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Conflict Management Strategies Among Nurses in Hospitals

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CONFLICT MANAGEMENT STRATEGIES AMONG NURSES IN HOSPITALS.

by

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ABSTRACT

In the present study, participants described their conflict management strategies. After obtaining the participants form nursing associations, qualitative in-depth interviews were conducted. The twenty-seven individuals responded to questions relating to the communication strategies they used in a conflict, the factors which affected their approaches to conflict management, the types of Emotional labor (EL) they performed, how deception could be correlated with EL and whether EL contributed to conflict between nurses. After analyzing and transcribing the data, the qualitative software program NVivo was utilized to discover themes and subthemes.

The results indicated that nurses adhered to the Code of conduct's mandate of professional behavior when engaging in conflict which involved nonreactive, non-accusatory language as well as assertive communication. The codes of conduct and ethics, training, and Cultural sensitivity and training were the main factors affecting conflict management. Second, nurses performed EL by suppressing their actual emotions outwardly by maintaining poker faces while experiencing inner turmoil within themselves and restraining from voicing their frustrations opting for sweet pleasantries instead. Additionally, EL did not contribute to conflict between nurses instead it was implemented to maintain relationships and teamwork. Finally, there was no correlation between EL and deception due to the altruistic motives of performing EL. Lastly future research suggestions were provided suggesting that formal conflict management training would prove beneficial in nurses' performance.

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DEDICATION

I would like to dedicate this dissertation to my mother. When you were struck with Esophageal cancer you handled the experience with courage and equanimity. To Dr. Venette, after I watched how you skillfully handled a student dispute during my first year, I saw a streak of brilliance and I marveled at your progressive approach to teaching and research. Throughout the dissertation process you have exhibited professionalism and a lighthearted positive approach which has made research an interesting endeavor. You famously declared during orientations that one could not edit air and emphasized writing as a daily habit. Whenever I came to your office once each week (prior to COVID-19) I enjoyed the meetings immensely. Next, I want to thank my father, who encouraged me to be confident in my abilities. To Dr. Kenneth Hacker, you saw my potential to complete a doctoral degree and I will always be grateful for your insistence on pursing a doctorate. To Drs. Ruth Wahlstrom, Bill Reyer, and Dave Kimmel of Heidelberg University, your English classes strengthened my writing and critical thinking skills. To Dr. Jennifer Miller, during the Speech team competitions you challenged me to find my purpose and hone my skills. Finally, to my family, thank you for your unwavering support.

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LIST OF ABBREVIATIONS

USM	The University of Southern Mississippi
COVID - 19	Coronavirus Disease 2019
CRNA	Certified Registered Nurse Anesthetists
EL	Emotional Labor
EMT	Emergency Medical Technician
HCA	Health Care Administration
HCO	Health Care Organizations
HR	Human Resources
HRSA	Health Resource and Services Administration
IRB	Institutional Review Board
IV	Intravenous
NIC	Neonatal Intensive Care
NPI	National Provider Identifier
RN	Registered Nurse
ROTC	Reserves Officers' Training Corps
SD	Structurational Divergence Theory

CHAPTER I INTRODUCTION

The nursing profession has always been fraught with stress, being recognized as a global health issue impacting nurses' health due to burnout – an "occupational phenomenon" according to World Health Organization (WHO, 2019) impacting their coping abilities (Sharma et al., 2014). The highly stressful nature of the occupation limits the delivery of quality patient care and impacts nurse behavior such as the level of tiredness, "harsh behavior, anxiety, and increasement in blood pressure, lack of self-confidence, lack of job satisfaction and a decrease in efficacy" (Najimi, Goudarzi, & Sharifirad, 2012, p. 301). Factors such as workload, leadership management style, professional conflict, and emotional cost are the main sources of stress (McVivar, 2003). Additionally, stress arises from patient care, decision making, taking responsibility and change (Lee, 2003). Nurses are also susceptible to burnout and physical complaints (Wu et al., 2007) which affect their physical and mental health and impacts the quality of care they deliver (Lee, 2003). Nurses with even moderate levels of stress are prone to underperforming. However, nurses with a solid social support system had lower levels of stress (Abu al Rub, 2004).

The US Occupational Safety and Health Institutes ranks the nursing profession as twenty-seventh among 130 studied occupations pertaining to health-related issues where nurses are inundated with stress far more than other health related professions (Ahangarzadeh Rezaei, Shams, & Saghi Zadeh, 2008). In healthcare organizations, the likelihood of conflict erupting is high due to the staff's addressing life and death issues (Shin, 2009). Staff have to be able to work independently and interdependently in a

system that is continuously evolving (Shin, 2009). The healthcare professionals also have to embody technical skills and human relationship as a requirement for the profession (Shin, 2009).

The most common and problematic conflicts that tend to occur in a healthcare setting are between nurses and patients' families, nurse managers and their teams, and physicians and nurse managers (Johansen, 2012). The conflict between nurses and patients' families is due to the disparity of perceptions concerning which patient care issues need to be addressed first (Johansen, 2012). Examples include limiting visitors' hours and restrictions pertaining to the disclosure of information (Johansen, 2012). When attempting to safeguard patients' clinical state and respect the privacy of patients' families, nurses enforce rules concerning visitation (Van Keer, et al., 2015). Nevertheless, some visitors attempt to negotiate with the nurses for leniency causing stress between the healthcare professionals and the visitors (Van Keer et al., 2015).

Additionally, when direct care nurses and doctors have a difference of opinion, the conflict usually remains unresolved resulting in a toxic work environment (Johansen, 2012). Most of the conflicts between doctors and nurses concern patient care. Due to differing perspectives, tension increases, and miscommunication abounds, impacting patients negatively (Higazee, 2015). Physicians perceive themselves as leaders capable of handling all crises while nurses, on the other hand, are seen as offering differing views leading to chaos (Higazee, 2015).

Currently, nurse mangers experience challenges in the hospital owing to the leaders' ability to influence their team and achieve their objectives with their group

primarily centered on the health of patients (Amestoy, Backes, Martini, Meirelies and Trindade, 2014). Nurse managers' still often lack expertise in conflict management (Amestoy et al., 2014). However, far more important is that those who are equipped to handle conflict tend to avoid it due to a busy schedule (Shah, 2017).

In the changing and onerous environment in which nurse managers lead teams, the priorities of the hospital are governed by the needs of the patients which continually evolve (Yoder-Wise, 2013). In addition, healthcare organizations dramatically change the way in which initiatives are implemented to increase productivity and the services offered (Hiemer, n.d.). Due to moving from a hierarchical structure to a team centered environment, nurses are no longer in a subordinate role; their roles have evolved into improving the overall care of patients (Baker, 1995). Temper outbursts, throwing instruments and profanity directed at nurses are no longer tolerated due to nurses' need for respect (Ramsay, 2001), which is a sign of progress.

Emotional Labor

Emotional labor (EL) is the process of displaying an outward emotion that is dissimilar to internal feelings (Elliot, 2017). Emotional labor is a form of compassion fatigue (Elliot, 2017). The term was developed by Hoschild in her book entitled *The Managed Heart* and it involves or focuses on the relational aspect over the task-based aspect of work (Gerson, 2015). The concept insists that workers "induce or suppress feeling in order to sustain the outward countenance that produces the proper state of mind in others" (Hoschild, 1983, p. 7). Hoschild conducted a study on flight attendants and stated that smiles were part of the work which requires them to coordinate self and their

feelings so that the work appears to be effortless. One of the main roles of a flight attendant is to disguise their fatigue and irritability in order to promote the satisfaction of passengers which is accomplished via emotional labor (Msiska, Smith, & Fawcett, 2014).

When applied to the nursing profession, nurses tend to render care and when negative emotions are displayed, they can have negative effects (Msiska, Smith, & Fawcett, 2014). These dissimilarities between felt and expressed emotions may play a role in contributing to stressful situations (Elliot, 2017) and to nurses' intention to leave the occupation (Heinen, et al., 2015). "The concept is a complex and invisible task which results in nurse burnout, and it is also a formidable opponent in contemporary nursing" (Elliot, 2017, p. 1076). Nurses who feel emotionally depleted tend to offer subpar care to their patients (Gillman, et al., 2015).

Many nurses implement emotional labor in how they manage their feelings according to the rules and policies of the organization, so they present a façade of a proper state of mind in others . . . the sense of being cared for in a convivial and safe place" (Hoschild, 2003, p. 7). Many nurses display emotions which are socially acceptable to the cultural environment but are incongruent from their actual feelings (Huynh, et. Al., 2008). Reed (2004) provided an example of one nurse's struggle:

> To be a good nurse, you need to be compassionate, empathetic, and caring. As a human being, you may not be quite up to the task every day. I remember one such day. When I thought that this world wasn't a good place and that maybe I'd be better off not being in it. The word "suicide" didn't quite break into my consciousness, but you know it was what I was thinking. The only thing holding

> me back was obligations – because you see, I take obligations very seriously That's a strong trait for nurses. We feel obligated to be and do what's expected of us. No matter how I was feeling inside, I felt obligated to go to work that day. (p. 48)

Clearly, the stress caused by emotional labor can have grave consequences.

Due to wanting to adhere to hospital policies, nurses often desire to provide great health care to their patients. As a result, they tend to engage in emotional labor so that they conform to social and cultural norms (Hoschild, 1983). Nurses provide services with a smile where anger or negative emotions are suppressed to conform to the rules and regulations of a hospital (Badolamenti, Sili, Caruso, & Fida, 2017). The concept is known to make nurses become emotionally exhausted while impacting nurses' physical and mental health (Abraham, 2008; Schaubroek & Jones, 2000). Burnout syndrome may also be a result of emotional labor where nurses begin displaying a detached attitude toward patients (Brotheridge & Grandey, 2002). Work satisfaction may also be impacted by emotional labor (Brotheridge & Grandey, 2002) where many nurses have had the intent to leave the position resulting in high turnover rates (Brotheridge & Grandey, 2002).

Emotional Labor in Caregiving

Nurses are often required to engage in socially acceptable behavior with displays of appropriate emotion based on the occupational prescriptions (Bailey et al., 2015). Most of emotional labor involves surface acting; the superficial production of a socially desirable emotional display; pretending to feel what we do not" (Hoschild, 1983 p. 33).

There are two main distinctions namely surface acting, and deep acting. Socially desirable behavior obtained through superficial production originates from superficial production of emotional displays centered on surface acting while deep acting is the adaptation of inner feelings that align with the occupational demands; a self-centered inner transformation which involves deceiving oneself as much as deceiving others" (Bailey et al., 2015 p. 6).

The current study examining nurses' conflict management strategies in hospitals is significant primarily due to few studies which examine collegiate emotional labor among nurses who are trained to demonstrate emotional labor toward patients and their colleagues which may lead to stress and burnout or conflict (Apker, 2012). Nurses who experience emotional contagion – a feeling with others, are more prone to burnout than those experiencing empathetic concern where a person feels for others (Apker, 2012).

In addition, nurses often engage in emotion management with peer nurses and supervisors which may exacerbate stress (Apker, 2012). Many organizational expectations for appropriate emotional behaviors are mandated where nurses must adhere to the rules or face dire consequences (Apker, 2012). Due to the mercurial, unpredictable and dynamic nature of the job, many nurses lack control over the emotional component of their jobs resulting in higher levels of stress and burnout (Apker, 2012). The goal of the study is to examine nurses' workplace stressors with the goal of identifying communicative strategies to alleviate the stress. Due to conflict being communicatively enacted (Hocker & Wilmot, 2014), the study will also investigate how professional conduct that is expected of nurses may play a role in nurses' reluctance to engage in

conflict and how it may have positive and negative outcomes. Through the in-depth interviews, the researcher sought to discover whether the Code of Conduct influenced the strategies nurses used when engaged in conflict. Second, various factors which affected a nurse's approach to conflict management was examined. Third, the various forms of nurse enacted Emotional labor (EL) was investigated coupled with the researcher's attempts to see if EL contributed to conflict. Additionally, the study also examined whether deception was correlated with EL.

