



NEGOTIATING ETHICS:  
CONFLICT MANAGEMENT  
SKILLS FOR NURSES

*2011 TNA Convention*



OBJECTIVES

- ❖ Describe the connection between unresolved ethics and values conflicts and burnout or moral distress and the benefits of conflict resolution.
- ❖ Identify 3 techniques to use in conflict resolution and apply them to a case study.

Ogres are like onions...

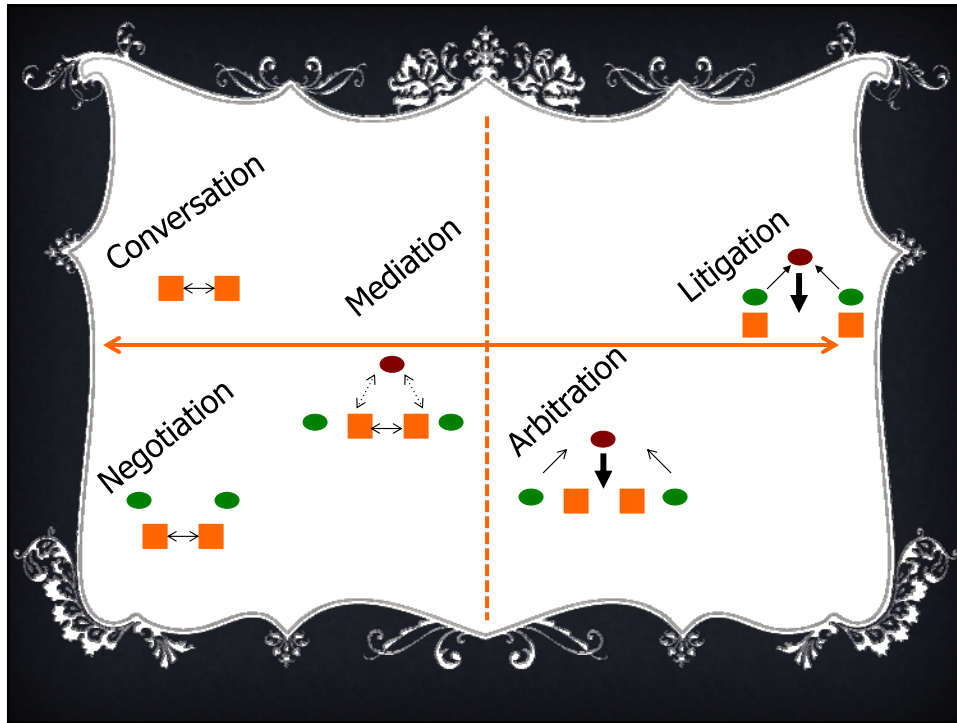
❖ They stink?



