Original Article

The level of job conflicts and its management styles from the viewpoint of Iranian nurses

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ABSTRACT

Background & Aim: Job conflict can impact different aspects of work and quality of the presented services. The present study was carried out to determine the level of job conflict and its management styles among the employed nurses.

Methods & Materials: This descriptive cross-sectional study was carried out on 423 employed nurses in different units of the educational hospitals of Kurdistan University of Medical Sciences, Sanandaj, Iran. Data collecting tools were three questionnaires including demographic information, DuBrin Job Conflict questionnaire and Putnam and Wilson's conflict management styles which were completed as self-reporting. The obtained data were analyzed using SPSS (version 16) by descriptive statistics, Chi- square, ANOVA and Spearman correlation tests.

Results: The results showed that 77.8% of the participants experienced moderate workplace conflicts and 16.5% of them had high conflicts. Nurses were using management styles of controlling conflict (4.1±1.07), avoiding conflict (3.78±0.85) and resolving conflict (2.27±0.82) respectively.

Conclusion: The nurses and nursing managers should identify the effective factors on job conflict and decrease its level in workplace. It is necessary that nurses would become familiar with different management styles of conflict to handle it in the right way.

Introduction

Conflicts are associated with nursing outcomes such as the quality of nursing care(1). Conflict is a process where the individual or the group thinks the other individual or group oppose with their interests, beliefs, values and perceptions of reality(2). In general, when two individuals or groups do not have agreement, conflict will happen(3). Conflict relates to worries which are a part of human nature and includes defense against targets(4). There are different forms of conflict. It could be classified into functional conflict and destructive conflict. Functional conflict motivates people to have more effort, corporation and creativity(5). High levels of conflict disrupts and perverts duties and low levels of conflict decreases creativity and excellent function(6).

Nursing is a profession that is based on relationships and cooperation with patients and the members of the healthcare team and when two or more characters see the same position from different views, interpersonal relations could lead to conflict(2). Conflict in nursing was considered in 1980, when organizational context and nursing practice came into strategic areas that today is a part

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of nurses' daily work. Since nursing includes the majority of the staff in hospitals and nursing practice includes direct care to indirect activities such decision making(4), so occurrence of conflict is inevitable.

Although conflict is considered as a negative issue, facing it can lead to positive results for nurses, their colleagues or patients(2, 7). In fact, the conflict, when handled by nurses, can lead to personal or organizational growth(7, 8); otherwise it leads to nurses' disability to provide effective care and even their actuating to violence and abuse, so nurses should be informed about the ways in which conflict can be intensified and be ready to manage it in their workplace(9). While conflict is an inherent part of nursing, it can potentially lead to aggressive behaviors and actually bullying or horizontal violence which affect therapeutic relations between the nurse and the patient(2, 7).

Studies have shown that people use different styles such as controlling, resolution, etc., to handle job conflict(3, 10-12). Overall, managing conflict in the right way results in improved quality, patient safety, and improved personnel's spirit and limits job stress, so nurses and nurse managers should have the necessary skills for resolving conflicts(11). For example, resolving conflict requires clear relations and understanding disputed cases. Overall, resolving conflict is one of the main elements of a healthy workplace, because disturbance in job relations can impact on patients(6, 11). Different studies have surveyed the level of conflict and its management styles among nurses and managers(13-15).

Finally, it is clear that to avoid conflicts and present its management styles, we should know its level and nurses' management styles for handling conflicts. Thus, based on the possibility of conflict occurrence and the importance of its

management styles and lack of related studies, researchers decided to conduct this study in order to determine the level of job conflict and its management styles from the view of nurses of the educational hospitals of Kurdistan University of Medical Sciences, Sanandaj, Iran in 2015.

Methods

In this descriptive cross-sectional study, the studied population was contained of employed nurses with associate's, bachelor's and master's degree who had one year of working experience. The sampling was conducted through census method. Based on the obtained data from the nursing office, there were 650 nurses. The inclusion criteria were being a nurse (with associate's and bachelor's degree of nursing) and willing to participate in the study .

Data collecting tools were three questionnaires including demographic information, DuBrin Job Conflict questionnaire and Putnam and Wilson's conflict management styles. DuBrin Job Conflict questionnaire (1985) measures the level of conflict and includes 20 questions with often agreement and often disagreement options. One score is assigned to each often agreement response. If the sum of the scores is more than 15, the workplace has a high level of conflict, 4 to 14 scores indicates moderate level of conflict, and 3 and less indicates low level of conflict .

