

Delegation and Conflict Resolution



DELEGATION

"But then again to look to all these things yourself does not mean to do them yourself. . . . But can you not insure that it is done when not done by yourself?"

Florence Nightingale



DEFINITION OF TERMS

Delegation	The transfer of responsibility for the performance of a task from one individual to another while retaining accountability for the outcome
Accountability	Being responsible and answerable for the actions or inactions of self or others in the context of delegation
Responsibility	Encompasses reliability, dependability, and the commitment to complete tasks upon acceptance, extending to the obligation for each individual to perform at an educated and acceptable level.
Direct Patient Care Activities	Encompass adhering to standards for tasks such as assisting with feeding, ambulating, grooming, toileting, and reporting related data to the RN for clinical assessment, excluding health counseling, teaching, or tasks demanding independent, specialized nursing knowledge or judgment, and are delegated to NAP accordingly.

DEFINITION OF TERMS

Indirect Patient Care Activities	Primarily aim to maintain a clean and safe patient environment and involve unit routines
Underdelegation	Commonly observed in new job roles like new nurse managers or recent nursing graduates, often stems from the fear of resentment from experienced staff or the desire to prove capability by managing all tasks independently, leading to frustration and overwhelm
Overdelegation	Involves assigning tasks that exceed personnel's education or capability, potentially violating the state nurse practice act, often stemming from discomfort, dependency, disorganization, avoidance of responsibility, or excessive focus on trivial matters, leading to uneven workloads among team members

DEFINITION OF TERMS

Authority

Encompasses the right conferred by the state nurse practice act and an agency, granting the RN the power to delegate tasks and provide direction to nursing assistive personnel (NAP), ensuring compliance while preventing misunderstandings about levels of authority through alignment with state regulations and agency guidelines

Levels of Authority

- **One:** Delegate to collect data to simply find out the facts or assess the situation and report back.
- **Two:** Delegate to collect data and make a recommendation back to the RN.
- **Three:** Delegate to assess the situation, make a recommendation, report back, and then implement the final RN recommendation.
- **Four:** Delegate to carry out the task, as he or she believes appropriate.

DEFINITION OF TERMS

Supervision

Involves guiding, overseeing, evaluating, and influencing the completion of delegated nursing tasks by assistive personnel, categorized as on-site or off-site, ensuring compliance with established standards through clear direction, monitoring, feedback, and intervention to guarantee quality nursing care and proper documentation.

Hansten and Washburn (2004) delineate three supervision levels:

- **an absence of supervision** in RN-RN interactions, with each accountable for their practice
- **initial direction and periodic inspection** in overseeing licensed or unlicensed staff based on familiarity and occasional follow-ups
- **continuous supervision**, necessary in new working relationships, complex tasks, or with inexperienced delegates needing frequent support and assistance.

DEFINITION OF TERMS

Assignment	Involves distributing work among staff based on patient needs and caregiver expertise, ensuring tasks are within legal scopes of practice and tailored to the skills and knowledge of RNs, LPNs, and NAPs, as guided by the charge nurse using assignment sheets.
Competence	Embodies the application of knowledge, decision-making, and skills within a licensed nurse's role, ensuring safe and ethical practice while necessitating ongoing self-assessment, additional learning, and maintenance of abilities

FIVE RIGHTS OF DELEGATION

1. Right Task

- The application involves assigning tasks that confirm to agency established policies, procedures, and standards consistent regulations and guidelines for nursing practice.

2. Right Circumstance

- This involves delegating tasks considering the clinical environment, patient condition, workload, and resources available.

3. Right Person

- It involves matching the task to the delegatee based on their competency and skill level.

FIVE RIGHTS OF DELEGATION

4. Right Direction/Communication

- It involves clear, concise communication regarding the task, including its objectives, expected outcomes, specific instructions, and any limitations or potential risks.

5. Right Supervision

- This involves adequate oversight, monitoring, and guidance during task completion.

FACTORS TO CONSIDER WHEN DELEGATING OR ASSIGNING PATIENT CARE

Potential for Harm

Determine if there is a risk for the patient in the activity delegated.

Complexity of the Task

Delegate simple tasks. These tasks often require psychomotor skills with little assessment or judgment proficiency.

Amount of Problem Solving and Innovation Required

Do not delegate tasks that require a creative approach, adaptation, or special attention to complete.

Unpredictability of Outcome

Avoid delegating tasks in which the outcome is not clear, causing volatility for the patient.