## PRIMARY LEVELS OF CONFLICT

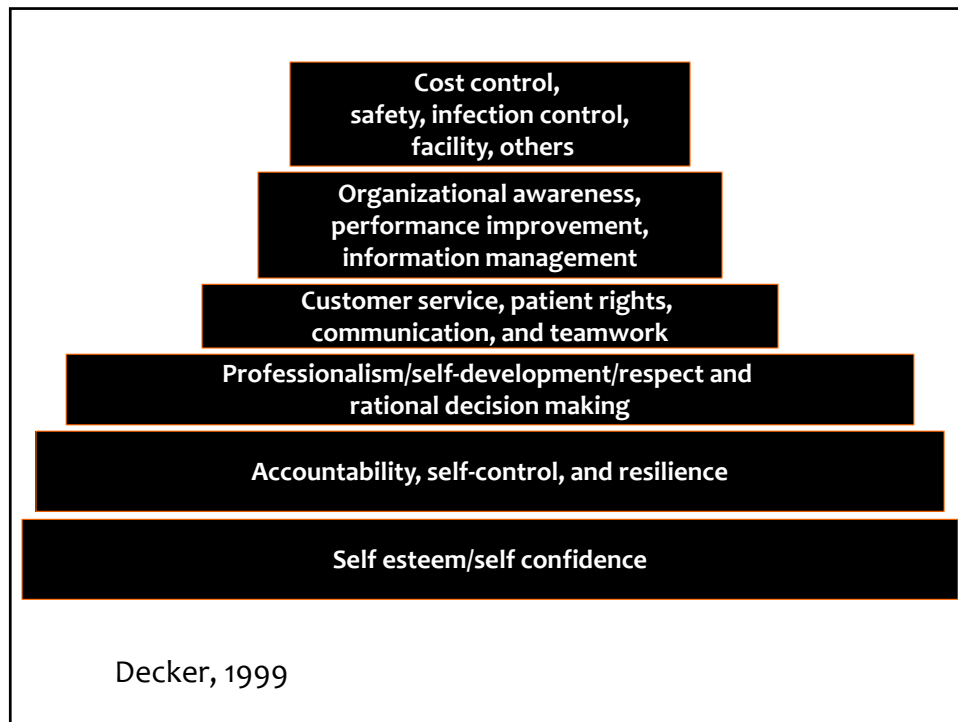
- ❖ Intrapersonal (within an individual)
- ❖ Interpersonal (between individuals)
- ❖ Intragroup (within a group)
- ❖ Intergroup (between groups)





## LAW AND ETHICS

- ❖ Protect Ethics/Reduce Liability
  - Identify and clarify the dilemma
  - Demonstrate good judgment
  - Communicate effectively
  - Facilitate negotiation
  - Improve decision-making
- ❖ Ethics is the ceiling,  
law is the floor



## THE NATURE OF NEGOTIATION

- ❖ Everybody is a negotiator
- ❖ Everyone negotiates something everyday
- ❖ Negotiation is a basic means of getting what you want from others
- ❖ In a negotiation, people are in a dilemma
- ❖ Every negotiation is different, but the basic elements do not change