Putnam and Wilson's conflict management styles questionnaire measures conflict management styles and has 30 questions including avoiding style (5,2,28,27,25,24,23,15,14,12,7,29), resolving style (1,4,6,8,9,11,13,16,19,20,21) and controlling style (3,10,17,18,22,26,30). The sum of the scores of each part is calculated and divided by the number of questions and their average will be considered. These questioners are standard

and their validity and stability have been approved(16). Torabi Pour et al. (2011) investigated the reliability of the questionnaire using test-retest method among Iranian nurses and reported it to be 0.85 (12).

The questionnaires were completed through self-report method. During different job-shifting hours, the researchers referred to different units and distributed the questionnaires among nurses and asked them to answer them accurately. Questioners were distributed among nurses without name in order to observe the ethical standards and they were given the necessary information about the survey and its purposes and they completed the questionnaires voluntarily.

The current study has been approved by the Research Council of Kurdistan University of Medical Sciences by no.1394.150 and by the ethics committee by no MUK.REC.1394/1394.150.

SPSS (Version 16) was used for data analysis. Descriptive Statistics were used to evaluate demographic information and the level of conflict and its management styles (frequency, mean and standard deviation). Chi-square and ANOVA tests were used to determine the relation between the level of conflict and demographic variables. T-test, ANOVA and Spearman correlation coefficient were used to determine the relation between the mean score of conflict management style and demographic variables.

Table 1. The relation between demographic characteristics and the level of conflict

Demographic characteristics		Conflict			P-value
		Low	Moderate	High	
Gender*	Female	21	255	56	0.48
	Male	3	74	14	
Marital status*	Married	16	202	47	0.61
	Single	8	127	23	
Level of education*	Bachelor's degree of nursing	24	316	62	0.017
	Associate's degree of nursing	0	13	8	
Employment status*	Official	11	95	19	0.18
	Corporative	5	100	30	
	Projective	2	57	9	
	Contractual	6	77	12	
Shift work*	Fix	12	68	12	0.002
	Rotation	12	261	58	
Managerial background*	Yes	14	184	34	0.5
	No	10	145	36	
Managerial position*	None	7	126	32	0.05
	In-charge	7	148	33	
	Head Nurse	5	22	3	
	Clinical supervisor	1	3	0	
	Training supervisor	0	1	0	
	Matron	0	0	0	
	Multiple management	4	29	2	
Participating in training courses about conflict managing*	Yes	1	40	8	0.49
	No	23	289	62	
Unit*	Critical	2	86	22	0.08
	General	22	243	48	
Age (M±SD) **		36.2±7.5	32.66±6.77	31.52±6.28	0.01
Working experience (M±SD)**		11.33±6.74	8.39±6.7	7.7±5.62	0.06

*Chi-square, **ANOVA

Table 2. The relation between demographic characteristics and the mean scores of the conflict management styles