CHAPTER II REVIEW OF LITERATURE

The literature review will examine various aspects that cause conflict among nurses and how their perceptions of conflict may influence their conflict management style. In addition, the paper will also see how organizations may play a role in creating a hostile environment, and the lack of communication competence among healthcare providers due to different specialized training. Finally, Emotional labor will be examined to see if it is a form of deception how it may play a role in influencing conflict among nurses.

Deception and Emotional Labor

Service workers who tend to human related matters often exhibit different expressions than those felt as a means of suppressing the felt emotion (Molloy, 2019) for example, “an individual may simulate a smile when receiving a gift they are disappointed about” (Stel & van Djik, 2018 p. 137) or people may simulate anger to gain the upper hand in a negotiation event thus, such examples show how an individual attempts to deliberately or strategically influence another by misrepresenting their emotions (Li & Roloff, 2006).

Charles Darwin once said, “the observation of expression is by no means easy” (Knapp & Hall, 2010, p. 84) suggesting that people are unlikely to detect when another individual is being deceptive (DePaulo et al., 1996). “In fact, many studies support the argument that an individual’s expression is not a perfect window into emotional experience” (Knapp & Hall, 2010, p. 301). One reason why people are unable to detect

deception can be attributed to people who tend to believe than question information being presented (McCornack & Parks, 1986).

Nurses' tendencies to suppress their emotions to present a positive façade for their organization may be an antecedent to unethical behavior where surface acting is associated with unethical behaviors (Hong, Barnes, Scott, 2017 p. 513). A job which requires emotional labor (EL) is when the job performance involves the following:

- Making voice or facial contact with the public
- Producing an emotional state to the client or customer
- Working for an employer that has the opportunity to control workers' emotional displays.

The current research study attempted to examine whether EL may be a form of deception due to EL exhibiting n outward façade that is contradictory to the actual emotions nurses experience inwardly. The following literature describes generational diversity's contribution to conflict due to varying generational approaches toward communication.

Generational Diversity

Generational diversity also exacerbates conflict in the workplace due to nurses embodying disparate worldviews, causes and ideas resulting in conflicting generational perspectives when addressing work ethics, different attitudes when relating to authority, and different ideals on what encompasses a successful workplace (Foley, Myrick, & Yonge, 2012 as cited by Andre, 2018). Four generations of nurses are currently in the workplace namely veterans, baby boomers, generation X and millennials. Their views

strongly contrast which play a distinctive role in creating strife and misunderstanding in the healthcare sector (Foley & Myrick & Yonge, 2012).

In addition, challenges also include “communication, miscommunication, and contrasting views or perceptions of work life balance, loyalty, scheduling and work, standards” (Stutzer, 2019 p. 78). Different communication strategies or preferences may require an individual to learn how to ensure that the information is effectively implemented. Table 1 below by Stutzer, (2019) describes the various strategies utilized by the various generations.

Table 1 Understanding generational preferences 3 1

Generation	Communication Preferences	Coaching Preferences	Recognition Preferences
Silent	Formal Face-to-Face Written	One-To One Coaching Value Formal Instructions	Handwritten Notes/Plaques
Baby Boomers	Less Formal Face-To-Face Group Processing	Peer-To-Peer Coaching	Motivated By Public Recognition
Generation X	Use Of Technology Direct And Succinct	See Coach As Partner Want To Demonstrate Expertise	Paid Time Off Participation In Cutting-Edge Projects
Millennials (Generation Y)	Quick Feedback Team Discussions Read Less	Expect More Coaching Seek Structure And Guidance Value Internships	Personal Feedback Flexible Scheduling
Post Millennial (Generation Z)	Technology Driven Text And Email	Facilitate Self-Reflection And Self-Evaluation. Will Locate Information As Needed	Seek Instant Feedback
Post Millennial (Generation Z)	Technology Driven Text And Email	Facilitate Self-Reflection And Self-Evaluation. Will Locate Information As Needed	Seek Instant Feedback

Effective communication is especially more essential in the healthcare field than any other sector (Moore & Piland, 1981). Basic communication courses are often required for nursing professionals with the goal of ensuring that nurses are well equipped and competent communicators (Morse & Piland, 1981). In a nursing context that necessitates the transfer of information, relationships among nurses where effective communication skills are utilized is of the utmost importance to nurses (Morse & Piland, 1981). Communication challenges negatively impact nurses' occupational lives (Kreps, 2009) due to limited training (Kreps, 2016).

Varying worldviews result in conflicting generational perspectives when addressing work ethics. The next topic, decision making and conflict, will elaborate upon decision making and conflict which are prompted by attempts to determine the best approach toward conflict based on task related activities.

Decision Making and Conflict

Due to the collaborative nature of the health care arena, continuous negation is an essential ingredient for successful outcomes (Jameson, 2003). Most conflicts originate from decisions rendered to the best approach (Allen, 1997; Halpern, 1992; Howard & Huba, 1997). However, when respect and an integrative approach to conflict management is utilized, many conflicts are often diffused (Jameson, 2003; Hocker & Wilmot, 2014). On the other hand, when feuding parties become defensive while striving for power, many times the conflict becomes destructive (Jameson, 2003; Hocker & Wilmot, 2014). Nurse anesthesiologists and certified registered nurse anesthetists (CRNAs) often feud over tasks due to the overlapping skills the two professions embody (Jameson, 2003).

When the two professions work together, conflict often abounds threatening to cause a division and impeding their collaborative abilities (Jameson, 2003).

In the 20th century, anesthetists were a subspecialty of surgery where a surgical intern or a nurse administered the anesthetic (Steven, 1971 as cited by Jameson, 2003). During this period, anesthesia was an overlooked profession thus, surgeons depended upon nurses to be anesthetist providers (Bankert, 2000 as cited by Jameson, 2003). After World War I, technical anesthetics were developed and more physicians became interested in the area (Stevens, 2003 as cited by Jameson, 2003). By this time, surgeons and nurse anesthetists had strong relationships where surgeons often opted for nurse anesthetists over anesthesiologists due to nurse anesthetists being predominantly female and rather submissive and docile with the surgeons than the male anesthesiologists (Steven, 1971 as cited by Jameson, 2003). As a result, a competitive relationship between CRNA's and anesthesiologists emerged (Jameson, 2003).

In the 1920s and the 1930s, anesthesiologists attempted to impose restrictions upon CRNAs by censuring doctors who used CRNAs (Halpern, 1992). Their efforts, however, were futile in the courts even though they were successful in limiting the use of CRNAs by doctors and ensuring that nursing schools were discouraged from providing anesthetist training (Halpern, 1992). By the 1960s, anesthetists reversed their stance and sought ways to remedy their relationship with CRNAs (Halpern, 1992). After the second World War, there was a division of tasks between CRNAs and anesthetists – tasks which were specialized in that CRNAs administered general anesthesia while anesthetists provided complex, spinal, intravenous, and nerve block procedures (Halpern, 1992).

Despite these developments, CRNAS continue to fight for full practice rights, and negotiations over procedures they are permitted to perform, supervision, and wages (Jameson, 2003). These hostile relations between CRNAs and anesthetics have been occurring for the past 100 years (Jameson, 2003). Due to most conflicts being based on task related conflicts and best approaches toward addressing transgressions, nurse to nurse bullying will be explained in the next topic.

Nurse to Nurse Bullying

Nurse to nurse bullying shows how it is a rite of passage for nurses which is also problematic due to being a threat to the workplace. The literature explores healthcare organizations and how a diverse workforce, conflicting missions, temporary workers, an external environment with complex, multiple stakeholders and healthcare providers' specialized training contribute to conflict.

Nurse to nurse bullying is another reason which prompts nurse to leave jobs resulting in a nurse shortage (Rocker, 2008). Many nurses feel disempowered after experiencing a bullying episode thus, they prefer to be absent, or even leave their positions (Rocker, 2008). Nurse bullying is perceived as a rite of passage and cannot be avoided by any nurse (Edmonson & Zelonka, 2019). Nurse bullying begins in nursing classrooms to the bedside and finally to the boardroom (Edmondson & Zelonka, 2019). In fact, nursing students experience bullying or witness bullying behaviors by clinical instructors and staff nurses prior to practicing nursing (Clarke et al., 2012). Many nurses feel disempowered after experiencing a bullying episode thus, they prefer to be absent, or even leave their positions (Rocker, 2008). Nurse bullying is perceived as a rite of passage

and cannot be avoided by any nurse (Edmonson & Zelonka, 2019). Nurse bullying begins in nursing classrooms to the bedside and finally to the boardroom (Edmondson & Zelonka, 2019). In fact, nursing students experience bullying or witness bullying behaviors by clinical instructors and staff nurses prior to practicing nursing (Clarke et al., 2012). It is an egregious problem permeating the workforce, posing as a third leading cause of injury in the United States and the second cause of death for women in the workplace (Findorff, McGovern, Wall, & Gerbrich, 2004). Women often refuse to report acts of abuse with the notion that such behavior is normal (Findorff. McGovern, Wall & Gerberich, 2004).

Irrespective of the fact that nurses may experience aggression from patients – many who are cognitively impaired or from patients' families who fume are nurses for reinforcing hospital policies, countless nurses dread nurse to nurse bullying (May & Grubbs, 2002). During a six-month period, 78% of students experienced being bullied in nursing school (Clarke, Kane, Rajacich, & Lefreniere, 2018) while over 50% of students stated they witnessed nurse to nurse bullying during clinical rotations. Often within the first 6 months, 60% of nurses leave the job due to intolerable behavior from coworkers (Clarke, Kane, Rajacich, & Lefreniere, 2018).

Nurses' Perceptions of Conflict

Many nurses' perceptions of conflict are negative (Kim, Nicotera, & McNulty, 2015) where the outcomes, especially in an environment that is unpredictable and dynamic and complicated due to nurses partaking in several roles instantaneously (Kim, Nicotera, & McNulty, 2015). Nurses tend to view conflict as a negative event where

many utilize the avoidant conflict management style, “including a belief that directly discussing conflict with the other person is “unprofessional” (Mahon & Nicotera, 2011 p. 160).

In terms of constructive and destructive conflicts, many nurses viewed a constructive conflict as one pertaining to the quality of patient care and nurse collaboration (Kim, Nicotera, & McNulty, 2015). Constructive conflict was based on the notion that the main issue was resolved through communication with positive outcomes (Kim, Nicotera, & McNulty, 2015). The benefits would also be innovation, growth, improved decision making, stronger group collaborations, and a solution-oriented approach to problems (Kim, Nicotera, & McNulty, 2015).

On the other hand, nurses’ perceptions of destructive constituted a lack of cooperation, competition between individuals with the intent of dominating the other (Kim, Nicotera, & McNulty, 2015). Hocker and Wilmot (2014) state that negative views of conflict often deem conflict as abnormal; constituting a breakdown in communication; a misunderstanding about communication and disagreeing; viewing conflict as a personal pathology or disease with negative labels attached to people who engage I conflict such a s “neurotic” “hostile” “paranoid” to name a few. Individuals with negative views toward conflict also felt that conflict should not be escalated and that interactions ought to polite and orderly (Hocker & Wilmot, 2014). Finally, the last negative view of conflict is an individual perceiving anger as the only emotion in a conflict (Hocker & Wilmot, 2014). The aforementioned perceptions of conflict are negative words such as destruction, anger,

disagreement, competition, war to name a few, are associated with conflict (Hocker & Wilmot, 2014).

An individual's worldview determines how one addresses or manages conflict. "A worldview can be defined as "the cognitive, ethical, and perceptual frames of an individual (Goldberg, 2009 p. 407) encompassing:

- A view of what is real and important in the universe.
- A view of how people and objects are supposed to relate to each other.
- A view of what part of the universe is more valuable than another.
- "A view about how you know what you know "(*epistemology) (Nudler, 1993 p. 4).
- A view about how people should act (ethical worldview) (Blechman et al., 1998).

