



ORIGINAL RESEARCH ARTICLE

CONFLICT MANAGEMENT STYLES AMONG NURSES AT A TEACHING HOSPITAL, CHITWAN

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ABSTRACT

Background: Nursing professionals are vulnerable to conflict due to nature of work, working environment and diversity of interaction. If conflict management is done properly adopting the effective conflict management style, it would enhance the job morale and promote the effective growth of any health institution. Hence, this study was aimed to find out the conflict management styles among nurses at a Teaching Hospital, Chitwan.

Methods: A descriptive cross-sectional study design was used to identify the most preferred conflict management style among 50 nurses at a Teaching Hospital of Chitwan using non-probability convenience sampling method. The data was collected from 6th Dec 2020 till 19th Dec 2020 through self-administered questionnaire and standardized tool of Rahim Organizational Conflict Inventory II. The data analysis was done using descriptive statistics.

Results: Among 50 respondents, the median age was 23.0 years. Regarding conflict management, among the five conflict management, collaborating style (4.17±0.38) was the most preferred one followed in rank order by compromising style (3.70±0.52), accommodating style (3.55±0.38), avoiding style (3.27±0.59) and competing style (3.06±0.77).

Conclusions: The findings concluded that collaborating and competing style was the most and the least preferred conflict management style respectively while handling conflict among peers during clinical hours. Thus, it is important that nurse managers and hospital authority would pay attention towards promotion of effective conflict management style for nursing professionals through training and in-service education sessions.

INTRODUCTION

Nurses, being the largest group of health care professionals in any health care setting, are not immune to conflicts.¹ Several potential factors may predispose to the conflict that includes different personal backgrounds, values, beliefs and goals.²

The issue in conflict is not its existence, rather its management.³ In nursing, proper handling of conflict is associated with improved quality of nursing care and reduced medication errors whereas poorly handled conflict undesirably affects nurses, the organization, and overall patient outcomes.⁴ Conflict among nurses, if managed properly through identification of conflict management styles results better organizational outcome.⁵

The two basic dimensions: concern for self and concern for others have differentiated the styles of resolving interpersonal conflict into five conflict management styles, known as integrating, obliging, dominating, avoiding and compromising.⁶ Studies conducted in Iran⁵ found that collaborating (integrating) style was the most preferred conflict management style whereas, studies conducted in United States⁷ found that nurses

used avoiding style most frequently.

Studies on conflict management styles among nurses in Nepal are inadequate. Hence, this study was conducted to assess the conflict management style among nurses, the evidence of which will be useful when formulating interventions like structured training on conflict management, team building etc. to equip nurses with positive conflict-management styles necessary to mitigate and manage conflict.

METHODS

A descriptive cross-sectional research design was used to find out the most preferred conflict management styles among nurses. Nurses working in general wards of Chitwan Medical College Teaching Hospital for more than 6 months was included for data collection. Whereas, nurses who were not present during data collection time, nurses who were qualified with master's degree, nursing managers and supervisor and nurses working in COVID and ICU settings were excluded. The sample size of 50 nurses were selected using non-probability convenience sampling method and the data was collected from 6th Dec 2020 till 19th Dec 2020 through

a set of structured self-administered questionnaire developed for socio-demographic and professional related information. And standardized tool of Rahim Organizational Conflict Inventory II (ROCI-II) was used to find out conflict management styles among nurses. ROCI-II is a tool containing 28 statements and each statement have five point Likert scale that ranged from 1=strongly disagree to 5=strongly agree and higher score represented greater use of a conflict management style. Pretesting was done among 5 respondents of pediatric ward to check the feasibility of the study. The internal consistency reliability coefficient for each subscale as assessed with Cronbach's alpha ranged from 0.65-0.80.

Prior to the data collection, research proposal approval was obtained from Nursing Research (Thesis) Committee, School of Nursing, Chitwan Medical College, Bharatpur 5, Chitwan and ethical clearance was taken from Chitwan Medical College, Institutional Review Committee (CMC-IRC) Bharatpur, Chitwan. Written informed consent was obtained from each respondent prior to data collection to ensure the right to the subject. Confidentiality of the information was maintained by not disclosing the information and using the information only for the research purpose. Respondents dignity was maintained by using respectful words and giving them right to reject or discontinue from research study at any time. The data was analyzed using descriptive statistics (mean, median, frequency, standard deviation) in IBM SPSS version 20.0.