Demographic characteristics		Conflict Management Style		
		Control	**Avoiding**	**Resolving**
Gender*	Female	4.11±1.09	3.73±0.84	3.23±0.81
	Male	4.07±0.96	3.99±0.85	3.43±0.83
	P value	0.73	0.01	0.04
Marital status*	Married	4.07±1.1	3.78±0.88	3.24±0.78
	Single	4.15±1.02	3.8±0.79	3.32±0.87
	P value	0.46	0.81	0.34
Level of education*	Bachelor's degree of nursing	4.12±1.08	3.79±0.85	3.27±0.83
	Associate's degree of nursing	3.75±0.8	3.63±0.79	3.25±0.67
	P value	0.12	0.38	0.87
Employment status**	Official	4.1±1.04	3.84±0.89	3.32±0.83
	Corporative	4.07±1.08	3.71±0.81	3.24±0.86
	Projective	4±1.19	3.57±0.95	3.03±0.9
	Contractual	4.23±0.99	3.98±0.74	3.43±0.63
	P value	0.56	0.01	0.016
Shift work*	Fix	4.24±1.04	3.86±0.84	3.25±0.71
	Rotation	4.07±1.07	3.76±0.85	3.28±0.85
	P value	0.17	0.32	0.71
Managerial background*	Yes	4.18±1.04	3.83±0.84	3.25±0.75
	No	4.01±1.09	3.73±0.86	3.3±0.89
	P value	0.11	0.26	0.53
Managerial position**	None	4.02±1.08	3.68±0.87	3.26±0.88
	In-charge	4.15±1.09	3.78±0.83	3.24±0.77
	Head Nurse	4.14±0.93	4.13±0.6	3.42±0.77
	Clinical supervisor	4.14±1.24	3.83±0.62	3.43±0.66
	Training supervisor	4.15±0.0	4.91±0.0	4.54±0.0
	Matron	4.18±1.01	3.95±0.99	3.3±0.86
	Multiple management	4.02±0.0	3.68±0.0	3.26±0.0
	P value	0.9	0.06	0.57
Participating in training courses about conflict managing*	Yes	4.03±1.05	3.71±0.87	3.23±0.78
	No	4.11±1.07	3.79±0.85	3.28±0.82
	P value	0.6	0.51	0.67
Unit**	Critical	4.01±1.08	3.72±0.89	3.42±0.94
	General	4.14±1.06	3.81±0.84	3.22±0.77
	P value	0.28	0.36	0.03
Age (Mean±SD) * **	P value	0.26	0.02	0.03
	r	0.05	0.1	0.1
Working experience (Mean±SD) * **	P value	0.12	0.06	0.09
	r	0.07	0.09	0.08

*T test, **ANOVA, *** Spearman`s correlation

Results

Among the distributed questioners, 423 were completed (response rate: 65.07%). The results indicated that the mean age of the studied nurses was 32.67±6.79 years and the mean of their working experience was 8.44±6.57 months. The majority of the subjects were female (78.5%) and married (62.6%), had bachelor's degree (62.6%), and worked rotating shifts (78.3%). 88.4% of the subjects had not participated in educational courses about conflict previously. 54.8% of the subjects had a kind of management background; in-charge person of the shift (44.4%), head nurse (7.1%), clinical supervisor (0.9%), educational supervisor (0.2%), and other kinds of managerial positions (8.3%). Majority of the subjects worked in intensive care units (19.4%) and emergency units (13.5%).

Considering the results of the study, 77.8% of the subjects believed the level of their workplace's conflict was moderate, 16.5% of them believed it to be high and 5.7% experienced low level of conflict. Nurses were using different conflict management styles including controlling conflict (4.1±1.07), avoiding conflict (3.78±0.85) and resolving conflict (2.27±0.82).

The results also showed that there was a significant statistical relation between educational status (P=0.017), shifts (P=0.002), managerial position (P=0.05) and level of conflict from the viewpoint of nurses. There was no significant relation between other variables such as gender, marital status, employment status, hospital, management background, participation in the courses of managing conflict with the level of conflict (Table 1).

There was a significant statistical relation between the mean score of the controlling style and the working unit (P=0.002). There was a significant statistical relation between the mean score of using avoiding style and gender (P=0.01), the employment status (P=0.01), managerial position (P=0.06) and age (P=0.04). Also there was a significant statistical relation between the mean score of using resolving style and gender (P=0.04), employment status (P=0.016), working unit (P=0.03) and age (P=0.03) (Table 2).

Discussion

The results indicated that most nurses reported their workplace with moderate and high levels of conflict. In a study by Higazee (2015), 37.5% of hospital nurses experienced and reported moderate level of conflict and 54.2% reported high levels(14). In general, it is assumed that conflict is unavoidable and it occurs in all dimensions of life; conflict in nursing can occur among nurses, nurses and other members of the treatment team or between the nurse and the patient or their entourages(16). Conflict has positive and negative effects(17). Although conflict is seen as a negative phenomenon, it can have positive functionality(16). But conflict in high levels can result in challenging behaviors at workplace(18). Therefore, the nurse managers should consider the level of conflict among nurses and specify its positive and negative effects on the organization; as well as they should take action in managing the conflicts.

