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Coaching Nurse Leaders in Conflict Management and Team Building to Improve Retention

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DNP Project

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Section I: Abstract

Problem: Retention of assistant nurse managers (ANMs) was identified as a concern from interviews with executive leadership and ANMs employed at a large hospital within a Northern California integrated health system. The nurse leader orientation training was reviewed, with gaps identified in conflict management and team building.

Context: The attrition rate of U.S. nurse managers in 2010 was 8.3%, higher than executive nurse leaders, with replacement costs equal to 75% - 125% of a nurse manager's salary (Loveridge, 2017). Employee turnover and dissatisfaction due to conflict can have detrimental effects on retention, productivity, morale, and quality of patient care.

Intervention: The intervention in this project included individualized training and coaching of ANMs working in acute inpatient units.

Measures: The Rahim Organizational Conflict Inventory-II, the Nurse Manager Job Satisfaction and Intent to Stay Scale, and questionnaires developed to evaluate training method, modules, and effectiveness of the DNP facilitator/coach were used to evaluate s project outcomes.

Results: ANM participants approach conflict using primarily the collaborating conflict management style. ANM job satisfaction scores improved post-intervention while intent to remain scores remained stable. All ANMs who participated in the project remained in their positions. The training was evaluated as practical, relevant, and effective, with reported increased knowledge and comfort with conflict management and team building.

Conclusions: The results suggested that "on-the-spot" experiential learning, training, and coaching had a positive effect on ANM satisfaction and retention.

Keywords: *Conflict management, teambuilding, teamwork, coaching conflict management, nurse manager retention*

Section II: Introduction

In healthcare organizations today, retention of nurse managers is a significant challenge. Many nurse managers are appointed based on their clinical expertise in caring for patients and how well they get along with the members of their team. The nurse manager may not be fully equipped to effectively manage conflict in the work environment. On a daily basis, the nurse manager is faced with the challenge of multiple conflict situations (Al-Hamdan, Norrie, & Anthony, 2014; Vivar, 2006).

Conflict is defined as "any workplace disagreement that disrupts the flow of work" (Short, 2016, p.1)**.** Conflicts may arise with staff, patients, or their families/significant others, physicians, ancillary staff, vendors, and other leaders in the organization. In many instances, nurse managers may leave an organization due to some unresolved conflict, contributing to nurse manager attrition, a major concern, and expense to healthcare organizations.

Conflict not managed appropriately can be costly and is associated with increased turnover, absenteeism, complaints, and grievances and decreased commitment (Brinkert, 2010; Vivar, 2006). Conflicts that have not been resolved may have many untoward effects on patient outcomes, experience, satisfaction, and safety (Almost, Doran, Hall, & Laschinger, 2010).

According to publishers of the Myers-Briggs Assessment and Thomas-Kilmann Conflict Mode Instrument, employees in the United States spend 2.1 hours per week involved with conflict, which is equivalent to approximately $359 billion in paid wages (based on average hourly earnings of $17.95), equivalent to 385 million working days (Short, 2016). Based on data from Glass Door (2019), ANMs earn an average annual base pay of $85,103. The ANM annual salary in two California magnet health systems is as high as $157,000-195,000 or $81-84 dollars per hour.

When effectively managed, conflict can facilitate progress and improve trust and professional relationships at work, which can increase productivity and optimize bottom-line results (Short, 2016). "All nurses, regardless of their position, must effectively manage conflict in order to provide an environment that stimulates personal growth and ensures quality patient care" (Al-Hamdan, Nussera, & Masa 'Deh, 2016, p. E139). The primary aim of this Doctor of Nursing Practice (DNP) project was to train and coach assistant nurse managers (ANMs) to be able to recognize conflict and strategize to address conflict effectively in order to promote teamwork and improve retention. A secondary aim of this DNP project was to create a professional toolkit for ANMs, which included resources for conflict management and team building.

Problem Description

Retention of nurse managers at all levels is a challenge to healthcare organizations. In a Northern California San Francisco Bay Area health system, the 2014 to 2018 nursing voluntary turnover rates were highest within the first year of employment. During the second to fourth years the voluntary turnover rates remained increased. During the fifth to ninth year there was a significant decrease in the voluntary turnover rate which stabilized moving forward. Permission was not granted to DNP candidate to publish actual data report, therefore this report does not appear in the appendix section. During clinical observation by this DNP candidate, ANMs working on acute inpatient units shared their challenges regarding how to approach workplace conflict and team building related to nursing and ancillary staff, nurse leadership and administration, physicians, and other professional disciplines, nursing practice, and patient care. Some ANMs shared that they had left a position due to an issue related to an unresolved conflict

or team dysfunction, only to find similar levels of conflict and dysfunction at the next position or place of employment.

Generally, one ANM is assigned responsibility for one acute patient care unit per shift. However, depending on operational challenges, one ANM can be assigned to up to three patient care units. The chief nurse executive (CNE) shared with the DNP candidate that one of her biggest fears is not being able to retain managers because they have so much responsibility. Retention of ANMs has been a challenge. The ANM is responsible for making patient care assignments based on patient care needs, reviewing acuity, and nurse to patient ratios. In addition, the ANM determines whether the nurse to patient assignment is appropriate based on continuity of care, skillset of nurse, and other operational considerations. As the ANM closely interacts with and influences the front-line nursing staff, it is expected that the ANM will resolve conflicts and solve problems. The ANM has several reports to prepare by established times (e.g., staffing reports, hospital harm reports, patient flow reports, which include discharges and admissions). In addition, there are unexpected operational and patient-care related incidents that may occur, affecting how assignments are made and level and type of support that the ANM will need to provide. The ANM is also responsible for conducting safety rounds and completing improvement activities involving quality patient care, patient experience rounding, and related audits.

Conflict is ubiquitous in the healthcare organization environment, which poses a significant challenge to an ANM's ability to strategize to manage effectively. In the work environment, the team is made of staff with cultural, generational, and work ethic differences that need to be considered. If conflict is not managed appropriately, staff job satisfaction may suffer, and patient safety issues may result (Nurse Aide-VIP, 2013). According to Almost et al.

(2010), unresolved conflicts may have many untoward effects on patient outcomes, experience, satisfaction, and safety.

Available Knowledge

The PICOT question that directed the search for evidence for this project was: For nurse leaders in healthcare organizations (P) how does coaching to build conflict management and teambuilding skills (I) compared to no coaching (C) impact nurse leader retention in the organization as a nurse leader (O) after three months (T)?

Search methodology. The PICOT question guided a literature search using the search terms c*onflict management, teambuilding, teamwork, coaching conflict management, nurse manager retention* in the following databases: CINAHL, PubMed, evidence-based journals, JANE, Cochrane, SCOPUS, and Joanna Briggs. Articles published in English between 2010 and 2018 were selected. The search was conducted September through November 2018 and updated in August 2019.

Search outcome. The search yielded over 700 articles. The abstracts of these 700 articles were reviewed to determine relevance to the PICOT question. The final ten articles selected were those with the strongest evidence-based ratings using the *Johns Hopkins' Nursing Evidence-Based Practice Research Evidence Appraisal Tool* (Dang & Dearholt, 2018). Included in the search were systematic reviews, meta-analyses, and individual research studies. See Appendix A for the Evidence Evaluation Tables which displays a summary of each article and their critical appraisal ratings.

Recognizing conflict. Disagreement and conflict are routinely encountered in healthcare, yet few nurses have been trained to recognize the components of conflict or to apply effective methods in conflict resolution (Rosenstien, Dinklin, & Munro, 2014). Unresolved conflict

directly impacts employee morale, retention, and the overall well-being of an organization. A nurse manager devotes a significant percentage of a work shift to resolving employee conflicts, without the training to do so effectively. Rosenstien et al. suggested that nurse managers who are competent in conflict identification and strategies for conflict resolution can have a positive impact on staff retention and improved patient outcomes.

Patton (2014) recognized that dysfunctional conflict can negatively impact the quality of patient care, employee job satisfaction, and employee well-being. Patton suggested that the ill effects of dysfunctional conflict could be mitigated if hospital managers learned to recognize the precursors to conflict and take appropriate action. Some of the precursors to conflict are related to differences in personality, decision-making, values, unclear boundaries and expectations in positions, competing inter-departmentally for limited resources, and the complexities of the organization.

Deetz and Stevenson (as cited in Omisore and Abiodun, 2014) listed three assumptions underlying positive conflict: (a) conflict is natural; (b) conflict is good and necessary, and (c) most conflicts are based on real differences. Conflict has the potential for positive outcomes. Conflict can stimulate innovative thinking when properly managed. While it may seem less troublesome in the short-term to live with unresolved misunderstandings than to address the fundamental differences, conflicts demand recognition and management.

Organizational conflict factors. Omisore and Abiodun (2014) examined the factors associated with organizational conflict and found that uncertainty exists with respect to the significance of conflict in organizations as well as how to effectively manage it. The occurrence of conflict can stem from power struggles, leadership style, and insufficient resources, and if not well-managed, can reduce productivity or impair service delivery. Healthcare organizations that

support the development of effective conflict resolution and communication skills can transform organizational culture and leadership while improving efficiency, reducing preventable errors and adverse events, and improving staff and patient satisfaction (Rosenstien, Dinklin, & Munro, 2014). Omisore and Abiodun noted that well-managed conflicts can have positive outcomes, but that the causes must be appropriately addressed as soon as they are recognized. They recommended placing attention on the views of conflicting parties and encouraged negotiation while warning against use of force and intimidation as those can only be counterproductive.

Omisore and Abiodun (2014) concluded that organizations must encourage decision making and create a supportive work environment to promote effective and efficient operations. Care should be taken to ensure varied methods of communication, which prevents inappropriate spread of rumors. Managers must be skilled in collaboration and appropriate delegation of authority. A participatory style of leadership rather than an autocratic type of management should be supported by organizations. Time should be made available to facilitate discussion of a conflict by all involved parties. The focus should not be on who is right but to achieve a common goal for the organization by working together. To address these organizational needs, Omisore, Abiodun, and Scott (2011) recommended conflict resolution training workshops for staff.

Nicotera, Mahon, and Wright (2014) examined structurational divergence (SD) theory in a nursing context to explain how poor communication and conflict cycles can be exacerbated by institutional factors. These researchers designed, implemented, and evaluated an intensive nine-hour training course in communication to reduce negative conflict attitudes and behaviors and build teams. Post-intervention, participants scored lower in conflict persecution, higher in positive relational effect perceptions, lower in negative relational effect perceptions, higher in conflict liking, lower in ambiguity intolerance, and lower in tendency to triangulate. Nicotera et

al. concluded that participants felt more empowered to manage conflicts and maintain healthy work relationships after participating in the training.

Conflict coaching. Brinkert (2011) conducted a qualitative study to evaluate use of a comprehensive conflict coaching model in a hospital setting. In this model, a coach and client work together with the aim of improving the client's understanding of conflict and interaction strategies to mitigate conflict. In this study, 20 nurse managers trained as conflict coaches were paired with 20 supervisees. Qualitative data were collected over an eight-month period from the nurse managers, supervisees, and senior nursing leaders. Direct benefits of the intervention included improved supervisor competency in conflict coaching and enhanced competency of nurse managers and supervisees in general communications skills and when presented with specific conflict situations. Using this innovative continuing education approach, Brinkert found that conflict-related intrusions into nursing practice could be reduced. Brinkert noted specific challenges in managing program tensions during the study and concluded that the comprehensive coaching conflict model was practical and effective in elevating the conflict communication competencies of nurse managers and supervisees and appeared to work best when integrated with other conflict intervention practices in a supportive environment.

Effective conflict resolution. Rahim (1983) developed a framework that includes five conflict styles**:** avoidance, compromise, integration, being obligatory, and use of domination. This framework has been incorporated into guidance on effective conflict resolution practices in healthcare organizations (Omisore & Abiodun, 2014). Achieving effective conflict resolution involves good communication, which can strengthen relationships and help to develop trust and support. Poor communication and negative attitudes toward improving communication can worsen the overall effectiveness and morale of any given team. One outcome of poor

communication is the tendency to avoid conflict altogether. Unfortunately, this approach usually causes more stress as tensions increase and evolve into a greater conflict. Effective conflict resolution involves understanding complaints rather than being defensive about wrongdoing (Omisore & Abiodun, 2014).

Omisore and Abiodun (2014) reported the importance of aggrieved participants being listened to and understood as an early step in resolving conflict. The authors emphasized the dangers of over-generalizing and of domination when in a position of authority, insisting that a certain way is 'right." Forgetting to listen, criticizing others, trying to win an argument at the expense of the relationship, making character accusations, and stonewalling were all cited by Omisore and Abiodun as counterproductive behaviors to be addressed in effective conflict resolution strategies.

Teamwork and teambuilding. Grubaugh and Flynn (2018) conducted a secondary analysis of data from a previous study to determine medical-surgical staff nurses' perceptions of nurse manager's abilities with respect to leadership, conflict management, and teamwork. The authors characterized team backup within teamwork as essential for safe patient care and quality outcomes and regarded inadequate conflict management as a threat to successful teamwork. Grubaugh and Flynn concluded that effectiveness of conflict management and quality of team back up could be predicted by nurse manager demonstration of skilled leadership.

Teamwork and team building are foundational concepts that affect the work group's ability to function effectively and to achieve desired goals of safe quality patient care. The ability of the team to work effectively and collaboratively affects delivery of quality of safe patient-centered care and patient outcomes. Teamwork can be facilitated by effective conflict

management for the group as well as individuals who can also decrease frustration and stress and lead to higher team effectiveness demonstrated through team backup (Nicotera, 2014).

Effective teams have been shown to improve the quality of safe, patient-centered care. Examples include incidences of pressure ulcers brought to near-zero when an effective team was in charge; more compliance with infection control practices when an engaged team was in place; and even deadly methicillin-resistant staph aureus (MRSA) was substantially reduced when infection teams were involved (Nurse Aide-VIP, 2013).

Good leadership is key to a well-functioning team, and without it, dysfunction and discouragement can result. Ohio State University teaches eight rules that make a teamwork: 1) each member brings value to the team; 2) learn each member's strengths and skillsets; 3) share your ideas with others in the group; 4) appreciate diversity of the team; 5) respect each member's ideas and opinions; 6) be open to solutions other than your own; 7) bring a solution to the problem and 8) a cohesive team has a unified purpose, so remember to respect each team member's ideas and strive to contribute harmoniously to the group (Nurse Aide-VIP, 2013).

Learning techniques for team building and conflict management. Learning and implementing techniques of team building and conflict management skills can positively impact retention of nurses (Brinkert, 2011). These skills are foundational for any leader and have far-reaching implications for other members of the healthcare team. In the healthcare environment today, both conflict management and teambuilding skills are essential. Nurse leaders are charged with promoting a collaborative work environment to minimize conflict and maximize teamwork for staff to perform their best work in providing safe, patient-centered care. Assumptions may be related to the belief that all nurse leaders possess the skills to build teams and manage conflict, yet many nurse leaders equipped with excellent clinical knowledge have not had the opportunity

to develop these skills. In many cases the nurse manager has not been trained in conflict management or team-building techniques. Currently, there is no standard method of evaluating whether nurse managers have adequate team building or conflict management skills.

Today, nurse leaders are from different generations, and they possess various skill sets and levels of educational preparation. These differences, coupled with organizational cultural considerations, may influence how the nurse leader leads and determine whether they will remain with an organization (Patton, 2014).

Healthcare organizations are challenged as their environment is highly regulated, and requirements must be met to maintain requisite accreditation and certification for provision of patient care and related services. It is vital to develop and retain skilled, qualified staff to work effectively and consistently to provide high-quality care and services (Mudallal, Othman, & Al Hassan, 2017).

Carefronting. The concept of carefronting was named by Dr. David Ausberger, a professor of pastoral care, in the late 1970s as an important skill for nurses to apply in conflict resolution and creation of collaborative work environments (Sherman, 2012). The use of carefronting is especially important in healthcare settings where teamwork and shared goals are required for high quality and safe patient care. In carefronting, the objective is to achieve effective working relationships, achieved through caring and strategic communication in an attempt to resolve conflict. Betty Kupperschmidt, an Associate Professor of Nursing at the University of Oklahoma Health Sciences Center, introduced the concept of carefronting to nursing practice. In her work, she describes seven basic guidelines of carefronting: 1) identifying truths from different viewpoints, 2) each participant owning their anger, 3) inviting change, 4) trusting mutually, 5) not assigning blame, 6) freedom to change and 7) making peace and being

present (Sherman, 2012).

Intent to stay. The nurse manager role is central to staff nurse satisfaction, retention, achieving organizational goals, and providing quality, safe patient care (Zastocki & Holly, 2010). The decreasing numbers of qualified nurse managers in the acute care environment are of extreme concern to healthcare organizations. As reported by the American Organization of Nurse Executives (as cited in Zastocki & Holly, 2010), nationwide vacancy rates for nurse managers have reached as high as 8.3%. Career nurse managers with the most organizational and operational experience will most likely retire within ten years, presenting a challenge to healthcare organizations. Nurse manager studies related to supporting a healthy work environment and improving job satisfaction suggest the importance of including a framework of shared leadership, collaborative management, professional development, relationship building, establishing clear role expectations, and empowerment (Zastocki & Holly, 2010).

Al-Hamdan and Nussera (2016) carried out a cross-sectional descriptive study to investigate staff nurses' intent to stay in their jobs as influenced by the conflict management styles of their managers, with the aim to evaluate strategies to improve nurse retention. *The Rahim Organization Conflict Inventory II (ROCI II)* was used to evaluate intent to stay. Nurses in the sample studied tended to remain in their current job for 2–3 years. From the results, the authors determined that an integrative management approach was the preferred choice for nurse managers, and the least preferred choice was a dominating approach. The findings supported the authors' hypothesis that leadership practices are an influential factor in staff nurses' intent to stay and the quality of patient care.