Based on an individual's worldview, it may lead one to assume that conflict embodies a negative experience (Hocker & Wilmot, 2014). Hocker and Wilmot (2014) state that culturally, clichés such as

> "If you can't say anything nice, don't say anything at all"; "Pick on somebody your own size"; "Don't hit girls"; "Don't rock the boat"; "Children should be seen and not heard"; "Act your age"; "Be a man, fight back"; and sticks and stones may break my bones but words will never hurt me!" show embody negative connotations about conflict. (p. 43)

An individual embodying such negative worldviews as the one described above may potentially affect the way they handle conflict (Hocker & Wilmot, 2014). Nurses'

conflict averse behavior may suggest that they are uncomfortable with conflict and may perceive it to be a negative event.

High levels of stress in the health care sector especially for nurses is of importance due the life and death decisions which may impact patient care, "job satisfaction, absenteeism, and turnover" (Almost, 2006, p. 444). Persistent unresolved conflict also affects the physical and mental wellbeing of nurses (Danna & Griffin, 1999). The experiences an individual encounter also affects how one behaves in the workplace spilling over into non work domains (Danna & Griffin, 1999).

The importance of the study can be attributed to the fact that conflict is not only inevitable (Hocker & Wilmot, 2014) and a part of one's social life where people collaborate but can also be detrimental if left unresolved (Hocker & Wilmot, 2014). The topic is worth examining due to conflict also being communicatively enacted (Hocker & Wilmot, 2014). Second, many nurses tend to opt for the avoidance conflict management style (Mahon & Nicotera, 2011). The avoidance conflict management style involves a reluctance to engage in discussing the issue; changing or denying the problem, refusing to be committed, or simply withdrawing from dealing with the issue (Hocker & Wilmot, 2014). Although the style may be a temporal relief from the issue at hand for it provides an opponent an opportunity to think more about the issue, the style is only useful if the issue being addressed is of a trivial nature (Hocker & Wilmot, 2014). Also, if a person chooses to avoid wanting to be influenced by another individual, the avoidance conflict management style suits the purpose of deflecting conflict. On the other hand, the conflict management style has some disadvantages suggesting that one does not care enough to

confront the issue and are unable to change (Hocker & Wilmot, 2014). The problem is rarely resolved, setting the stage for a large explosion at a later date (Hocker & Wilmot, 2014). Numerous definitions for conflict exist however, Hocker and Wilmot (2014) define conflict as "an expressed struggle between at least two interdependent parties who perceive incompatible goals, scarce resources, and interference from others in achieving their goals" (p. 41).

Interpersonal communication plays a significant role in interpersonal conflict due to communication being the medium through which conflict is enacted face to face, written or with technology" (Hocker & Wilmot, 2014 p. 2). Feuding parties often communicate and arrive at a shared meaning and are also able to accomplish a social goal (Hocker & Wilmot, 2014). Effective communication changes the direction of conflict resulting in a shift or twist in social interactions known as conflict transformations or "aha" moments" (Putnam, 2010). How individuals choose to handle conflict communicatively can have a positive or a negative outcome (Hocker & Wilmot, 2014). Disparate values, ineffective communication coupled with alteration may be some of the major sources of conflict (Almost, 2006).

The healthcare sector is often impacted by miscommunication especially pertaining to patient care, disagreements, inadequate time to address patients and their families' concerns, personal animosity, mistrust and communication gaps (Azouley, et al., 2009). Health Resource and Services Administration (HRSA)'s 2008 National Survey of Registered Nurses stipulated that communication problems prompted nurses to resign from their positions. The communication problems encompassed poor management and

leadership, inadequate collaboration and communication, and interpersonal challenges with coworkers. These factors can be attributed to nurse conflict, stress, burnout, and high levels of turnover.

The lack of effective communication and conflict management skills also plays a role in exacerbating conflict. Nurses are notorious for utilizing the avoidance conflict management style which is the least effective in resulting in positive outcomes (Hocker & Wilmot, 2014). The avoidance conflict management style is characterized by a reluctance to engage in conflict by sidestepping the issue, or simply withdrawing from the interaction (Hocker & Wilmot, 2014). Conflict avoidance fails to address the issue at hand rather it allows the issue to fester and later result in a major outburst in the future (Hocker & Wilmot, 2014; Mahon & Nicotera, 2011).

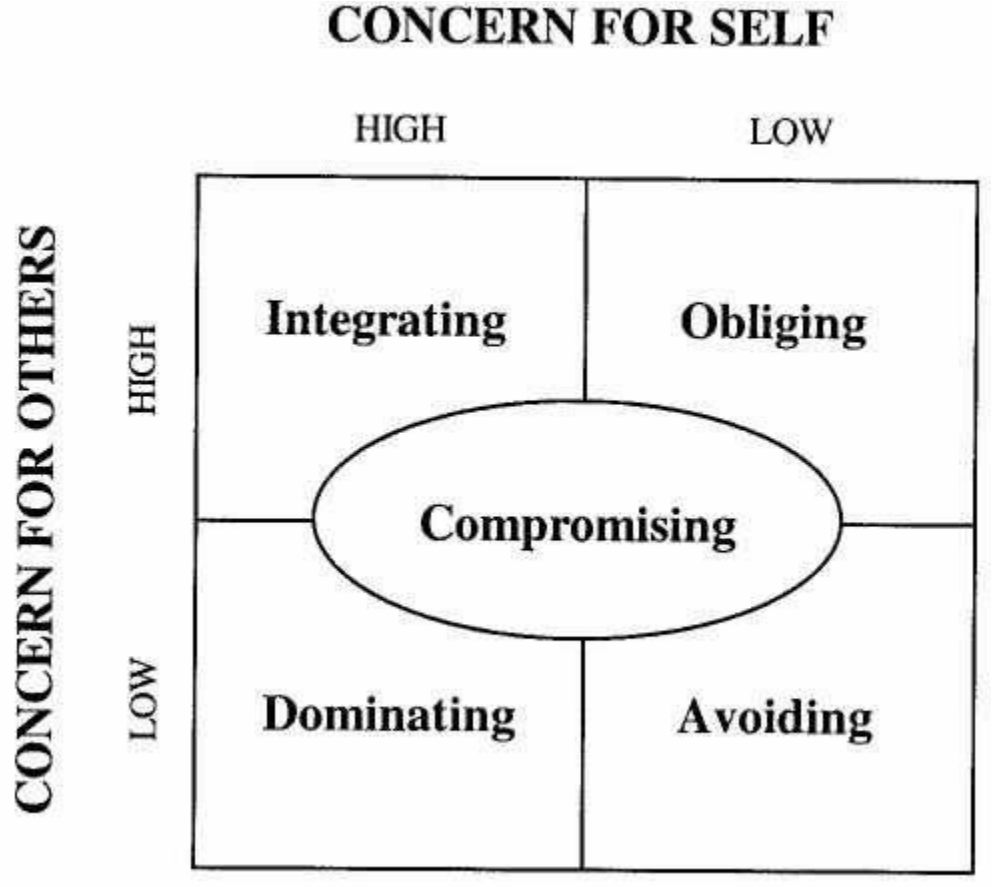
Being aware that "conflict is a stubborn fact of organizational life" (Kolb & Putnam, 1992 p. 311), the first best practice of managing conflict is learning effective conflict management skills through careful practice (Hocker & Wilmot, 2014). Skill development is important for very few people are effective at managing conflict (Hocker & Wilmot, 2014) also anticipating conflict and knowing how to manage it effective is beneficial or as Louis May Alcott said, "I am not afraid of storms for I am learning how to sail my ship." The benefits of learning effective skills in conflict result is an improvement in mental health of yourself and the other person (Hocker & Wilmot, 2014), satisfaction with families, romantic relationships and workplace relationships, and people benefiting from one's improved skills (Hocker & Wilmot, 2014). The next topic will

examine the five conflict management styles and describe their characteristics, and the advantages and disadvantages to each approach.

Conflict Management Styles

The strategy an individual uses when responding to conflict is known as a conflict style. A conflict style is also patterned response or behavior individuals exhibit when addressing conflict (Hocker & Wilmot, 2014). Figure 1.1 shows the five conflict management styles used.

Figure 1. A Two-Dimensional Model of Handling Interpersonal Conflict



Currently there are five conflict management styles namely obliging, integrating, compromising, dominating and avoiding. The first conflict style is avoidance which is tendency for individuals' reluctance to engage in conflict and avoidance embodies the lowest level of satisfaction (Hocker & Wilmot, 2014; Bevan, Vreeburg, Verdugo & Sparks, 2012). A conflict avoidant individual has a high concern for themselves and a low concern for others. Often, an individual may contemplate whether engaging in conflict is a worthwhile venture by one asking, "How much conflict am I willing to risk to get what I want?" (Stuart. 1980 p. 295). Often, the individual would prefer to evade the issue and hope that the matter will disappear. Avoidance strategies entail changing the topic, refusing to speak or speaking in abstract terms or fleeing from the scene, joking, cackling or smiling to change the mood, asking questions and providing conflict information which is not relevant to the conflict (Hocker & Wilmot, 2014). An advantage of avoidance is that it permits a party enough time to think about their response to important and minor issues prior to addressing it if at all (Hocker & Wilmot, 2014; Zhu & Zhou, 2015). The disadvantage of the avoidance conflict management style is that matter may become worse over a duration of time resolving in a massive explosion that is destructive due to the pent-up tension. Additionally, by avoiding addressing an issue, it may suggest that the individual does not care enough to confront the issue which gives that impression that that individual is incapable of changing (Hocker & Wilmot, 2014). The avoidance conflict management style is ineffective and may create physical and social distance between feuding parties (Cavanagh, 1991) for a party may physically leave the scene or ignore the other party by remaining silent.

The dominating style is primarily focused on high concern for oneself and a low concern for others (Hocker & Wilmot, 2014) and entails aggressive behavior void of cooperation to overpower another party (Cavanagh, 1991; Hocker & Wilmot, 2014). Often, an individual will achieve their goal at the expense of the offending party by using put downs, name calling, belittlement, or demeaning behavior (Hocker & Wilmot, 2014; Sillars, 1980b). The advantages of the dominating style are useful when there is an emergency and quick, decisive decisions need to be made it results in creative ideas and individuals taking action (Hocker & Wilmot, 2014). On the other hand, the style may be detrimental for it can harm a relationship, resulting in a gridlock and futility (Hocker & Wilmot, 2014).

The compromising style entails gains and losses for the parties where there is shared power and some tradeoffs and exchanges and it deemed to be the work of mature people (Hocker & Wilmot, 2014; Brown, N.D; Kabanoff, 1989). Compromising shows a moderate concern for one's goals and the other party's goals (Hocker & Wilmot, 2014; Trudel & Reio, 2011). Some examples of statements used are "I gave in last time, now it's your turn," (Hocker & Wilmot, 2014 p. 162) or "I try to obtain a middle-of-the road solution" (Trudel & Reio, 2011 p. 408). The advantage of using a compromising style is that it can let parties arrive at a solution expediently when time is scarce and it embodies a cooperative element (Hocker & Wilmot, 2014; Trudel & Reio, 2011; Kabanoff, 2011). Compromise can be used when other styles prove futile (Hocker & Wilmot, 2014) however, the downside of compromise is that both parties will not achieve their primary goals nor would they be satisfied with the outcome (Hocker & Wilmot, 2014; Kabanoff,

2011; Kurylo, 2010). The opportunities to develop creative solutions are diminished due to a limited set of resources available and the real issue is not addressed, and it is viewed as the easy way out with less hassle (Hocker & Wilmot, 2014; Kurylo, 2010).

Obliging or accommodating is the fourth conflict management style and it exhibits a high concern for others and a low concern for self. Here, an individual seeks harmony and looks for common interests between themselves and their opponent to meet the needs of the other party (Hasmi, Altaf, & Kiyani, 2019; Hocker & Wilmot, 2014; Mills & Taripanyeofori, 2020). Most times an accommodating individual will let others win and the focus is more geared toward the relationship than the agenda (Mills & Taripanyeofori, 2020). The style is passive and may result in a person becoming a martyr or a compulsive whiner who becomes depressed (Hocker & Wilmot, 2014; Mills & Taripanyeofori, 2020).