Level of Patient Interaction

Value time spent with the patient and the patient's family to develop trust, and so on.

NURSING PROCESS OF DELEGATION

Assessment and Planning

- Assessment of the patient, staff, and context of the situation and planning the delegation based on the patient's needs and available resources.

Communication

- Communication with the delegate to provide direction and opportunity for interaction during the completion of the delegated task, including any unique patient requirements and characteristics as well as clear expectations regarding what to do, what to report, and when to ask for assistance

NURSING PROCESS OF DELEGATION

Surveillance and Supervision

- Surveillance, supervision, and monitoring of the delegation to ensure compliance with standards of practice, policies, and procedures. This includes the level of supervision needed for the particular situation and the implementation of that supervision, including follow-up for problems or a changing situation.

Evaluation and Feedback

- Evaluation and feedback to consider the effectiveness of the delegation, including any need to adjust the plan of care to achieve desired patient outcomes

BARRIERS TO DELEGATION

<p>Delegator-Related Barriers</p>	<ul style="list-style-type: none">• Nurses face various barriers to delegation, including personal factors like a preference for working independently or feeling insecure about their abilities.• Fear of negative outcomes or patient safety concerns also hinders delegation, alongside the fear of criticism or overburdening certain individuals with excessive tasks.• Both overdelegation, leading to an uneven workload, and underdelegation, driven by fear of losing control or reluctance to accept variations in task performance, pose challenges.• Nurse leaders might overdelegate tasks they're unfamiliar with, while new nurses may struggle with delegation due to fear of disapproval or making mistakes.
<p>Delegatee-Related Barriers</p>	<ul style="list-style-type: none">• Delegates must be reliable and willing to accept tasks, yet some may refuse delegated responsibilities due to lack of confidence or fear of failure, impacting the delegation process.• Reasons for refusal could include unwillingness to perform the task, lack of skill or comfort with the required skills, feeling overworked, perceiving the assignment as unfair, or physical inability to carry out the work.

BARRIERS TO DELEGATION

Leadership- and Management-Related Barriers

- Inadequate guidance and support at organizational and unit levels hinder effective delegation, emphasizing the need for clear guidelines and policies defining delegation authority and responsibilities.
- Detailed job descriptions for nursing roles should outline delegation processes, delineate responsibilities, and specify tasks that delegates can perform.
- Nurse leaders bear the responsibility of understanding delegate qualifications, validating competencies, and ensuring staff awareness.
- Barriers like unsupportive environments, staffing issues, intolerance of errors, and lacking competency validation processes affect effective delegation and subsequently patient safety.

COMMON DELEGATION ERRORS

Under Delegating	<p>In new job roles, such as nurse managers or recent graduates, underdelegation often occurs due to concerns about resentment from experienced staff, leading new nurses to avoid delegating tasks or overexert themselves to showcase capability, potentially causing frustration, overwhelm, and oversight of proper authority allocation; support from experienced colleagues is crucial in aiding new personnel through early intervention, guidance in delegation, and clarifying responsibilities.</p>
Over Delegating	<p>Overdelegation poses risks when assigning tasks beyond personnel's education, breaching the nurse practice act; this occurs due to discomfort with unfamiliar duties, excessive reliance, disorganization, avoidance of responsibility, or focusing on trivial matters, resulting in uneven workloads affecting both overworked and underworked staff members.</p>
Improper Delegating	<p>Involves assigning tasks at the wrong time, to the wrong person, or for inappropriate reasons, often extending responsibilities beyond a person's capabilities or expertise. It also encompasses delegating decision-making without adequate information, potentially leading to unclear expectations or assigning tasks that require higher quality without specifying those expectations upfront.</p>



CONFLICT RESOLUTION

CONFLICT RESOLUTION

A problem-solving process that aims to create a win-win solution for everyone involved.