Summary of the evidence. Organizational culture is an important factor in maintaining a healthy work environment. Effective conflict resolution and communication skills can transform

organizational culture and leadership. The literature supports both teaching and coaching conflict management and team building as foundational skills for nurse managers. ANMs work closest with the front-line nursing team who are responsible to provide safe, quality patient care. The nurse manager is in a key role to influence staff job satisfaction, retention and achieving the objectives of the organization which affects the bottom-line financial goals. The literature provides general guidelines, significance and considerations for training and coaching which supported DNP candidate in developing the four modules within the toolkit for training and coaching.

Rationale

Coaching to build conflict management and teambuilding skills was selected as the intervention for this project for several reasons. During the time ANMs were observed in their work milieu, numerous situations arose that involved forms or degrees of conflict and missed opportunities for team building. The ANMs shared their conflict situations with the DNP candidate and requested guidance. The ANMs were seeking more effective approaches to manage conflict and build teams in order to do their best work.

As an experienced executive nurse leader in the healthcare work environment, the DNP candidate has encountered many conflict and team-building challenges during her career. This personal experience was helpful during the development and implementation of this project.

The DNP candidate reviewed the literature and found a relationship between conflict management, team building, and the retention of nurse managers. This evidence was the foundation for developing an evidence-based change of practice project. Retention of nurse managers is of great concern, as expressed in interviews with senior executive leadership at a large Northern California integrated health system.

The existing New Nurse Leader Orientation training program (NNLOP) is provided by the regional branch of the Northern California integrated health system. The training was reviewed as part of the gap analysis for this project. The (NNLOP) is currently a three-day program targeted to new nurse leaders within the first 60 days of hire who are employed at Northern California health systems within the enterprise. In 2018, 30% of the current nurse leaders had completed the training. The goal was to ensure that the remaining 70% of nurse leaders are trained in 2019. Gaps were identified related to lack of information on conflict management and team building, foundational skills for any manager.

The ubiquitous nature of conflict management was evident from observation of the work milieu over the past year. Attrition of nurse managers was significant, according to the executive leadership and nurse managers. Learning about the complex and vital role of the ANM via observation and personal interviews afforded the DNP candidate an appreciation of the role and day-to-day responsibilities of the ANMs.

Patient satisfaction is directly tied to Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), a survey of patient satisfaction required of all hospitals in the United States by the Centers for Medicare and Medicaid Services (CMS). The survey and its results provide a ‘patients’ eye view’ of the care received. The survey results are public, posted on the internet for all to see in forming an opinion on a hospital. Critical to the financial health of a healthcare organization, government reimbursements are based on the HCAHPS results. Excellent survey performance results in a higher level of reimbursement for the costs of providing care. Patients are often aware of the presence of staff conflict and lack of teamwork, which can manifest as unsatisfactory care and be reported on the HCAHPS survey.

It was important to implement a Doctor of Nursing Practice (DNP) project that was cost-effective, relevant and promoted a healthy work environment. Specifically, the project sought to promote teamwork and equip ANMs with conflict management skills. The intended 'value-added' benefit was to support ANM retention. Project design took into account sustainability of the project and ability to narrow the scope to a DNP project.

Description of the conceptual framework. The conceptual framework for this DNP project was grounded in transformational leadership (Kauppi et al., 2018) and Lewin's three-stage model of change (Hartzell, 2018). Since the ANM works closest to the nursing staff who care for patients directly, transformational leadership can have a profound effect on retention and how care is delivered. As a transformational leader, the ANM can influence, motivate, lead, and work collaboratively with employees to create meaningful change for them to achieve and learn how to maintain a healthy work environment within the organization. In healthcare, change is a dynamic and necessary process that can be managed using Lewin's three-stage model of change.

***Transformational leadership theory*.** This theory was developed by James McGregor Burns in 1978. According to Burns, "leaders and followers help each other to advance to a higher level of morale and motivation" (as cited in Kauppi et al., 2018, para.2). Transformational leadership theory is based on the idea that the transformational leader can partner with employees to create a significant change in the life of people and organizations to honor the vision and mission of the organization. The transformational leader can influence employees to think boldly and aspire to do more as they develop leadership skills.

The four elements of transformational leadership are: (1) individualized consideration – the level of leader attention to each follower's needs, while acting as a mentor, (2) intellectual stimulation – the manner in which the leader engages the follower by challenging assumptions,

taking risks and soliciting their ideas, (3) inspirational motivation – the manner in which the leader shares a vision that is captivating to followers, and (4) idealized influence – results from the leader acting as a role model exuding highly ethical behavior, encouraging trust and respect (Kauppi et al., 2018)

Lewin's three-stage model of change. In learning and implementing new conflict management and team-building strategies and principles, there may be resistance to change based on previous experience. In 1947, Kurt Lewin developed his three-stage model of change that includes unfreezing, changing and refreezing (Burns, 1978). This model recognizes that resistance to change is expected. During the first stage of unfreezing, the objective is to create a perception of the urgency for change. The second stage of changing involves moving or transitioning to achieve the new desired process or behavior. The third stage is refreezing which includes embedding the new change into the fabric of the organization and how things are done (Hartzell, 2018).

In healthcare, change is a dynamic and necessary process that can be managed using Lewin's three-stage model of change. The nurse leader is positioned to influence, motivate, lead, and work collaboratively with employees to create meaningful change for them to achieve and maintain a healthy work environment in which both organizational and personal goals can be met.

Specific Aims

The specific aims of the project were to provide training and coaching in conflict management and team building to select unit ANMs by June 30, 2019, to increase knowledge and skills for at least 20% of the participant ANMs, to increase job satisfaction and retention of participant ANMs by 25%, and to create and implement a conflict management and team

building toolkit in three months.

Section III: Methods

The DNP candidate designed, taught, and coached a three-month workshop that included evidence-based principles and practices of conflict management and team building in order to facilitate and support ANMs to apply conflict management and team-building strategies effectively in the workplace. The desired results were to increase knowledge and skills in conflict management and team building and increase retention by improving job satisfaction of ANMs.

On October 9, 2018, approval was obtained from the CNE to implement the DNP project at a large integrated health system in Northern California. See Appendix B for Letter of Support from the Organization. Early analysis of the problem was conducted to determine project parameters (see Appendix C). The training plan and schedule, PowerPoint presentations, and module evaluation tools were developed prior to implementation, which began on March 30, 2019. The workshop was completed over a three- month period. The DNP candidate met with the CNE to provide status updates on a regular basis. Key stakeholders were provided with monthly written status summaries. Immediately prior to implementation in March 2019, pre-intervention data were collected on demographics, conflict management styles, and job satisfaction/intent to stay.

The training was designed to be flexible, and creativity was employed to ensure cost-effectiveness. The training was originally one-and-a-half to two hours for each module. The duration of training modules one through three were adjusted to 20-30 minutes each, and module four was changed to 45 minutes. The coaching for each of the four modules consisted of the equivalent of at least two sessions of 4 to 6 hours of observation and discussion in real-time

while the ANM was involved in operational activity. In some cases, actual conflict situations arose that afforded the ANM the opportunity to utilize conflict management and team-building strategies learned during the DNP workshop training. See Appendix D for Training Schedule. Care was taken to be minimally disruptive during operations.

Context

Nurse managers face numerous organizational-culture challenges that affect job satisfaction, retention, and team dynamics (Omisore & Abiodun, 2014). Within an organization, there are generational considerations, differences in culture, race, and beliefs, differences in practice, and the level of nursing preparation and education. The impact of organizational culture on patient care must also be considered in light of patient experience, health outcomes, regulatory compliance, and reimbursement.

All too often, the day-to-day communications focus of the nursing staff is on nurse-to-patient communication and nurse-to-nurse handoff in the absence of attention to professional relationships among nurses. This hampers the ability of the team to be effective in providing safe, quality, patient-centered care, which is frequently not standard or consistent across the organization. There are different levels of performance as evidenced by HCAHPS scores within the healthcare organization.

There has been significant attrition of nurse managers in this organization over the past year. The concern is that if unresolved conflict and team dysfunction is a reason for attrition, it needs to be addressed. Application of principles of conflict management and building effective teams can be employed to mitigate the problem. ANMs from select inpatient units were asked to participate in this DNP project based on the CNE or designee recommendation.

Key stakeholders. The key stakeholders are primarily the ANMs employed at an acute care hospital in an integrated healthcare system in Northern California. Other key stakeholders are the nurse leaders (Manager, Director, CNE) and nursing staff. The nursing group has similarities, as well as some differences. All of the above groups must communicate and collaborate to deliver safe, quality, patient-centered care.

Message mapping. Maps were developed for each key stakeholder group in order to ensure that each specific area of focus by role was represented in designing and implementing the project. These concept maps, referred to as "message maps," were used in the training of ANMs. These maps used concepts familiar to the ANMs, so the maps helped them to engage in the training and helped answer their questions: "How is this training going to help me do my job more effectively?" and "How is the training aligned with organizational mission and organizational culture?" The DNP candidate used these maps to provide an overall view of the context of each role and areas of overlap to help them learn to collaborate more. See Appendix E for Message Maps.

This DNP project focused on concepts of conflict management and team-building in the work environment as well as the mission and vision statements of the organization, which directs nurse leaders to provide high-quality health care. In order to reach this goal, there must be collaboration between nurse leaders and staff at all levels. Understanding the roles of others and how you can collaborate with them is an important step for ANMs.

This project helped ANM participants understand their role and the roles of other nurse leaders in their organization. For example, participants were told that nurse executives focus on the larger health system and organization of quality of care delivery, including patient satisfaction as they are responsible for the outcomes and reimbursement of the organization.

They were also told that nurse managers and ANMs are primarily involved in influencing the nursing staff to coordinate care and to address patient satisfaction issues. Understanding the difference between these roles, helped ANM participants see who had shared responsibilities and would be best to approach to collaborate within solving conflict management and team-building issues.

Intervention

The ANMs assigned to select inpatient acute care units were approached for the intervention as they work most closely with the frontline nursing staff and have a greater opportunity to influence staff and affect the work environment. There are ANMs working on every shift every day (days, evenings, and nights, Monday through Sunday). The ANM group is comprised of peers with similar responsibilities. The intervention in this project included coaching and training ANMs from select inpatient units over a three-month period. It emphasized teambuilding and managing conflicts that can disrupt the flow of work and affect patient care. The coaching and training provided a safe learning environment and promoted opportunities for improving conflict management skills and learning how to build effective teams. The participants were also given a conflict management toolkit containing a Summary of Key Concepts (see Appendix F).

Initially, the training was designed as four two-hour modules. Due to time constraints, these modules were modified so they could be taught individually to each ANM in three 20-30-minute modules and one 45-minute module plus individual coaching sessions of at least eight to twelve hours. The training modules were designed to be focused and informative, mindful of cost-effectiveness, and with minimal disruption of operations. The training modules were implemented during the workday of the ANM. At times there were

opportunities to employ the learned conflict management and team building principles in a real-time situation. Evaluation of the modules took place after each module training session. Pre and post-intervention data were collected using the ROCI-II Inventory and the Job Satisfaction and Intent to Stay Scale. Additionally, intervention evaluation data was collected using two author-developed tools: The Evaluation of Training Questionnaire (see Appendix G) and the Evaluation of Facilitator/Coach & Training Questionnaire (see Appendix H).

Gap analysis. The gaps were identified prior to the DNP project design and implementation. See Appendix I for Gap Analysis. The New Nurse Leader Orientation training binder has no reference to teambuilding or conflict management. ANMs are faced with challenging situations regularly from staff, patients, ancillary staff, physicians, family members of patients, etc. ANMs have varying levels of experience in leadership, problem-solving skills, and educational backgrounds. Retention of ANMs at this acute care hospital has been identified as a challenge

Gantt chart. This evidence-based change of practice project was implemented in four phases. The four phases were planning, design, implementation, and analysis. The tasks within each of the four phases of the Gantt chart are presented in Appendix J.

Work breakdown structure. See Appendix K. The work breakdown structure was organized into stages of planning, designing, and implementation. It was important to identify stakeholders and key participants in the planning stage. In the design stage, the activities and deliverables were outlined. The implementation stage involved conducting surveys and training and coaching, followed by the spread and share process.

SWOT analysis. A SWOT analysis was conducted to identify internal strengths and weaknesses and external opportunities and threats to the planning and completion of this project (see Appendix L)

***Strengths*.** The CNE and other stakeholders, including the ANMs supported the DNP project. The ANMs were reaching out to DNP candidate for guidance on how to manage conflict management and team-building concerns in the work environment. Since the ANMs work closest to the front-line staff, there was an important opportunity for the ANMs to influence the staff by using the learned strategies to manage conflict and promote teamwork. Flexibility in scheduling the training and coaching sessions was successful in avoiding any overtime for the ANMs. The DNP project was aligned with organizational performance improvement projects on nurse and provider communication with patients, patient experience, and safe, quality patient care.

Weaknesses. Ineffective communication within disciplines can create delays in care, patient safety issues, staffing challenges, and operational issues. The retention of nurse managers is a challenge. ANMs not included in the training could file a complaint related to feeling left out of the initial intervention. ANMs may need more support than the DNP candidate can provide.

***Opportunities*.** The project presented an opportunity to address conflict and provide ANMs with the skills to manage future conflict and improve their team building. Patient experience and satisfaction survey scores (i.e., HCAHPS, The Leapfrog Group) for the enterprise may improve, which may translate into reimbursement dollars in pay-for-performance climate. The DNP project presents an opportunity to collaborate across disciplines effectively and efficiently to coordinate care and problem solve. An additional opportunity is to demonstrate

building and promoting an organizational culture that supports a healthy work environment and a culture of safety.

***Threats*.** Based on the active unionized environment at the organization, there is a potential for strikes, grievances, or complaints related to the workshop increasing the ANM workload or someone not being included in the workshop. The workload of the ANMs can be unpredictable which may delay training. The ANMs may not be able to complete the four modules of the training and coaching workshop due to leaving the organization, contract ending, vacation, or unplanned time off.

Cost/benefit analysis. The intervention was a cost-avoidance venture in that there was no overtime incurred by the ANMs while participating in the training and coaching throughout the entire three months. Each module of the DNP workshop was designed to decrease the cost of turnover by reminding the ANM of the importance of their role as well as discussing the connection between their role and the impact on peer, staff and patient satisfaction and the mission of the organization.

The estimated average cost of replacing one ANM is $55,900, and this includes marketing and recruitment, interviewing, onboarding, orienting, training, out-processing and covering the role in the interim. It is very expensive if qualified ANMs are not retained—not only in terms of money but in terms of continuity of quality patient care and consistent management for the nursing team. Developing professional relationships and team building within nursing and allied health members of the team is important to build trust. There may be unresolved conflict, and team morale may be affected negatively. Absenteeism may be an issue. Use of traveler nursing ANM contracts for 13-week assignments (pay at a premium, no benefits)

had been effective during seasonal increases in hospital census to supplement staff. However, this may not be the best solution long-term. More recently, an increase in long-term stay patients in the acute care hospital setting has increased the need to have more staff throughout the year as opposed to just seasonally. See Appendix M for Cost/Benefit Analysis.

Attending to unresolved conflict or working in dysfunctional teams can contribute to delays in patient care, in turn, diminishing the quality of care and patient satisfaction. If this is reflected in low HCAHPS scores or other indicators of patient care that can trigger lower Medicare and Medicaid reimbursement, the "bottom line" will be affected directly.

Return on investment. The return on investment (ROI) calculation was calculated on the basis of improving retention and creating a collaborative work environment to form a strong foundation for problem-solving and potentially improving the quality of patient care and reducing grievances. The projected cost avoidance was calculated to be $3,540,700+. The monetary investment for salary was $O. Total DNP project expenses were $8,029. See Appendix N for ROI Analysis.

Responsibility/Communication matrix. The DNP candidate designed, promoted, coordinated, and executed the DNP Project consisting of 4 modules. A training schedule document that included training topics and dates for the entire three months was provided to the CNE, Nurse Manager, and Nursing Director. The DNP candidate coordinated with the CNE, Nurse Manager, and Nursing Director to scope the project by identifying inpatient acute care units and number of ANMs to approach regarding participation in the DNP Workshop. Regular updates were provided to the CNE, Nursing Director, and Nurse Manager. The CNE supported and promoted the DNP project by communicating her support to the nurse leadership team. The Nursing Director and Nurse Manager communicated the schedules of the ANMs and acted as a

resource for the DNP candidate. The secretary to the CNE was responsible for scheduling follow-up meetings with the CNE for the DNP candidate to provide progress reports, gather feedback, and answer questions. See Appendix O for Responsibility/Communication Matrix.

Study of the Intervention

The sample of ANM participants worked on a medical/surgical telemetry unit within a Northern California integrated health system. Care was taken to ensure the ANMs felt comfortable to complete the surveys without fear of loss of privacy. It was explained to the ANMs that their responses would be kept confidential and there were no wrong answers and their answers should reflect their opinions and experiences.

Demographic data were collected using an author-developed survey tool to identify generational information as well as work experience and nursing educational levels. ROCI-II scores were collected to identify conflict management styles used by the ANMs in their approach to conflict with subordinate peers, and supervisors. Job Satisfaction and Intent to Stay Scale responses were also collected. All survey information except demographic data was measured pre and post-intervention to evaluate changes after participation in conflict management and team-building training and coaching.

Training and coaching were conducted while in the work milieu with the ANM in order to be more cost-effective and to keep the training relevant and practical. Module evaluation was designed to gather participant feedback in a timely manner to engage the ANM and to tailor the workshop to meet the needs of the participant ANMs. The Evaluation of Training Questionnaire was designed to evaluate the effectiveness of the “on-the-spot” training approach in the work milieu. The Evaluation of Facilitator/Coach and Training Questionnaire assessed knowledge and expertise of the DNP candidate as training facilitator and coach with mastery of conflict

management and team building content. Some of the ANMs were concerned that they would not be able to complete the questionnaire as there were many questions. The survey instruments were user-friendly for the ANMs and had been pilot tested to be sure they could be completed within eight to ten minutes. All of these tools will be discussed below.

Participant surveys were completed just prior to the commencement of training, after each module, and immediately upon completion of the three-month intervention.
During the intervention, participants used the learned conflict management and team-building strategies learned in real-time. They and reported back and shared their stories, providing evidence the approach was working.

