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Conflict-Handling Styles Demonstrated by Nursing Students in Response to Microethical Dilemmas

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Research Brief

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Abstract

Nursing students encounter microethical dilemmas during clinical practice and are confronted with negotiating accompanying conflict. This post hoc analysis pilot study describes the frequency of conflict-handling styles demonstrated by senior-level nursing students ($n = 59$) who encountered microethical dilemmas embedded within existing high-fidelity simulation. Observation of recorded simulations revealed that 55.9 percent of students demonstrated effective conflict-handling styles and 44 percent demonstrated ineffective conflict handling. Recommendations for nursing education include utilizing simulation to extend learning beyond the cognitive domain to promote congruence between knowing what a nurse should do and acting on one's convictions.

KEY WORDS Microethical Dilemma – Nursing Student – Conflict Handling – Simulation – Experiences – Educational Strategies

Undergraduate nursing students have reported feeling ill-prepared to handle the conflict that accompanies the routine exposure to microethical dilemmas. Microethical dilemmas, as first defined by Worthley (1997), are routine questionable practices that have the potential to compromise quality patient care, negatively impact workplace culture, and initiate moral distress. Nurse educators employ a variety of strategies to support students' ability to effectively manage conflict; however, little is known about how students authentically respond to ethical dilemmas. The purpose of this pilot study was to describe the frequency of conflict-handling styles demonstrated by undergraduate nursing students who encountered microethical dilemmas embedded within high-fidelity simulation (HFS) scenarios in the academic laboratory.

LITERATURE REVIEW

The literature review was conducted to understand what is currently known about conflict handling via empirical studies conducted among nursing students and postlicensure nurses. The Cumulative Index for Nursing and Allied Health, PubMed, Wiley Online Library, Communication Source, and Google Scholar were searched using the following key words: conflict, handling, management, styles, strategies, nursing, student, healthcare, prevalence, and research.

Thomas and Kilmann, classical researchers and conflict management experts, define conflict as a process involving both subjective and objective differences between individuals who perceive incompatibilities between goals (Folger, Polle, & Stutman, 2013; Jones & Brinkert, 2008; Thomas & Kilmann, 1978). For example, conflict arises during microethical nursing practice dilemmas when a student must decide between two choices: speak up and advocate or remain silent and permit substandard care. Although nursing students are educated about professional advocacy responsibilities, they may experience difficulty in speaking up during conflict due to the higher value placed on preserving the student-staff nurse relationship (Krautscheid & Brown, 2014).

Gilligan (1982) theorizes that relationships, not responsibilities, are a core variable influencing decision-making. Gilligan's theory accentuates that how a moral agent should respond is based on the contextual details of a situation, emphasizing extra consideration for those individuals who are particularly vulnerable to the actions of another. How nursing students respond during microethical conflicts reveals a convergence among hierarchical relationships, ethical decision-making, and conflict communication styles.

According to Thomas and Kilmann (1978), five conflict-handling styles exist: competing, collaborating, compromising, avoiding, and accommodating. (Operational definitions are presented in Table 1.) Noteworthy here is the understanding that each style may be appropriately used, depending on the situational context of conflict. With

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Table 1: Conflict-Handling Styles Among Baccalaureate Nursing Students

Thomas and Kilmann's (1978) Conflict-Handling Styles	Frequency, *n* (%)
Competing: Assertive and uncooperative, power-oriented mode. Individual pursues own concerns at the expense of another person, using whatever power seems appropriate to win position.	1 (1.6%)
Accommodating: Unassertive and cooperative, characterized by self-sacrifice. Individuals neglects own concerns to satisfy the concern of others.	6 (10%)
Avoiding: Both unassertive and uncooperative. Individual does not immediately pursue either his/her own concerns or those of the other person. Conflict is not addressed.	10 (16.9%)
Collaborating: Both assertive and cooperative, the opposite of avoiding. Individual attempts to work with the other person to a find a solution that satisfies the concerns of all involved. Digs into an issue to identify underlying concerns of the persons involved.	12 (20%)
Compromising: Middle ground between competing and accommodating. When compromising, the objective is to be expedient while finding a mutually acceptable solution that partially satisfies all parties. Addresses the issue more than avoiding would.	21 (35.5%)
Dilemma not noticed: Students charted, assessed, and revised physician orders, and did not observe the actions of the RN while demonstrating questionably unsafe nursing practice.	9 (15%)

specific attention on advocacy for quality patient care while also sustaining a civil workplace culture, desirable conflict-handling styles are collaborating and compromising. Ineffective conflict-handling styles, on the other hand, include avoiding, competing, and accommodating.

Al-Hamdan, Norrie, and Anthony (2014) and Valentine (2001) utilized the Thomas-Kilmann Conflict Mode Instrument to measure self-reported conflict-handling styles among postlicensure nurses. Two studies that evaluated conflict-handling styles among nursing students also utilized the Thomas-Kilmann Conflict Mode Instrument. Pines et al. (2014) and Sportman and Hamilton (2007) revealed compromising, accommodating, and avoiding as the most frequent styles. Each of these studies derived results based on participant recall and self-report rather than observational methods. No research could be found documenting observed conflict-handling styles demonstrated by undergraduate nursing students.