- **Conflict**
 - the internal or external discord that results from differences in ideas, values, or feelings between two or more people.
 - a naturally occurring and expected phenomenon in management, so leader-managers must decide:
 - which issues they can live with
 - which need addressing
- **Conflict is neither good nor bad, and it can produce growth or destruction, depending on how it is managed.**

LEADERSHIP ROLES ASSOCIATED WITH CONFLICT RESOLUTION

- Is **self-aware** and conscientiously works to resolve intrapersonal conflict
- **Addresses conflict as soon as it is perceived** and before it becomes felt or manifest
- Immediately confronts and intervenes when *incivility, bullying, and mobbing* occur
- Seeks a **win-win solution** to conflict whenever feasible
- **Lessens the perceptual differences** that exist between conflicting parties and **broadens the parties' understanding** about the problems
- Assists subordinates in identifying alternative conflict resolutions
- Recognizes and accepts individual differences in team members
- Uses **assertive communication** skills to increase persuasiveness and foster open communication
- Role models **honest and collaborative negotiation efforts**
- Encourages **consensus building** when group support is needed to resolve conflicts

MANAGEMENT FUNCTIONS ASSOCIATED WITH CONFLICT RESOLUTION

- Creates a work environment that **minimizes the antecedent conditions for conflict**
- Uses appropriately legitimate authority in a competing approach when a quick or unpopular decision needs to be made
- **Facilitates conflict resolution among team members when appropriate**
- Accepts mutual responsibility for reaching **predetermined supraordinate goals**
- Establishes a **workplace culture that has zero tolerance for incivility, bullying, mobbing, and workplace violence**
- Obtains needed unit resources through **effective negotiation strategies**
- Compromises unit needs only when the need is not critical to unit functioning and when higher management gives up something of equal value
- Is adequately prepared to negotiate for unit resources, including the advance determination of a bottomline and possible trade-offs
- Addresses the need for closure and follow-up to negotiation
- Pursues **alternative dispute resolution (ADR) when conflicts cannot be resolved using traditional conflict management strategies**

QUANTITATIVE CONFLICT



FIGURE 21.1 The relationship between organizational conflict and effectiveness. Copyright © 2006 Lippincott Williams & Wilkins, *Instructor's Resource CD-ROM to Accompany Leadership Roles and Management Functions in Nursing*, by Bessie L. Marquis and Carol J. Huston.

QUALITATIVE CONFLICT

- A person may be totally overwhelmed in one conflict situation yet can handle several simultaneous conflicts at a later time.
- The difference is in the **quality** or **significance of that conflict** to the person experiencing it.
- Conflicts may produce distress, but they can lead to **growth, energy, and creativity** by generating new ideas and solutions.
- If handled inappropriately, quantitative and qualitative conflicts can lead to **demoralization, decreased motivation, and lowered productivity**.

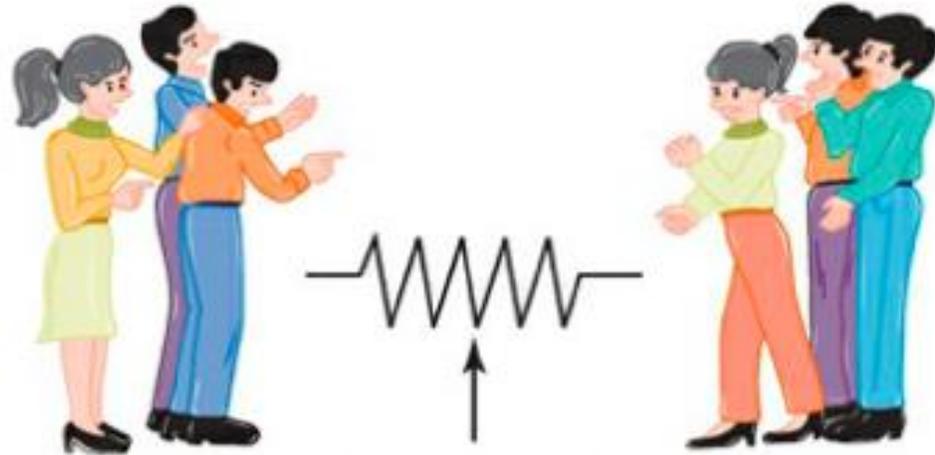
TYPES OF CONFLICT



Intrapersonal Conflict



Interpersonal Conflict



Intergroup Conflict

FIGURE 21.2 Primary categories of conflict. Copyright © 2006 Lippincott Williams & Wilkins. *Instructor's Resource CD-ROM to Accompany Leadership Roles and Management Functions in Nursing*, by Bessie L. Marquis and Carol J. Huston.