Measures

Two participant survey instruments: Rahim Organizational Conflict Inventory–II and Job Satisfaction and Intent to Stay Scale served as process and outcome measures. These instruments were chosen because they help to assess conflict management styles and areas of conflict in the work environment, which affect a staff member's intent to stay in an organization. A third process measure, Module Evaluation, was used to evaluate and amend each module based on participant feedback. The Evaluation of Training Questionnaire and the Evaluation of Facilitator/Coach and Training Questionnaire were the two additional outcome measures used.

Rahim Organizational Conflict Inventory–II (ROCI–II). The ROCI-II consists of Forms A, B, and C that measure how an organizational member handles conflict with supervisors, subordinates, and peers, respectively. Each form has 28 statements for a total of 84 items. It is designed to measure five styles of handling interpersonal conflict, such as integrating, obliging, dominating, avoiding and compromising. The five styles of handling conflict are measured by 4 to 6 statements selected on the basis of repeated factor and item analyses. The

ANM responds to each statement on a five–point Likert scale with responses ranging from strongly disagree and strongly agree. A higher score represents greater use of a conflict style. The ROCI-II has adequate reliability and validity (Rahim & Magner, 1995). Permission was granted by author to use questionnaires. See Appendix P for the ROCI-II tool information.

Nurse Manager Job Satisfaction and Intent to Stay Scale. Permission was obtained to use Dr. Nora Warshawsy's four-item Nurse Job Satisfaction and Intent to Stay Scale for this DNP project. However, permission was not granted to publish the entire scale in any publications. Therefore, the scale is not included in the appendix section. The four-item scale was selected for simplicity and yield of specific information regarding job satisfaction and intent to stay. Two of the items were on a Likert scale asking about job satisfaction, one required number of years intending to remain in the current position, and the other was a forced-choice regarding reasons for leaving current position. The tool was user-friendly and completed within three minutes. The ANMs have significant responsibilities and tasks which can be unpredictable at times so it was important to select an instrument that could be completed quickly which would provide useful information. The data collected was helpful in identifying factors that influence an ANM's intent to stay at an organization.

Module Evaluation. An author-developed three-item questionnaire was created to allow participants to evaluate each of the four modules of the workshop. The three items included open-ended questions such as "What went well?" and "What could be improved?" The purpose of this questionnaire was for participants to provide immediate feedback about each module that could be used to make timely improvements (see Appendix Q).

Evaluation of Training Questionnaire. An author-developed 12- item questionnaire with nine items on a four- point Likert-type scale and three open-ended questions were

completed by participants to evaluate knowledge and comfort level in conflict management and team building principles and effectiveness of the "huddle" or "on-the-spot" training at the completion of the four modules. (see Appendices G and R).

Evaluation of Facilitator/Coach and Training Questionnaire. An author-developed six-item survey with four items on a Likert-type scale and two open-ended questions was used by participants to evaluate the facilitator after the completion of all training and coaching for the four modules (see Appendices H and S).

Analysis

To protect the privacy of participants, mean scores rather than individual scores were reported for all data. To evaluate the effect of the intervention, quantitative data were analyzed by calculating pre and post-intervention mean scores for the ROCI-II and the Nurse Manager Job Satisfaction and Intent to Stay Scale. Both qualitative and quantitative data were obtained from the author-developed participant survey, questionnaires and evaluation forms. Mean scores were calculated for quantitative items and data from qualitative items were reviewed for common responses and summarized.

Ethical Considerations

To ensure confidentiality, participants were protected by excluding names on all instruments. Only mean scores and anonymized information will be used in publications and presentations. The participants shared their diverse experiences in the presence of their peers in the organization for the common good, which is based on Jesuit values at the University of Francisco. Care was taken to create a safe environment in which participants would be comfortable to share their true feelings during the workshop. Based on the 2015 American Nurses Association Code of Ethics, a safe environment must be created to promote the sharing of

experiences and learnings and for professional growth. This is an evidence-based change of practice project that does not meet the definition of research. IRB review and approval are not required (see Appendix T).

Section IV: Results

Results

Initially, eight participants started the training. Due to scheduling challenges and contractual changes, only four participants completed the entire four modules over the three-month intervention. The results of this project are presented for each of the data collection measures.

Demographic Data Survey. The ANM participant group (n=4) was 100% female; seventy-five percent millennial generation (age 24-42 years) and 25% generation X (age 43-54 years). Seventy-five percent of the ANMs had 7-10 years of experience as a nurse, 25% of the ANMs had 16 to 20 years as a nurse, 50% of the ANMs had 4 to 6 years of nurse manager experience, 25% had 2 to 3 years, and 25% had 4-6 years of nurse manager experience. The ANMs were 50% Bachelors and 50% Master's degree prepared nurses. See Appendix U for Demographic Data Survey. See Appendix V for Demographic Data Survey Results.

Rahim Organizational Conflict Inventory-II (ROCI-II). Pre and post-intervention mean scores were calculated for ANMs responses for all five types of conflict management styles (collaborating, accommodating, competing, avoiding, and compromising) on all three forms of the ROCI-II: A (supervisors), B (subordinates), and C (peers). The ROCI-II pre and post-intervention mean scores revealed that ANM participants most often approach conflict involving peers, subordinates, and supervisors using the collaborating conflict management style. The highest pre-intervention mean scores for the collaborative conflict management style were 4.91, 4.61, and 4.53 for forms A, B, and C, respectively. The highest post-intervention mean

score for the collaborative conflict management style was 4.75, 4.86, and 4.89 for forms A, B, and C, respectively. The complete pre and post-intervention mean scores for ANMs on the ROCI-II are displayed in Appendix W.

Job Satisfaction and Intent to Stay Scale. This four-question survey was developed by Dr. Nora Warshawsky (Warshawsky, Wiggins, & Rayens 2016) and (Warshawsky, Rayens, Lake, & Havens, 2013) and administered pre-and post-intervention to all ANM participants. Permission was granted by Dr. Nora Warshawsky from the University of Central Florida to use her scale for this DNP project but not granted to publish the entire scale in this DNP project so it will not appear in the appendix. The pre-intervention Job Satisfaction and Intent to Stay questionnaire revealed that 75% of the participants were "satisfied" with being a nurse leader, while 25% were "somewhat satisfied." Post-intervention 50% were "satisfied" and another 50% were "very satisfied" with being a nurse leader. Pre-intervention 50% of the participants were "likely", 25% were "somewhat likely", and 25% were "very likely" to recommend nursing leadership as a viable career choice for other nurses. Post-intervention, 75% of the participants were "very likely" and 25% "somewhat likely" to recommend nursing leadership career as a choice to other nurses.

Pre and post-intervention 50% of the ANMs plan to remain in their same position 1-2 years, 25% plan to stay 3 years, and 25% intend to stay 5 years. During the pre-intervention period, the primary reasons the participants were planning to leave were related to moving from the general area, for promotion or career advancement, and obtaining different job experiences, leaving the nursing profession. The primary reasons the participants were planning to leave as reported post-intervention were to pursue education, to obtain a promotion or career advancement, to obtain better compensation/pay, and other reasons not listed. One-hundred

percent of all ANM participants remain in their positions after the three-month intervention.

Evaluation of Training Questionnaire The ANM participants also completed an evaluation of the workshop and the content. As a result of the DNP intervention, 75% of the ANMs indicated that their knowledge has increased "very much" in conflict management and team building. The remaining 25% indicated their knowledge had "somewhat" increased. The comfort level of the ANM participants in conflict management and team building has increased "very much" for 75% and "somewhat" for the remaining 25% of the participant ANMs. The "on-the-spot" training was very effective for learning and applying the knowledge and strategies for conflict management for 50% of the ANM participants and "moderately effective" for 25% and "somewhat effective" for the remaining 25% of participant ANMs. The "on-the-spot" training was "very effective" for learning and applying the knowledge and strategies for team building for 75% of the ANM participants, "somewhat effective" for 25% for 25% for the remaining ANMs.

The data from the three qualitative questions revealed common responses. Overall, the evaluations were positive, and the DNP project intervention was effective. There were suggestions around scheduling to minimize interruption. The classroom-style was suggested. The training was relevant to the ANM role. The skills taught helped the participants to learn more about themselves and their style of conflict management and what it means to be a leader. See Appendix R for a table that displays both the quantitative and qualitative data.

Module Evaluation. An author-developed 3-item "Module Evaluation" tool was used for participants to evaluate each of the four modules (see

Appendix Q). The results of this evaluation tool were reviewed by the DNP candidate for any opportunities to improve the content of the module or the delivery of the information (see Appendix X).

Based on the feedback from the ANMs, Module I was completed in the time allotted within 20-30 minutes, and the purpose of the DNP project was explained in terms that were easily understood. The timing between each of modules was too long. There was a request for written material for visual aid.

Feedback from the ANMs regarding Module II offered that the PowerPoint slides were relevant, practical, and informative. The use of video was effective. More videos were requested. Also, there were suggestions regarding scheduling of the training and coaching sessions to minimize interruptions.

Regarding Module III, the ANMs reported that the information presented included relevant topics and great examples. More examples of each conflict style were requested. Scheduling was coordinated with the ANM to determine the best time to complete the training and coaching session to minimize distraction during operations.

Finally, ANM feedback regarding Module IV was that there was a good overview of leadership. The participants would like more videos. Suggestions were to plan the training to allow classroom participation classroom style.

Evaluation of Facilitator/Coach and Training Questionnaire. The participants completed an evaluation of the facilitator/coach and training (see Appendix S). Based on the results of the questionnaire, 100% of the ANMs felt that the DNP facilitator/coach was very knowledgeable and very effective in presentation and coaching. One-hundred percent of the

ANMs indicated that the PowerPoint slides/presentation, and the videos used in the DNP workshop were very helpful.

The following is a summary of the participant responses to the two open-ended questions of the questionnaire. According to the participant ANMs, the DNP facilitator/coach had insight and awareness related to conflict management, team building, and leadership that facilitated engagement in the training and coaching sessions and the desire to learn more. It was suggested that due to the critical information given throughout this training it should be done in an uninterrupted environment such as a classroom setting for at least one day of training as it would support providing full attention so participants could learn even more.

Section V. Discussion

Summary

The project aims were achieved based on a comparison of means and feedback from ANMs on pre and post intervention surveys. The ANMs indicated that the training was relevant, practical and concise and the PowerPoint slides were engaging and informative. The discussion of scenarios and examples where conflict management and team-building strategies can be used where helpful. The ANMs were heard and able to express their thoughts freely. Opportunities for improvement were to include more videos, ensure scheduling of the training and coaching sessions were not at the same time when the ANM was scheduled to cover two units. Future topics suggested were to discuss how to coach RNs to be more supportive of each other. Other suggestions were to develop an electronic learning system for conflict management and team-building training and to deliver the training to promote classroom-style participation.

One-hundred percent of the participants remained as employees in the same role at the end of the three-month training and coaching period. The participants were able to utilize the

principles and strategies learned during the DNP workshop in real-life work situations and to resolve issues. The participants in the workshop shared that the training was very effective and engaging and that consideration for all managers to receive the training should be provided. Though the experiential learning and training were effective, some of the participants indicated that dedicated time to receive the training would be helpful to be able to eliminate interruptions due to the ebb and flow of operations.

Sustainability and spread can be maintained by putting the content in the orientation and training for ANMs and utilizing managers as coaches in the work milieu to manage conflict and to build teams. The participants shared that they will be sharing the key points summary information provided with all new ANMs.

Interpretation

Though the collaborating style of conflict management was prevalent in forms A, B, and C of the ROCI-II, other styles of conflict management were also used by ANMs. This may suggest that various styles of conflict management are employed by the ANM based on the situation. Collaborating, compromising, and accommodating conflict management styles had the highest means on both pre-intervention and post-intervention on forms A, B, and C.

According to Tuncay, Yacar, and Sevimligul (2018), the preferred conflict management style by nurse managers is collaborating, followed by compromising, avoiding, competing, and accommodating. The style of conflict management is determined by educational background, managerial experience, length of service and age. Tuncay et al. determined that the collaborating style was preferred by nurse managers to address conflict as it is both positive and effective. Conflict in the work environment has a negative effect on the members of the health care team in terms of morale, ability to do their best work, and the quality of patient care, which may lead to

turnover of employees or dissatisfaction. The use of conflict management strategies in the workplace will facilitate maintaining a healthy work environment.

It was very important to respect the time of each of the participants and to create a safe environment so they could speak freely. Being non-judgmental was also important in establishing trust and developing a rapport with the ANMs. Listening to the ANMs was also key to gaining their trust and engagement. By demonstrating listening as a coach, it demonstrated and modeled a key behavior in conflict management and teambuilding. Listening with big ears and little mouth was key. Providing evidence-based training was also important in helping to establish the respect of the participants.

Demonstrating respect by doing what was promised for the ANMs was important. Caring, respecting, and appreciating the ANM role was very important. Some of the ANMs in the organization asked why they were not included in the workshop. The DNP candidate explained that the scope of the DNP Project was negotiated with the CNE and that consideration for balancing the number of active improvement projects was important.

Limitations

There were a small number of participants in the DNP Project. Selection bias may have been a factor as the participants agreed to participate in the intervention. The results of the intervention may have been different had there been a larger number of participants. The limitations of this project were related to coordinating the schedules of ANMs working on days, evenings, and night shifts in order to free them up to attend training and coaching sessions.

In some cases, the participants received one to two modules of training in a session depending on the scheduling or operational needs. In other cases, there were a few weeks

between modules due to scheduling conflicts. Any lags in training and coaching time may potentially affect retaining the information that has been taught.

The limitations were also related to the fact that there was no budget to release these ANMs' schedules for class attendance. Scheduling was challenging as there were vacations over the spring and summer (March 30th through July 6th). Flexibility and creativity were vital to be able to ensure that the ANMs were trained and that they would have an opportunity to utilize some of the strategies they had learned.

The training was completed on days, evenings and night shifts on the weekends. Some of the ANMs were at the end of their contracts at the hospital or had urgent family issues and needed to leave and thus could not complete all of the modules.

Conclusions

Transformational leadership is necessary to support a cultural shift toward embracing change in healthcare organizations. Cummings, MacGregor, and Davey (2010) have determined that transformational and relational leadership is needed to improve nurse satisfaction, recruitment, retention, and healthy work environments. The aim of this evidence-based change of practice project was to practice transformational leadership through training and coaching nurse leaders in conflict management and team building, putting them on the path to becoming transformational leaders.

The practical application of coaching and training "on-the-spot" while in the workplace affords the opportunity to develop a foundation of team building and appreciation of conflict management skills. As a result of completing the training and coaching sessions, the ANMs learned to recognize concepts, principles, and approaches they could apply in their daily work. Learning to manage conflict and build effective teams involves critical thinking, emotional

intelligence, and personal empowerment—attributes that will serve a nurse leader well irrespective of specific situations or locations. Policymakers and nurse executives are thus encouraged to support organizational training and promotion of effective conflict management and team-building skills to develop, support, and empower ANMs, as well as the workforce on whom they so directly depend on for the delivery of safe, quality patient care.

Nayback-Beebe et al. (2013) found that healthy work environments supported improved staff satisfaction at work, decreased absenteeism by 48.5%, improvements in safe patient care such as patient falls decreased by 75%, and number of safety reports decreased by 20%. Patton (2014) recognized that dysfunctional conflict at work can negatively impact quality of patient care, employee job satisfaction, and employee wellbeing and suggested that the ill effects of dysfunctional conflict could be mitigated if hospital managers learned to recognize the precursors to conflict and take appropriate action. The insights gained from the results of this evidence-based DNP project suggested that conflict management and teambuilding training and coaching, even when limited in scope and duration, can benefit an organization in its efforts to support a healthy work environment. The results of this evidence-based practice project may have far-reaching implications for other healthcare disciplines through its positive influence on organizational culture and promotion of a healthy and satisfying work environment.

Section VI: Other Information

Funding

There was no outside funding for this DNP project. All materials and equipment were procured by the DNP candidate.

Collage and Artwork

The goal of this activity was to create artistic depictions summarizing the experience of participating in the DNP project. A collage and two posters representing conflict management and team building were created to illustrate their foundational relationship to effective nursing management, retention, and the connection to safe, quality patient care and patient satisfaction. Included in the representations were a review of the four training modules and a depiction of a multi-generational workforce. The training and coaching provided the seeds of knowledge and support; the tree represents professional growth. The participants are depicted as the stars of tomorrow—leaders who can model the strategies learned to influence others to do their best work and to improve the work environment (See Appendix Y for Collage and Artwork).

