

# Resolving Conflict: *What Does the Giraffe Say?*

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*Conflict is a lot like water—it spills over; it flows downhill; and, if left unchecked, it erodes whatever it touches. And sometimes it's like red wine—it stains.”—Jason Fried <sup>1</sup>*

**G**iraffes are majestic creatures who have unique spot patterns and really long necks. These qualities give the giraffe the ability to use these gifts to gain a different perspective. How does a giraffe connect to how we handle conflict or

uncomfortable situations effectively? Conflict is an unavoidable issue within complex health care systems and among health care teams. “The pressure to improve and track quality, treat more patients, reduce costs, and maintain satisfaction scores creates a push-pull workplace that breeds conflict.”<sup>2</sup> According to Gerardi,<sup>3</sup> this pressure trickles down within a health care system from administration to the bedside nursing staff, causing stress and frustration, and leading to conflict.

**W**hen conflict has a negative effect on the nursing staff and the unit, the leaders of these systems and teams must engage their staff, have presence, and address the conflict immediately. If conflict is not addressed, it will spawn poor working relationships leading to increased staff turnover and reduced quality of care, leading to increased health care costs for poor patient outcomes, and decreased patient satisfaction, leading to decreased reimbursement rates.<sup>4</sup> Conflict is inevitable; handling it effectively keeps interprofessional relationships intact within our units and keep our patients safe. The giraffe's perspective and uniqueness lends well to seeing the bigger picture and handling conflict using Giraffe language. In this article, we use a case study to show how to use giraffe language within crucial conversations and TeamSTEPPS.

## CASE STUDY

### Setting

A busy critical access hospital with a larger-than-normal influx of patients constantly over a period of 6 months is minimally staffed with higher than normal nurse: patient ratios. The chief nursing officer (CNO) wants to hire more nursing staff to decrease the overtime of current nursing staff, alleviate burnout among current staff, and prevent nursing staff turnover.

### Background

The setting is a critical access hospital with a level IV trauma designation. No other hospital is within 45 miles, so this hospital receives all levels of trauma. It is surrounded by a ski resort, summer vacation homes, camping grounds, mountain rafting sports, agricultural farming and ranching, and migrant populations. This critical access hospital has historically maintained and anticipated influxes of different patient populations during each season of the year.

The hospital consists of 17 beds on the medical-surgical (med-surg) unit, 3 observation beds, and a 5-bed emergency room that includes 2 trauma rooms, 2 treatment rooms, and a procedure room. Staffing for this hospital consists of 2 nurses and 1 nursing assistant on the med-surg unit from 6 a.m. to 6 p.m. and 6 p.m. to 6 a.m., an emergency room nurse from 10 a.m. to 10 p.m.—after 10 p.m., the charge nurse from the med-surg unit takes over the emergency room—and 1 emergency room physician on-call 24/7. The designated charge nurse on the med-surg unit takes a patient load as well as attending to any emergency room patients prior to the emergency room nurse's arrival at 10 a.m. The charge nurse is also the backup nurse for the emergency room nurse during the rest of the workday if the emergency room gets busy. Charge nurses on average are increasing their work day from the usual 13-hour day to 18-hour days. The other med-surg nurse's work day has increased from the usual 12.5-hour day to 16-hour days. The nursing assistants have increased their work day from the usual 12.5-hour to 14-hour days.

For the past 5 months, this hospital has seen an influx of patients beyond the normal capacity. Nurse-to-patient ratios on the med-surg unit have increased from 1:7 to 1:10. The

emergency room has increased the number of patients from 30 to 35 patients to 45 to 50 patients within a 24-hour period. The CNO has had multiple complaints from administration because of the overtime and from her nursing staff because of the extra workload and high nurse-to-patient ratios. The CNO has assessed her budget to hire more help for the nursing staff and was able to hire 2 more nursing aides to assist with activities of daily living to help offset some of the burden for nursing staff.

### Conflict

The CNO schedules a meeting with the chief executive officer (CEO) of the hospital to discuss an increase in budget to hire more nursing staff. The CNO gathers statistics that demonstrate the higher than usual patient load over the 6-month period and the increased amount of overtime the nursing staff has incurred to accommodate this increase in patients. The CEO tells the CNO no funds are available for the addition of new staff, and the overtime needs to decrease. Even after explaining to the CEO how hard the staff is working, that overtime is inevitable with limited staff, and the fear of nursing staff turnover, the request is still denied.

## GIRAFFE LANGUAGE

Nonviolent communication (NVC), also known as compassionate communication or Giraffe language, is one effective approach to resolving conflict. Developed in the 1960s by Dr. Marshall Rosenberg, a psychologist, NVC is language of the heart, a model of communication that involves connection through empathizing with the perspective of others and clearly and honestly expressing feelings and wants.<sup>5</sup> Rosenberg named his model Giraffe language because the giraffe is a large and powerful, yet peaceful and gentle, animal and has the largest heart of any land animal.<sup>6</sup> When speaking and listening in Giraffe, we listen with compassion and objectivity, and focus on the feelings and needs of the other person first, who then perceives he has been heard and understood.<sup>7</sup> This opens the connection between the 2 parties and, as Rosenberg believes, "through its emphasis on deep listening—to ourselves as well as to others—NVC fosters respect, attentiveness and empathy and engenders a mutual desire to give from the heart."<sup>5</sup> The NVC model is particularly applicable in health care settings where communication is continuous and plays a vital role in achievement of positive outcomes, and where relationships are important to sustaining healthy work environments. Sears<sup>8</sup> offers examples from several health care organizations that credit NVC for outcomes such as increased patient satisfaction, reduced employee turnover, decreased staff injuries, better worker performance, and enhanced patient and staff safety.

The process of NVC involves 4 components or steps. The first step is to verbalize what is observed, and to do so without evaluation or judgment. Next, honestly express the feelings that result from the observation. In step 3, the needs or wants related to the feelings are clearly articulated, and step 4 involves closing by making a specific request for the outcome desired.<sup>9</sup> How NVC is used in dialogue during conflict is illustrated in [Table 1](#).

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