THE CONFLICT PROCESS

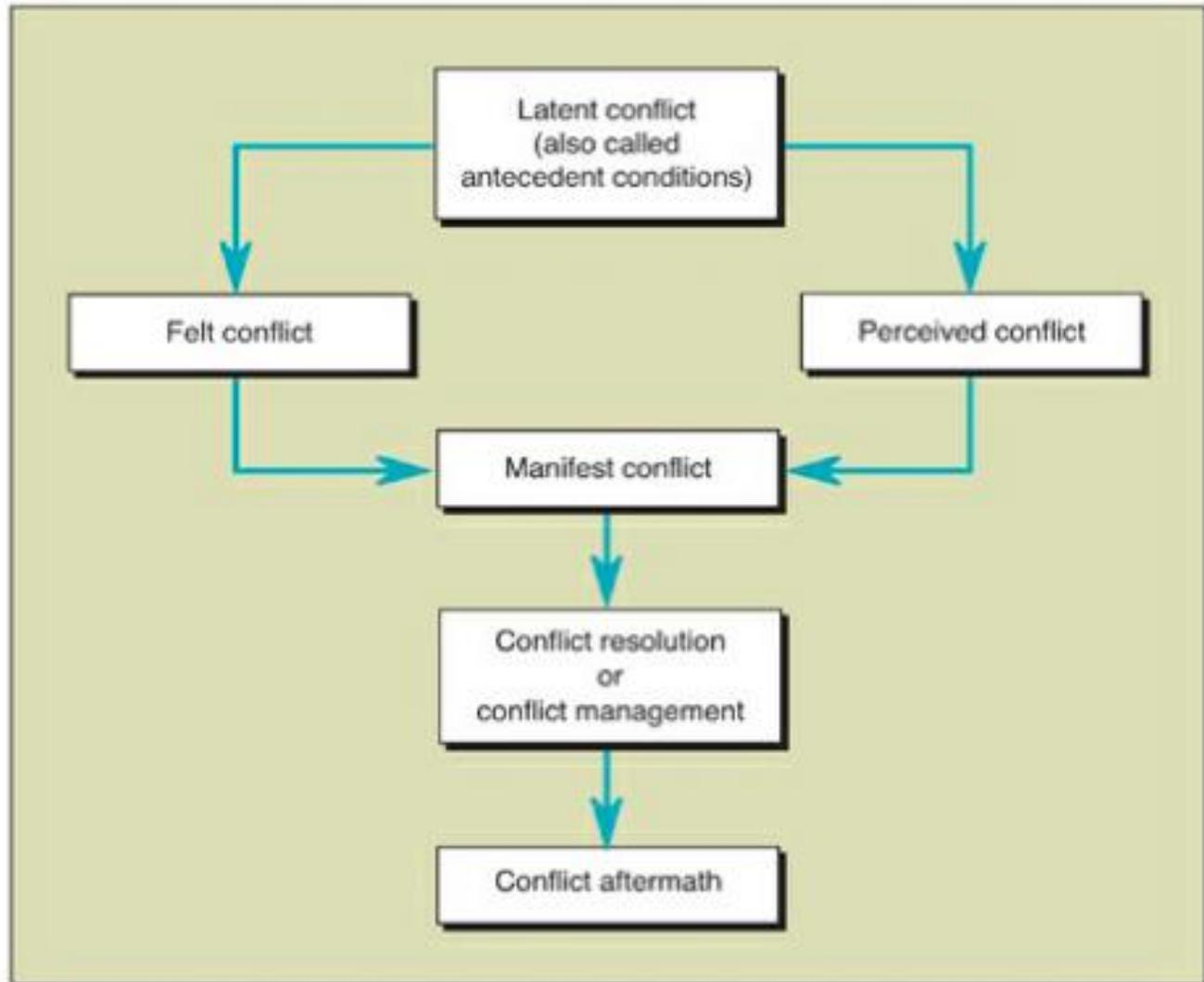
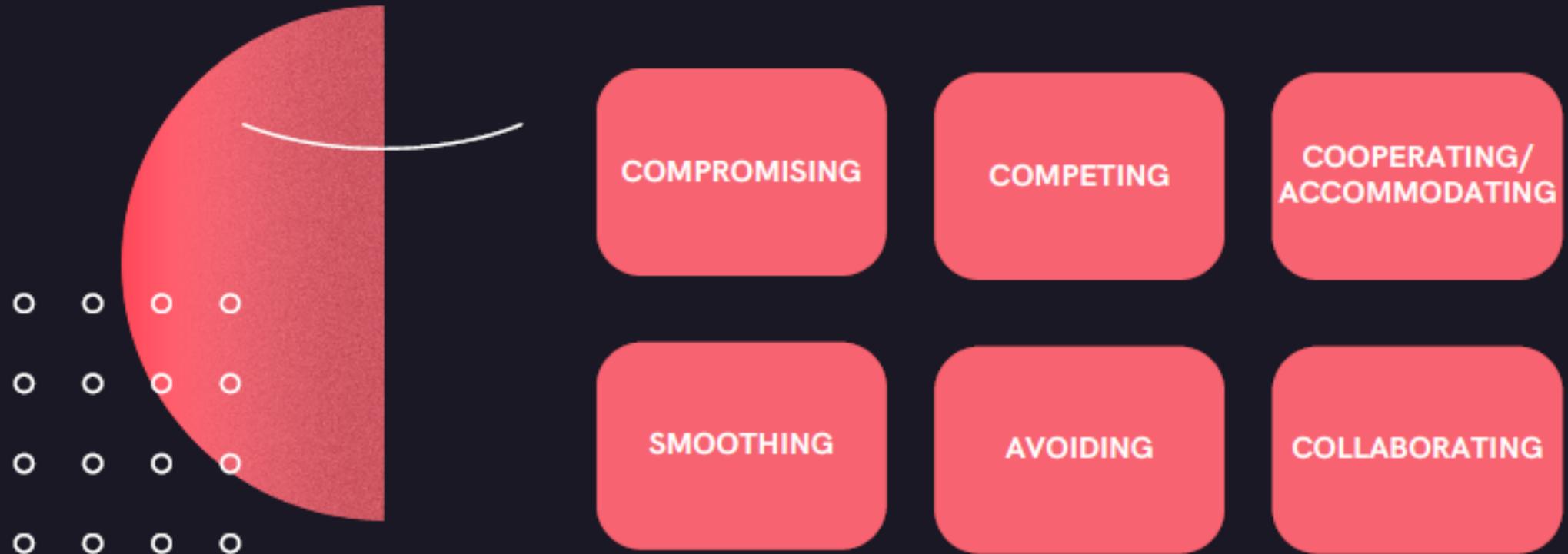


