



ERA+ Clinical Leadership in Nursing Education



Clinical Leadership in Nursing Education Teaching material for communication lessons

“Managing conflict”

Clinical leadership through communication, assessment and decision-making

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1. Situation description

Context

Patients stay in a rehabilitation ward for several weeks to months.

Agnes (aged 61) and Nadia (aged 42) share a room.

- Agnes is recovering from a stroke and epileptic seizures
- Nadia is recovering from a heart attack and a brain haemorrhage

Starting situation

There has been tension between the two patients for a week now:

- Agnes is bothered by Nadia's habit of watching TV at high volume and her behaviour (including eating all day and making loud smacking noises whilst doing so)
- Nadia, in turn, is annoyed by Agnes's behaviour and noises (including snoring)
- Neither patient wants to share a room any longer

The ward is full, so moving them is not an option.

During the late shift, as a nurse, you must address the situation. If this is not done, the conflict will escalate and a peaceful night will be impossible.

Background information for the tutor (not to be shared with the students)

Context: a rehabilitation ward where patients stay for weeks or months.

Initial situation:

2 patients:

- Agnes (61 years old – medical history: stroke, has had an epileptic seizure but is now under control with anti-epileptic medication)
- Nadia (aged 42 – medical history: has had a heart attack and a brain haemorrhage. Currently has a high fever)
 - The ladies are roommates on the ward.

Agnes is finding it difficult to cope with Nadia because she shows no consideration for her at all. Her TV is very loud, she eats all day long and smacks her lips loudly whilst doing so. Nadia is greatly bothered by

Agnes's snoring and sometimes shakes her awake at night to make her stop. This situation has been going on for a whole week. The ward is completely full. Neither of the two ladies wants to move to another room, but they no longer want to share a room either. You are on the late shift and Agnes insists that the situation must stop NOW. She won't go to bed like this again.

2. Roles and role distribution

Provide a brief explanation for each role.

Role	Description	Played by	Key behaviours / points to note
Agnes	<p>Rehabilitation patient (stroke and epileptic seizure)</p> <p>Easily overstimulated and sensitive.</p> <p>Feels ignored.</p>	Student/additional	<p>Very kind and understanding, but her patience with her neighbour has run out.</p> <p>Complains about noise and a lack of respect</p> <p>Feels like a victim.</p> <p>Role in the scenario: Agnes needs peace and quiet. Wants Nadia to adapt or move out.</p>
Nadia	<p>Rehabilitation patient (heart attack and stroke)</p> <p>Dominant behaviour – direct and demanding.</p>	Student/extra	<p>Shows little consideration for others; out of frustration, speaks loudly</p> <p>Turns the TV up loud. Is bothered by the noises Agnes makes.</p> <p>Goal in the scenario: Wants to retain personal freedom. Thinks Agnes is overreacting.</p>
Nurse	In charge of the late shift	Student	<p>Objective: to de-escalate the situation and reach workable agreements.</p> <p>Mediating, staying calm, setting boundaries.</p>

			<p>Listen to both parties. Maintaining neutrality. Bringing structure to the conversation. Reaching concrete agreements.</p>
<p>Agnes's daughter / Nadia's partner (optional)</p>	<p>Family members involved</p>	<p>Additional (optional)</p>	<p>Emotionally involved, exacerbating the conflict</p> <p>E.g., Agnes's daughter takes a protective stance toward her mother (fever)</p> <p>E.g., Nadia's partner reinforces his wife's position</p>

3. Clinical leadership competencies

Primary competencies – secondary competencies relevant by this case

Domain – ethics

- Ethical competence (**ethical principles and values; professional integrity and accountability**)

Domain – professional nursing

- Clinical competence (**clinical competence in a specific clinical area; nursing process; health promotion**)
- Quality management competence (**quality of care; patient safety**)
- Evidence-based practice competence (**evidence-based practice**)
- Decision-making competence (**critical thinking; decision-making; problem-solving**)
- Self-development competence (**continuous professional development**)

