be generous 	<p>Summarize: Resolving conflict requires awareness of emotions, and emotional competence skills to manage them – combined with conflict solving strategies:</p> <p>Read the points on the slide</p> <p>Emphasize - Strong emotions are related to conflict, it is wise to look for reasons behind, with the intention to understand them.</p> <p>When you combine emotional competence with using these strategies – you have powerful tools to stay out of conflict, and to keep your relationships positive and constructive!</p> <p>There are, however, a few cases where these methods may not work – e.g. when one person (ab)uses power to win at any cost, disregarding the interest of the other.</p>
<p>Role-play: The rude and irresponsible colleague</p>	<p>Run the role-play, see instructions at the end of the module.</p>
<p>Discovering the volcano is about to erupt? Recognizing early signs of conflict</p> <p>In groups, discuss:</p> <ul style="list-style-type: none"> • At your workplace, how can you “read” that a conflict is “brewing”, that “the volcano is about to erupt”? • What are signs that there is danger that a conflict can erupt? • What can you do to prevent a conflict? 	<p>Prevention of conflict: These last 4 slides can also be used in the strategy module, if you run short of time.</p> <p>Introduce the topic in your own words – relating to the discussions throughout the module</p> <p>Ask participants to discuss questions on the slide, and note DANGER SIGNS on a flipchart</p> <p>Hang charts on the wall, let participants read, and discuss</p>
<p>Early indicators - Conflict is brewing: Watch for emotional clues</p> <ul style="list-style-type: none"> • Negative body language • Colleagues complain and argue frequently • Mood changes • People feeling insecure • Frequent display of power • Problems are not solved • Colleagues (and others) show lack of respect, repeatedly • Absenteeism increase • Restructuring/changes without clear info • Gossip • No spontaneity – colleagues are protecting themselves: No trust • Lack of clear goals • Not discussing or reaching goals <p>The remedy:</p> <ul style="list-style-type: none"> • Awareness • Finding reasons • Respect – and • Open communication 	<p>Relate points on this slide to the discussion above.</p> <p>Emphasize the point that they have to look for the emotional clues, and discuss how this can be done</p> <p>An example to share (and discuss?) – could they type the list of their own suggestions, and those on the slide here, and hang it on the notice board in the staff room? Could they use this as a discussion and reflection piece topic in a CME session?</p>

<p>Example: Prevention of conflict</p> <ul style="list-style-type: none"> • <i>“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> • <i>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.</i> • <i>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.”</i> 	<p>Read out the example</p>
<p>How to prevent conflict</p> <ul style="list-style-type: none"> • Establish clear written rules, policies and guidelines at work: <ul style="list-style-type: none"> – make everyone aware of them • Appreciate people’ efforts <ul style="list-style-type: none"> – People must feel that what they are doing, is seen as worthwhile • Create a supportive climate – <ul style="list-style-type: none"> – where people are free to try out new ways of doing things. – This energizes and stimulates them to make new suggestions • Avoid power play, <ul style="list-style-type: none"> – where decisions or plans are likely to create conflict – – because the staff does not agree on implementing them • Provide active and open communication system • Feedback about behavior (what you do) is constructive, <ul style="list-style-type: none"> – but not feedback about personality (what you are/your person) 	<p>Refer back to their discussion on prevention of conflict. Bring the two discussions together.</p> <p>Add points from the slide, and discuss how it could be implemented in their working places.</p> <p>Emphasize the need to be aware of their power role, and avoid power play.</p> <p>Conclude the session (or the section, if used in strategy module)</p>

Exercises, demonstrations and role-play

Exercise 1: Dealing with conflict: Different ways, different purposes

Purpose: To strengthen awareness of which strategies they have used to handle conflict: what did they do, what worked well – and why, what did not work well – and why, and which skills are needed to implement the strategies. Furthermore, to gain insights into the effects of different strategies by sharing experiences and analysis of conflicts participants have been involved in, and to draw out lessons learnt.

Procedure:

1. **Introduce the exercise** by asking them to reflect back on the strategies learnt in the basic workshop, and relate these to experiences they have had with conflicts since the workshop.
2. **Ask** them to discuss the questions on the slide
3. **Ask for feedback**, and structure the discussion to come up with main points. **Get** a couple of examples, and probe to identify which specific skills they used, how they worked, and why they worked this way. (*You can refer back to these examples when discussing the five different strategies to deal with conflict, later in the module – if appropriate.*)
4. **Sum up the main points**

Main points:

- **Strong emotions** are usually the cause(s) of, and/or ingredients in a conflict. Recognizing this, and showing respect for as well as managing the emotions on both sides, is essential to handling conflict constructively.