METHOD
A descriptive, cross-sectional, post hoc analysis was used to quantify the frequency of conflict-handling styles demonstrated by senior-level students in a baccalaureate (BSN) program at a private, faith-based institution in the Pacific Northwest region of the United States. Ethical dilemmas, derived from the literature (Krautscheid & Brown, 2014), were embedded within established HFS scenarios, which were routinely videotaped for educational purposes. An actor, playing the role of a registered nurse, was scripted to randomly present individual students with microethical dilemmas, for example, violating infection control standards, medication administration standards, and patient confidentiality policies.

Institutional review board exempt approval was obtained from the authors' academic institution. Analysis was conducted by three researchers who viewed the videos together, independently classified students' verbal and nonverbal conflict-handling behaviors, and independently documented observations on the data form. Next, the researchers discussed findings, and discrepancies were reconciled by rereading conflict-handling definitions, rewatching the video, and arriving at consensus.

All students enrolled in the fall 2014 senior-level medical-surgical course (*n* = 82) participated in HFS and were videotaped. Twenty-three students' video recordings were excluded because a) no ethical dilemma was presented due to time constraints and/or b) the camera did not capture nonverbal facial expressions. Students were not informed about the purpose of the study.

FINDINGS
The final sample included 59 students of whom 55 were Caucasian and 4 were Asian; 47 students were female. Thirty-three students (55.9 percent) demonstrated effective conflict-handling styles (collaborating, *n* = 12; compromising, *n* = 21). Seventeen students (28.8 percent) demonstrated ineffective conflict-handling styles (competing, *n* = 1; accommodating, *n* = 6; avoiding, *n* = 10). Nine students (15 percent) did not notice the questionable nursing practice.

DISCUSSION, LIMITATIONS, AND RECOMMENDATIONS
This pilot study reported authentic student responses to an interpersonal simulated conflict associated with microethical practice dilemmas. Slightly more than half the participants demonstrated effective conflict-handling styles, advocating for evidence-based care while also preserving nursing student-staff nurse relationships.

These findings do not suggest where or how students learned effective conflict handling. Demonstrated behaviors may be due to a combination of curricula, prior experiences, and personal attributes. Although this study was descriptive, the findings help nurse educators understand the frequency of conflict-handling styles among the student population and provide insights for improving education.

Compromising, the most frequently observed style (35 percent) was noted when students identified the microethical practice and demonstrated moderately assertive communication styles. For example, students stated, "Oh, you ripped your glove? Here, let me get you a new one." Compromising prevents calling out questionable practices in front of the patient by framing the conversation to avoid threatening the RN's professional identity and competence (Floyd, 2011). Collaborating (20 percent), the second most observed style, promotes patient safety while also providing rationale for modifying current and future practice. Nursing students who demonstrated collaboration most frequently stated, "I think you need an intact glove because otherwise you could infect yourself or the patient. The most important thing is to prevent the spread of infection."

Although the majority of students demonstrated effective styles, 44 percent did not. These findings heighten awareness about ineffective conflict handling and the need for nurse faculty to employ educational strategies that best prepare students to enact ethical nursing care. A recommendation for nurse educators is to utilize Bloom's classical taxonomy to guide purposeful development and implementation of strategies, such as HFS, affording opportunities to cognitively construct effective communication skills, engage in psychomotor rehearsal of conflict-handling styles, and develop affective professional values such as advocacy.

An unexpected finding was that nine students did not observe what the RN was doing and thus did not notice the microethical dilemma. Abdicating patient care could have perilous effects. The National Student Nurses' Association Code of Academic and Clinical Conduct states that students are to "collaborate in every reasonable manner with academic faculty and clinical staff to ensure the highest quality of client care" (2001, p. 1). Combining students who did not notice what the RN was doing with those who demonstrated ineffective conflict styles results in 26 students (44 percent) who did not advocate for best practice. These alarming findings raise recommendations for nursing education regarding the promotion of ethics of care (Gilligan, 1982) and awareness of microethical dilemmas through intentional strategies that assist students to identify and respond to ethical issues.

Limitations of the study include a one-site sample with predominantly female and Caucasian students. Thus, a recommendation for research includes conducting a multisite study, replicating the study across settings and programs.

This pilot study provides nurse educators with baseline data regarding conflict-handling styles among BSN students. The findings are both encouraging and disquieting. Novice nurses who lack the ability to effectively handle ethical conflicts are at risk for moral distress, powerlessness, apathy, and retention issues. Nurse educators are encouraged to integrate ethics education with conflict management skills utilizing innovative educational strategies to prepare students for the complex ethical challenges they will face upon entry into practice.

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