RESULTS

Table 1: Respondents' socio-demographic characteristics
n=50

Variables	Number (%)
Age in year	
<23	21(42.0)
≥23	29(58.0)
<i>Median=23.00, IQR(Q3-Q1)= 25-21, Min=20, Max=32</i>	
Religion	
Hindu	45(90.0)
Others*	5(10.0)
Ethnicity	
Brahmin/ Chhetri	28(56.0)
Janjati	17(34.0)
Others**	5(10.0)
Place of Residence	
Inside Chitwan district	30(60.0)
Outside Chitwan district	20(40.0)
Marital Status	
Married	9(18.0)
Unmarried	41(82.0)
Educational Status	
PCL Nursing	42(84.0)
Bachelors in Nursing	8(16.0)

Others = Buddhist and Christian, Others** = Dalit and Thakuri, PCL= Proficiency Certificate Level*

Table1 showed that out of 50 respondents, more than half of the respondents (58%) belonged to the age group ≥ 23 years

and remaining 42% belonged to < 23 years. Regarding religion, most of the respondents (90%) were Hindu. Concerning ethnicity, more than half of the respondents (56%) belonged to Brahmin/ Chhetri and least 10% belonged to Dalit and Thakuri. Similarly, majority of the respondents (60%) resided out of Chitwan district. Most of the respondents (82.0%) were married and 84% respondents have completed PCL Nursing.

Table 2 showed that out of 50 respondents, highest percentage of respondents (20.0%) were working at Gynae ward and least percentage of respondents (4.0%) were working at Psychiatric ward. Similarly, more than half of the respondents (54.0%) had work experience ≥ 2 years. Likewise majority of the respondents (72.0%) had experienced disagreement/ disputes during clinical hours among peers. Amongst the respondents experiencing disagreement/ disputes equal percentage of respondents (36.1%) experienced occasionally and rarely whereas remaining 27.8% of respondents experienced frequently.

Table 2: Respondents' profession related characteristics
n=50

Variables	Number (%)
Working Area	
Emergency ward	9(18.0)
Gastro ward	5(10.0)
Gynae ward	10(20.0)
Ortho ward	5(10.0)
Psychiatric ward	2(4.0)
Respiratory ward	5(10.0)
Surgery ward	9(18.0)
Tropical ward	5(10.0)
Work Experience in years	
< 2	23(46.0)
≤ 2	27(54.0)
<i>Median=2, IQR(Q3-Q1)=2.6-1, Min=1, Max=6</i>	
Disagreement experienced during clinical hours	
Yes	36(72.0)
No	14(28.0)
If yes, frequency of disagreement experienced (n=36)	
Frequently	10(27.8)
Occasionally	13(36.1)
Rarely	13(36.1)
Reasons behind disagreement experienced during clinical hours* (n=36)	
Role ambiguity	6(8.2)
Poor IPR	17(23.3)
Scarce resources	14(19.2)
Communication gap	25(34.2)
Personality differences	11(15.1)
Provision of in service education on conflict management	
Yes	5(10.0)
No	45(90.0)

**= multiple response*

Concerning on causes of conflict, communication gap was the cause among one third of respondents (34.2%). Similarly, 23.3% of respondents had conflict due to poor interpersonal relationship, 19.2% of respondents had conflict due to scarce resources, 15.1% of respondents had conflict due to personality differences and role ambiguity was the cause of conflict among

the least (8.2%) respondents.

Table 3 showed that obtained mean score was highest in collaborating management style (4.17±0.38) compared to other styles while the mean score was lowest in competing management style (3.06±0.7).