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Section VIII. Appendices

Appendix A

Evidence Evaluation Tables

Citation	Conceptual Framework	Design/ Method	Sample/ Setting	Variables Studied and Their Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
Al Hamdan (2016)	Rahim's (1983) framework of conflict management styles	Cross sectional descriptive quantitative study	All nurse managers and their staff who had direct patient contact at the targeted hospitals during data collection period. 42 nurse managers and 301 nurses were included in this study (response rates of 91.3% and 94%, respectively	Relationship between conflict management styles and intent to stay. Styles of conflict mgmt. are in five categories: avoiding, compromising, integrating, obliging and dominating (Rahim McCloskey & McCain (1987, defined intent to stay as 'the nurse's perception or probability to stay at the current job' (as cited in Al Hamden et al, 2016).	The Rahim organization conflict inventory II (ROCI II) was completed by 42 nurse managers and the intent to stay scale was completed by 320 staff nurses from four hospitals in Jordan.	The ANOVA analysis was carried out. The Statistical Package for the Social Sciences (SPSS Inc., Chicago, IL, USA) 17.0 for Windows was used to analyze the quantitative data.	The overall level of intent to stay for nurses was moderate. Nurses tend to keep their current job for 2–3 years. There was a negative relationship between the dominating style as a conflict management style and the intent to stay for nurses.	**Strengths:** Poor conflict management affects staff retention and morale, and this adversely affects patient care **Limitations:** The quantitative method used in this study relies on self-reports, the objectivity of which can be affected by the attitudes of the respondents **Johns Hopkins Nursing Evidence-Based Practice Research Evidence Appraisal Tool**: Level II B, good quality

Citation	Conceptual Framework	Design/ Method	Sample/ Setting	Variables Studied and Their Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
Brinkert, (2011)	Comprehensive Conflict Coaching model (CCCM) integrates conflict management research and theory from across disciplines while emphasizing a social constructionist framework	Qualitative data were gathered from nurse managers, supervisees and senior nursing leaders over an 8-month period and organized using standard program evaluation themes	Twenty nurse managers trained as conflict coaches and each coached a supervisee within a US Magnet status 500-bed two-hospital health system with a teaching college.	Conflict coaching involves a coach working with a client to improve the client's conflict understanding, interaction strategies and/or interaction skills.	Pre-intervention and post intervention questionnaires and subject interviews	Data gathering took place from November 2007 through to July 2008. All interviews were audio recorded and professionally transcribed	Conflict coaching was a practical and effective means of developing the conflict communication competencies of nurse managers and supervisees. Additional research is needed.	**Strengths:** This study supports the need for further study related to conflict communication strategies for nursing. Benefits included supervisor conflict coaching competency and enhanced conflict communication competency for nurse managers and supervisees facing specific conflict situations. Challenges included the management of program tensions. **Limitations:** The current study involved the researcher as trainer. Also, project implementation included training and research aspects of the conflict coaching program which may enhance the group training experience and lead to customization of the training design. **Johns Hopkins Nursing Evidence-Based Practice Research Evidence Appraisal Tool**: Level III B, good quality

Citation	Conceptual Framework	Design/Method	Sample/ Setting	Variables Studied and Their Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
Cummings, MacGregor, & Davey, 2010	none	Multidisciplinary Systematic Review	34,664 titles and abstracts were screened resulting in 53 included studies.	Using content analysis, 64 outcomes were grouped into five categories: staff satisfaction with work, role and pay, staff relationships with work, staff health and wellbeing, work environment factors, and productivity and effectiveness	Quality assessments, data extractions and analysis were completed on all included studies.	10 electronic databases. Published, quantitative studies that examined leadership behaviors and outcomes for nurses and organizations	Transformational and relational leadership are needed to enhance nurse satisfaction, recruitment, retention, and healthy work environments. Task focused leadership alone is not enough to support the workforce.	**Strengths**: Sample size adequate. **Limitations**: Conceptual overlap. This study further highlights the importance of transformational style of leadership as effective in improved job satisfaction and retention. **Johns Hopkins Nursing Evidence-Based Practice Research Evidence Appraisal Tool**: Level III B, good quality

Citation	Conceptual Framework	Design/ Method	Sample/ Setting	Variables Studied and Their Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
Grubaugh, & Flynn, (2018)	None	Secondary analyses from a 2012 study	Sample of 257 staff nurses on 50 medical-surgical units from 16 acute care hospitals	Relationships among staff nurse perceptions of their nurse manager (NM) leadership ability, conflict management, and team backup on medical-surgical units.	A series of multiple regressions, including a mediation model, were estimated to determine relationships among variables. The NMs_ leadership ability was measured by the 5-item NM Ability-Leadership-Support subscale of the Practice Environment Scale Y Nursing Work Index.24 Staff nurses were asked to rate, on a 4-point summated scale, the degree to which their NM demonstrates leadership, support, and managerial ability.	Data previously collected from a sample of 257 staff nurses.	Positive relationships were substantiated among the variables of NM leadership ability, conflict management, and team backup. Staff nurse perceptions of NM leadership ability were a significant predictor of conflict management and team backup.	**Strengths**: Sample size adequate. **Limitations**: Because this current study was a secondary analysis, data availability and specificity were limited based on the original study variables and measurements. Although sample size was adequate, additional unit-level data could have provided opportunity for further analyses This study further highlights the importance of conflict management as a leadership competency. **Johns Hopkins Nursing Evidence-Based Practice Research Evidence Appraisal Tool**: Level III B, good quality

Citation	Conceptual Framework	Design/ Method	Sample/ Setting	Variables Studied and Their Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
Mudallal, & Saleh, et al., (2017)	None	Cross-sectional, correlational design	Convenience sample from 270 of nurses and 270 of patients. Selected 178 of nurses and 178 of patient groups. Selected from 24 units of eight hospitals in Jordan.	Work conditions, nurse burnout, quality of nursing care. Service quality is defined as the difference between the expectations of the service versus the perception of the actual service experience. Burnout is a state of exhaustion: emotionally, physically, and intellectually.	(SERVQUAL) Service Quality Scale. Maslach burnout inventory is a Human Services survey used to measure nurse burnout which includes 22 items that have a 7-point Likert scale (from 0 =never to 6=every day) to measure emotional exhaustion, depersonalization, and personal accomplishment	Type of hospital, census rate, and working on rotating shifts were predictors of quality care.	Work conditions affects the quality of nursing care more than burnout and nurse characteristics.	**Strengths**: Scale used was reliable, valid and completed by patients to avoid bias related to self- evaluation. Study suggests nurse leaders make improvements in the work environment to decrease nurses' stress level and increase patient satisfaction. **Limitations**: Data limited to eight hospitals in Jordan. May not be generalizable. **Critical Appraisal Tool & Rating**: Level III, good quality

Citation	Conceptual Framework	Design/ Method	Sample/ Setting	Variables Studied and Their Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
Naybeck-Beebe, A.M. et al. (2013)	Guided by America Association of Critical Care Nurses (AACN) Standards for Establishing and Sustaining Healthy Work Environments. Iowa Model of Evidence-Based Practice to Promote Quality Care was used to facilitate this project.	Quality improvement project	Military hospital IMCU at large level 1 US Military trauma center. 27 key nursing stakeholders from hospital, section, and unit levels	Unit morale, Stressors, and staff behaviors in response to the work environment	Confidential unit survey Prior 6 months performance improvement 10 item Likert scale questionnaire	Unhealthy work environment	Healthier work environment. Improved staff satisfaction at work, decreased absenteeism 48.5%, improvements in safe patent care--patient falls decreased by 75% and number of safety reports decreased by 20%.	**Strengths**: Evidence -based principles adapted from AACN were utilized for this improvement project The evidence showed that leadership strategies enable nurses to work in a supportive environment to provide safe, patient-centered care, which may suggest a path to achieving higher retention rates. **Limitations**: The study was conducted in a military intermediate care unit. **Non- Research Evidence Critical Appraisal Tool & Rating**: Level IV, good quality

Citation	Conceptual Framework	Design/ Method	Sample/ Setting	Variables Studied and Their Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
Nicotera, Mahon, &Wright (2014).	Structurational divergence (SD) theory.	Randomized controlled trial	An intensive 9-hour course provided training in conflict/SD analysis and dialogic conflict/SD management to 36 working nurses from a variety of settings.	SD Theory explains how institutional factors can result in poor communication and conflict cycles; the theory has been developed in nursing context, although it is applicable to all organizational settings	Quantitative pre- and posttests were administered, with a comparison sample.	Qualitatively, participants perceived better understanding of, and felt more empowered to manage, workplace conflicts and to sustain healthier workplace relationships.	The course reduced measures of negative conflict attitudes and behaviors: direct personalization, persecution feelings, negative relational effects, ambiguity intolerance, and triangulation (gossiping and complaining to uninvolved third parties).	**Strengths:** This intervention can help nurses develop tools to improve system-level function and build productive relationships . **Limitations**: Sample size decreased to 19 of those that completed both the pre-test and post test **Johns Hopkins Research Evidence Critical Appraisal Tool & Rating**: Level IIIB, good quality

Citation	Conceptual Framework	Design/ Method	Sample / Setting	Variables Studied and Their Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
Omisore,& Abiodun (2014)	Conflict Theory	Literature review	none	Conflict, and types of conflict: organizational conflict, relational, task, process, interpersonal/ intragroup, intergroup, interdepartmental, interorganizational	Literature review	Literature review	Early recognition and paying attention to the conflicting parties and negotiation between parties involved in the conflict should be adopted in resolving conflicts while force or intimidation should never be used to resolve conflicting parties. Force and intimidation can only be counterproductive.	**Strengths**: Review of various conflict theories and described in depth the causes, effects, and remedies for organizational conflict. Offered guidelines related to mistakes to avoid in conflict resolution and organizational recommendations (Appendix B) The evidence showed that leadership strategies enable nurses to work in a supportive environment to provide safe, patient-centered care, which may suggest a path to achieving higher retention rates. **Limitations**: Conceptual overlap **Johns Hopkins Non- Research Evidence Critical Appraisal Tool & Rating**: Level V, A High quality.

Citation	Conceptual Framework	Design/ Method	Sample/ Setting	Variables Studied and Their Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
Patton, C.M., 2014	None	Literature review	none	Precursors of conflict and the positive and negative effects	Literature review	Literature review	Antecedents of conflict include personality differences, value differences, blurred job boundaries, battling for limited resources, decision-making, communication, interdepartmental competition (expectations, complex organizations & unresolved or repressed conflict. Though positive outcomes sometimes result negative effects of health care worker conflict include patient impact.	**Strengths:** Review of various types of literature which described the precursors, effects of conflict and suggestions for conflict management. Early recognition and training to learn about conflict management and resolution. **Limitations**: Conceptual overlap **Johns Hopkins Non- Research Evidence Critical Appraisal Tool & Rating**: Level V, A High quality.

Citation	Conceptual Framework	Design/ Method	Sample/ Setting	Variables Studied and Their Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
Zastocki, & Holly, 2010	none	Non-experimental study	188 nurse managers were asked to comment regarding challenges in their jobs.	Challenges in their jobs were discussed. Aspects of job satisfaction were also discussed.	Reviewed 188 responses.	Themes: Work-life Balance Support Acknowledgement Compensation Leadership/ Professionalism	Support, empowerment, and the ability to make change in a timely manner are essential to retaining the nurse manager.	**Strengths:** Sample size adequate may not be generalizable on its own merit. Authors compared findings to the work of Mackoff and Triolo who had similar findings. **Limitations**: Responses were dependent upon what the nurse managers were willing to share. Validity of the instrument, if used was not discussed. Authors mentioned the work of Mackoff and Triolo on nurse manager engagement provides a resource with suggested applications. Implementing strategies to manage work experiences at entry into the organization and at entry into the nurse manager position may prove more effective for enhanced affective commitment and perceived organizational support. **Johns Hopkins Non- Research Evidence Critical Appraisal Tool & Rating**: Level III C lower quality.

Appendix B
Letter of Support from Organization

[redacted]

October 9, 2018

Dear Sir or Madam:
This is a letter of support for Jeanette Black, a University of San Francisco Executive Leader-Doctor of Nursing Practice student, to implement her DNP Comprehensive Project a[redacted]

Sincerely,

[redacted]

Appendix C

Analysis of Problem (A3)

Name: Jeanette Black, EL-DNP Student Key Stakeholders: [redacted] Nursing Director Executive Sponsor [redacted] CNE [redacted], Nurse Manager

1. **Reason for Action**: Problem Statement: For nurse leaders (ANMs) in healthcare organizations (P) how does training and coaching to build conflict management and teambuilding skills (I) compared to no training and coaching (C) impact nurse leader (ANM) retention in the organization as a nurse leader (O) after 3 months (T)? Goals: Provide training and coaching in conflict management and teambuilding to select ANMs by June 30, 2019. Improve participant ANM retention and job satisfaction on [redacted] by 25% by June 30, 2019. Increase knowledge and skills for at least 20% of participant ANMs and create and implement a conflict management and teambuilding toolkit by June 30, 2019. Scope: [redacted] Assistant Nurse Managers	4. **Gap Analysis** (Why do we have a gap between box 2 & 3) Lack of training in conflict management, teambuilding, and effective application to the work environment for ANMs.	7. **Completion Plan**: (Who, what & when in the next 4 weeks) Over the next **3 months:** [redacted] Obtain schedules and number of ANMs March/April 2019 from [redacted] 2. EL-DNP Student to Implement Module 1: 3/30-4/14/2019 3. EL-DNP Student to Implement Module 2: 4/14-5/5/2019 4. EL-DNP student to Implement Module 3: 5/5 -6/2/2019 5. EL-DNP student to implement Module 4: 6/2- 6/30/2019
2. **Initial state**: (evidence of problem w/data and visuals) Retention rate data: The 2014 to 2018 nursing voluntary turnover rates were highest within the first year of employment. During the second to fourth years the voluntary turnover rates remained increased. During the fifth to ninth year there was a significant decrease in the voluntary turnover rate which stabilized moving forward Loss of several ANM's on [redacted] over the past 2 to 5 years Observed unresolved conflict with subordinates and coworkers in the work environment	5. **Solutions Approach** (How can we close the gap? Identical training of conflict management and teambuilding provided during ANM work day. Total up to 41 hours over three months (approximately 14 hours /month). Live observations /coaching while ANM is actively working. Total up to 48 hours over three months (approximately 16 hours/month)	8. **Confirmed state**: (Did we achieve the results that we wanted) **To be determined**

Appendix D

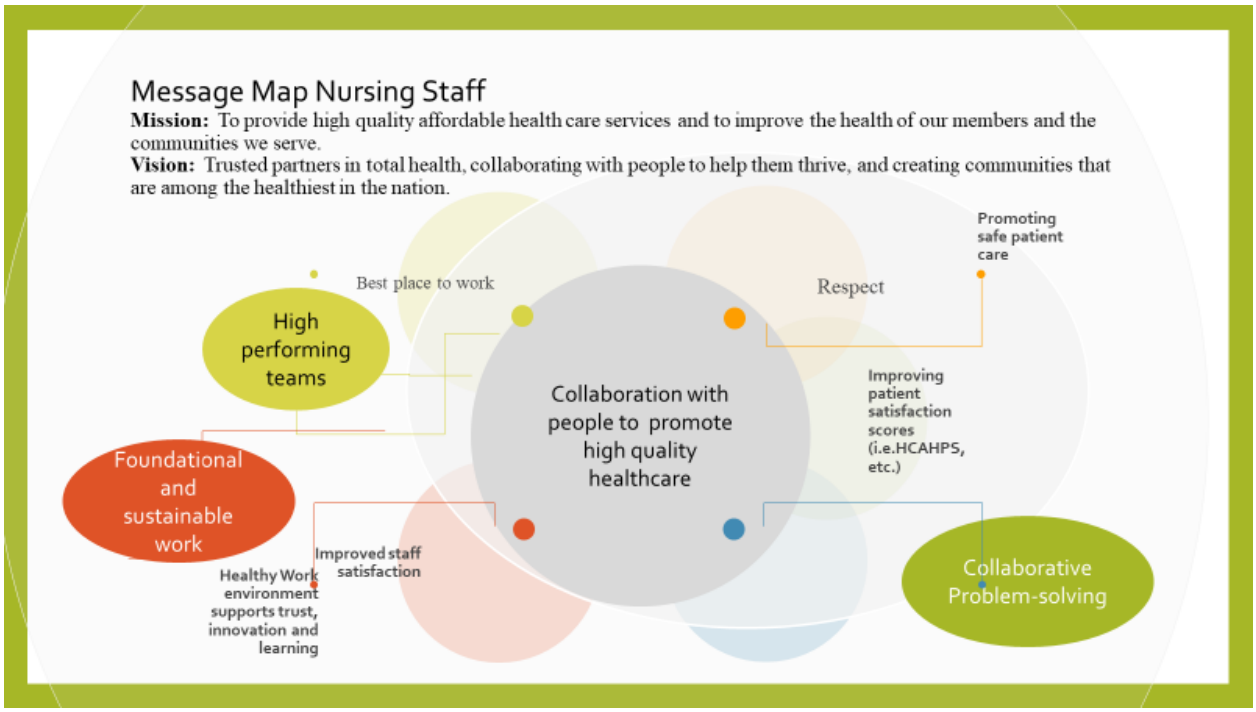
Training Schedule

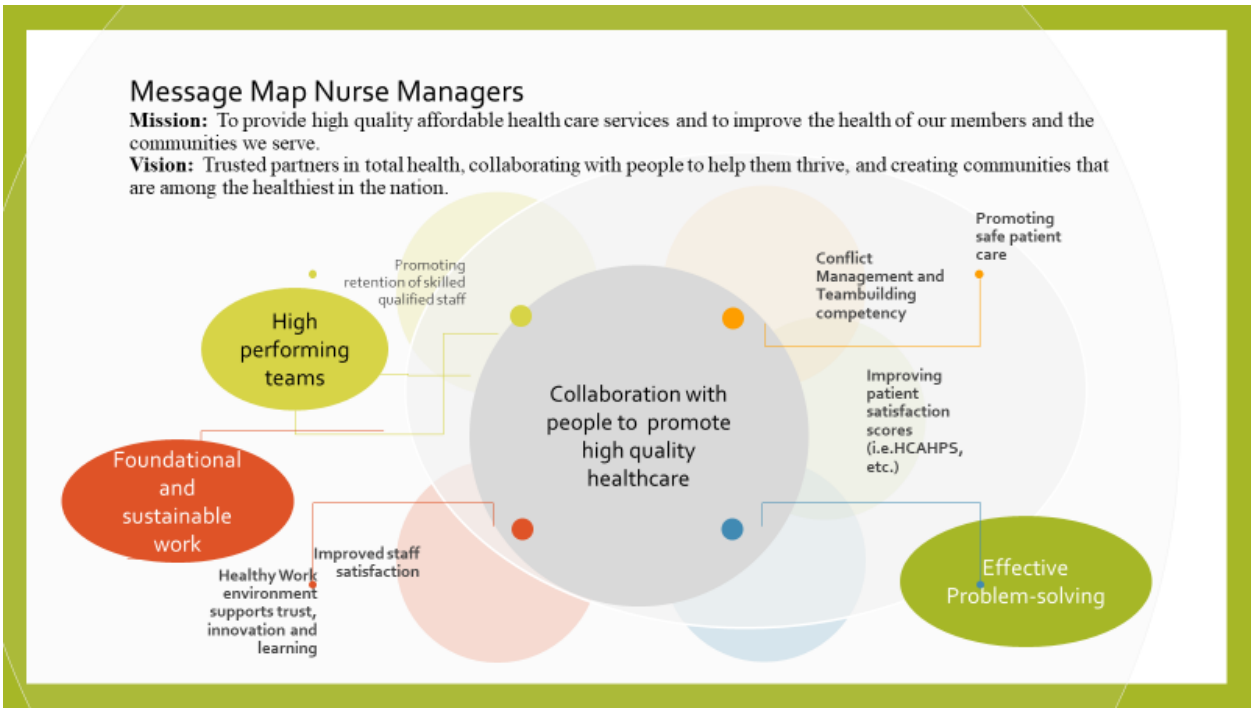
Proposed Agenda (Updated 4/18/2019)
Conflict Management and Team Building Workshop
Facilitator/ Trainer/ Coach: Jeanette Black, RN, MSN, NEA-BC
EL-DNP Student, University of San Francisco