The advantages if using an accommodating style is that an individual exhibits their reasonableness during a conflict episode and it prevents harm and maintains a relationship (Hocker & Wilmot, 2014; Lazier, 2017). Additionally, the style is useful if an individual was the culprit and sought to avoid conflict (Rehman & Jaleel, 2020). On the other hand, the disadvantage of obliging or accommodating is that it can result in a competitiveness between individuals especially when they try to show how nice or reasonable one is in comparison to the other (Hocker & Wilmot, 2014). Due to an individual abdicating their needs, accommodation may result in low self-esteem (Bright, 2020). Furthermore, accommodating can lead to codependence and the inability to think independently where an individual relies on another person for support and information

(Hocker & Wilmot, 2014). Obliging also results in a power imbalance in a relationship due to abdicating one's needs (Hocker & Wilmot, 2014). Finally, there is little room for creative problem solving due to time constraints (Hocker & Wilmot, 2014).

The integrating conflict management style shows a high concern for self and others, and it is the most effective style (Hocker & Wilmot, 2014). Integrating seeks to find solutions that satisfy the feuding parties (Hashmi, Altaf, & Kiyani, 2019; Hocker & Wilmot, 2014) knowns as a "joint benefit" due to the collective gain of the parties in the final agreement" (Carnavale, 1986 p. 4). Both parties explore solutions jointly while respecting each other's
needs and utilizing neutral communication (Hocker & Wilmot, 2014; Mills & Taripanyeofori, 2020; Rognes & Schei, 2007). An emphasis is also placed on the relational belief of resolving conflict. Thus, the relationship is a priority.

The advantages of the integrating conflict management style entail the use of creative solutions, a power balance in relationships and decision making, satisfied parties focused on the relational aspects of the conflict that results in teamwork toward conflict resolution and the prevention of violence (Hashmi, Altaf, & Kiyani, 2019; Hocker & Wilmot, 2014; Safeena & Velnampy, 2017). The drawback of the integrating style is that the style is time consuming (Ashleyorme, n.d.; Hocker & Wilmot, 2014). Additionally, individuals who possess adept verbal skills may seek to manipulate others and create a power imbalance (Hocker & Wilmot, 2014).

Healthcare Organizations

Health care organizations (HCO) play a role in contributing to conflict in that hospitals have four features namely, "conflicting missions, a distinctive and largely professional workforce, demanding external environments and a complex day to day task environment (Ramuanujam & Rousseau, 2006 p. 81). Notwithstanding the fact that the Institute of Medicine stipulates that to deliver care that is safe, effective, patient centered, timely, efficient and equitable are the core objectives of a healthcare system, the health care advising group affiliated with the US Congress, many hospitals' missions are more broad and complex where an emphasis is placed on clinical care, community service, outreach and teaching, and research profits and religious values" (Ramuanujam & Rousseau, 2006 p. 8130). A hospital's educational initiatives can contribute to research and clinical care while conflicting with religious institutions that do not accept certain medical procedures with advances in treatment science and patient expectations (Ramuanujam & Rousseau, 2006 p. 813).

Second, a hospital's diverse workforce with healthcare providers embodying specialized training also plays a role in contributing to conflict (Ramuanujam & Rousseau, 2006). Hospitals have multiple professions with different types of training and licensing requirements, differing pay structures and power roles (Ramuanujam & Rousseau, 2006). Complications arise due the paucity of socialization in that many practitioners have different professional practices and caregiving behaviors from other educational institutions (Ramuanujam & Rousseau, 2006) for example, physicians socialized by other physicians may have a low level of understanding on how to relate

with nurses, therapists, administrators or staff members (Ramuanujam & Rousseau, 2006). Thus, a professional may have a high level of identification but a low level of organizational identification (Meyer, Allen, & Smith, 1993). Many physicians also practice in other hospitals and as a result, these physicians weaken their attachment to each organization; the same can be attributed to traveling nurses, temp, or float nurses who embody weak relationships with other Healthcare workers (Ramanujam & Rousseau, 2006). In addition, HCO leaders also receive very little leadership development experience challenges in effectively influencing their workforce (Ramanujam & Rousseau, 2006).

How HCOs respond to the nursing shortage and cost cutting pressures has been to hire immigrants and temporary workers (Dugger, 2006). By hospitals depending upon an immigrant labor force, the drawbacks result in entrenched forms of control (Bailey & Sandy,1999 as cited by (Ramanujam & Rousseau, 2006). Additionally, there are concerns about quality control (May, Bazzoli & Gerland, 2006). Hospitals depending on temporary workers or inexperienced nurses worry that patient care will be impacted as one executive mentioned, “we have bodies, but we don’t have seasoned bodies” (May, Bazzoli, & Gaerlund, 2006 p. 322). Therefore, temporary workers may be a short-term solution which may affect patient care and will continue to remain an impediment in the long term especially when well trained nurses retire from the nursing profession (May, Bazzoli, & Gerlund, 2006).

Temporary workers affect staff activity and patient care due to temporary spending less time with patients and being unproductive (Hurst & Smith, 2010). High

levels of temporary staff yielded more patient complaints impacting patient satisfaction (Hurst & Smith, 2010). A Houston based hospital conducted an experiment where it reduced its temporary staffing load and the results indicated that patient satisfaction rose from 83% to 89% between August 1997 to August 1999 irrespective of the fact that there were higher patient admissions, operating room cases, and emergency department visits (Luther & Walsh, 1999).

Utilizing temporary working staff also tends to lead to low levels of employee involvement in decision making, less investment in training and the diminishing of practices that would have a positive impact such as sharing information and experiences (Wade, Kocham & Smith (n.d.); Rousseau & Libuser as cited by Ramanujam & Rousseau, 2006). Hospitals' dependency on immigrants and temporary workers impacts the quality of the work environment and its problem-solving capacity, impacting the quality of patient care due to low involvement of temporary workers (Ramanujam & Rousseau, 2006; Saville, et al., 2021).

The third factor causing strife in a hospital is the external environment with complex, multiple stakeholders (Ramanujam & Rousseau, 2006). Due to the various constituencies which influence how "hospitals execute their missions, patient care, and workforce, federal, and state governments, accreditation agencies, professional agencies, employers, pharmaceutical companies, malpractice lawyers, medical researchers, patient advocacy groups and the medial attempts to influence HCO policy and practice" (Ramanujam & Rousseau, 2006 p. 814). Due to the exorbitant healthcare costs, third parties seek to control hospital activities on behalf of the consumer governments and

healthcare professions (Ramanujam & Rousseau, 2006). Third parties such insurance companies, healthcare maintenance organizations and regulators' varying interests still try to influence hospitals due to the contributions hospitals make in the economy and quality of health (Ramanujam & Rousseau, 2006).

The fourth form of conflict affecting hospitals is the environment being specialized which causes professional healthcare providers to become interdependent thus, the ability of become a competence communicator during the handoffs is vital to patient care and organizational efficiency (Institute of Medicine, 2003). Many HCOs have also been socialized in different organizational systems according to Ramanujam and Rousseau, (2006) who state:

> The socialization of HCO professionals occurs pre-employment… So dominant are institutionalized pre-employment processes that many HCOs attempt little or no socialization of their own workforce. Weak organization-based socialization means that individuals can have many different professional practices and care-giving behaviors as the institutions that educated them… The result is strong professional identification and weak organizational identification. (pp. 813-814)

Due to the way a nurse is socialized depending upon the standards implemented by an organization, it may affect the way a nurse approaches conflict resolution. The study seeks to examine how healthcare organizations play a role in creating conflict. The next topic will describe conflict. The next topic will describe conflict and burnout.

Conflict and Burnout

Job burnout is a condition where meaningful and purposeful work becomes unpleasant, unfulfilling and futile (Maslach et al., 2001). The construct, burnout, is quite slippery due to the standard definition being nonexistent (Maslach, Scehaufeli & Leiter, 2001). Nevertheless, the construct embodies characteristics such as emotional exhaustion, depersonalization and an individual sensing that they have a low level of personal accomplishment (Maslach, 2003). The construct is a social problem in numerous human service professionals (Maslach, 2003).

Unproductive conflict amongst healthcare providers has been known to influence burnout (Wright & Nicotera, 2016). Conflicts with patients and amongst health care professionals may increase the possibility of burnout syndrome amongst critical care nurses (Poncet, et al., 2007) who work in intensive care units known primarily for high levels of stress (Poncet, et al., 2007).

Communication Competence Approaches, Conflict Style and Job Stress/Burnout

Communication competencies may influence the nature of a conflict either positively or constructively or deconstructivity (Canary, & Lakey, 2006) The construct is comprised of communication skills and behaviors such as empathy, behavioral flexibility and interaction management (Wiemann, & Bucklund, 1980) where an individual becomes more mindful of conflict incidences (Canary, Lakey & Sillars, 2006).

Individuals who lack communication skills tend to resort to aggression or conflict avoidance to achieve or fulfill their goals (Canary, Spitzberg & Semic, 1998). An example provided by Infante, Chandler, & Rudd (1989) states that violence occurs if

undissipated anger creates a latent hostile disposition in at least one partner and the two individuals have an argumentative skill deficiency which increases the probability of verbal aggression" (p. 16). In addition, verbal deficiencies often result in violence (Geles, 1974). "When the husband individual and or wife are engaged in a fight one partner simply runs out of communication and begins to flail away at the other" (Gelles, 1974 p. 163). Individuals who utilize the dominant or avoiding conflict management style often experience high levels of task conflict resulting in conflict and stress (Freidman, Tidd, Currell, & Tasi, 2000, p. 1). Individuals who exhibit verbal and physical aggression and withdrawing behaviors in a conflict episode often lower the level of relational satisfaction and they possess poor relationships (Gottman & Levenson, 1992). Having a strong, emotional reaction to a conflict is also related to reduced levels of communication competence and higher levels of aggression and communication apprehension (Hample & Dallinger, 1995).

Consequently, when individuals utilize integrative and obliging conflict management styles, there was a higher level of communication competence while lower communication styles were often attributed to individuals utilizing dominating and avoidance conflict management styles (Wright & Nicotera, 2016) where there were also higher levels of job stress and burnout (Wright & Nicotera, 2016). Montoron-Rodriguez and Small's 2006 study which focuses on nursing staff's ability to interact with residents that affects the nurses' wellbeing and occupational satisfaction showed that the nurses' morale, occupational stress and job satisfaction were influenced by the conflict resolution styles. Nurses who utilized confrontational and avoiding conflict styles experienced

lower levels of workplace morale and higher levels of burnout (Montoro-Rodriguez & Small, 2016).

Overall, the chapter presents causes of conflict among nurses due to generational diversity; causes of stresses and burnout due to Emotional labor taking a toll on nurses' well being physically and mentally. Nurses' lack of conflict management skills and the hostile workplace environment of hospitals also plays a role in creating conflict among nurses as well. The literature review will examine how Structurational Divergence theory (SD) plays a role in how nurses approach conflict as well as Oppression theory which suggests that nurses reluctance to engage in conflict may be attributed to nurses feelings of powerlessness due to their lack of autonomy, low self-esteem and self-hatred (Roberts, 1983).

CHAPTER III THEORETICAL FRAMEWORK

The first section of the chapter proposes a framework for nurses' approaches to conflict. The second section displays a second framework explaining nurses' internal turmoil contradicting their outward appearance and actions. Finally, the third section provides a third framework explaining how nurses' feelings of helplessness affects the way they approach conflict. These frameworks guide the methodology of the study.