Table 3: Respondents' mean score on different conflict management styles

n=50

Conflict Management Styles	Number of items	Possible Score Range	Obtained Score Range	Mean Score± SD	Mean %
Collaborating Style	7	7-35	22-35	4.17±0.38	83.4
Accommodating Style	6	6-30	16-26	3.55±0.38	71.0
Competing Style	5	5-25	8-25	3.06±0.77	61.2
Avoiding Style	6	6-30	14-27	3.27±0.59	65.4
Compromising Style	4	4-20	10-20	3.70±0.52	74.0
Total	28	28-140	70-133	17.75±2.64	71.0

DISCUSSION

Conflict among nursing professionals has been recognized as a significant issue within nursing settings globally. In the present study also, majority of the nursing staffs (72.0%) had experienced conflicts during clinical hours with peers which was supported by the findings of the study conducted in Turkey⁸ and Egypt.² It was found that 38.3% of nurses had conflict most with their colleagues in the same unit, doctors(32.5%), manager nurses(15.2%), auxiliary staff(10.8%) and nurses in other units(3.2%).⁸ And, 73.5% of studied nurses reported the incidence of interpersonal conflict.² Thus, the above similar findings suggest that conflict does exist in nursing setting and should be addressed for the growth of health institution since, nursing professionals cover the greater part of healthcare human resources.

There might be various causes behind this considerably high incidence of conflict among nurses in clinical settings. The findings of present study shows that communication gap was main cause of conflict followed by poor interpersonal relationship, scarce resources, personality differences and role ambiguity which is similar to the findings of study conducted in University Hospital of Turkey where nurses reported that mainly they had conflicts regarding their working conditions followed by imbalances of authority and power, differences in professional criteria and objectives, inadequate communication, insufficient cooperation and insufficient information.⁸ Thus, a systematic approach to conflict, feeling of empathy, well defined professional criteria and objective, hospital plan and protocols, proper communication could be an area of focus to manage the conflict among nurses.

In light to the findings of conflict management styles, collaborating style was found to be the most preferred one among the five conflict management styles in the present study which suggests that nurses bring out the best possible solutions addressing needs of own and their peers while handling the conflicts. The present study findings contradicted

with the study conducted in Turkey⁸, Spain⁹, Thailand¹⁰, Southwestern Rajasthan of India¹¹ and USA⁷. In Thailand¹⁰ and Spain⁹, it was found that nurses used accommodating style most frequently to manage the conflict. Professional nurses who used accommodating style to manage conflict were less satisfied with their work.¹⁰ Whereas, nurses from Turkey⁸, India¹¹ and emergency department nurses of USA⁷ mostly followed avoiding style to manage conflict during clinical hours. This showed that staff nurses try to physically or psychologically move away from conflicts. This inconsistency might be due to differences in interpersonal relationships and inefficient professional approach of managing conflict.

The study conducted in China¹², Jordan¹³ and Iran⁵ shows the similar findings to the present study where Chinese, Jordanian nurses and Iranian critical nurses mostly preferred collaborating style to manage the conflict.^{5,12,13} Similar kind of study was conducted in Jordan¹⁴ and Sultanate of Oman¹⁵ among nurse managers where nurse managers mostly preferred collaborating style to manage the conflict. More senior and more experienced staff tended to use collaborating more frequently and use accommodating and avoiding less.¹⁵ Comparing with findings of present study, this can also be concluded that if the staff nurses give continuity and become consistent to present conflict management style then it would become more fruitful when handling the conflict at the managerial level.

The study was limited to the only one teaching hospital and only among 50 respondents. Thus, the finding cannot be generalized to the population at large scale. Also, the preference of using conflict management style varies among work settings; academic and clinical care settings, professional levels and work experience.^{9,11,15}

As per the findings of present study, it is important that nurse managers and hospital authority would pay attention towards promotion of effective conflict management style for nursing professionals through training and in-service education sessions. Also further study can be done to find

out relationship among conflict, conflict management styles, emotional intelligence, level of job satisfaction, intent to stay and turnover of professional nurses.

CONCLUSION

Based on the findings, it was concluded that nurses experience conflict with their peers during clinical hours. Communication gap was the main cause of conflict among one third of nurses followed by poor interpersonal relationship, scarce resources, personality differences and role ambiguity. Concerning conflict management style, all of the nurses apply conflict management styles while handling conflict with their peers. Among them,

collaborating style was the most preferred style followed by compromising, accommodating, avoiding and competing style.

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