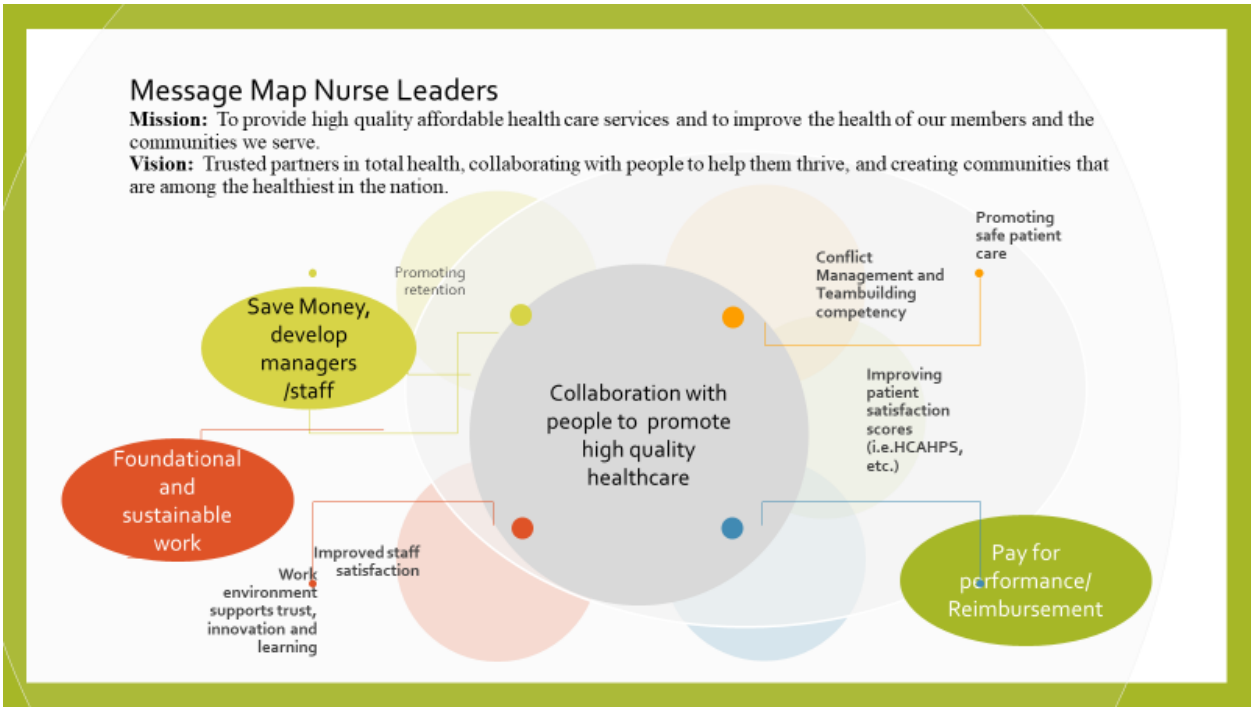
Date(s)	Module	Topics
3/30/2019 through 4/14/2019 **Availability to train/coach:* *3/30, 3/31* *4/6, 4/7* *4/13, 4/14*	**Module 1**: Introduction & Overview (20-30 minutes) each identical session	Introductions: Name, work unit, years at [redacted], time as an ANM, reason became an ANM EL-DNP Student introduction, purpose, goal, schedule Surveys, Learning needs collage Coaching- Definition, purpose, significance, schedule **2 Sessions -Observations and coaching up to 4 - 6 hours each session** Eval Module I
4/14/2019 through 5/5/2019 **Availability to train/coach:* *4/14, 4/20* *4/28* *5/4, 5/5*	**Module II**: Conflict Management (20-30 minutes) each identical session	Conflict – Definition, recognition, types, conflict management styles, strategies, significance, challenges **2 Sessions- Observations and coaching up to 4 - 6 hours each session** Eval Module II
5/5/2019 through 6/2/2019 **Availability to train/coach:* *5/5, 5/18, 5/19* *5/25* *6/1, 6/**2***	**Module III:** Teambuilding (20-30 minutes) each identical session	Teambuilding-Definition, recognition, strategies, significance, challenges **2 Sessions -Observations and coaching up to 4 - 6 hours each session** Eval Module III
6/2/2019 through 6/30/2019 **Availability to train/coach:* *6/2, 6/9* *6/22, 6/23* *6/29, 6/30*	**Module IV**: Leadership/ Putting it all together (45 minutes) each identical session	Leadership -Role, styles, significance, influence, strategies **2 Sessions- Observations and coaching up to 4 - 6 hours each session** Lessons learned collage Wrap up: Summary, Post surveys, Q&A, Feedback, Instructor & Eval Module IV and Workshop eval

Appendix E

Message Maps






Message Map Nurse Leaders
Mission: To provide high quality affordable health care services and to improve the health of our members and the communities we serve.
Vision: Trusted partners in total health, collaborating with people to help them thrive, and creating communities that are among the healthiest in the nation.
Promoting safe patient care
Conflict Management and Teambuilding competency
Promoting retention
Save Money, develop managers /staff
Collaboration with people to promote high quality healthcare
Improving patient satisfaction scores (i.e.HCAHPS, etc.)
Foundational and sustainable work
Improved staff satisfaction
Work environment supports trust, innovation and learning
Pay for performance/ Reimbursement

Appendix F

Conflict Management and Teambuilding

Summary of Key Concepts

Conflict Management

Conflict is ubiquitous and can be positive or negative, functional or dysfunctional (Patton, 2014).

Styles of conflict management

It may be necessary to utilize different styles based on the situation.

- **Avoidance**-Avoid the issue. Not helping the other party reach goals and not pursuing your own goals. Best used when the issue is costly, emotionally charged, trivial or there is no chance of winning. Avoidance and hope alone are not good long-term strategies.
- **Compromise**- (lose-lose) Neither party achieves what they want. Best in situation where a temporary solution where both parties have equally important goals
- **Integration**- (win-win) Collaborating. Pair up with the other party to achieve both goals. This style is effective for complex issues where a novel solution is needed. Reframing the issue and listening to everyone's ideas. Requires a high degree of trust. Reaching consensus may take time and effort.
- **Being obligatory**- Accommodating. Cooperate at a high degree at one's own expense working against goals and objectives and desired outcomes. This approach is effective when expertise lies with the other party or preserving future relations with the other party is important.
- **Use of domination**- (win-lose) Competing. Act in an assertive manner to achieve goals without cooperation of the other party. Appropriate for emergencies or when quick, decisive action needed and people are aware and support the approach.

(Rahim, 1983)

Conflict Management Tips

- Pause, stay calm.
- Avoid being reactive. Be proactive.
- Keep volume of voice down.
- Make arrangements for privacy as appropriate (be aware of surroundings and others-including patients that are present who could inappropriately overhear the conversation).
- Remember to respect all parties.
- Listen with big ears and little mouth (more listening than talking)
- Check your body language (appropriate)

- Gather the facts.
- Determine the 5 Why's (root cause of the issue)
- No assumptions.
- Determine the desired result of the interaction.
- Utilize the appropriate strategy(s) to achieve desired result.
- Be open other ideas, change and improvement.
- Share your ideas as appropriate regarding possible solutions.
- A forgiving heart sets you free.

Strategies

Carefronting

In carefronting, the objective is to achieve effective working relationships which is achieved through caring and strategic communication in an attempt to resolve conflict

-) identifying truths from different viewpoints,
- 2) each participant owning their anger,
- 3) inviting change,
- 4) trusting mutually,
- 5) not assigning blame,
- 6) freedom to change, and
- 7) making peace and being present (Sherman, 2012).

Teambuilding

Team backup within teamwork as essential for safe patient care and quality outcomes. Inadequate conflict management is a threat to successful teamwork. Important factors for team building: Building trust, commitment to a common goal, mutual accountability, checking in, and follow up (Grubaugh & Flynn, 2018).

Teamwork and teambuilding are foundational concepts which affect the work group's ability to function effectively and to achieve desired goals of safe quality patient care.

- Good leadership is key to a well-functioning team, and without it, dysfunction and discouragement can result (Nurse Aide-VIP, 2013).
- Ohio State University teaches eight rules that make a team work:
  - 1) each member brings value to the team,
  - 2) learn each member's strengths and skill sets,
  - 3) share your ideas with others in the group,
  - 4) appreciate diversity of the team,
  - 5) respect each member's ideas and opinions,
  - 6) be open to solutions other than your own,
  - 7) bring a solution to the problem, and,

- 8) a cohesive team has a unified purpose, so remember to respect each team member's ideas and strive to contribute harmoniously to the group (Nurse Aide-VIP, 2013).

Leadership

A leader:

- is an example to others—either positive or negative.
- to adopt characteristics from a variety of leadership styles based on the situation at hand.
- practice with integrity, setting realistic goals, communicating clearly and often, to encourage others, to recognize the successes of the team members, and to inspire them to provide the best of care.
- Understands effectiveness will be reflected by the staff in the care they give each day regardless of which style is practiced.
- acknowledges generational difference

(Cummings, MacGregor & Davey et al., 2010)

Leadership styles

Servant

- A Servant Leader makes sure the needs of the individual team members are addressed.
- The entire team has input into decision making based on the organization's values and ideals. Servant leaders create devoted followers in response to positive attention they give. Characteristic skills of a servant leader include: · Listening · Acceptance · Awareness · Persuasion · Foresight · Commitment to the growth of others · Building community within the organization

Transformational

- Based on building relationships and motivating staff members through a shared vision and mission.
- Transformational leaders typically have charisma to communicate vision, confidence to act in a way that inspires others, staff respect and loyalty from letting the team know they are important, and are masters at helping people do things they weren't sure they could do by giving encouragement and praise.

The four elements of transformational leadership theory by James McGregor Burns are:

- (1) individualized consideration – the level of leader attention to each follower's needs, while acting as a mentor,
- (2) intellectual stimulation – the manner in which the leader engages the follower by challenging assumptions, taking risks and soliciting their ideas,
- (3) inspirational motivation – the manner in which the leader shares a vision that is captivating to followers, and

- (4) idealized influence – results from the leader acting as a role model exuding highly ethical behavior, encouraging trust and respect (Kauppi et al., 2018)

Authoritarian

- Demonstrated when a leader makes all decisions without considering input from staff.
- Negative reinforcement and punishment are often used to enforce rules.
- Because knowledge is seen as power, critical information may be withheld from the team. Mistakes are not tolerated and blame is placed on individuals rather than on faulty processes.

Laissez-Faire

- A style in which the leader provides little or no direction or supervision, and prefers to take a hands-off approach.
- Decisions are not made, changes rarely occur, and quality improvement is typically reactive, not proactive.
- It is most often used by new, inexperienced leaders or by those at the end of their career who choose not to address issues since things will soon be changed by their replacement leader.

Democratic

- Encourages open communication and staff participation in decisions. Workers are given responsibility, accountability, and feedback regarding their performance.
- Relationships are important to this leader who places a focus on quality improvement of systems and processes, rather than on mistakes of individual team members.

(Cummings, MacGregor & Davey et al., 2010)

Significance of Nurse Leadership Role

- A review of evidence (Mudallal, Othman & Al Hassan (2017).

revealed the significant role of nurse leaders in transforming working conditions for the nursing staff and their ability to empower and engage them by utilizing the five leadership empowering behaviors:

- adding significance and meaning to work duties
- allowing employees to be involved in decision making,
- believing in the abilities of the employee to perform effectively,
- assisting the employee with reaching their goals,
- providing opportunities for autonomy

Change is expected and cyclical based on Kurt Lewin's Three Stage Model of Change.

- In learning and implementing new conflict management and team building principles there may be resistance to change based on previous experience.
- In 1947, Kurt Lewin developed Lewin's three-stage model of change which includes unfreezing, changing and refreezing (Burns, 1978). This model recognizes that resistance to change is expected.
    - During the first stage of unfreezing, the objective is to create a perception of the urgency for change.
    - The second stage of changing involves moving or transitioning to achieve the new desired process or behavior.
    - The third stage is refreezing which includes embedding the new change into the fabric of the organization and how things are done (Hartzell, 2018).

Appendix G

Conflict Management and Teambuilding

Evaluation of Training Questionnaire

1) As a result of participating in this project, my knowledge of conflict management has increased:
a) very much
b) moderately
c) somewhat
d) not at all

2) As a result of participating in this project, my comfort level in managing conflict has increased:
a) very much
b) moderately
c) somewhat
d) not at all

3. How effective do you think this "huddle" or "on the spot" training was in learning about conflict management?
a) very effective
b) moderately effective
c) somewhat effective
d) not effective

4. How effective do you this "huddle" or "on the spot" training was in applying what you learned about conflict management?
a) very effective
b) moderately effective
c) somewhat effective
d) not effective

5. As a result of participating in this project, my knowledge of team building has increased:
a) very much
b) moderately
c) somewhat
d) not at all

6. As a result of participating in this project, my comfort level in team building has increased:
a) very much
b) moderately
c) somewhat
d) not at all

7. How effective do you think this "huddle" or "on the spot" training was in learning about team building?
a) very effective
b) moderately effective
c) somewhat effective
d) not effective

8. How effective do you this "huddle" or "on the spot" training was in applying what you learned about team building?
a) very effective
b) moderately effective
c) somewhat effective
d) not effective

9. What did you like "best" about this training?

10. What do you think could have been improved about this training?

11. Overall, how likely are you to recommend this training to others?
a) very likely
b) likely
c) somewhat likely
d) unlikely

12. Other feedback/suggestions.

Appendix H

Conflict Management and Teambuilding

Evaluation of Facilitator/Coach and Training Questionnaire

1. How knowledgeable was the facilitator/coach?
   a) Very knowledgeable
   b) Moderately knowledgeable
   c) Somewhat knowledgeable
   d) Not knowledgeable

2. How effective was the facilitator/coach in presenting the material and coaching?
   a) Very effective
   b) Moderately effective
   c) Somewhat effective
   d) Not effective

3. How helpful were the PowerPoint slides in understanding the information?
   a) Very helpful
   b) Moderately helpful
   c) Somewhat helpful
   d) Not helpful

4. How helpful were the videos in understanding the information?
   a) Very helpful
   b) Moderately helpful
   c) Somewhat helpful
   d) Not helpful

5. What did you like "best" about the facilitator/coach?

6. Other feedback/suggestions.

Appendix I

Gap Analysis

The gaps identified are:

- The New Nurse Leader Orientation training binder has no reference to teambuilding or conflict management.
- Assistant Nurse Managers are faced with conflicts regularly from staff, patients, ancillary staff, physicians, family members of patients, etc.
- Assistant Nurse Managers have varying levels of experience in leadership, problem-solving skills and educational backgrounds
- Retention of Assistant Nurse Managers is a challenge

Appendix J

Gantt Chart

DNP PROJECT

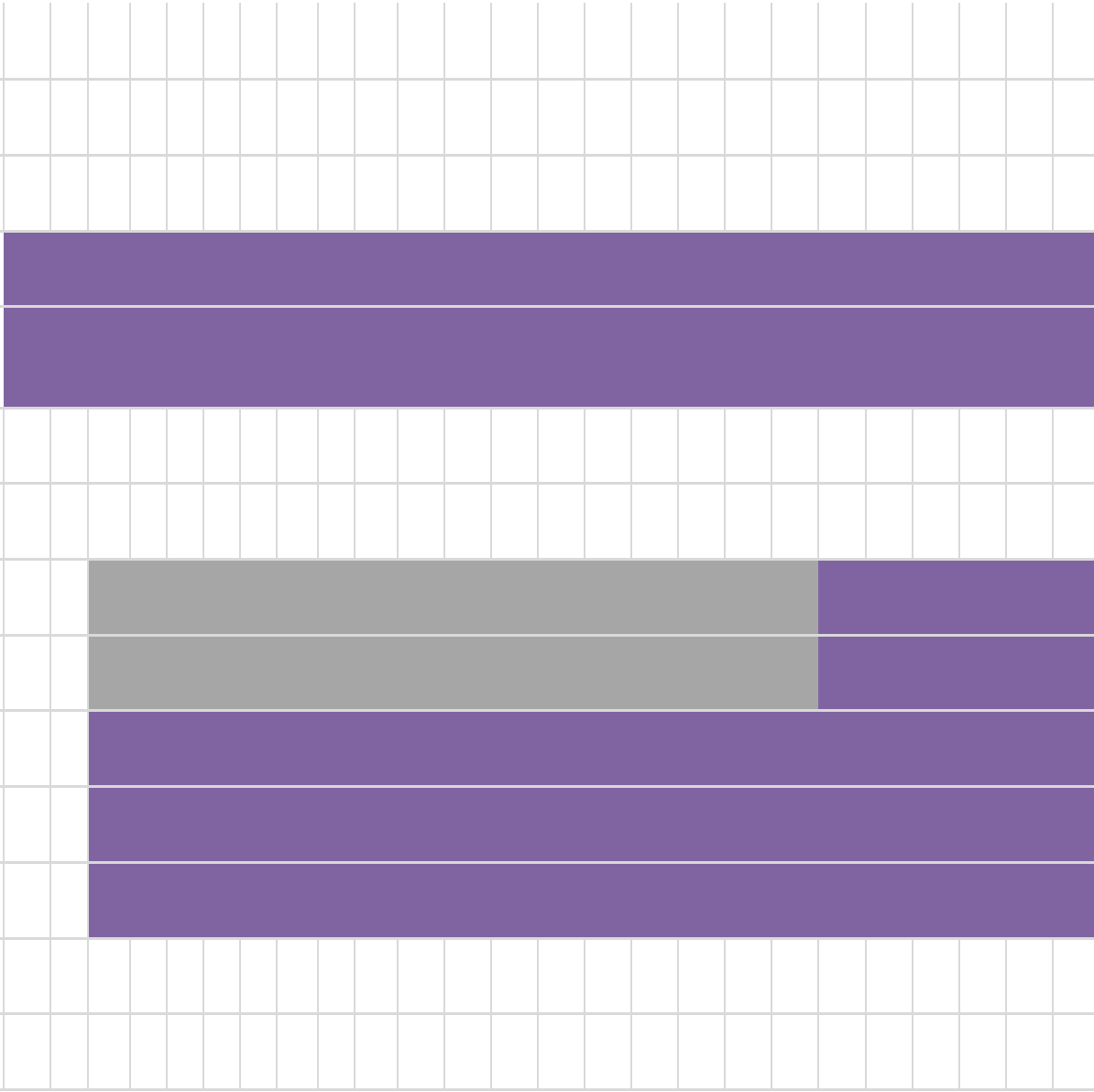
University of San Francisco

Jeanette Black

Project Start:	Fri, 9/7/2018	
Display Week:	18	52

					Dec 31, 2018							Jan 7, 2019							Jan 14, 2019							Jan 21, 2019			
					31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
TASK	ASSIGNED TO	PROGRESS	START	END	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T
Phase 1 Planning																													
Approval for DNP Project from CNE	Name	50%	9/7/18	10/9/18																									
Identify key stakeholders		60%	10/9/18	12/9/18																									
Identify key participants		50%	9/7/18	12/9/18																									
Develop Survey forms		25%	9/7/18	12/9/18																									
Draft Prospectus			9/7/18	10/15/18																									

