Nursing Strategies toward Conflict:
A Short Literature Review

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Abstract

Conflict is one of the main issues that nurses may face in their daily work. This review aimed to discuss the association between individual characteristics and the styles that nurses use to manage conflict in workplace. The review demonstrated that certain individual characteristics may significantly influence nurses use of conflict management styles. Depend on the findings of this review, managers necessitate to take these individual characteristics into account during designing programs to assist nurses to handle conflicts in workplace.

Keywords: Conflict; Conflict Management Styles; Nurses

Introduction

Conflicts exist in all society anywhere people interact together [1]. It becomes important issue for numerous researchers [1]. Conflict can be seen as experienced or perceived differences in general objectives, attitudes, beliefs, values, feelings, and acts [2].

For nurses, conflict is one of the main issues that they may face in their daily work [3]. Especially, in a challenging and stressful work environment; emergency department, intensive care unit and operation room [4]. In hospitals conflict is approximately unavoidable, as well as it may produce lowered morale, decrease in productivity and poor level of team performance [5], and decrease quality of patient care, increases both medical errors and health care costs [6-10]. The causes of conflict may include poor communication, ambiguous expectations, conflicts of interest, opposition over resources, performance deficiencies, changes in staffing and diversity in age, gender and culture [8,11-17]; low payment, increase in workload and varying orders from diverse managers [15,17,18].

Handling of conflict can be achieved through using one of the five conflict management styles; dominating, obliging, avoiding, compromising and integrating [19]. And, the style that person may use to handle conflict depends on both the participant and situation [20]. Several studies confirmed that conflict management styles are associated with many individual characteristics. This review aimed to discuss the association between individual characteristics and the styles used by nurses to manage conflict in workplace based on literature.

Methods

Search methods

Five electronic databases (EBSCO, CINAHL, PubMed, Google scholar and Medline) were searched to find related studies. The search was accomplished in June 2021 to find studies published since 2010. The search terms (conflict, conflict management, style, and nurses) aided search of related literature.

Search criteria

Studies were nominated using the subsequent inclusion criteria: (a) they discussed conflict management styles that may be used by nurses to manage conflict; (b) published between 2010 and 2021; (3) published in the English language. While, studies published before 2010 were excluded. Ten studies met the inclusion criteria.

Results and Discussion

This review discusses the association between conflict management styles and individual characteristics (gender, age, formal nurses' education, years of nurses' experience and current position) in the workplace.

For managers, it is vital to practice suitable management, leadership and conflict management style in a particular circumstance. However, there is no guide about which management, leadership and conflict management style is better than the other. Still, to address the organization operations and confront problems properly, managers have to be knowledgeably prepared with these styles [21]. In this regard, past studies indicated that, for a nurse manager, the transitional management style [21], and democratic leadership style was suitable for conflict management style [22].

Recently, there is an increase in the appreciation of the significance and applicability of compassion care to patient health, and the importance of leadership in promotion of compassionate health care [23]. In the United Kingdom, the Department of Health and Social Care (DHSC) in (2015) confirmed on the significance of compassionate care leadership, and as a basic value of health care consistent with the National Health Service (NHS) [24]. In nursing, the ability to provide compassionate health care is a basic component of nursing leadership [25], and nurses have confidence in that compassion has a significant role in providing high quality care to patients [26]. Regarding conflict, with the compassionate care leadership, the leaders notice patterns and try to disassemble a problem before it is converted to conflict, rather than waiting till the problem rises by complaint of the team member then to be involved in the resolution of conflict [27].

Compassionate leadership increases awareness of teams regarding in what way an organization with several parts work, reinforces identification of organization and raises the belief that diversity is important for innovation of organization along with person health. This, consequently, confirms inter-team lower level of conflict, further partnership and compassionate communication, and enhanced innovation of organization [28]. Additionally, it is important to understand the differences among countries and cultures of what prevent compassion to succeed in health care [29].

Giving to the context and time of conflict occurrence, various approaches according to Thomas and Kilmann may be used to handle or manage it [30]. Past studies described different conflict-resolution approaches. Several studies found that collaborating and compromis-

ing were the two prevalent conflict resolution styles among nurses [31,32]. Such conflict resolution styles were likewise acknowledged in more recent study with alteration in the sequence of preference, as avoidance was the first, after that collaboration and in significantly lesser proportions compromise, competition, mediation and accommodation [33]. In Cyprus, a descriptive study identified avoidance, involved in negotiation for reciprocal advantage, and compromise as the chosen approaches of handling conflicts by nurses [18].

The results of global studies are congruent regarding the association between gender and conflict management styles. A study conducted in Croatia showed that Croatian employees' women and men significantly vary in their use of compromising and accommodating conflict management styles [34]. Among Iranian critical care nurses, gender was associated with both compromising and competing styles [31]. In Jordan, female nurse was more likely to use an integrating conflict management style than male nurse, nevertheless male was more likely to use an avoidance conflict management style [32].

Age was the second individual characteristic reviewed. In Cyprus, a recent study was conducted in a public hospital and found a significant influence on the use of conflict management styles; younger nurses prefer avoidance as their primary style [33]. In detail, younger nurse tends to use the compromising conflict management style more with the patient and accommodating conflict management style with the doctor, whereas older nurse uses collaborative conflict management style with both patient and doctor [35]. On the contrary, age was not found to be associated with Croatian employees' use of different conflict management styles [34].

The formal nurses' education was the third individual characteristic explored. Some past studies found a significant association between formal nurse's education with conflict management styles [33,35]. The collaboration was the style of choice for the nurses with university education [33,35]. Except the more educated nurses with postgraduate studies stated the competition as a conflict management style [14]. While some other studies indicated that there was no significant association between formal nurse's education and all the conflict management styles [32,36].

Regarding the years of nurse's experience, recent studies found that years of nurse's experience significantly influence the use of conflict management styles [18,33]. But, the results of some previous studies showed no significant association between years of nurse's experience and use of conflict management styles [17,35].

According to present studies, the current position affects the conflict management styles that may be used by nurses during the occurrence of conflict [18,35]. Contrary to a Jordanian study which indicated that nurses use of any of the conflict management styles was not influenced by current position [32,37,38].

Finally, there is a need to conduct studies that examined the potential association between leadership styles and issues related to workplace violence among healthcare workers, occupational stress on nurses' job performance, management and innovation in nursing service organizations, and bullying behavior [39-50].

Conclusion

The present review discussed the conflict management styles and association between individual characteristics and styles nurses may use to manage conflict in the workplace. Past studies described different conflict-resolution approaches. And, certain individual characteristics may significantly influence nurses' use of conflict management styles. Depend on the findings of this review; managers necessitate taking these individual characteristics into account during designing programs to assist nurses to handle conflicts in workplace. Also, compassionate leadership Influence inter-team level of conflict and enhanced innovation of organization. Inconsistency among some studies findings may be related to the studies in which samples of nurses were selected from different departments, hospitals, and cultures. Such inconsistency draws attention to the need for larger, more generalized and comparative studies.

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