Structurational Divergence Theory

The chapter examines nurses approaches to conflict more specifically Structurational Divergence (SD). The perspective explains how institutional factors may result in negative outcomes such as poor communication and conflict (Wright & Nicotera, 2016). Verbal aggression, a lack of tolerance for ambiguity, a controlling conflict management styles and an individual taking conflict personally (Nicotera & Mahon, 2012). SD was developed by Nicotera, who states that impasses are often a result of multiple meaning system resulting in irreconcilable contrary obligations and a communication spiral (Nicotera & Mahon, 2012) based primarily in the nursing context (Nicotera, Mahon, & Wright, 2014). When a perpetual conflict caused by varying social meaning structures occurs, it characterized by a negative spiral of interactions. The conflict persists and lacks development that worsens the conflict for "SD is a recurrent conflict based on different social meaning structures and is characterized by a negative spiral of interaction – unresolved conflict, immobilization and regressions in development that exacerbate conflict" (Wright & Mahon, 2014 p. 160). SD is evident in

interpersonal conflict, and it is based upon meaning than opposing goals (Wright & Nicotera, 2016).

Nicotera and Mahon (2013) discovered that when individuals implemented cognitive communication competence which is when an individual is mindful of their communication before, during, and after the interaction, it was positively correlated with SD which may imply that SD contributes to the rumination over communication or that thinking about interaction deepens the SD conflict (Nicotera & Mahon, 2013). Additionally, Nicotera et al., (2015) discovered that avoidance, and controlling conflict management styles lacked a relationship with SD which validates that SD is not ordinary conflict.

SD embodies two essential components namely, SD-norms and SD-cycles (Nicotera et al., 2010). A nexus is "that place where multiple social structures interpenetrate – when individuals feel compelled to simultaneously fulfill obligations from multiple systems to social rules, each normatively sanctioned by its own structures" (Nicotera & Clinkscales, 2010, p. 32). The SD-nexus is an institutional positioning at such an intersection when the simultaneous equally compelling obligations are contradictory" (Nicotera, et al., 2015, p. 373).

The SD-cycle is a communication pattern, a downward spiral of unresolved conflict, immobilization (the inability to achieve goals) and the deterioration of development (at an individual, a group or an organization or at institutional levels) which worsens unresolved conflicts (Nicotera et al., 2015, p. 373). When meaning structures fail to merge smoothly, a mismatched troublesome structure is formed and the SD-cycle

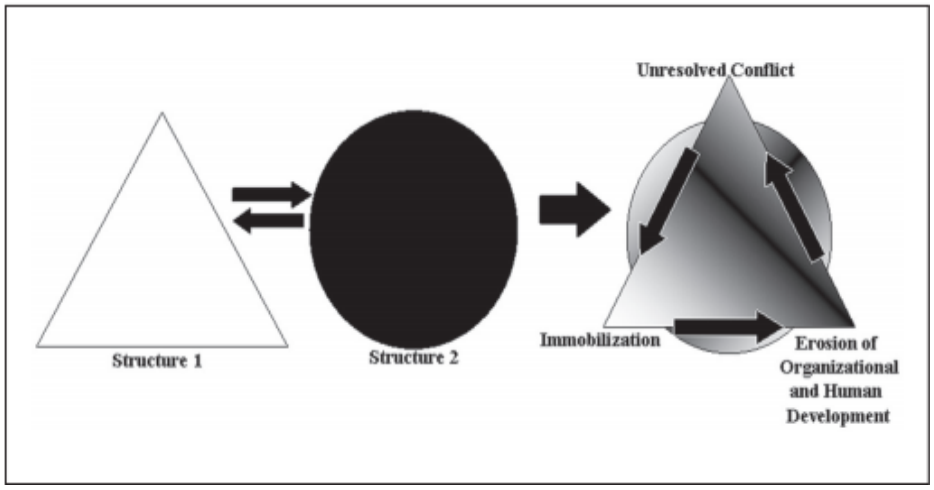
emerges; unresolved conflict, immobilization, and inability to develop, cycling to deepen unresolved conflicts (Nicotera, et al., 2015). “SD occurs when incompatible interpenetrating structures create an SD-nexus and the individual (s)caught in that nexus experience the SD-cycle” (Nicotera et al., 2010 p. 363).

The main symptom of SD is immobilization defined as a lack of progress, being stuck in the same place where the same problems are reoccurring with not end in sight for the impasses. “The emotional experience of immobilization, futility and hopelessness” (Nicotera et al., 2010 p. 363).

Agency is posited which is an efficacy, the ability to partake in action meaningfully. Metaphors of paralysis, bondage and slavery and emotional descriptions of immobilization, frustration, futility, hopelessness illustrate inefficacy in SD (Nicotera & Clicksales, 2003; Nicotera & Clicksales. 2010).

Due to structures which influence and govern the use of resources, “SD sufferers are unable to make sense of interaction, coherently use resources nor apply rules due to simultaneous opposing structures being equally forceful” (Nicotera & Mahon, 2012, p. 930). The production and reproduction of one structure violates another resulting in an incoherent whole. The individual remains unaware for there is no doing or way to reproduce structure or efficacy (Sewell, 1992, as cited by Nicotera & Mahon, 2012). In such a system, an individual lacks control over resources (Nicotera & Mahon, 2012). When coherent meaning is lacking, “action is important and agency lacks force” (Nicotera & Mahon, 2012, p. 94).

Figure 2. Structurational theory



Theory of Cognitive Dissonance

Theory of Cognitive dissonance was developed by Leon Festinger who was an influential figure in Social Psychology (Littlejohn & Foss, 2011). Festinger observed human behavior and concluded that inconsistencies made individuals angry (Cooper, 2007). He concluded that a communicator embodied cognitive elements, namely attitudes, perceptions, knowledge and behaviors (Littlejohn & Foss, 2011). If there were inconsistencies between a pair of cognitions, it was deemed inconsistent (Cooper, 2007). Figure 2 Structurational Divergence: The SD-Nexus and the SD-Cycle (Nicotera, Mahon, & Zhao, 2010). Leon Festinger states that a communicator embodies cognitive elements, namely attitudes, perceptions, knowledge, and behaviors (Littlejohn & Foss, 2011). These cognitive elements relate to each other within a system and each element of the system has one of three kinds of relationships with each of the others (Littlejohn & Foss,

2011). A discomfort due to holding conflicting elements of knowledge can be attributed to cognitive dissonance (Perlovsky, 2013). The theory is “the most influential and extensively studied theories in social psychology” (Alfnes, et al., 2010, p. 147), and it is also one of the important theories in social psychology (Littlejohn & Foss, 2011).

Dissonance entails a magnitude where the greater the inconsistency or discrepancy between the two cognitions, the greater the magnitude (Cooper, 2007). The level of dissonance can be lowered through removing dissonant cognitions and replacing it with new cognitions (Harmon-Jones & Mills, 1999). There are three common research paradigms namely the Free-Choice paradigm, the Effort-Justification paradigm, and the Induced-Compliance paradigm (Cooper, 2007; Littlejohn & Foss, 2011; Harmon-Jones, 2019; Harmon-Jones & Mills, 1999). In the Free-Choice paradigm, difficult decisions often create more dissonance than easy decisions. Cooper (2007) provides an example between the choice of buying a BMW or a Honda Civic. A consume may opt to buy the BMW for it is a luxury vehicle and it conveys that an individual has a high status in society while a Honda Civic is more practical and efficient. A buyer may be aware of the additional expenses owning a BMW entails due to its lack of utility, expensive car repairs and fuel requirements however, the individual will reduce their dissonance of the choice between choosing a BMW in spite of the expense and instead the individual will increase their level of dissonance in the choice of buying a Honda Civic by stating that the care is relatively common, uncomfortable and extremely ordinary even though it has great duel efficiency and can last up to 300, 000 miles.

The Belief-Disconfirmation paradigm is when people confront information that is inconsistent with their beliefs (Harmon-Jones, 2019; Harmon-Jones, 2012; Harmon-Jones & Mills, 1999) which makes the individual strengthen their original belief and act according to their convictions (Harmon-Jones, 2012).

The Effort-Justification paradigm is when dissonance emerges whenever a person participates in unpleasant activities to achieve a positive outcome (Harmon-Jones, 2019; Harmon-Jones & Mills, 1999). Individuals make sacrifices when pursuing a goal and assign a higher value to the outcome due to the amount of effort exerted to acquire the goal as stated by Aronson, and Mills, (1959). The saying that no one longs to belong to any Old Boys club that will accept them without experiencing difficulty during the initiation process rings true. It may be the reason why individuals endure inhumane experiences or hazing when attempting to join a fraternity or sorority. The same can be said for the academic hazing a doctoral student experiences during the Qualifying examinations. The same can also be said for Ugandan traditions that impose high doweries upon male suitors prior to marrying women. The level of dissonance can be reduced when an individual contemplates the positive outcomes "which would add consonant cognitions" (Harmon-Jones, 2019, p. 6; Harmon-Jones & Mills, 1999 p. 7). Human nature tends to assign a higher value to achievements or goals that were challenging to obtain.

The Induced-Compliance paradigm is when someone does or says something that is contrary to a belief of attitude (Burns, 2006; Harmon-Jones, 2019; Harmon-Jones & Mills, 1999; Linder, Cooper & Jones, 1967). If an individual is aware that he or she will

experience punishment for refusing to comply, the individual is more likely to comply even though the request is contrary to what they believe (Littlejohn & Foss, 2011). If the individual has no choice but to comply to the request, the individual is more likely to acquiescence and justify their decision based on the lack of choice (Linder, Cooper & Jones, 1967).

The theory of cognitive dissonance states that individuals strive for consistency among several cognitions such as thoughts, behaviors, attitudes, values, or beliefs (Miller, Clark & Jehle, 2015; Littlejohn & Foss, 2011). Inconsistent cognitions result in negative outcomes prompting individuals to change their cognitions to become consistent with other cognitions (Miller, Clark & Jehle, 2015; Littlejohn & Foss, 2011). Among nurses who are trained to engaged in emotional labor, to manage the emotional demands of relating to patients, families and colleagues, surface acting often occurs (Delgado et al., 2017). Collegial emotional labor pertains to relationships nurses have among themselves and how they exchange information to care for patients (Delgado, et al., 2017; Theodosius, 2008). Due to the hectic environment of hospitals which constantly change and are highly stressful, effective communication is essential for nurses are the communication conduits through which messages are conveyed (Theodosius, 2008). Collegial emotional labor is essential for strengthening solid teamwork relationships (Theodosius et al., 2020). One of nursing's pressing problems is often caused by poor working relations (Hayward et al., 2016). Collegial emotional labor is the management of emotions to produce effective communication and team collaboration (Delgado et al., 2017; Theodasius, 2008). Previously, studies have focused on emotional labor between

nurses and patients however, results indicate that members of organizations use emotional regulation in their organizations between themselves and coworkers (Glaso & Einarsen, 2016). Negative emotions such as annoyance and disappointment were suppressed while positive emotions such as enthusiasm, calmness and interest were expressed or faked (Glaso & Einarsen, 2016). The results showed that "suppressed and or fake emotions correlated negatively with leader-member exchange and job satisfaction and positively with health complaints among both groups" (Glaso & Einarsen, 2016 p. 482). Many nurses are the consistent fixtures in wards due to other health care providers not being consistently present (Theodosius, 2008).

Oppression Theory

Oppressed people inhabit different parts of the world (Purpora, Blegen, & Stotts, 2012) whether historically or currently. Demarco et al., (2005) defines oppression as negative behaviors such as silence, a lack of voice, poor self-esteem, and the sublimation of the experience of powerlessness through the natural divisiveness knowns as horizontal violence. Theorist Paulo Freire developed the term horizontal violence in 1972 as a means of explaining the conflict ravaging African populations (Bartholomew, 2006). The imbalanced of power often resulted in the formation of a dominant group and a subordinate group (Bartholomew, 2006). Freire argues that oppression occurs when the clause of the subordinate group are repressed known as oppression theory (Bartholomew 2006).

Subordinate groups often feel inferior due to having to abdicate their own values and characteristics to maintain the status quo. As the members acted out their feelings of

self-hatred amongst each other, internal conflict spread (Bartholomew, 2006). “The values, beliefs, and characteristics the Africans once respected can cherished in themselves perished” (Bartholomew, 2006, p. 25).

Sandra Roberts argued that “an understanding of the dynamics underlying leadership of an oppressed group is important if strategy to develop more effective leaders in nursing is to be successful” (1983, p. 25). Roberts (1983) states that nursing exhibits many characteristics of an oppressed group such as low self-esteem, self-hatred, and feelings of powerlessness.