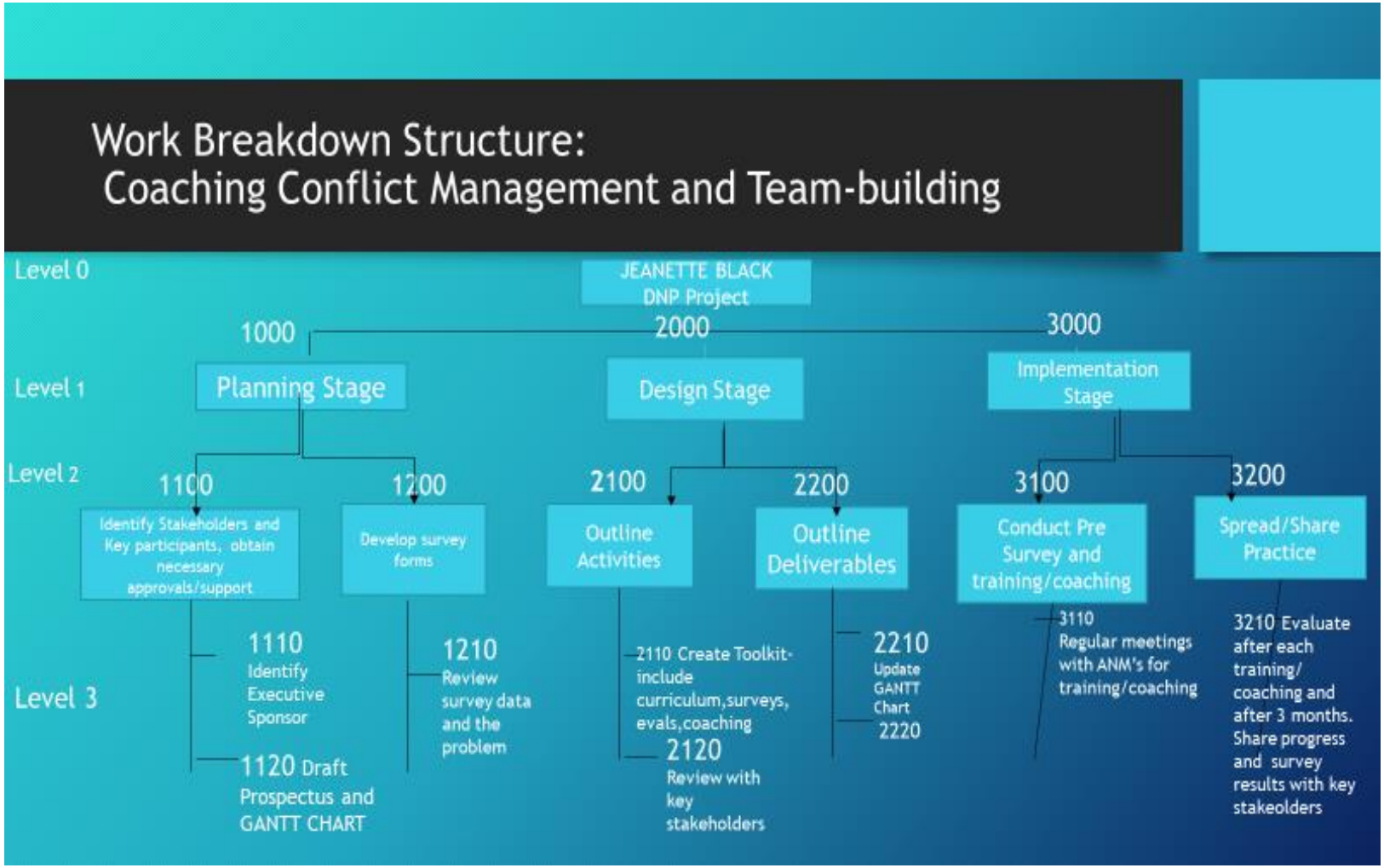
Finalize Prospectus		10/16/18	12/9/18
Draft Manuscript		9/7/18	10/21/18
Finalize Manuscript		10/22/18	12/9/18
Schedule training /coaching sessions		12/4/18	2/1/19
Review survey data collection method		10/15/18	1/31/19
Identify Executive Sponsor		10/10/18	10/12/18
Phase 2 Design			
Outline activities	50%	1/2/19	2/4/19
Create toolkit	50%	1/2/19	2/4/19
Review toolkit with stakeholders		1/2/19	2/4/19
Outline deliverables		1/2/19	2/4/19
Update GANTT		1/2/19	2/4/19
Phase 3 Implementation			
Conduct pre survey		2/1/19	2/4/19



Conduct training and coaching	2/4/18	5/4/19
Schedule regular meetings with ANMs	2/4/19	5/4/19
Evaluate after each training/coaching	2/4/19	5/4/19
Share Progress and results	2/4/19	5/30/19
Evaluate after 3 months	5/6/19	5/30/19
Phase 4 Analysis Final Project/Presentation		
Data Analysis	6/1/19	9/30/19
Completion of final project	10/1/19	12/1/19
Presentation to Key Stakeholders and DNP Chair	12/10/19	TBD

Appendix K

Work Breakdown Structure



Appendix L

SWOT Analysis

Strengths	**Weaknesses**
The CNE and other stakeholder including the ANMs supported the DNP Project. The ANMs were asking for DNP candidate's assistance with managing conflict management concerns. Learning conflict management and team building will be helpful as assistant nurse managers work closest with the frontline nursing staff and have a greater opportunity to influence staff and to affect the work environment. Flexibility in training schedule as there are assistant nurse managers working on every shift every day (days, evenings, and nights, Monday through Sunday). DNP project is aligned with organizational performance improvement projects to improve nurse and provider to patient communication, patient experience, and to promote safe, quality care. Strong leadership presence in the organization	Ineffective communication within disciplines can create delays in care, patient safety issues, staffing challenges, and operational issues. Retention of nurse managers is a challenge ANM may need more support between training and coaching modules.
Opportunities	**Threats**
Patient experience and satisfaction survey scores (i.e. HCAHPS, The Leapfrog Group) for the enterprise may improve, which may translate into reimbursement dollars in a pay- for- performance climate. Opportunity to collaborate across disciplines effectively and efficiently to coordinate care and problem solve. Create an organizational culture which supports a healthy work environment and culture of safety.	Active unionized environment. Potential for strike, grievances. Potential for complaints related to the workshop increasing the workload, or not being included in the workshop. Workload of the ANMs can be unpredictable which may delay training. ANM may not be able to complete the four modules of the training and coaching workshop due to leaving the organization, contract ending, vacation, unplanned time off.

Appendix M

Cost Benefit Analysis -- Cost Avoidance Year 1

Conflict Management & Teambuilding Training and Coaching	**Budget**
REVENUE/ Cost Avoidance (retention, cost of turnover, grievances, absenteeism	
Assistant Nurse Managers 10 FTE's* wages	163,200 x 10**=$1,632,000***
Benefits for 10 ANM FTE's*	$65,280x10= **$652,800***
Cost of ANM turnover o Marketing o Interviewing (includes 2 FTE's to schedule and conduct interviews) o Onboarding o Orientation and training o Out processing o Covering the role until filled (4 to 6 months to hire)	 3000 1200 2000 3500 2000 $44,200 **Total cost of ANM turnover=$55900***
Grievances (includes settlements) **	$1,200,000
Absenteeism (for sick calls/pay covering staff at higher rate, no benefits)	Rate $125/hour

Total revenue/ Cost avoidance	**$3,540,700+ (Any absenteeism coverage)**
EXPENSES	
Salaries and Wages	*No expenses for ANM's= $0 (training and coaching performed while ANMs are actively working)*
Facilitator/Trainer/Coach 0.5 FTE*	$0 salary
Subtotal Salary and Wages	**$ 0**
Supplies Expense	
Survey and Eval forms	$ 20
Computer Laptop	$ 1800
Collage art supplies	$ 200
Copier Paper	$ 100
Subtotal supplies	**$2120**
Equipment	
Laptop carrying case	$85
File case	$50
Pens, red marker	$ 20
Desk/table and 2 chairs	$750
2 electrical outlets	$100
Recharging cable for iPhone	$50
I-phone	$800

Subtotal equipment	**$1855**
Purchased Services	
Internet access services	$1800
Copy Services	$500
Gasoline $4.29/gal (15 miles per gallon)- traveling 48 miles round trip total per week at $13.73/week=$713.96/ year	$714
Lunch ($20/week)	$1040
Subtotal purchased services	**$ 4054**
Total revenue/cost-avoidance	**$3,540,700**
Total expenses	**$8,029**
Total revenue or cost-avoidance– expenses (profit)	**$3,532,671**

*Illustration assumes:

- average hourly rate of $85
- assumes benefits at 40%
- assumes cost of turn-over is $55,900

(Glassdoor, 2019).

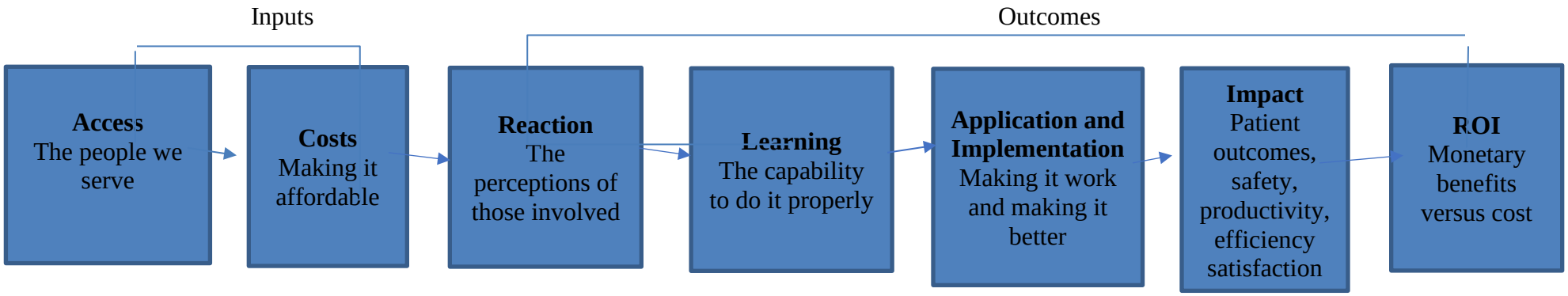
**For illustration purposes

(Hastings, 2012).

Appendix N

Return on Investment

Figure 1.9 Defining Value as a Chain of Impact
(Buzachero, et al)



The ROI Methodology

RO I = (cost avoidance measure) (X) - Cost of investment - new costs or + new savings

ROI= 3,532,671 – 8,029 – new costs or + new savings

Appendix O

Responsibility/ Communication Matrix

Name	Role	Responsibility
DNP Student	Change Agent, leader/educator, facilitator, project manager, organizer, promote the DNP project.	Design, promote, and execute the DNP Project consisting of 4 modules. Create communication document regarding the workshops and coordinate with CNE, Nursing Director and Nurse Manager to identify ANMs to approach regarding participation in the DNP Workshop. Communication liaison between key stakeholders. Facilitate development, implementation, roll-out, progression, data analysis, and close-out
	Create budget for project	Minimize expenditures. Be creative in coaching/training to minimize additional time away from work.
	Communicate project updates	Create DNP project updates regularly for key leader stakeholders and answer any questions.
	Schedule periodical follow up meetings with CNE to discuss progress	Discuss updates with CNE, gather feedback and answer questions.
Chief Nurse Executive	Promote and support the DNP Workshops and participation of the assistant nurse managers	Share communication information at key stakeholder meetings
Nursing Director and Nurse Manager	Answer questions, promote the DNP Workshop	
DNP candidate prepare necessary supplies	Xerox training materials	Secure appropriate number of copies, supplies and training materials for participants

Appendix P

Rahim Organizational Conflict Inventory II

Rahim Organizational Conflict Inventory–II, Form A

Strictly Confidential

Please check the appropriate box after each statement, to indicate *how you handle your disagreement or conflict with your supervisor*. Try to recall as many recent conflict situations as possible in ranking these statements.

	Strongly Disagree				*Strongly Agree*
	1	2	3	4	5
1. I try to investigate an issue with my supervisor to find a solution acceptable to us.	❑	❑	❑	❑	❑
2. I generally try to satisfy the needs of my supervisor.	❑	❑	❑	❑	❑
3. I attempt to avoid being "put on the spot" and try to keep my conflict with my supervisor to myself.	❑	❑	❑	❑	❑
4. I try to integrate my ideas with those of my supervisor to come up with a decision jointly.	❑	❑	❑	❑	❑
5. I try to work with my supervisor to find solution to a problem that satisfies our expectations.	❑	❑	❑	❑	❑
6. I usually avoid open discussion of my differences with my supervisor.	❑	❑	❑	❑	❑
7. I try to find a middle course to resolve an impasse.	❑	❑	❑	❑	❑
8. I use my influence to get my ideas accepted.	❑	❑	❑	❑	❑
9. I use my authority to make a decision in my favor.	❑	❑	❑	❑	❑
10. I usually accommodate the wishes of my supervisor.	❑	❑	❑	❑	❑
11. I give in to the wishes of my supervisor.	❑	❑	❑	❑	❑
12. I exchange accurate information with my supervisor to solve a problem together.	❑	❑	❑	❑	❑
13. I usually allow concessions to my supervisor.	❑	❑	❑	❑	❑
14. I usually propose a middle ground for breaking deadlocks.	❑	❑	❑	❑	❑
15. I negotiate with my supervisor so that a compromise can be reached.	❑	❑	❑	❑	❑
16. I try to stay away from disagreement with my supervisor.	❑	❑	❑	❑	❑
17. I avoid an encounter with my supervisor.	❑	❑	❑	❑	❑
18. I use my expertise to make a decision in my favor.	❑	❑	❑	❑	❑
19. I often go along with the suggestions of my supervisor.	❑	❑	❑	❑	❑
20. I use "give and take" so that a compromise can be made.	❑	❑	❑	❑	❑
21. I am generally firm in pursuing my side of the issue.	❑	❑	❑	❑	❑
22. I try to bring all our concerns out in the open so that the issues can be resolved in the best possible way.	❑	❑	❑	❑	❑
23. I collaborate with my supervisor to come up with decisions acceptable to us.	❑	❑	❑	❑	❑
24. I try to satisfy the expectations of my supervisor.	❑	❑	❑	❑	❑
25. I sometimes use my power to win a competitive situation.	❑	❑	❑	❑	❑
26. I try to keep my disagreement with my supervisor to myself in order to avoid hard feelings.	❑	❑	❑	❑	❑
27. I try to avoid unpleasant exchanges with my supervisor.	❑	❑	❑	❑	❑
28. I try to work with my supervisor for a proper understanding of a problem.	❑	❑	❑	❑	❑

Submitted with permission from Wiley and Son

Rahim Organizational Conflict Inventory–II, Form B

Strictly Confidential

Please check the appropriate box after each statement, to indicate *how you handle your disagreement or conflict with your subordinates*. Try to recall as many recent conflict situations as possible in ranking these statements.