- Key skills to be used immediately when a conflict situation is occurring are e.g. stepping back from automatic reactions, respecting the other person, and listening with the intent to understand. Other skills to use are waiting until things have cooled down if tempers are high (*after first having stepped back*), and/or asking someone to intervene.
- The aim should usually be to use the collaborative “win-win model”, where the needs and concerns of both parts are recognized, acknowledged and respected, and identifying and heading for a common goal is the aim. You can relate these examples to the models when discussing them later in the module.

Exercise 2: Causes of conflict

Purpose: To strengthen awareness of what the main causes of conflict are in the work place, by relating to examples discussed earlier, and to other conflicts commonly known to the participants.

Procedure:

1. **Introduce the topic** by explaining that looking for and understanding the causes of conflict makes it much easier to identify appropriate solutions to the conflicts.
2. **Ask** participants to relate back to the examples they discussed earlier, and to explore what could have been the reasons for the conflicts. They can also explore reasons for other conflicts commonly known to the members in the group.
3. **Ask for feedback**, and structure the discussion to come up with the main points. Get a couple of examples, and probe to identify the causes.
4. **Sum up the main points**

Main points:

- **It is important to keep in mind what causes conflict** – and always look for the causes (linked to emotions) rather than get stuck on what happens “on the surface”: “She said... and then I said... and then she did... “ – which gets you nowhere. When getting stuck in “she said...”, both people are usually in the automatic reaction “mode”, and they push their own interest and agenda. The (unconscious) aim is usually for each person to try to convince the other that she/he is right – NOT to try to understand the other person’s side and ideas. (*What is needed is – shift to: Recognizing emotions, stepping back, and listening.*)
- **Looking for causes will help you get to the real issues** – and then you can discuss a solution.
- **Causes of conflict are not always obvious** – not even to the people involved. A useful clue is – always look for the emotions, and particularly for vulnerability: In conflict, someone has usually been hurt.
- **Acknowledge that there are small things we do without awareness** that can cause conflict at our work place, e.g being judgmental, having (unspoken) expectations and assumptions, etc.
- **Acknowledge that upbringing plays a key role in how we handle conflict**, and we can only handle conflict differently (*than what we learnt automatically in the family, as we needed to “fit in”*) if we learn consciously to do so, and learn how to manage them with emotional competence.

Demonstration 1: The Outpatient Nurse

Purpose: To strengthen awareness of how conflict can affect providers’ own emotions (ward nurse, and outpatient nurse), and the communication between them as well as with the patient. Secondly, to understand the effect of using constructive communication and emotional competence skills, on developing trust and facilitating a respectful dialogue when handling a conflict. Thirdly, to

understand and be able to practice how to recognize and stop automatic reactions, step back, and use the collaborative conflict resolution strategy, by

- a. Identifying and focusing on the common goal;
- b. Listening, with the intent to understand;
- c. Being non-judgmental, and present;
- d. Showing respect to colleague and patient
- e. Asking open questions to find reasons why parent has come back to this hospital, rather than gone for referral, as advised.

Finally, to strengthen knowledge about and motivation to use this strategy, by reflecting on the outcome of using it for this situation, and on realizing they now have the necessary skills to practice handling conflict through respectful dialogue.

Key roles

1. Parent (Mama Mary)

Mama Mary has 7 children, she is very poor, from a rural area. Her husband, who is the breadwinner, is sick, and at home. She came with her three year old daughter Mary to the district hospital in Kilifi 4 weeks ago, and was referred to Mombasa (bigger hospital, 1 ½ hours by bus) for specialized care, but did not go because she had no money, and no one to look after her other children. Now, she is back in Kilifi with Mary, who is very sick. She is scared/worried/anxious to meet the nurse: Will she get help? Will she be blamed and turned away – or will her child get help. She fears that Mary, whom she loves very much and has had to look after especially since she was born – will die. She had to borrow money to come to hospital.

2. Ward nurse (Jane)

Nurse Jane has 6 years' experience in a busy children's ward. She likes her job, but often feels overworked and tired and stressed. Today she has already had 10 admissions, and several discharges are waiting to go home. She has not learnt about communication skills.