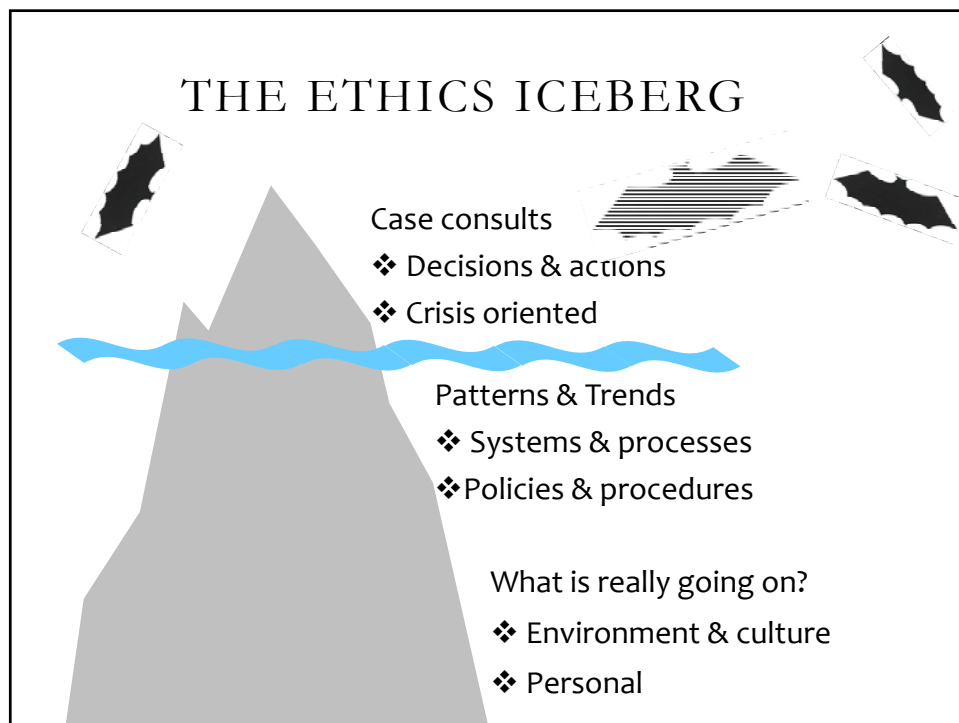
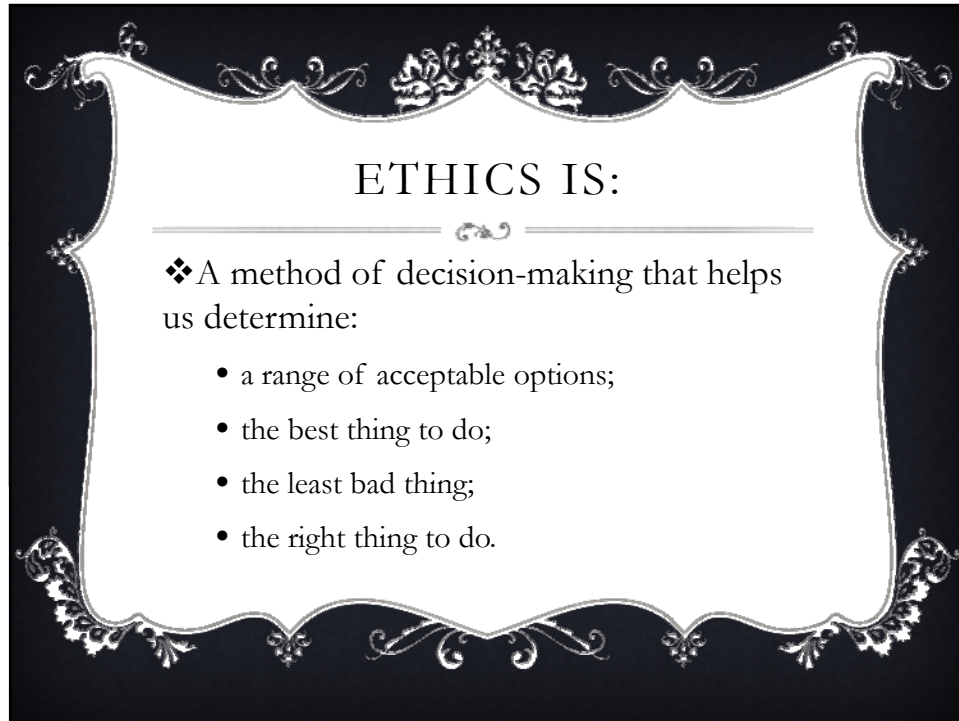
## NEGOTIATION

❖ A dialogue intended to resolve disputes to produce an agreement upon courses of action, to bargain for individual or collective advantage, or to craft outcomes to satisfy various interests. It is the primary method of alternative dispute resolution.