FIGURE 21.3 The conflict process. Copyright © 2006 Lippincott Williams & Wilkins, *Instructor's Resource CD-ROM to Accompany Leadership Roles and Management Functions in Nursing*, by Bessie L. Marquis and Carol J. Huston.

CONFLICT RESOLUTION STRATEGIES

Goal: A win-win solution for all involved



CONFLICT RESOLUTION STRATEGIES

COMPROMISING

- each party gives up something it wants, must be of equal value
- outcome: win-win or lose-lose

COMPETING

- one pursues what it wants at the expense of the others
- outcome: win-lose

COOPERATING/ ACCOMMODATING

- opposite of competing — one sacrifices beliefs and allows the other party to win
- outcome: win-lose

CONFLICT RESOLUTION STRATEGIES

SMOOTHING

- one party tries to pacify the other party or to focus on agreements rather than differences
- emotional component is minimized; often used before accommodation/cooperation

AVOIDING

- both parties are aware but choose not to acknowledge or attempt to resolve it
- conflict remains and may reemerge at a later time in an even more exaggerated fashion

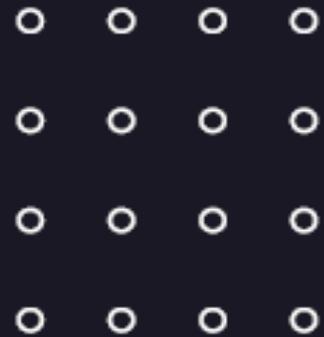
COLLABORATING

- assertive and cooperative — original goals are set aside to establish a *supraordinate* or priority common goal
- outcome: win-win

MANAGING UNIT CONFLICT

Goal: A win-win solution for all involved

Facilitated by the manager



CONFRONTATION

THIRD-PARTY
CONSULTATION

BEHAVIOR
CHANGE

RESPONSIBILITY
CHARTING

STRUCTURE
CHANGE

SOOTHING ONE
PARTY

Common Causes of Organizational Conflict

- Poor communication
- Inadequately defined organizational structure
- Individual behavior (incompatibilities or disagreements based on differences of temperament or attitudes)
- Unclear expectations
- Individual or group conflicts of interest
- Operational or staffing changes
- Diversity in gender, culture, or age