She sees the outpatient nurse arriving with a mother with a sick child – a child she immediately recognizes: The child was very ill, and she referred her to Mombasa for specialized care, about a month ago.

Nurse Jane gets very irritated and angry, and shouts at the mother – she tells her that she should do as she had been told and go to Mombasa, and that she will not admit her here – when the outpatient nurse Grace asks her politely what the problem is. Grace acknowledges Jane's concerns, and Jane calms down. When Grace asks her in a friendly/neutral way if they can find out from the mother what the problem is, she agrees. Together, they identify the problem, and Jane decides to admit the child.

3. Outpatient nurse (Grace)

Nurse Grace has 5 years' experience from the outpatient ward, and she likes her job. She is very busy with transfers to the wards, and today has been particularly hectic with 10 transfers before lunch, and with a large number of outpatients still to be seen. She has a challenging situation, both from the patients and from the colleagues. Grace has been attending the communication skills training course recently, and she is using her skills daily – finding the challenges easier to deal with than before.

She is now transferring 3 year old Mary, who is very sick, and needs admission. Grace is quite overwhelmed by work today, but steps back with awareness, empathizes with the mother, and accompanies her to the ward.

She meets nurse Jane, who is very busy, and recognizes Mary and her mother – Jane is angry and shouts, and refuses her admission. Grace steps back, treats nurse Jane with respect, asks

open questions, focuses on the needs of the sick child, and is not judgmental. She remains calm and present – she shows respect, and she finds the reasons behind the nurse’s as well as the mother’s reactions. Together, they solve the problem, and admit the child. Both nurse Grace and nurse Jane feel energized and good after the interaction, and for having helped the child – and her mother.

Discussion after demo:

e.g ask the participants: What were the communication skills used by provider? How did the provider recognize and manage emotions and create a respectful dialogue?

Communication skills used in demonstration

- **Awareness:** Recognized emotions: The mother’s (fear), nurse Jane’s (anger), her own (frustrated, tired)
- **Stepping back**
 - Did not react automatically to any of the emotions show
 - Did not take sides
- **Asking open questions** (i.e. open in function, here – not in form)
 - Can we listen to the mother/father?
- **Listen to both sides** – parents and nurse
 - Enhances understanding – and builds basis for respectful dialogue
- **Changed focus from mother/father** to child, and encouraged nurse Jane to do the same
- **Empathized with mother/father** – after listening and seeing the mother’s emotions
- **Showed respect:** Invited ward nurse to decide – did not challenge her power. **Acknowledged** her status and role.
- **Non-judgmental:** stayed open-minded, listened with the intention to understand

Outcome/effect of the respectful communication, on emotions

1. Mother/Father

Initially: Insecure, intimidated, anxious (*because of daughter’s critical condition, feeling guilt/shame for not bringing her to Mombasa as recommended, and – reacting to nurse’s harsh words*)

Later: Respected, opened up. Felt secure/safe: What s/he had to say was taken seriously. His or her story/sharing the situation that led to coming to hospital, brought empathy from nurse.

2. Ward nurse

Initially: Angry, frustrated, judgmental (felt disrespected because mother/father had not followed advice/order to refer child to Mombasa). Underneath: Felt fear – did she not give the right info? Had the parent not understood? Would she be blamed for not doing her job well? Would the ball bounce back to her?

She might feel helpless, incompetent, burdened, guilty. These are strong negative feelings.

Later: Showed empathy, changed focus – felt respected; competent, comfortable, safe, confident.

3. Outpatient nurse

Initially: Frustrated, confused? Offended? Disrespected, ignored, mistrusted, fearful.

NOTE: She did not act automatically but -> “Got her antennas up”, took constructive action.

Later: Felt good, proud, satisfied. Felt energized by the good outcome, and became motivated to use the skills again, next time.

Lessons learnt/insights

- Positive action brings feelings and actions that energize us (compassion, good patient centered care)
- Negative actions bring negative feelings that drain energy (deflated, burnt out, no compassion, bad care).
- When you learn how to appreciate what you do, and use energy well, you can go home and have energy with your family;
- Conflicts are a normal part of life, they are unpredictable, you need to be prepared and learn how to deal with them;
- It usually takes only one person to turn around a negative situation, with awareness. When the other person loses the “charge” to react to, the conflict will almost always die down.