The nursing profession was established in patriarchal society composed primarily of women and the profession was positioned in a subordinate way where women lacked rights, and where they had the opportunity escape their fate and sustain themselves. Nurses were perceived as angels of mercy and angels never get angry (Bartholomew, 2006). The paradigm embodies a set of expectations that nurses often struggle to meet, namely:

- A nurse is consistently caring.
- A nurse rejects her own needs and works long hours for little reward.
- A nurse never complains.
- A nurse is always subordinate and speaks only when spoken to (p. 26).

The nursing profession is an oppressed discipline where nurses’ presence is associated with decreased self-advocacy, and negative aspects of the workplace (Roberts, 1983). Second, self-deception is the main element of professional and service delivery organizations that perpetuate professional mediocrity, limiting freedom of thought and

action aiding in the borderline status of nurses (David, 2000). In fact, oppressive behaviors noticed in nursing currently are rarely questioned instead, they are accepted as the reality of nursing (Pasieka, 2017).

Michel Foucault states that power is productive, it induces pleasure, forms knowledge, [and] produces discourse (Pasieka, 2017). Power relations are the norms of society where various types of power can act upon each other and create influence (Foucalt, 1982 as cited by Pasieka, 2017). Of the various types of power, disciplinary power in common in the oppression of nurses. Disciplinary power can mold individuals into instruments to control and train (Foucalt, 1979 as cited by Pasieka, 2017) and it is a form of power over another associated with authority where the result in the normalization of behaviors desired by the dominant group (Pasieka, 2017). Any profession rooted in subordination will not only feel repressed, but the profession is also inclined toward horizontal hostility as the natural expression of suppressed anger (Bartholomew, 2006).

Due to the stressful nature of caregiving in hospitals, many nurses appear to be unequipped in managing conflict. Many nurses resort to the avoidance conflict management styles which temporarily keeps the peace but fails to resolve the conflict in the long term (Johansen, 2012). Thus, avoidance also leads to poor communication, poor patient outcomes and higher levels of stress for nurses (Johansen, 2012). Nurses tend to opt for the avoidance conflict management style due to fearing the repercussions (Friesen, Vernell, Osborne, & Rosenkranz, 2009).

Nurses are trained to engaged in emotional labor to provide a positive image of the organization or in the words of Hoschild (2003) “the proper state of mind in others . . . the sense of being cared for in a convivial and safe place” (Hoschild, 2003, p. 7). Many employees are required to suppress their true feelings of turmoil, and offer a smile instead (Kim, 2018). Emotional labor often leads to job burnout due to the stress nurses experience when engaging in it (Jeung, Kim, & Chang, 2018). Many individuals may exhibit symptoms of illness (Schaubroeke & Jones, 2000) especially for employees who did not identify with their occupations or had marginal involvement with their jobs (Schaubroeke & Jones, 2000). More specifically in emotional collegial labor, nurses may utilize surface acting as a means of faking the required emotions but not necessarily feeling the emotions they exhibit (Lu, et al., 2019).

Collegial emotional labor emphasizes relationships between nurses. When an interpersonal conflict continuously reoccurs, it often results in suppressed anger, and passive aggressive behavior (Theodosius, 2008). Some forms of behavior may result in a nurse withholding vital information from another during the hand off process (Theodosius, 2008).

Emotional labor embodies two facets – surface acting and deep acting. The latter is characterized by an individual who attempts to modify their feelings to align with the outward emotions or “modifying internal affect so that it matches with [the] outward expressions” (Spencer & Rupp, 2009, p. 429). Consequently, surface acting is when an individual presents a façade - their outward appearance does not match their internal affect causing an incongruence (Hoschild, 1983; Theodosius, 2008).

Many nurses are expected to be in a subordinate position due to the hierarchical and patriarchal profession. In other words, the profession is rooted in a belief system embodying oppression (Bartholomew, 2006). Due to oppressed individuals internalizing the norms governed by the dominant group, many inappropriate behaviors are often accepted by nurses (Bartholomew, 2006).

To summarize, the review of literature discussed nurses approaches to conflict, how their internal feelings are suppressed to exhibit the required outward emotions to the public, and how feelings of hopelessness due to being in a subordinate position in a patriarchal organization may influence the type of negative conflict management style. Based on the reviewed literature, five research questions guide this investigation:

RQ1: What communication strategies do nurses use when managing conflict?

RQ2: What types of emotional labor do nurses perform?

RQ3: How does emotional labor contribute to conflict between nurses?

RQ4: How can deception be correlated with Emotional labor?

RQ5: What factors affect conflict management or approaches to conflict management?

To best address these questions, three theoretical conceptualizations are proposed that focus on nurses' conflict management styles being influenced by emotional labor, a contradiction or internal feelings versus outward emotions and a lack of control due to embodying a subordinate position may influence how they management conflict negatively. Structurational divergence theory shows how institutional factors often result in negative outcomes such as unresolved conflict. The theory of cognitive dissonance

explains individuals' desires for consistency in their thoughts, be explains individuals' desires for consistency in their thoughts, behaviors, attitudes, values, or beliefs (Littlejohn & Foss, 2011; Miller, Clark & Jehle, 2015;). Finally, oppression theory shows how a patriarchal organization or structure places nurses into a subordinate position which in turn makes nurses feel helpless; resulting in their lashing out at other nurses or even avoiding conflict – both having negative outcomes. The following chapter describes the methodology of the present study.

CHAPTER IV METHODOLOGY

This chapter explains the methodology employed in the present and explains the study, the participants, the sample size, delimitations of the study, the procedure used to collect data, and verifications of the qualitative research. As previously stated in the literature review, the following research questions were posited.

RQ1. What communication strategies do nurses use when managing conflict?

RQ2. What types of Emotional labor do nurses perform?

RQ3. How does Emotional labor contribute to conflict between nurses?

RQ4. How can deception be correlated with Emotional labor?

RQ5. What factors affect conflict management or approaches to conflict management?

Narrative Inquiry

Although few scholarly articles pertain to nurses' communicative strategies during conflicts, the researcher determined that a qualitative methodology best suited investigating nurse' workplace stressors and identifying communicative strategies to alleviate the stress. One of the key factors is based on the rich data that could not be unearthed by a quantitative methodology. The thick description often originates from issues where a researcher will immerse him or herself into a field or culture to obtain a solid understanding of issues and then migrate toward grander statements and theories (Tracy, 2014). Additionally, the researcher decided that a qualitative approach would enable her to meet the goals of the research project in terms of describing nurses' experiences or for understanding the stories people use when describing their lives

(Tracy, 2014). Third, a strong desire or a penchant for writing and analyzing words (Tracy, 2014) and the researcher's immense enjoyment in interacting one on one with various participants; listening to their stories and absorbing lessons learned from what participants share.

The study uses a narrative inquiry approach where the researcher viewed stories through interviews as a fundamental conduit to human experience (Clandinin, 2007). "Narratives often occur in certain places" (Creswell, 2018, p. 69) which are collected by interviews utilizing strategies, more specifically in this study, "a thematic analysis of what the participants said" (Creswell, 2018, p. 69). Often, people disclose how they interpret their identities and experiences through their stories (Lawler, 2002). Lawler (2002) notes:

> We all tell stories about our lives, both to ourselves and to others, and it is through such stories that we make sense of the world, both to ourselves and to others; and it is through such stories that we make sense of the world, or our relationship to that world, and of the relationship between ourselves and other selves. Further, it is through such stories that we produce identities. (p. 21)

This study focuses on beginning with the broad or general theory; formulating a hypothesis about the social world based on the three theories structurational divergent theory, the theory of cognitive dissonance and oppression theory.

Procedure

The main purpose of the study is to examine nurses' workplace stressors with the goal of identifying communicative strategies to alleviate stress. Five research questions

were poised to guide the research. Prior to the interviews, participants received a list of questions via email for their perusal and to ensure that there was transparency so that the researcher could earn the nurses' trust. Additionally, the researcher also wanted to assure the nurses that study lacked deception. The participants were somewhat wary of participating in the study however, due to providing questions in advance along with supporting documentation, these actions enabled the researcher to earn the nurses' trust and participate in the study. The telephone interviews were implemented and recorded using a Sony T3 Mark voice recorder after general pleasantries were exchanged. Verbal consent to record the interviews was solicited prior to beginning the interviews. The 12 questions posited can be found in the appendix. During the interviews if further clarification were required the researcher would ask. Each participant was provided a $10 digital gift card from Starbucks. Each participant was assigned a pseudonym to protect their identity, and these names were used in the transcriptions. Additionally, any identifier information pertaining to their workplaces or personal family were eliminated. The participants were also informed at the beginning of the interview that personal information was unnecessary, such as workplace, their Checking account numbers, their family and sex lives to name a few.

Table 2 Summary of the Data Gathered

Hours Data Collection						
Type of Data	ANA	BNA	HNA	Hospital	Nurses	Website
Daily Duties - Correspondence Nurse Associations And Hospitals	4	2	2	2	10+	
Applying for IRB With Hospitals				2		
Creating a Website via Word Press						4+
Conducting Interviews					10	
Transcribing Interviews					40	
Calling, Texting or Virtual Meetings with Contacts Associated With Project					2	
Subtotal	4	2	2	4	52	4+T
Total	4	2	2	4	52	4+
	60 Total Research Hours				330 Total Pages of Data	

The Institutional Review Board (IRB) at the University of Southern Mississippi approved the study and use of human subjects who also voluntarily signed an online consent form, or verbally agreed to participate in the study after a waiver was submitted the IRB seeking an amendment. All participants were aware of the risks and benefits

associated with the study. The transcripts and data recordings were placed into a secure area in which the researcher could only access.

The researcher's duties included sending out emails seeking participation in the study from organizations and individuals, respectively. Various nursing associations and organizations were contacted, more specifically, the directors, vice presidents or coordinators of the 56 nursing associations were contacted. Ten nurse directors responded in the affirmative agreeing to send emails to their nurse members requesting nurse participation. An association agreed to post the study in their newsletter; however, due to space constraints, a hyperlink was requested which resulted in the creation of a Word Press website. The website was initially created as a form of driving traffic to the researcher's email box where nurses could voluntarily contact the researcher, exchange contact information, and schedule interviews. The website, which was covered with bright, white daisy flowers sought to provide a soft and gentle look, and included documentation, namely the Dissertation Proposal Approval Form, the list of questions for participants, and the consent form respectively. A photo of the researcher grinning to convey friendliness was also displayed due to previous studies stating that participants were more likely to respond if they saw a picture of the researcher. Posting the website onto newsletters, nurse websites and nurse groups on Facebook aided in lending credibility, which in turn resulted in nurses' willingness to participate. Various websites were also scoured so that the researcher could send emails to individuals as well. A large list containing the contact numbers and emails of nursing associations across the United States with the American Nurses Association was used to contact and inform participants

of the study. Each email response to a nurse included a personal narrative of the researcher's mother's demise with esophageal cancer and the researcher's appreciation for nurses' dedication to the nursing profession. The purpose behind the personalized emails was to create a rapport with participants and to show the researcher's sense of humanity. Over 100 emails were sent over a duration of five months.

Second, IRB forms with hospitals were filled and submitted for approval. Additionally, a flyer was posted into the nursing units in a hospital in the deep South. The language on the flyers and the website was modified to sound more ordinary in tone than academic in nature in order to relate to the participants.

Conducting the telephone interviews required scheduling appointments to accommodate nurses' schedules and their days off, excluding the weekends and Sundays. Various accommodations resulted in conducting one interview per week while ensuring that the interviews did not interfere with their daily tasks, such as homeschooling children. Other nurses who traveled out of state for employment preferred to be interviewed upon their return to their home state, and it resulted in a few delays as the researcher waited for a response.

The telephone interviews lasted between 13 minutes to two hours, while transcribing the interviews, a time-consuming process, required four hours to a maximum of eight hours per day depending on the length of the audio recording. Other methods of recruiting nurses involved requesting family friends who were healthcare providers to encourage their coworkers or patients to participate in the study. Overall, an estimated total of 60 hours of research ensued, generating 312 pages of data.