## 3 STAGES OF NEGOTIATION

- ❖ Analysis
- ❖ Planning
- ❖ Discussion





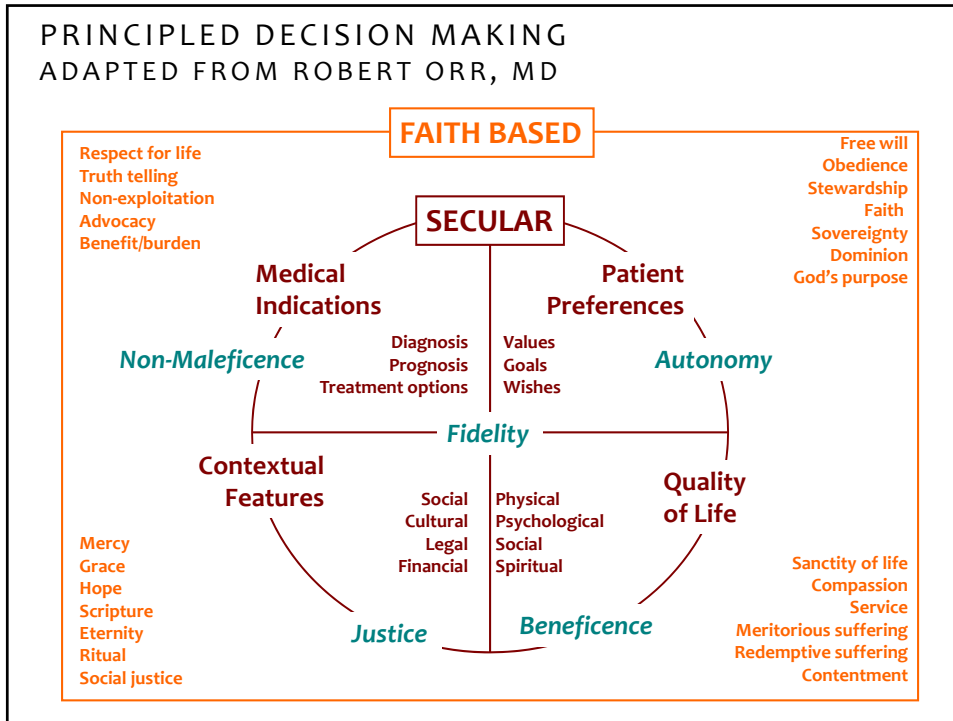
## PROCESS

- ❖ Is there an ethical issue?
- ❖ Who are the stakeholders?
- ❖ What are the relevant facts?
- ❖ What values are at stake?
- ❖ What are the options?



Process cont'd

- ❖ What resources might be helpful?
- ❖ Are there legal or ethical norms at stake?
- ❖ Am I comfortable with the decision?
- ❖ Make a decision and evaluate its results.



**THE 4 TOPICS METHOD OF  
CASE ANALYSIS**  
(CLINICAL ETHICS, 6TH ED. JONSEN, SIEGLER, WINSLADE)

- ❖ Medical Indications
- ❖ Patient Preferences
- ❖ Quality of Life
- ❖ Contextual Features

❖ Systematic method for identifying pertinent features of a case.

❖ Not exactly a system for resolution.

## MEDICAL INDICATIONS

- ❖ What is the story about the disease? How does the patient/family understand it?
- ❖ What is the patient's medical problem? History? Diagnosis? Prognosis?
- ❖ Is the problem acute? Chronic? Critical? Emergent? Reversible?
- ❖ What are the goals of medical treatment?



## PATIENT PREFERENCES

- ❖ What is the patient's story? Who are they to this family?
- ❖ Is the patient decisional?
- ❖ What has the patient stated regarding his/her treatment preferences?
- ❖ Has the patient been informed of the benefits & risks, understood this information, and given consent?
- ❖ If incapacitated, has the patient expressed prior wishes? Is there paperwork?
- ❖ Who is the appropriate surrogate?

## QUALITY OF LIFE

- ❖ How does the patient define QOL?
- ❖ What physical, mental, and social deficits is the patient likely to experience if treatment succeeds?
- ❖ What are the prospects, with or without treatment, for a return to normal life?
- ❖ Is the patient's present or future condition such that his or her continued life might be judged undesirable?

## CONTEXTUAL FEATURES

- ❖ Who is the patient to this family?
- ❖ Family or social issues?
- ❖ Provider issues?
- ❖ Financial considerations?
- ❖ Religious/cultural factors?
- ❖ Legal considerations?
- ❖ Allocation of resources?

## Basic Types of Negotiation

### ❖ Distributive negotiations

- Involve win–lose, fixed-amount situations wherein one party’s gain is another party’s loss

### ❖ Integrative negotiations

- Involve joint problem solving to achieve results benefiting both parties

## Don't

### ❖ Negotiate over positions

- Unwise agreements
- Bad communication
- Inefficient process
- Creates distrust
- Endangers relationships



## Do

- ❖ Focus on interests
- ❖ Negotiate in a principled way



## INTEREST FOCUS

- ❖ Talk openly about interests
  - “What are your interests?”
  - “What would you like to accomplish?”
- ❖ Identify their interests
  - “I think you are interested in.....”
  - Most people have multiple interests and options
- ❖ Identify your interests
  - “My goal is to.....”