Role play: The rude and irresponsible colleague

Purpose: To strengthen awareness of how automatic emotional reactions (e.g. judgment) to a colleague’s behavior can exacerbate the problem and cause conflict between colleagues.

Furthermore, to strengthen awareness of possible emotions involved in fueling a conflict between colleagues in this situation, and to strengthen skills to handle the situation with empathy and respect, using constructive communication and management of emotions, and finding out the colleague’s reason for her actions, and reflections on these.

Finally, to strengthen knowledge about and motivation to use this strategy, by reflecting on the outcome of using it for this situation, and on realizing they now have the necessary skills to practice handling conflict through respectful dialogue.

Procedure:

- **Let** participants work in groups of 3 – one playing the part of nurse 1, another nurse 2, and a third participant is the observer.
- **Remind** them that the one who was the observer last time, cannot be the observer now. Ask them to agree on who plays the different roles – the “rude and irresponsible colleague”, the nurse who talks with her after her “irresponsible action”, and the observer.
- **Give** out the role-play script. The two nurses get only their own parts, the observer gets all three parts
- **Ask** them to play out the roles, and to give feedback, following the instructions of the observer
- **In plenary, ask** the group: How was it, doing the role-play? Get responses
- **Then ask:** Does it happen that we can react like this?
- **Then ask** for insights and reflections/what they have learnt

Key roles: Perspective of Nurse 1

You are working with in the ward with a colleague who has not been into the communication course. Yesterday you asked her to help with a difficult parent who did not want his child to be bled but she refused in a very arrogant way and said it was not her job to do so. You were left to struggle with the patient. You were very hungry and overwhelmed and had to work past your shift. Today you reported on duty with her, she said good morning but you did not respond. Later in the day one of mothers reported to you that her child did not get medicines as she was away to the shop and when she came back for the child’s treatment, she was denied the treatment by the nurse, and told that she should learn to remain in bed during drug rounds. You get really angry for your colleague’s lack of responsibility. You get to the nurse’s office and find her seated. How do you handle the situation?

Perspective of Nurse 2

You had hoped to go to the communication training but instead your colleague got a chance. Since she came back from the course she has been acting like she knows everything and you get irritated with her. When she asked you for help with a difficult parent yesterday, you thought she should be able to do it herself, with all her new skills in communication as nobody is helping you with your difficulties.

You are currently very disturbed as your husband was sacked from his job and he has resorted to excessive drinking and not helping you much to run the family. You are taking care of your four children all alone and recently your old mother fell ill and you had to bring her along from the village. Her illness is really draining you financially and you feel stretched and your siblings are not willing to help at all. This disturbs you greatly and has really affected your performance at work. You shout at patients with the slightest provocation. Yesterday you scolded a mother and declined her child medication as she was not in her bed during the drug round. Your colleague comes into the office looking really cross with you.

OBSERVER TASK

Please observe the following

- Does the nurse ask open ended questions?
- Probe to get more information?
- Tries to explain what to do, rather than finding out what is the reason for the behaviour
- Judges the colleague

After the exercise, let the participant playing Nurse 1 give feedback first, to assess her own way of handling the challenge (what she did well, and what she needs to improve). Then, ask Nurse 2 to give feedback, reflecting on what “Nurse 1” has said. Then, you as the observer give feedback to the nurses. Be sure to give positive feedback first and to be constructive in your suggestions for improvement. Discuss how the nurses felt and how these feelings influence their actions.

Main points for discussion after role-play:

- **Possible responses (to “How was it”):** Challenging.
 - The nurse who had not been to the communication training was very defensive about her behaviour and felt the mothers should be in bed for their children to get drugs on time.
 - She felt it is not her responsibility to follow them up to find out why they were not in bed. She has a lot to do and the mothers should know better why they are in the hospital.
- **Possible responses (to Does this happen?):**
 - Yes, they could relate to the scenario and admitted that they become harsh to patients when they are not in bed during drug rounds
- **Possible responses (to What have you learnt?):**
 - Not good to judge others without finding out the reasons behind their behaviours
 - We should show empathy not only to our patients but even among ourselves when we have family related problems that affect our work performance.
 - Stepping back, listening and being non-judgemental are key skills in solving conflict
 - A Supervisor is like a mother/father – it is important to show that you care about your juniors while still holding them accountable for their actions.
 - A supervisor should aim at creating a caring environment to facilitate constructive feedback.