Domain – innovation and change

- Visioning competence (**future-oriented thinking; understanding the big picture; finding innovative approaches; questioning**)
- Change management competence (**initiating change; advocating change; implementing change**)

Domain – Influencing and advocacy

- Influencing competence (**influencing others; motivating others**)
- Patient advocacy competence (**patient advocacy**)

Domain – Team leadership

- Team leadership competence (**team formation, team coordination, positive working atmosphere**)
- Guidance competence (**supervision, mentoring**)

Domain – communication and collaboration

- Communication competence** (**effective communication, dialogical competence**)
- Collaboration competence (**interprofessional collaboration; professional collaboration**)

Specific behaviours practised: **conflict management, mediation, prioritisation, emotional de-escalation.**

4. Learning objectives for students

The student is able to structure and manage a conflict situation between patients through effective communication.

The student can de-escalate an escalating conflict and guide both patients towards workable agreements.

The student can make a well-founded and feasible decision in a complex situation where there is no ideal solution.

The student can deal fairly with conflicting interests among patients.

The student can make decisions whilst taking into account the impact on the team and the care context.

5. Case progression

To practise this scenario, it is recommended that students have already covered some theory (and possibly role-play) on conflict management and strategies.

Setting: Two-bed room / Late shift / Conflict has already escalated

Opening line – trigger

One of the patients says:

- “This can’t go on like this; I don’t want to stay here another night!”

Scenario progression

Phase 1 – Assessment

Expectation of the nurse:

- Let both patients tell their side of the story
- Listen actively
- Summarise

Patients: talking over one another

Phase 2 – Identifying the conflict

Expectations of the nurse:

- The nurse identifies the problem in a neutral manner.
 - For example: “I can see that you’re both finding the other person’s behaviour difficult.”
- Makes it clear that living together is necessary

Phase 3 – De-escalation

Expectations of the nurse:

- Acknowledge emotions
- Slowing down the pace
- Set boundaries (respectful communication)

Phase 4 – Solution-focused approach

Expectations of the nurse – Working together to find:

- Specific agreements (e.g. TV volume, quiet time)
- Compromises

Possible solutions (depending on how the situation develops):

- Temporary measures
- Mediation agreements.
- Room change > important: moving house is not an option in this case

Phase 5 – Conclusion

Expectations of the nurse:

- Summarising agreements
- Check that both parties agree
- Provide clarity on follow-up

Task for the observers

Note down specific examples (what you see or hear) and answer the questions below.

Tip: Write down short sentences or key words whilst observing.

- Structure of the conversation
 - Was the conversation clearly initiated and guided?
 - Were both patients given a chance to speak?
 - Was there a summary?
 - Example of what worked well: ...

- Area for improvement: ...
- Neutrality
 - Did the nurse remain neutral?
 - Was no side taken?
 - Was neutral language used?
 - Specific statement: ...
- Dealing with emotions
 - Were emotions acknowledged?
 - Did the nurse remain calm?
 - Was the situation de-escalated?
 - Strength: ...
 - Area for improvement: ...
- Agreements
 - Were clear and specific agreements made?
 - Were they achievable?
 - Was it checked that both parties agreed?
 - What agreements? ...
- Feedback (keep it brief)
 - Strength: ...
 - Area for improvement: ...

6. Materials needed

- Double room
- Handover notes and/or patient records
- Role descriptions and characteristics for each participant
- Observers' tasks
- Debriefing sheet

7. Debriefing guidelines

Relevance to clinical leadership

This case explores clinical leadership in ethically sensitive situations where students must act without formal authority. The focus lies on:

- **Influencing without authority:** guiding others through respectful communication
- **Communication as a leadership tool:** setting boundaries clearly and constructively
- **Balancing relationships and responsibility:** maintaining collaboration while addressing issues
- **Situational awareness and decision-making:** choosing appropriate actions in context
- **Patient advocacy:** safeguarding patient dignity and interests

Purpose of the debriefing

To reflect on clinical leadership in a conflict situation, focusing on:

- conflict style
- communication
- fairness
- impact of decisions

Possible topics and guiding questions (to be selected depending on how the role-play unfolds):