MANAGING UNIT CONFLICT

CONFRONTATION

- manager urges subordinates to try handling their own problems by using face-to-face communication rather than e-mails and electronic messages, which are too impersonal

THIRD-PARTY CONSULTATION

- manager or outside experts as a neutral party to help parties resolve conflicts constructively
- should be done only if all parties are motivated to solve the problem and if no differences exist in the status or power of the parties involved

BEHAVIOR CHANGE

- reserved for serious cases
- develops self-awareness and behavior change through educational modes, training development, or sensitivity training

MANAGING UNIT CONFLICT

RESPONSIBILITY CHARTING

- for jurisdictional conflicts
- delineates the function and responsibility of roles
- must consider joint responsibilities, ultimate responsibility, approval mechanisms, support services, responsibility for informing

STRUCTURE CHANGING

- involves transferring or discharging people, changing titles, creating policies

SOOTHING ONE PARTY

- temporary solution when there is no time to handle conflict effectively or when the parties are so enraged that immediate resolution is unlikely
- gives time to deal with intense feelings to become more objective about the issues

CONFLICT RESOLUTION

- **Workplace violence** impacts the physical, emotional, and socioeconomic health of employees and threatens patient safety
 - **Bullying** is abusive conduct that is threatening, humiliating, or intimidating in nature.
 - **Incivility** is the mistreatment or discourtesy to another person. It occurs on a continuum from disruptive behaviors such as eye-rolling and other nonverbal behaviors and sarcastic comments to threatening behaviors, such as intimidation and physical violence.
 - In **mobbing**, employees “gang up” on an individual.

CONFLICT RESOLUTION: NEGOTIATION

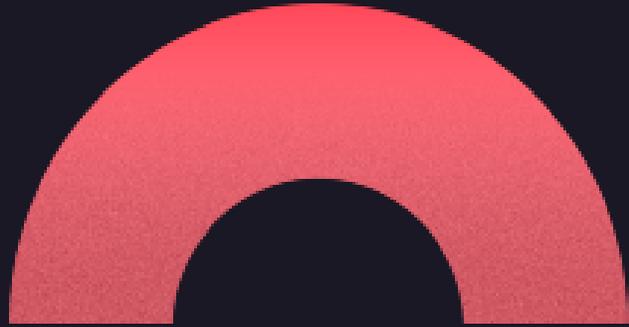
- **Negotiation** frequently resembles *compromise* when used as a conflict resolution strategy. It can also resemble *collaboration* and *competition*.
 - Each party gives up something
 - May take place spontaneously
 - Might need advance preparation (e.g., for unit resources)
 - Focus is on accommodating differences between parties toward a win-win situation — both are satisfied with the outcome
 - Example: "*I'll do your charts today if you switch shift with me tomorrow.*"

BEFORE THE NEGOTIATION PREPARATION

1. Be prepared mentally by having done your homework.
2. Determine the incentives of the person you will be negotiating with.
3. Determine your starting point, trade-offs, and bottom line.
4. Look for hidden agendas, both your own and the parties with whom you are negotiating.

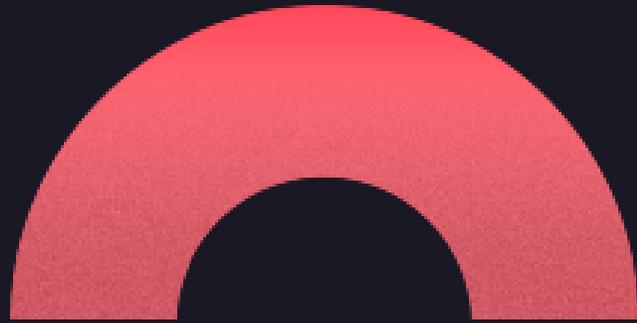
DURING NEGOTIATION

1. Maintain composure.
2. Ask for what you want assertively.
3. Role model good communication skills (speaking and listening), assertiveness, and flexibility.
4. Be patient and take a break if either party becomes angry or tired during the negotiation.
5. Avoid using destructive negotiation techniques, but be prepared to counter them if they are used against you.