Sample and Participants

Purposive sampling was implemented, as recommended by Tracy (2014) to identify participants with knowledge and experience specific to the study's research questions, goals, and purposes. When collecting data, the researcher sought nursing associations and organizations whose members were primarily registered nurses. Additionally, the researcher emailed or engaged participants in small talk to develop a rapport. Furthermore, the researcher also conducted research on the Internet to verify the nurses' National Provider Identifier (NPI) numbers. Finally, the researcher disclosed her medical condition and engaged the participants and those who mentioned specific medications associated with the medical condition proved that they were registered nurses. Some of the participants discussed post recovery care and offered suggestions to make the recovery more bearable and those who offered suggestions demonstrated through knowledge that they were registered nurses.

Saturation in the data occurred after the researcher either read or heard the same responses being repeatedly mentioned in response to questions. Saturation is a vital element which has been widely accepted in qualitative research (Saunders et al., 2017). Also, "failure to reach saturation has an impact on the research conducted" (Fusch & Ness, 2015 p. 1408). And "the most frequently touted guarantee of qualitative rigor offered by authors" (Morse, 2015, p. 587). Creswell (2018) states that often between five and 25 participants are recommended. When the categories become saturated, it can be determined that no new information need be included to aid in understanding the

category (Creswell, 2018). The study has a sample size of 29 participants which is an adequate number of participants, considering that saturation was reached.

Table 3 provides a summary of the 29 participants who originated from various parts of the United States ranging in age from 18-70 years, respectively.

Table 3 Descriptive Statistics 1

Nurse Specialty	Number
General Nurse	6
Labor Nurse	4
ER Nurse	2
NIC Unit	1
Travel Nurse	2
ICU Unit	1
Trauma Nurse	1
Psychiatric Nurse	1

Table 3 Continued

Nurse Instructors	3
Nurse Professors	2
Nurse Directors	2
Gender	
Male	3
Female	24
Ethnicity	
White/Caucasian	21
Hispanic/Latino	1
Black/African American	7
Asian American	0

Of the 29, 20 nurses worked actively as registered nurses while five were former nurses in alternative careers. There are six general floor nurses, four Labor and Delivery nurses, two Emergency Room nurses, two Travel nurses, one nurse working in the intensive Care Unit; One in the Trauma Unit, one Psychiatric Nurse, one nurse instructor, two nurse professors and two nurse directors. There are three male nurses out of the 25

participants suggesting that the nursing female continues to be dominated by women. Of the 25 participants, 17 were white hailing from Arizona, California, Maryland, Mississippi, Illinois, New York, Tennessee and Virginia. Seven of the nurses were either black/African American and among the seven black nurses were one Kenyan, one Ugandan and two Nigerians. There was also one Hispanic nurse. Among the 17 white nurses, there was one nurse from Russia.

Delimitations

The main focus of the study is nurses' workplace stressors and identifying communicative strategies nurses implemented when engaging in conflict. Registered nurses who practiced in a hospital setting or who formerly practiced in the setting were the primary population. Additionally, the participants needed to be older than 18 years.

Analysis

The interviews were transcribed and then printed. Here, the researcher went through each line of the transcripts assigning codes and writing memos after reading each transcript. The transcripts were then configured and imported into NVivo, a software application that is used primarily to analyze qualitative studies to test for theories, examine trends, or answer research questions. For the study, the researcher imported the transcripts into NVivo to delve deeper into displaying relationships among the themes. Thematic analysis is widely used when identifying themes of patterns (Braun & Clarke, 2006). "It minimally organises and describes your data set in (rich) detail" (Braun & Clarke, 2006, p. 6). Furthermore, it provided the core skills which are essential to conducting various forms of qualitative analysis (Braun & Clarker, 2006).

A code book was created with a brief description and purpose for each code where these codes and short phrases were provided to a coder on an Excel spreadsheet. The interviews were transcribed into Microsoft Word, printed, and NVivo coding proceeded manually during the first round of coding where the exact words uttered by participants and their emotions were coded. The participants' words were quoted verbatim to display their authenticity and their actual communication style. The researcher desisted from editing their actual words or grammar to ensure that each interaction was authentic as possible. Each code yielded a memo documenting what was coded, the categories and themes and the initial observations of the researcher. Intercoder reliability was implemented to ensure "the reliability, the stability and consistency of a researcher, a research tool, or method over time" (Tracy, 2014 p. 228). Intercoder reliability is when two coders agree upon ways to apply code to data (Kurasaki, 2000). A second coder coded a sample of the data to ensure reliability. A code book was developed where the researcher selected phrases with definitions and asked the coder to code a sample to ensure consistency in the interpretation of the data. A second round of coding ensued with new phrases to ensure consistency in the interpretation of the phrase meanings. When a phrase was interpreted differently, the researcher and the coder agreed upon a definite interpretation that satisfied both parties.

Verification in Qualitative Research

Morse et al., (2002) defined verification as the "the process of checking, confirming, making sure, and being certain" (p. 9). In qualitative research, verification pertains to the procedures implemented to ensure reliability and validity and the rigor of

the study (Morse et al., 2008). A researcher must "remain open, use sensitivity, creativity and insight and be willing to relinquish any ideas that are poorly supported regardless of the outcomes and the potential that they first appear to provide" (Morse et al., 2002, p. 11). The aforementioned qualities enable the development of social inquiry and are critical to the obtaining reliability and validity (Morse et al., 2002).

Methodological coherence, sampling efficiency, the development of a relationship between sampling, data collection and analysis, thinking theoretically and theory development were incorporated in the study. Methodological congruence is when the research questions are aligned with the method "the data and the analysis procedures" (Morse et al., 2002 p. 12). Often the process is nonlinear, requiring data or method modifications" (Morse et al., 2002 p. 12). Several steps were implemented to ensure that the participations were viable interviewees. The researcher contacted several nursing associations and organizations via email and sought permission to post a WordPress website onto their newsletters or webpages. Flyers were also posted into nursing units at a hospital in the deep South. Each individual who responded was then engaged in small talk pertaining to thyroidectomy to determine their level of familiarity with the condition. Fourth, the researcher performed a search for the nurse's National Provider Identifier (NPI) which is a government standard identification number for individual healthcare providers (www.comphealth.com). Finally, the researcher also searched on LinkedIn a professional networking database for the nurse's profile. The previous steps ensured that the participants were registered nurses.

Verification was also implemented through collecting and analyzing data. The researcher also thought theoretically by incorporating "macro-micro perspectives, inching forward without making cognitive leaps, constantly checking and rechecking and building a solid foundation" (Morse et al., 2008 p. 18). During the coding process, the researcher conducted NVivo coding utilizing the actual words of the participants by scouring transcripts line by line, creating Memos. The codes were thematically created and then coded by a second coder. Secondary coding wea then implemented utilizing interpretive analysis as well where the researcher then provided a new set of codes to the coder. Finally, theory development occurred.

This chapter explained the qualitative methodology of the study, the participants, sample size, data procedures and implementation and verifications of qualitative research. The following chapter includes the presentation and analysis of data. Thematic analysis which encompasses the discovery and categorization of common themes and sub themes found between the participants will be broached along with the answers to the research questions.

CHAPTER V RESULTS

This chapter explains the findings of the current study organized by research questions. Emergent themes and subthemes related with the concept of nurses' communicative strategies toward conflict will be discussed as well as nurses' perspectives on professional standards they employ in their approaches to conflict resolution management.

What communication strategies do nurses use when managing conflict?

The results indicated that most nurses affirmed that approaching conflict in a professional manner was not only expected behavior but also beneficial in maintaining a good working relationship with coworkers. The nursing profession is a highly interdependent profession requiring teamwork among employees to provide great patient care, and also support each other during stressful times for teamwork is the cornerstone of nursing (Elrick, 2016). A nursing team encompasses registered nurses, licensed practical nurses, certified nurse aides and unit secretaries who seek to avert errors that could occur (Elrick, 2016). Nurses who are able to obtain a solid team work ethic tend to have higher levels of job satisfaction and "lower burnout scores" (Rafferty, Ball, & Aiken, p. 32). The nurses mentioned that they were mindful in how they approached each other during a conflict, or they (the nurse) would be ostracized and have a stressful work environment. One nurse stated that remaining diplomatic helped her avoid a negative performance evaluation.

Many participants frequently explained how remaining diplomatic or taking the road had positive outcomes. Individual attempt to remain tactful in how they express their

concerns so as not to offend the opposing party. One example is Clifton a nurse who stated,

> Um, it was worthwhile in the end because you can't go off popping off like a cork er… yeah which I have done occasionally I'll admit that but um, she's a nurse and she's on our staff and I know she was frustrated; I was frustrated too um… but it usually takes to be diplomatic and try to get a person saying if at all the reason I don't end coming off like a, a, I don't know some sort of witch, anyway.

By Clifton taking the high road, she was able to eliminate further escalation which may have resulted in an impasse or distracted the nurses from resolving the issue. Furthermore, the likelihood of a personal conflict developing would have been higher.

The three themes that emerged were diplomatic or tactful, professionalism, and protocol which are strategies nurses use when addressing conflict. Below is Table 4 with the themes and the sub themes that support them.

Table 4 Themes/Subthemes

Themes	Subthemes
Diplomatic/Tactful	Confrontation, I Communication, Listen, Nonreactive
Professionalism	
Protocol	

Communicative Strategies Nurses use when Managing Conflict

Diplomatic/tactful

The first major theme identified was diplomatic/tactful - a communicative strategy nurses implemented when addressing conflict. Thirteen out of 29 nurses

mentioned the word diplomatic with a few stating that it was of the utmost importance. The term diplomatic refers to an individual stating a problem in an inoffensive manner to preserve the relationship. Often the words, tone and body language are relaxed and calm and it is implemented to ensure that the receiver remains non defensive and receptive to the message. An example of behaving diplomatically would be if you ate a meal that was not delicious while visiting a friend and instead of admitting it openly you would simply state that the dish was manageable so as not to offend the host. The main motivation behind behaving diplomatically is to maintain a solid relationship. If an individual informed their hostess that the food was tasteless, it would have caused strained relations. Food is a cultural, personal and sensitive matter as a guest, it is imperative that you respect whatever you are given and understand the effort the host has exerted in preparing the food. The main goal behind sharing food is to develop or maintain a relationship for food brings people together.

The term tactful refers to a deliberate effort in utilizing words that do not offend another person. An individual is capable of expressing themselves in a polite manner when they refuse to comply for example, if a professor at a university was asked to participate in several committees and the professor wanted to guard their time so that they utilize it to engage in part time consulting, the professor would say, “I wish I could however, this is not a good time. Perhaps at a later date when my schedule is freer would be suitable.” The previous statement shows how the professor has tactfully declined to serve on a committee and not insulted the receiver of the message. The subthemes included confrontation, “I” communication, listen, and non-reactive, respectively. The

subtheme, confrontation identified in the study is closely related to the main theme, diplomatic/tactful. Confronting an individual means to directly address an issue, ask questions and seek clarification to gain an understanding. One example would be if you suspected that there was an issue, and you asked the other party if you could speak to them privately. A person would then say, "I sense that there might be an issue with such and such and I wanted to see if this is the case. Is it true? Are you upset about such and such? Why are you upset? Please help me understand." In the study, ten out of 29 nurses stated that addressing or confronting the offending nurse to discuss the issue was a strategy the nurses implemented. Many opted to address or confront the issue privately. Nurses often confronted conflict directly as Collin stated, "Um, my approach with a misunderstanding with another nurse is that I always like to approach them directly." While Julian, much to his chagrin, found his pump turned off without being notified by his fellow nurse. Julian asserted,

> Right, right and not tell you about it. And so, I would say that the communication occurs so that has happened several times, and I'm the type of person I'm gonna go straight to the person and say, 'now, er, did you happen to turn off my pump?' So, I immediately went to the . . . and confronted them and let the nurse know I was not pleased with their complete disregard for my request.