In the present study nurses used controlling conflict, avoiding conflict and resolving conflict styles respectively to manage it in their workplace. The styles of managing conflict have been studied previously. Nurses of the emergency unit in Brazil used resolving conflict and appraisal positive reap(15). Jordanian nurses used integrating style, compromising, obliging, dominating and avoiding styles, respectively(13). Spanish nurses used compromising, competition, avoiding, conformity and cooperation styles(19). According to Folkman et al. (1986), defining the problem,

creating alternative solutions and decision-making are the best styles of managing conflict(5). Although, different studies have applied different names for the styles of managing conflict, it is recommended that before it becomes serious, it should be recognized. Being proactive and calm, defining the problem and finally seeking solution should be considered when dealing with conflict(11). In general, the styles of managing conflict are divided into operational and non-operational and resolving the problem is among the operational styles(5). Thus, nurses should get familiar with operational styles to handle conflict and instead of controlling and managing it, they should check it out and resolve it, because it can get serious if it is not regarded and will become more difficult to resolve.

The results indicated that there was a relation between educational status and the level of conflict. In the study by Ribeiro et al. (2015) no relation was reported between the level of education and matching with conflict among the nurses of the emergency(15) as well as the nurses of different parts of the hospitals in Egypt(14). One of the reasons that this relation was significant in the current study is that five% of the nurses in this research had master's degree. It is believed that individuals with high stress can easily adopt to stress(15, 16).

There was a relation between working shift and conflict. Overall night shift is one of the factors that cause mental health problems, because it causes physiological changes that prevent coordination between internal rhythms and long working hours, thus concentration becomes low and this could result in incompatibility with programs of life(20, 21). However it depends on the job characteristics of nursing profession (22). Therefore, incompatibility with the environment can cause behaviors in nurses which would result in conflict or guide them

towards using improper styles of managing it.

In this study, there was a relation between managerial position and the level of conflict. There was no relation between the style of managing conflict and the current post of nurses in the study of Al-Hamdan et al(13). The nurse managers used integrating style, compromising, obliging, domination and avoiding styles, respectively(23). They should select different styles than nurses and they should counter with it intellectually(11). Therefore, the difference between managerial position and the level of conflict can be resulted from their workplace and the kind of managers' relationship with their surrounding phenomenon.

Also there was no relation between the working unit and the level of conflict. No relation was reported between the type of hospital and the level of conflict(13, 14, 16). In this study, all the general and critical care nurses of the educational hospitals were selected where conflict is unavoidable because of the nursing care, patients' critical status and more healthcare teams involved in patient care. There was a significant statistical relation between using resolving style and the working unit. Similarly, the nurses of these units had more desire to resolve the conflicts.

There was a significant statistical relation between using avoiding style and gender, employment status, managerial position, the working unit and age. Also there was a significant statistical relation between using resolving style and gender, employment status and age. There was a significant relation between nurses' gender and using positive surveying style and avoiding in a study that was conducted in emergency units(15). In the study of Al-Hamdan et al (2014), there was a significant relation between integrating and avoiding styles as well as between the type of hospital and compromising and avoiding styles, but there

was no relation between any of the countering styles of conflict and years of working experience and the current position(13). Allover, there is no agreement between studies and different researchers on the effective variables on selecting countering styles of conflict(15, 16). So relating variables in the surveyed groups should be considered for programming conflict reducing actions.

Generally, recognizing the level of conflict in nursing as well as the styles which nurses use to manage conflict can provide the field of presenting styles to decrease conflict specially using proper styles to manage it. We can manage conflict by recognizing the styles which nurses use to guide it towards proper process. Nurses and managers should be trained about different aspects of conflict and the styles to manage it and this can be more effective, if this training is concluded in the nursing course.

One of the limitations of this study was that the type of conflict had not been considered. Using different instruments to examine the styles to manage conflict made the comparison difficult. The instrument for job conflict was general, so it's recommended to use exclusive instrument to investigate job conflict among nurses. Regarding this point that conflict can affect the quality of services, it is necessary to pay attention to it. It is recommended that studies would be conducted to consider the effect of different interventions on the level of conflict in different units as well as its effect on nurses' use of different styles to manage conflict.

According to the results of this study, the nurses experienced moderate and high levels of conflict and they used controlling, avoiding and resolving styles, respectively to manage it. The effective factors of conflict should be recognized for resolving them. So, it seems that the nurse managers with corporation of nurses should take proper actions to reduce conflict in their workplace. Considering this point that nurses finally should resolve conflict in their workplace, they should learn more about resolving style to handle conflict.

Acknowledgments

Conflict of Interest

The authors declare that they have no conflicts of interest.

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