STRATEGIES TO INCREASE PERSUASIVENESS AND FOSTER OPEN COMMUNICATION DURING NEGOTIATION

- 1. Use only factual statements that have been gathered in research.**
- 2. Listen carefully and watch nonverbal communication.**
- 3. Keep an open mind, because negotiation always provides the potential for learning. It is important not to prejudge. Instead, a cooperative (not competitive) climate should be established.**
- 4. Try to understand where the other party is coming from. It is probable that one person's perception is different from that of another. The negotiation needs to concentrate on understanding, not just on agreeing.**
- 5. Discuss always the conflict. It is important not to personalize the conflict by discussing the parties involved in the negotiation.**
- 6. Try not to belabor how the conflict occurred or to fix blame for the conflict. Instead, the focus must be on preventing its recurrence.**
- 7. Be honest.**
- 8. Start tough so that concessions are possible. It is much harder to escalate demands in the negotiation than to make concessions.**



STRATEGIES TO INCREASE PERSUASIVENESS AND FOSTER OPEN COMMUNICATION DURING NEGOTIATION

9. Delay when confronted with something totally unexpected in negotiation. In such cases, the negotiator should respond, "I'm not prepared to discuss this right now" or "I'm sorry, this was not on our agenda; we can set up another appointment to discuss that," or "I don't have that information at this time."
10. Never tell the other party what you are willing to negotiate totally. You may be giving up the ship too early.
11. Know the bottom line, but try never to use it. If the bottom line is used, the negotiator must be ready to back it up or he or she will lose all credibility. Negotiations should always result in both sides improving their positions; however, in reality, people sometimes have to walk away from the negotiating table if the situation cannot be improved because not every negotiation can result in terms that are agreeable to each party.
12. Take a break if either party becomes angry or tired during the negotiation. Go to the bathroom or make a telephone call. Remember that neither party can effectively negotiate if either is enraged or fatigued.

DESTRUCTIVE TACTICS

MAKE COLLABORATION DIFFICULT

Ridicule	<ul style="list-style-type: none">• goal: to intimidate other parties• counter: maintain a relaxed body posture, steady gaze, and patient smile. Do not take personally.
Ambiguous or inappropriate questioning	<ul style="list-style-type: none">• goal: to divert from the issue through questioning• counter: assert that the question is irrelevant to the issue
Flattery	<ul style="list-style-type: none">• goal: to divert through giving dishonest compliments• counter: remain focused on the issue

DESTRUCTIVE TACTICS

MAKE COLLABORATION DIFFICULT

Sadness and helplessness	<ul style="list-style-type: none">• goal: to forego objective gains as a result of feelings of empathy and compassion• counter: remain focused on the issue or intent (e.g., securing adequate resources to optimize unit functioning)
Aggressively taking over	<ul style="list-style-type: none">• goal: win in negotiation through rapidly taking control before other members realize what is happening• counter: when detected early, call a halt before decisions are made<ul style="list-style-type: none">◦ “I need to have time to think this over.”

AFTER THE NEGOTIATION:

APPROPRIATE CLOSURE AND FOLLOW-UP

1. Restate what has been agreed on, both verbally and in writing.
2. Recognize and thank all participants for their contributions to a successful negotiation.

CONFLICT RESOLUTION: ALTERNATIVE DISPUTE RESOLUTION

- **Alternative dispute resolution (ADR)** may be indicated to keep some privacy in the dispute and to avoid expensive litigation.
 - **Mediation** uses a neutral third party and is a confidential, legally nonbinding process.
 - **Fact finding** asks questions to clarify issues at hand
 - **Arbitration** is a formal process sought when mediators are unable to help conflict resolution. This is a **binding** process in which the facts of the case are heard by an individual who makes a final decision for the parties in conflict
 - **Obudspersons** hold an official title in an organization whose function is to investigate grievances filed by one party against another and to ensure that individuals involved in conflicts understand their rights as well as the process that should be used to report and resolve the conflict.

CONFLICT RESOLUTION: SEEKING CONSENSUS

- **Seeking consensus**, a concord of opinion, although time consuming (like collaboration), is an effective conflict resolution and negotiation strategy.
 - negotiating parties **reach an agreement that all parties can support**, even if it does not represent everyone's first priorities
- Consensual decisions are best used for decisions that relate to a **core problem** or need a **deep level of group support** to implement successfully.
- All of the parties involved in the negotiation to have good communication skills and to be *open minded* and *flexible*.
- It is also important for the leader to recognize when achieving consensus has become unrealistic.



REFERENCES

Marquis, B. L., & Huston, C. J. (2017). *Leadership roles and management functions in nursing: Theory and application* (9th ed.). Wolters Kluwer Health.

Thank you!