	Strongly Disagree				*Strongly Agree*
	1	2	3	4	5
1. I try to investigate an issue with my subordinates to find a solution acceptable to us.	❑	❑	❑	❑	❑
2. I generally try to satisfy the needs of my subordinates.	❑	❑	❑	❑	❑
3. I attempt to avoid being "put on the spot" and try to keep my conflict with my subordinates to myself.	❑	❑	❑	❑	❑
4. I try to integrate my ideas with those of my subordinates to come up with a decision jointly.	❑	❑	❑	❑	❑
5. I try to work with my subordinates to find solution to a problem that satisfies our expectations.	❑	❑	❑	❑	❑
6. I usually avoid open discussion of my differences with my subordinates.	❑	❑	❑	❑	❑
7. I try to find a middle course to resolve an impasse.	❑	❑	❑	❑	❑
8. I use my influence to get my ideas accepted.	❑	❑	❑	❑	❑
9. I use my authority to make a decision in my favor.	❑	❑	❑	❑	❑
10. I usually accommodate the wishes of my subordinates.	❑	❑	❑	❑	❑
11. I give in to the wishes of my subordinates.	❑	❑	❑	❑	❑
12. I exchange accurate information with my subordinates to solve a problem together.	❑	❑	❑	❑	❑
13. I usually allow concessions to my subordinates.	❑	❑	❑	❑	❑
14. I usually propose a middle ground for breaking deadlocks.	❑	❑	❑	❑	❑
15. I negotiate with my subordinates so that a compromise can be reached.	❑	❑	❑	❑	❑
16. I try to stay away from disagreement with my subordinates.	❑	❑	❑	❑	❑
17. I avoid an encounter with my subordinates.	❑	❑	❑	❑	❑
18. I use my expertise to make a decision in my favor.	❑	❑	❑	❑	❑
19. I often go along with the suggestions of my subordinates.	❑	❑	❑	❑	❑
20. I use "give and take" so that a compromise can be made.	❑	❑	❑	❑	❑
21. I am generally firm in pursuing my side of the issue.	❑	❑	❑	❑	❑
22. I try to bring all our concerns out in the open so that the issues can be resolved in the best possible way.	❑	❑	❑	❑	❑
23. I collaborate with my subordinates to come up with decisions acceptable to us.	❑	❑	❑	❑	❑
24. I try to satisfy the expectations of my subordinates.	❑	❑	❑	❑	❑
25. I sometimes use my power to win a competitive situation.	❑	❑	❑	❑	❑
26. I try to keep my disagreement with my subordinates to myself in order to avoid hard feelings.	❑	❑	❑	❑	❑
27. I try to avoid unpleasant exchanges with my subordinates.	❑	❑	❑	❑	❑
28. I try to work with my subordinates for a proper understanding of a problem.	❑	❑	❑	❑	❑

Rahim Organizational Conflict Inventory–II, Form C

Strictly Confidential

Please check the appropriate box after each statement, to indicate *how you handle your disagreement or conflict with your peers.* Try to recall as many recent conflict situations as possible in ranking these statements.

	Strongly Disagree				*Strongly Agree*
	1	2	3	4	5
1. I try to investigate an issue with my peers to find a solution acceptable to us.	❑	❑	❑	❑	❑
2. I generally try to satisfy the needs of my peers.	❑	❑	❑	❑	❑
3. I attempt to avoid being "put on the spot" and try to keep my conflict with my peers to myself.	❑	❑	❑	❑	❑
4. I try to integrate my ideas with those of my peers to come up with a decision jointly.	❑	❑	❑	❑	❑
5. I try to work with my peers to find solution to a problem that satisfies our expectations.	❑	❑	❑	❑	❑
6. I usually avoid open discussion of my differences with my peers.	❑	❑	❑	❑	❑
7. I try to find a middle course to resolve an impasse.	❑	❑	❑	❑	❑
8. I use my influence to get my ideas accepted.	❑	❑	❑	❑	❑
9. I use my authority to make a decision in my favor.	❑	❑	❑	❑	❑
10. I usually accommodate the wishes of my peers.	❑	❑	❑	❑	❑
11. I give in to the wishes of my peers.	❑	❑	❑	❑	❑
12. I exchange accurate information with my peers to solve a problem together.	❑	❑	❑	❑	❑
13. I usually allow concessions to my peers.	❑	❑	❑	❑	❑
14. I usually propose a middle ground for breaking deadlocks.	❑	❑	❑	❑	❑
15. I negotiate with my peers so that a compromise can be reached.	❑	❑	❑	❑	❑
16. I try to stay away from disagreement with my peers.	❑	❑	❑	❑	❑
17. I avoid an encounter with my peers.	❑	❑	❑	❑	❑
18. I use my expertise to make a decision in my favor.	❑	❑	❑	❑	❑
19. I often go along with the suggestions of my peers.	❑	❑	❑	❑	❑
20. I use "give and take" so that a compromise can be made.	❑	❑	❑	❑	❑
21. I am generally firm in pursuing my side of the issue.	❑	❑	❑	❑	❑
22. I try to bring all our concerns out in the open so that the issues can be resolved in the best possible way.	❑	❑	❑	❑	❑
23. I collaborate with my peers to come up with decisions acceptable to us.	❑	❑	❑	❑	❑
24. I try to satisfy the expectations of my peers.	❑	❑	❑	❑	❑
25. I sometimes use my power to win a competitive situation.	❑	❑	❑	❑	❑
26. I try to keep my disagreement with my peers to myself in order to avoid hard feelings.	❑	❑	❑	❑	❑
27. I try to avoid unpleasant exchanges with my peers.	❑	❑	❑	❑	❑
28. I try to work with my peers for a proper understanding of a problem.	❑	❑	❑	❑	❑

Scoring Key *

Rating Scale: Strongly Agree = 5
Strongly Disagree = 1

1. Collaborating Style
(Average your responses to Items)

1	4	5	12	22	23	28	=	Total	Total/ # of responses	=	Average Score
							=		Total/ # of responses	=	

2. Accommodating Style
(Average your responses to Items)

2	10	11	13	19	24	=	Total	Total/ # of responses	=	Average Score
						=		Total/ # of responses	=	

3. Competing Style
(Average your responses to Items)

8	9	18	21	25	=	Total	Total/ # of responses	=	Average Score
					=		Total/ # of responses	=	

4. Avoiding style
(Average your responses to Items)

3	6	16	17	26	27	=	Total	Total/ # of responses	=	Average Score
						=		Total/ # of responses	=	

5. Compromising style
(Average your responses to Items)

7	14	15	20	=	Total	Total/ # of responses	=	Average Score
				=		Total/ # of responses	=	

*Adapted from ROCI-II, Form A Scoring Key

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The same scoring key is used for Forms A, B, and C.

Appendix Q

Module Evaluation

Date:

Module:

What went well?

What could be improved?

List any suggestions for future topic

Appendix R

Evaluation of Training Data (n=4)

Evaluation of Training Data	**Very much**	**Moderately**	**Somewhat**	**Not at All**	**Very Effective**	**Moderately Effective**	**Somewhat Effective**	**Not Effective**	**Very Likely**	**Likely**	**Somewhat Likely**	**Unlikely**
Q1 As a result of participating in this project my knowledge of conflict management has increased:	3	0	1	0								
Q2 As a result of participating in this project, my comfort level in managing conflict has increased:	3	0	1	0								
Q3 How effective do you think this "huddle" or "on the spot "training was in learning about conflict management?					2	1	1	0				
Q4 How effective do you think this "huddle" or "on the spot "training was in applying what you learned about conflict management?					2	1	1	0				
Q5 As a result of participating in this project, my knowledge of team building has increased:	3	0	1	0								
Q6 As a result of participating in this project, my comfort level in team building has increased:	3	0	1	0								
Q7 How effective do you think this "huddle" or "on the spot" training was in learning about team building?					3	0	1	0				
Q8 How effective do you think this "huddle" or "on the spot" training was in applying what you have learned about team building?					3	0	1	0				

Q9 What did you like "best" about this training?
Learning leadership styles and examples
Great information. Very useful in regards to handling conflict. This information is needed in ANM role.
It was very informational and made you aware of things you never would have thought could have been better.
Q10 What do you think could have been improved about this training?
No interruptions
The training time should have been done in a classroom due to the amount of distractions.
Preplanned time. If the unit is busy and it's hard to find time for the on-the-spot sessions. Preplanning will allow the ANM to have dedicated training time to prevent interruptions.
More structured time of training without distracted time with phone calls or work-related operational issues.

Appendix S

Evaluation of Facilitator / Coach and Training - Data (n=4)

Evaluation of Facilitator/Coach and Training Data	**Very knowledgeable**	**Moderately knowledgeable**	**Somewhat knowledgeable**	**Not knowledgeable**	**Very Effective**	**Moderately Effective**	**Somewhat Effective**	**Not Effective**	**Very Helpful**	**Moderately helpful**	**Somewhat Helpful**	**Not helpful**
Q1 How knowledgeable was the facilitator/coach?	4											
Q2 How effective was the facilitator/coach in presenting the material and coaching?					4							
Q3 How helpful were the PowerPoint slides in understanding the information?									4			
Q4 How helpful were the videos in understanding the information?									4			
Q5 What did you like "best" about the facilitator/coach?												
Great personality. Open to discussion. Very positive attitude.												
The facilitator/coach presented the PowerPoint slides in a manner that was very clear and easy to understand. The slides contained very helpful information and resources.												

Facilitator/coach had insight and awareness in the subject matter which made me more engaged and wanting to learn more.												
Helping ANMs to learn leadership styles and to learn more about ourselves.												
Q6 Other feedback/suggestions												
Due to the critical information given throughout this training it should be done in an uninterrupted environment												
Suggest classroom setting for at least one day training as it would support providing full attention to learn even more												
More videos												

Appendix T

Statement of Non-Research Determination

Student Name: Jeanette Black

Title of Project: Coaching Conflict Management Skills to Improve Retention among Nurse Managers

Brief Description of Project:

A) Aim Statement: By February 2019 the Coaching Conflict Management Skills to Improve Retention among Nurse Managers workshop will begin implementation. The nurse leaders are identified as nurse managers and assistant nurse managers who will be invited to the coaching and training workshop sessions.

B) Description of Intervention: "All nurses, regardless of their position, must effectively manage conflict in order to provide an environment that stimulates personal growth and ensures quality patient care" (Al-Hamdan et al. 2016, p. E139). Conflict not managed appropriately can be costly and is associated with turnover and absenteeism, decreased commitment, and increased complaints and grievances (Brinkert,2010; Vivar,2006). Retention is of nurse managers of major concern to healthcare organizations.

When effectively managed, conflict can facilitate progress, improve trust and professional relationships at work which can increase productivity and optimization of bottom line results (Short, 2016). On a daily basis, the nurse leader is faced with the challenge of conflict situations (Al-Hamdan, et al., 2014; Vivar,2006). There are conflicts that may arise with staff, patients, families or significant others, physicians, ancillary staff, vendors, and other leaders in the organization. In many instances, nurse leaders have left an organization related to some form of conflict that has not been managed or resolved. According to publishers of the Myers-Briggs Assessment and the Thomas-Kilmann Conflict Mode Instrument employees in the United States spend 2.1 hours per week involved with conflict, which is equivalent to approximately $359 billion in hours of paid wages (based on hourly earnings averaged to be $17.95), or the same as 385 million working days (Short, 2016). For the purposes of the implementation project the authors defined conflict as: "any workplace disagreement that disrupts the flow of work" (Short, 2016, p.1)**.**

This evidence-based DNP change of practice project will include five phases.

Phase 1 Gain approval for this DNP Project from the chief nurse executive of the organization by providing a business case, identification of key stakeholders and gaining their support for protected time for managers and assistant nurse managers to participate

in the workshop sessions.

Phase 2 Develop training plan that will include details about workshops including number of sessions, dates and times. Nurse managers and assistant nurse managers will need to have time designated as training will be held every 3 weeks over a three- month period. Ensuring reserved space/ facilities to conduct the workshop sessions will need to be coordinated.

Phase 3 Collect baseline, pre-intervention data for nurse managers and assistant nurse managers with the instruments listed under D) Outcome Measures (see below).

Phase 4 Conduct 4 workshops for nurse managers and assistant nurse managers. Each session will be 120 minutes. The curriculum for these workshops will be developed by the DNP student.

Phase 5 The results of this evidence-based project intervention will be shared with the CNE and other key stakeholders as identified by the CNE. Implications for other leaders including physicians and ancillary will be discussed for potential spread. Sustaining the results will also be discussed.

C) How will this intervention change practice? The nurse leader will learn evidence-based principles and practices of conflict management styles to be able to strategize to manage conflict situations effectively. This evidence-based practice intervention has far reaching implications for organizational culture, retention, patient safety, patient experience, patient and staff satisfaction, creating healthy work environment, joy in work in the work environment. It is important to resolve conflict effectively to promote quality patient care. Conflicts that have not been resolved may have many untoward effects on patient outcomes, dedication to the organization, and retention (Almost et al., 2010). Policy makers and nurse executives can take steps to support regular training and promotion of effective conflict management styles for nurse managers, as well as nurses. Inability to manage conflict effectively affects staff retention and morale, which negatively affects patient care (Al-Hamdan et al. 2014). Sustaining results and building leadership and peer support are important.

D) Outcome measurements: The following instruments will be used to collect pre and post-intervention data:

1) Author-developed survey to measure confidence and knowledge about conflict management.

2) Rahim *Organization Conflict Inventory* II (ROCI II) scale/survey.

3) *Intention to Stay Instrument (ISI) (*Dileep Kumar & Govindarajo,2014).

4) Develop workshop session evaluation tool to have participants complete after each session to get feedback so any necessary changes can be made.

To qualify as an Evidence-based Change in Practice Project, rather than a Research Project, the criteria outlined in federal guidelines will be used:
(http://answers.hhs.gov/ohrp/categories/1569)

☐ This project meets the guidelines for an Evidence-based Change in Practice Project as outlined in the Project Checklist (attached). Student may proceed with implementation.

☐This project involves research with human subjects and must be submitted for IRB approval before project activity can commence.

Comments:

EVIDENCE-BASED CHANGE OF PRACTICE PROJECT CHECKLIST *

Instructions: Answer YES or NO to each of the following statements:

Project Title: Nurse Leader Professional Development Coaching and Training Workshop Sessions: Conflict Management	**YES**	**NO**
The aim of the project is to improve the process or delivery of care with established/ accepted standards, or to implement evidence-based change. There is no intention of using the data for research purposes.	**x**	
The specific aim is to improve performance on a specific service or program and **is a part of usual care**. ALL participants will receive standard of care.	**x**	
The project is **NOT** designed to follow a research design, e.g., hypothesis testing or group comparison, randomization, control groups, prospective comparison groups, cross-sectional, case control). The project does **NOT** follow a protocol that overrides clinical decision-making.	**x**	
The project involves implementation of established and tested quality standards and/or systematic monitoring, assessment or evaluation of the organization to ensure that existing quality standards are being met. The project does **NOT** develop paradigms or untested methods or new untested standards.	**x**	
The project involves implementation of care practices and interventions that are consensus-based or evidence-based. The project does **NOT** seek to test an intervention that is beyond current science and experience.	**x**	
The project is conducted by staff where the project will take place and involves staff who are working at an agency that has an agreement with USF SONHP.	**x**	

The project has **NO** funding from federal agencies or research-focused organizations and is not receiving funding for implementation research.	**x**	
The agency or clinical practice unit agrees that this is a project that will be implemented to improve the process or delivery of care, i.e., **not** a personal research project that is dependent upon the voluntary participation of colleagues, students and/ or patients.	**x**	
If there is an intent to, or possibility of publishing your work, you and supervising faculty and the agency oversight committee are comfortable with the following statement in your methods section: "*This project was undertaken as an Evidence-based change of practice project at X hospital or agency and as such was not formally supervised by the Institutional Review Board."*	**x**	

ANSWER KEY: If the answer to **ALL** of these items is yes, the project can be considered an Evidence-based activity that does NOT meet the definition of research. **IRB review is not required. Keep a copy of this checklist in your files.** If the answer to ANY of these questions is **NO**, you must submit for IRB approval.

*Adapted with permission of Elizabeth L. Hohmann, MD, Director and Chair, Partners Human Research Committee, Partners Health System, Boston, MA.