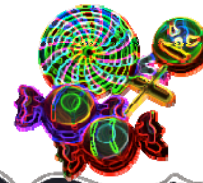


## TALK OPENLY ABOUT INTERESTS

- ❖ Show concern for their interests:
  - “That’s a legitimate interest to be concerned about her state of mind.”
  - “I understand your interest in trying to control this situation.”
- ❖ Focus
  - DO NOT FIGHT OVER THE PAST
  - FOCUS ON THE FUTURE PATH

## SEPARATE THE PEOPLE FROM THE PROBLEM

- ❖ Hard on the problem; Easy on the people
- ❖ Positional bargaining puts people in conflict
- ❖ Deal with relationship separately



## MANAGE YOUR PERCEPTIONS

- ❖ Put yourself in their shoes
- ❖ Don't deduce their motives from your fears
- ❖ Don't blame them for your problem

## CONTROL YOUR EMOTIONS

- ❖ Be aware of your own emotions
- ❖ Allow them to vent interfering emotions
  - Anger and fear
- ❖ Do not react to emotional outbursts
- ❖ Use symbolic gestures



## SOLVING THEIR PROBLEM IS MY PROBLEM

- ❖ Be their problem solver
- ❖ Invent options for mutual gain
  - Decide which is best
  - Look for shared values, interests
  - Use criteria, evidence
- ❖ Make their decision easy
  - What are their interests?



## REASON AND BE OPEN TO REASON

- ❖ Keep an open mind
- ❖ Possibility of multiple criteria of fairness
  - What objective basis is there to decide?
  - Splitting the difference or compromising

## PRINCIPLED NEGOTIATIONS

- ❖ Objective criteria
  - Finding data, information that help inform a better decisions for both parties
- ❖ Efficient
  - No time wasted in testing each other's will
- ❖ Less hostility
  - No need to get angry if we looking for objective data
- ❖ Protects the relationship
  - Mutual hunt for an objective basis

## CASE

- ❖ Mr. R is 32, divorced with a diagnosis of end-stage multiple sclerosis (MS). While he would like to live on his own, he has had to move in with his parents (5 years ago) as he is unable to care for himself. His sister comes to help form time time as well. Family dynamics are dysfunctional at best.
- ❖ He is hospitalized, became critically ill with pneumonia. Intubated and transferred to the ICU.

## Case cont'd

- ❖ On the ventilator, Mr. R can answer yes no questions appropriately. He kept saying he wanted the tube out. His physician believed this situation is temporary and he would recover, with a chance of remission of his MS as well.
- ❖ MD and parents think treatment should continue.

## Case cont'd

- ❖ Mr. R. became more agitated. He required sedation and is now completely unable to voice his wishes. Medically he has also worsened. TPN was started then transitioned to a placing a feeding tube. He had several bouts of sepsis as well.
- ❖ As the hospitalization continued Mr. R's dad became more and more controlling. He forbid his wife or the patient when able, to have discussions with the MDs, chaplain, social work, or staff about anything regarding placement or any other decisions

## Case cont'd

- ❖ After 80 days Mr. R stabilized and when his trache was plugged he told staff he “did not want to go back on that machine” and he wanted to go home. Family insisted he remain a full code.
- ❖ The attending ordered a psych consult, but didn't tell the family it was for the purpose of determining Mr. R's decision making ability.
- ❖ The team felt he was decisional.

## Case cont'd



- ❖ The next day the attending signed an order to limit life-sustaining interventions. Mr. R requested a consult with social work to ask about options, specifically hospice, though he really wanted to go home.
- ❖ When his parents were informed, they were angry, hostile, and threatened to take legal action.

## QUESTIONS TO CONSIDER

- ❖ Does Mr. R's family have any legal grounds to be concerned about since he can make his own decisions?
- ❖ Why is Mr. R's father behaving this way?
- ❖ What/who would be good resources to help?