- **Assessment of the situation (reaction phase)**
 - *What happened?*
 - How did you experience the situation?
 - What struck you most?
 - When did the conversation take a turn (positive/negative)?
- **Conflict style**
 - *Analysis of behaviour and approach*
 - What conflict style did you observe in:
 - Agnes → ...
 - Nadia → ...
 - yourself → ...
 - Did you previously avoid, concede, push through or cooperate?
 - What effect did your style have on the situation?
 - *Key reflection:* When is your approach helpful? When is it not?
- **Communication strategies**
 - *Analysis of skills*
 - What techniques did you use?
 - Active listening
 - Summarising
 - Identifying emotions
 - Setting boundaries
 - How did you maintain neutrality?
 - Did you give both patients equal space?
 - *Specific reflection*
 - What worked well?
 - What would you phrase differently?
- **Fairness (ethical conduct)**
 - *Balancing interests*
 - How did you take both patients into account?

- Was your approach:
 - equal (the same for everyone)
 - fair (tailored to needs)
 - Which values were involved? (e.g. respect, peace of mind, autonomy)
 - *Reflection:* Does your solution provide fair care for both?
- **Impact on the team and department**
 - *Systems thinking*
 - What are the consequences of your approach for:
 - A good night's sleep in the department?
 - Colleagues on the next shift?
 - Workload?
 - Have you found a sustainable solution?
 - *Reflection:* Are you solving the problem or just shifting it?
- **Clinical leadership – integration**
 - Where have you demonstrated leadership?
 - Where could you have taken more control?
 - Which decision was the most decisive?
- **Takeaways (wrap-up after debriefing)**
 - What will you take back to your practice?
 - What would you like to do differently next time?

8. Additional remarks

Points to bear in mind when using this case study

- During the debriefing, be mindful of students' emotions.
- Make space for students to share their experiences of conflict resolution.

“Life Saver” – lifeline

Instructions for use:

- Choose a maximum of **1–2 ‘life savers’ per role-play** (do not intervene too much)
- Provide them **briefly and discreetly** (whisper or via an observer)
- Then let the students **continue working on their own**

Possible life savers:

- Always offer students the following option:
 - “If you get stuck, that’s part of the learning process. You’re allowed to receive or ask for support. Accepting help isn’t a failure — knowing when you need support is clinical leadership.”
 - “If you get stuck: voice your doubts. That is professional behaviour.”

- Life-saver 1 – **if students don’t know how to start > get the conversation going**
 - Whisper to the nurse: *“Start by letting both patients tell their story separately.”*
 - Or give a prompt: “Could you tell us exactly what’s going on for both of you?”

- Life saver 2 – **the conflict is escalating too quickly > slow things down and bring some structure**
 - Give the nurse a hint: *“Take charge for a moment and set some ground rules for the conversation.”*
 - Or have the patient say: “I feel this is getting out of hand!”

- Life saver 3 – **the nurse remains too passive > activate leadership**
 - Give a brief instruction: *“Don’t be afraid to set the direction and summarise.”*
 - Or have a patient provoke them: “Are you going to do anything about this?”

- Life saver 4 – **nurse takes sides > restore neutrality**
 - Pause briefly and refocus: *“Try to treat both perspectives as equally valid.”*
 - Or let another patient respond: “It’s as if you’re only listening to her!”

- Life saver 5 – **no progress/the conversation has reached a plateau > steer towards a solution**
 - Prompt: *“What do you need to make this work?”*
 - Or: *“Work towards concrete agreements.”*

- Life saver 6 – **no or vague agreements > make them concrete**
 - Give a hint: *“Make it concrete: what, when, how?”*

- Or have the patient ask: “What does that mean in practical terms?”

- Life saver 7 – **students want to ‘escape’ (e.g. by transferring the patient) > maintain realism**
 - Remind them of the context: “Moving the patient is not an option; what can be done here and now?”

- Debriefing on the use of the lifeline
 - “Why did you get stuck?”
 - “What helped you to move forward?”
 - “What does this tell you about leadership in practice?”