STUDENT NAME (Please print): Jeanette Black
Signature of Student: Jeanette Black DATE 8-12-2018

SUPERVISING FACULTY MEMBER (CHAIR) NAME (Please print):
Robin Buccheri, PhD, RN, FAAN

Signature of Supervising Faculty Member (Chair):

Robin Buccheri DATE 8-16-18

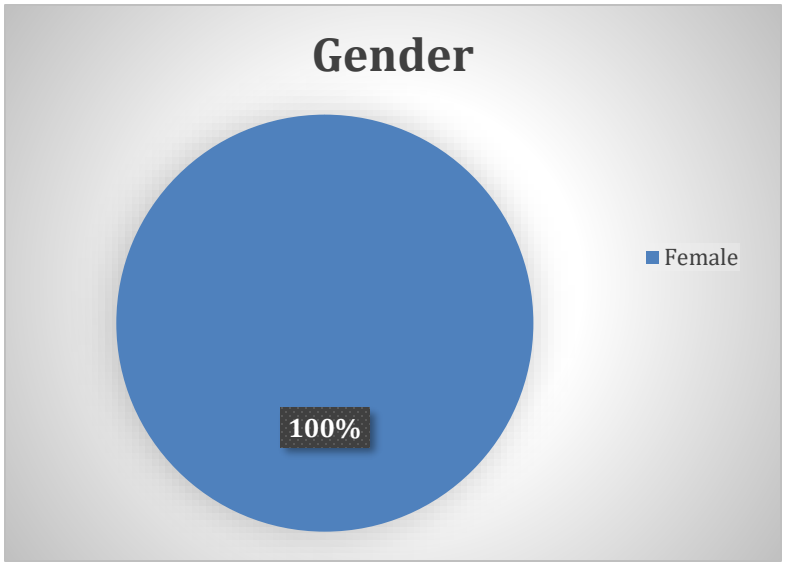
Appendix U

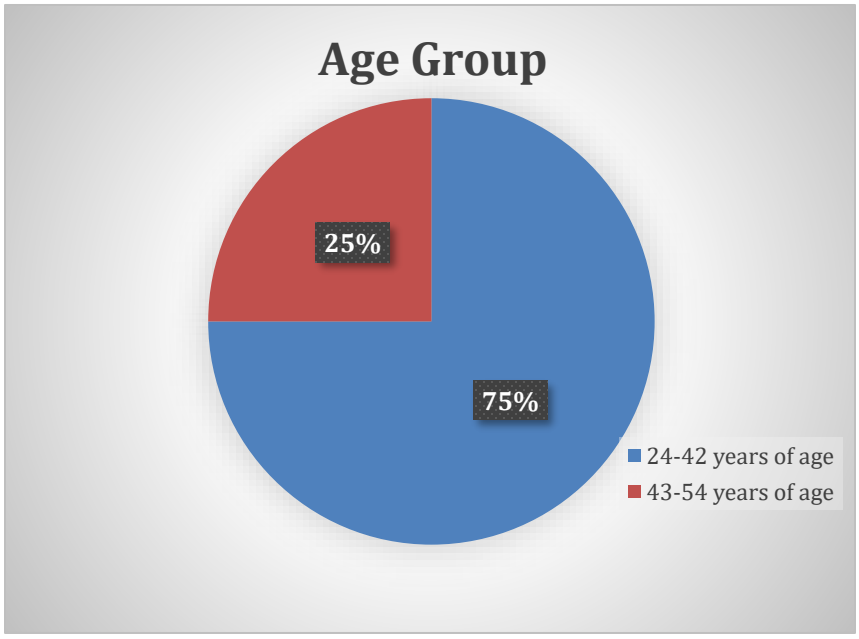
Demographic Data Survey

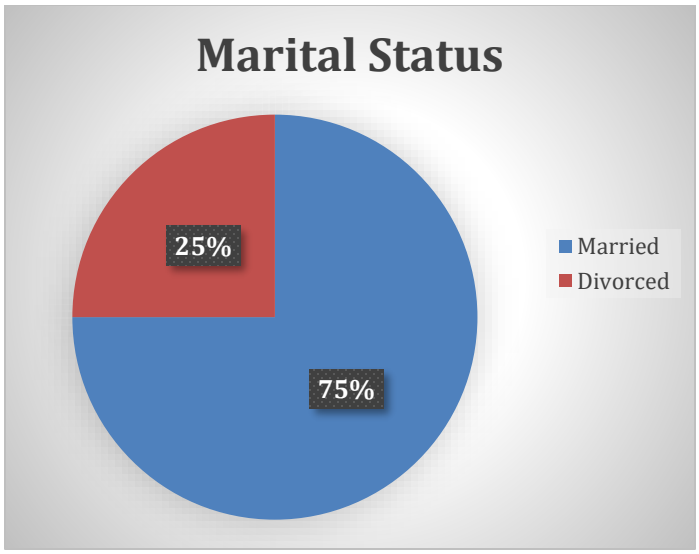
Gender Male Female Other
Age 20-23 24-42 43-54 55-73 74+
Marital Status Married Single Divorced Widowed Other
Highest Education Level/ Degree Associates Bachelors Masters Doctoral Post-Doctoral
Time/Years experience as a nurse manager 0-1 year 2-3 years 4-6 years 7-10 years 11-15 years 16-20 years 21+ years
Time /Years experience as a nurse 0-1 year 2-3 years 4-6 years 7-10 years 11-15 years 16-20 years 21+ years

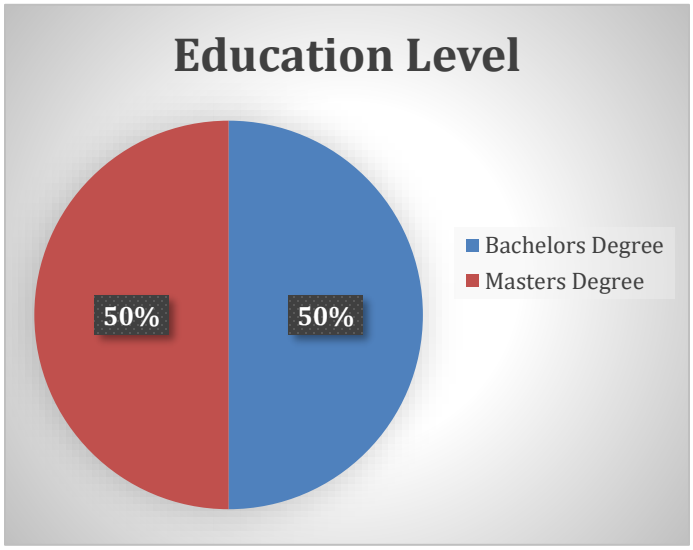
Appendix V

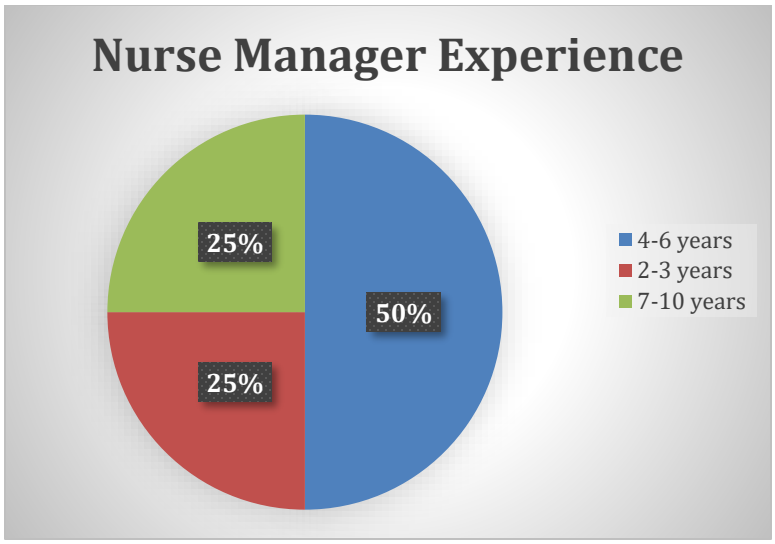
Demographic Data Survey Results (n=4)

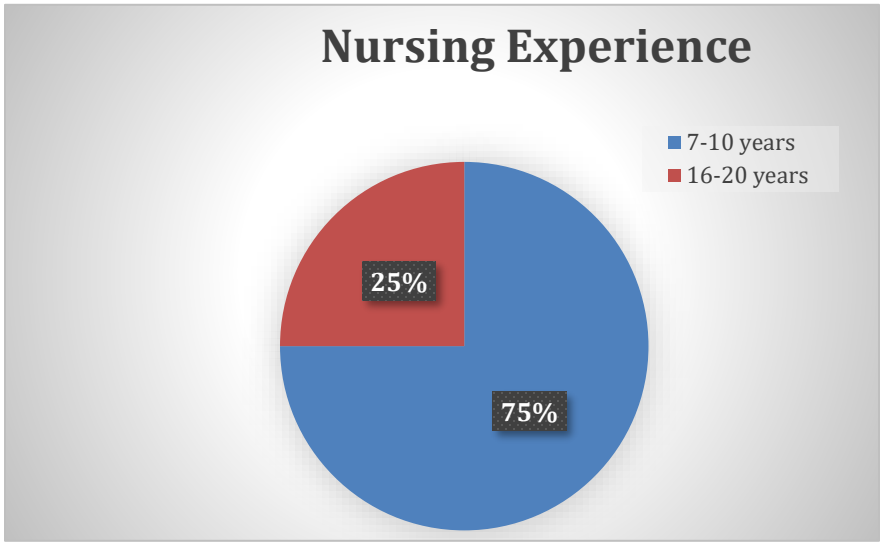





Marital Status
25%
75%
Married
Divorced


Education Level
50%
50%
Bachelors Degree
Masters Degree


Nurse Manager Experience
25%
50%
25%
4-6 years
2-3 years
7-10 years


Nursing Experience
7-10 years
16-20 years
25%
75%

Appendix W

Pre & Post-Intervention Mean Scores ROCI-II **(n =4)** Summary Table

Conflict Management Styles Supervisor (Form A)	Pre-Intervention Mean Scores	Post-Intervention Mean Scores
Collaborating Style	**4.91**	**4.75**
Accommodating Style	**3.29**	**3.87**
Competing Style	**2.05**	**2.8**
Avoiding Style	**2.87**	**2.81**
Compromising Style	**4.25**	**4.06**

Conflict Management Styles Subordinates (Form B)	Pre-Intervention Mean Scores	Post-Intervention Mean Scores
Collaborating Style	**4.61**	**4.86**
Accommodating Style	**3.16**	**3.83**
Competing Style	**2.65**	**2.7**
Avoiding Style	**2.66**	**2.99**
Compromising Style	**4.38**	**4.5**

Conflict Management Styles Peers (Form C)	Pre-Intervention Mean Scores	Post-Intervention Mean Scores
Collaborating Style	**4.53**	**4.89**
Accommodating Style	**3.62**	**4.04**
Competing Style	**2.65**	**2.93**
Avoiding Style	**3.39**	**3.50**
Compromising Style	**4.25**	**4.19**

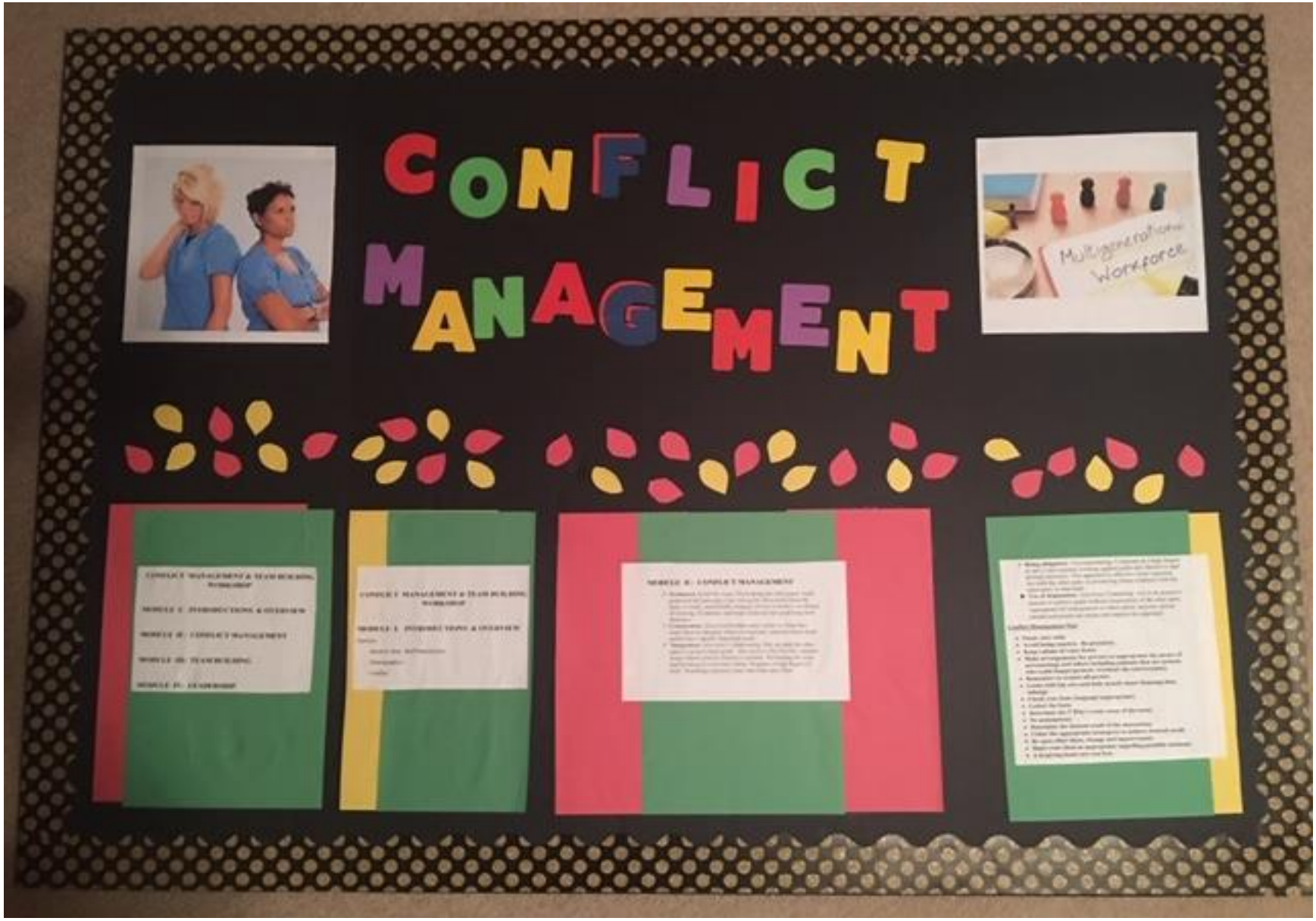
Appendix X

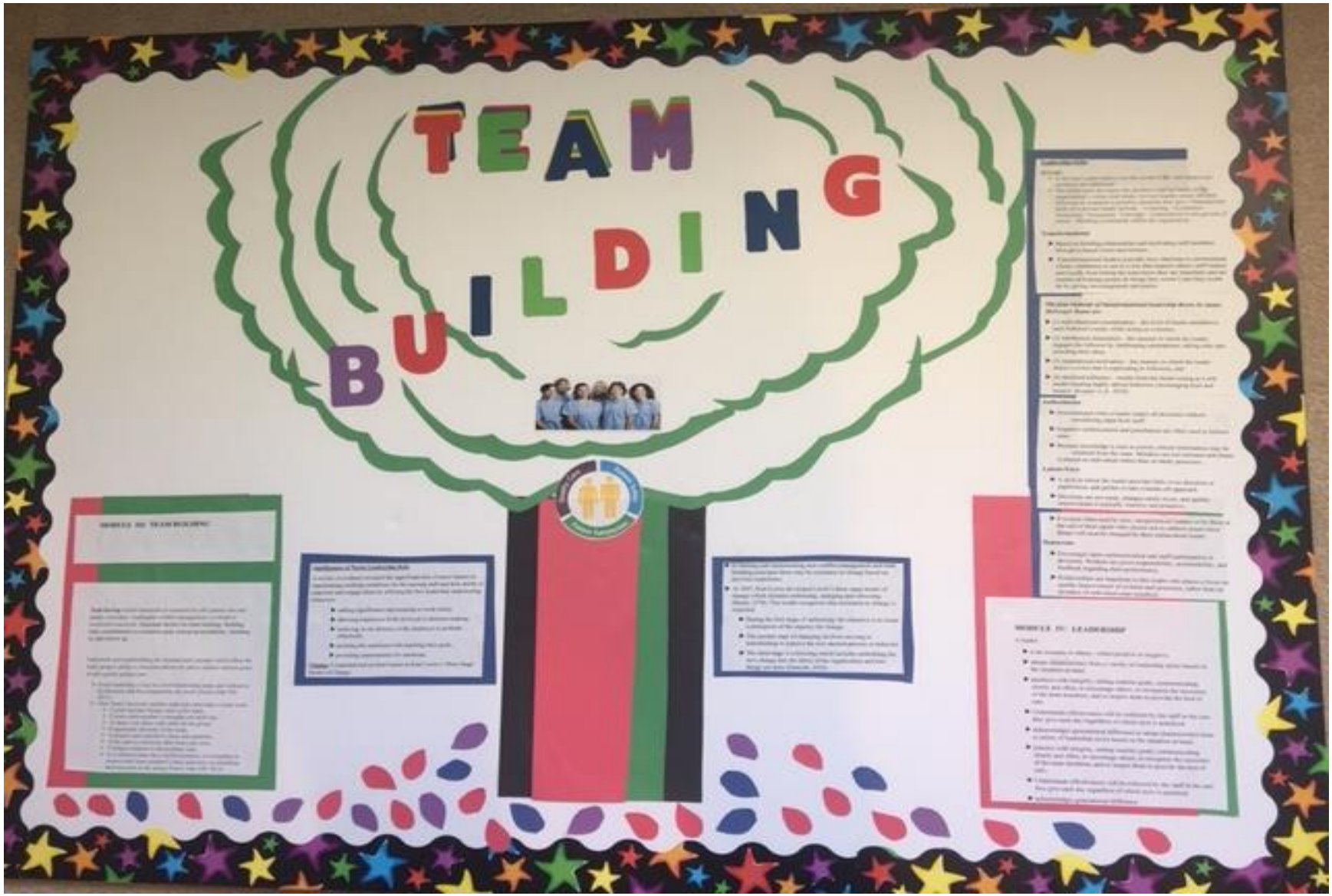
Module Evaluation - Data (n=4)

Module I	Module II	Module III	Module IV
What went well? • Straight to the point • Facilitator /coach very approachable and took the time to explain in a way that is easily understood. • Facilitator/coach introduction and topic introduction • Introductions to staff, ANM, explained purpose of the project clearly	• Presentation of slides and discussion of examples • Information was relevant to what ANMs experience in the work environment and was very helpful. • PowerPoint presentation contained pertinent and relevant information for the ANMs • Presentation short and to the point • Conflict management strategies presented well. • Great examples of 5 types of management strategies. • Great video.	• Presentation concise and slides were easy to follow • PowerPoint slides and information were excellent. Information on slides were not too crowded, easy to understand and follow. • Facilitator coach resourceful and information was beneficial • Discussions were helpful. Facilitator/coach knows the information well. • Overall information well presented, relevant topic and great examples	• Good overview of leadership styles. Review of transformational style. • Well organized information with detailed definitions about styles of leadership. • Interacts with participants well and shares personal experiences. Provides great examples of leadership styles. • Facilitator/coach interacts well with the ANM participants and allows the ANM to express thoughts and attributes to the leadership role. • Surveys identify thoughts about different levels of leadership.

Module I	Module II	Module III	Module IV
What could be improved? • The amount of time between each module. • Suggest having written materials for visual aid • Share findings from collecting data so far. • Suggest having forms ahead of scheduled shift.	• More video • Timing of the training during the day when there are less distractions to allow full attention as the information was interesting • Understanding the audience's leadership styles can help with placing more emphasis on appropriate approaches to conflict management.	• More examples of each conflict style • Timing of the training to allow the ANM dedicated time to focus on the training.	• More videos. • Font on some of the surveys
List any suggestions for other topics. • Discuss how to coach RNs to be supportive toward each other. • Stress-management strategy for RNs	• Avoid scheduling training and coaching on a day when ANM scheduled to cover two units • Have an idea of the type of leadership style of the audience.	• Class style participation • Practice time and scenario would help facilitate the learning. • Provide the training in electronic learning system • Elements of a great team.	• Class style participation

Appendix Y. Collage & Artwork


CONFLICT
MANAGEMENT
Multigenerational
Workforce


TEAM
BUILDING