Julian's willingness to confront the issue immediately would probably result in a solution where his requests would no longer be disregarded. Additionally, his approach was non accusatory for he asked instead of accusing the individual, therefore, the conflict did not escalate or cause defensiveness in the receiver. Julian's use of "I" communication which

is assertive enabled him to be responsible for his message and his feelings. However, if Jason had taken an accusatory approach, for example if he had said, “you turned off my pump. Why did you do it?” the receiver would likely have become defensive and refused to accept responsibility for their actions and would have complained about Julian’s approach instead of two parties seeking a solution to the issue. When seeking to resolve a conflict, it is important to have a goal of seeking a solution where both parties are satisfied with the outcome of the conflict. It can be accomplished if the parties are willing to resolve the issue. However, the type of conflict management strategy used can influence the outcome of a successful resolution. The parties share a goal and if they can identify it and keep it at the forefront of their minds, a solution as well as a strategy can be implemented effectively. In Jason’s case, the goal was a relational for he expected his coworker to respect him and inform him when the pump was turned off. Relational goals concern what parties are to each other in a relationship and “the relationship goals aid in defining how each party wants to be treated by the other and the amount of interdependence they desire” (Hocker & Wilmot, 2014, p. 77). In Jason’s case, his coworker’s lack of consideration caused the conflict on a relational level. When a nurse fails to either inform or seek permission to provide care for a patient who is under another’s nurse’s care, it can create a misunderstanding or result in medical error where both nurses’ practicing licenses are terminated. Furthermore, if the conflict management strategy implemented is accusatory during the confrontation, the issue could linger for weeks and result in a poor working relationship which may affect work performance but more importantly, negatively impact patient care. An example of a conflict management

style which could be destructive is the dominating style which exhibits aggressiveness, competitiveness and a lack of cooperation where one party pursues their own interests over the other party (Hocker & Wilmot, 2014). The dominating style seeks to gain power over another person and creates a battleground characterized by win-lose outcomes (Hocker & Wilmot, 2014; Rahim & Magner, 1995). The disadvantage with the dominating style is that the relationship between the parties is harmed irrevocably resulting in poor team performance (Hocker & Wilmot, 2014; Huan & Yazdanifad, 2012). Poor team performance impacts patient care which deviates from hospitals' missions to ensure the patient's health and safety. If the team performance is good due to utilizing integrative conflict management strategies, there will be less patient complaints and more positive hospital reviews resulting in more business and better relationships for the entire organization, a win-win outcome.

Masha, on the other hand, explained that each time she was assigned a higher load of patients suffering from acute conditions than the other nurses, speaking up had often led to a lower number of severely ill patients. Masha declared, "Exactly. Exactly yes. And I would tell the charge nurse that this isn't fair. Every person needs to have a high acuity patient, so the assignment is distributed evenly." Masha continues, "And many times when you speak up, they will change it but if you don't speak up, they are not gonna take the assignment." Additionally, speaking up is the only way that makes someone's concerns be taken into consideration, and Masha explains, "When I would say something, they say, 'Oh okay, we can take it', but that is only because I said something." Petra claimed that approaching the other nurse directly to discuss the matter

prior to taking the issue to her supervisor only occurs if a compromise cannot be achieved. Petra justified,

> So, most of the time I would have to leave time to take it to them later you know talk to them directly, and then if there is not a compromise with that person then it's not going anywhere, then I would take it to the nurse managers or my supervisor.

Petra's seeking of the chain of command due to an unresolved conflict aligns with professional behavior that nurses are supposed to exhibit by adhering to protocol. However, if Petra had reported the issue to upper management prior to confronting her coworker, that would have exacerbated the conflict and deviated from protocol resulting in unnecessary stress. Nurses depend upon each other and may seek second opinions among each other prior to consulting a doctor. If a nurse fails to adhere to protocol during a conflict, the likelihood of resentment occurring is inevitable where cooperation may diminish, and relations are strained. These events are extremely stressful.

Annaliese decided to address an issue with one of the nurses who failed to check the ID arm band of a baby with the mother's arm band prior to giving the baby over to its grandmother who was visiting one day. The incident occurred when the director was on the floor. Annalise said,

> So, we sat down, and I was like let's discuss this. For me, the priority is patient safety you know. When I make my rounds, I check with patients the ones that I know that have had problems, I go and try to assess them because it's my license.

Annalise's approach is inclusive and non-accusatory in that she states that she would like the two to discuss the issue. Second, Annalise states that the reason why the issue is so important is due to the probability that her nursing license may be jeopardized. Annalise starts by stating that the goal is patient safety, which is a common ground for both parties. Therefore, the other nurse is cognizant that her actions may have adverse effects on patient safety which would be problematic. However, Annalise's approach did not create more conflict.

When patient care is compromised, Tammy, who prefers to stay out of crossfires, often intervenes due to the morality issues. Tammy proclaimed,

> I'm not really one, like, to start arguments, conflict but I think that um, being able to like to intervene in situations where patients are when their care is like being compromised that's something that I would do. I just feel that it would be the right thing to do.

Nurses' primary concerns pertain to the health and safety of the patient. Due to being patient advocates, intervening is mandatory as nurses are held accountable for failing to advocate for their patients. Tasha claimed that calling out the conflict when it occurs is the only way to resolve the issue. Tasha asserted,

> Yes, yes and so um, the cause of conflict to call it out when I see it er, that is the only way it can be addressed is when you kind of bring it to the surface. I kind of recognize when small things pop up, and there is a lot more underneath. It just starts to pull that back. We can deal with it in a productive way. So, I would say

> calling out the conflict kind of pulling back the onion to get at what is the core issue.

Tasha's cautionary approach to conflict, by addressing conflict gradually to determine the actual issue, may ensure that both parties are willing to resolve the issue, provided assertive communication and a non-accusatory approach are implemented. Additionally, if integrative strategies are utilized where both parties seek a joint solution to the issues, the likelihood of the parties being satisfied with the outcome may be higher. Yellow was offended when a fellow nurse made a disparaging comment that almost embodied a racist slur about a head wrap that she wore one day on a shift. After reflecting on the incident, she decided to tackle the issue. Yellow recalled,

> I approached her. Then I said to her, "Can I talk to you?" and I pulled her aside out of everyone else's earshot, and I told her; I said, that what she said was not um, appropriate, that I was fully offended by it. And that when I hear her say that again I'll report her to HR, and she kind of looked at me very, very shocked. "Oh, I was I was just kidding. I was I was joking." And I responded that that is not something to joke with, and so for a while there, she kind of avoided me.

Yellow's approach adhered to the nurse's protocol of approaching another nurse in private. However, she (Yellow) had to reflect on the matter prior to confronting the issue to ensure that she did not appear unprofessional by becoming emotional. Due to the offense, if Yellow had responded in an openly outraged manner, the issue would have escalated and remained resolved. Second, she utilized "I" communication at the beginning of the message but stated that she would access the chain of command if the

offense was repeated. Although the offending nurse did not apologize, Yellow did not receive further disparaging remarks about her appearance. In the African American community, an individual's hair is a highly charged, cultural topic that has resulted in other races embodying misconceptions about natural hair and straight hair. An individual's hair embodies implications for how one experiences the world (Jacobs-Huey, 2006) where hair sends a message dictating how others treat you and how you feel about yourself (Thompson, 2008-2009). Hair affected the way women related to each other "hair in 1976 spoke to racial identity politics as well as bonding between African American women. Its style could lead to acceptance or rejection from certain groups and social classes, and its styling could provide the possibility of a career," (Rooks, 1996 p. 5-6). Black women's hair natural hair has sparked debates concerning the suitability of Afrocentric hairstyles namely braids, Afros, dreadlocks at work and racial consciousness (Jacobs-Huey, 2006). Additionally, the debates have bordered on cultural notions of "good' versus "bad" hair which continues to favor European standards of beauty (Jacobs-Huey, 2006). Natural hair, braids, corn rows and head wraps embody a negative connotation and are deemed unprofessional in the workplace. Furthermore, women who wear their natural hair are perceived as rebels and nonconformists especially in societies that are heavily influenced by colonialism, slavery and apartheid where black women are severely underrepresented in boardrooms and elite classrooms (Johnson, 2016). The employment sector would govern how African women were supposed to wear their hair and it was the difference between obtaining a job or facing subtle forms of discrimination made through impertinent remarks.

On the other hand, women who wear their hair straight are admired due to straight hair bearing a positive connotation and being equated to European standards of beauty. Often, African Americans have had to contend with people invading their personal space by people either making uncultured or primitive remarks about natural hair or individuals touching an African American's hair without seeking permission prior to the act. These actions are sources of conflict for a race that sees hair as a source of pride and as an expression of individuality. Snide remarks about black hair styles are often rooted in the sender's lack of racial consciousness thus, it continues to remain the root of the problem.

Cesaria claimed that she was swift to confront workplace bullying due to experiencing the issue when she was an inexperienced nurse. Cesaria declared,

> And if I hear that going on, I usually say something. The less patient I have become, and I and I have always paid attention to that code of conduct for myself personally. . . I have also been subjected to a lot of workplace bullying. See others be subjected to it, and actually being a victim of it myself. So, I have less patience for that type of thing, so I am more likely to, now as an older experienced nurse, I am more likely to call that person out that's doing those things than I was before.

Additionally, Cesaria was more likely to confront a fellow nurse if she noticed a pattern of a repeated offense operating under the three strikes rule. Cesaria said, "You know, I give a person three strikes, and if it continues, if that behavior continues, then I usually confront." Her approach to conflict enables her to give the other party the benefit of doubt on the first and second occurrence; however, if the offense occurs for the third

time, it is necessary to address it due a recurring pattern that warrants intervention. After a period of self-reflection, Carlotta stated that she would address the issue if it was warranted especially if it pertained to compromised patient care and not necessarily if the issue bruised her ego. Carlotta stated,

> Er, so I think that if it's something that I need to be addressed, I try to think through what, what I will say to them, um, I make sure that when I have the conversation, I do it in a private location, um. When I was nursing assistant, a CNA, I had a nurse scold me about something in front of the entire unit, and it felt awful. It was really [laughs] um, it's really important to me that I don't do that to anyone else, um, so I try to do it in private location, um, I try to stay as calm as possible during the conversation, um, and lead with facts rather than emotion. Um, and thankfully most of the people that I work with are good reasonable people. They are all on the job for the right reason, so I try to start with kind of softening up a little being like saying something about what they are doing, well, um, and then bring up my concern and try to frame it as like, you know, give them a little bit of an out for the ego; say something about how I know that it's not the way they would want to come off, or not the way they intended um, but then reiterate like why I think it's an important conversation.

Often, self-reflection enables a nurse to contemplate their message to ensure that it focuses on the issue and is devoid of emotion to exhibit professionalism and ensure that the conflict is de-escalated. Additionally, the conversation is based primarily on facts and held privately so the other party can save face. Carlotta implemented the *sandwich*

method in her approach where she stated what was positive about the nurse's performance, and then stated the problem, then stated the importance of the conversation. The sandwich approach is designed to make a receiver receptive to a message so that they are willing to listen and take necessary action.

After a big conflict between an HCA and a registered nurse that occurred on the floor, Clifton suggested that the conflict needed to be resolved in private. Clifton recalled,

> Let's take this into a room, let's discuss this rationally, you know, you're being a professional you need to deal with that professionally as well, you know. You may be frustrated; it's a bad night, but you know we've got to be professional about it as well.

A sign of professionalism is adhering to protocol and confronting the issue privately in a professional manner. Based on Clifton's response, professionalism entails disengaging from emotional outbursts which may have escalated the conflict. Nurses are required to remain professional regardless of taxing workplace environments.

The second subtheme was the use of "I" communication when addressing conflict. "I" communication is assertive in that individual takes responsibility for their feelings and thoughts beginning the conversation with the word, "I" for example, "I feel that you are angry with me." Knowing how to use a constructive complaint over criticism is another effective skill of conflict skill development. A constructive complaint uses "I" statements, describes the undesirable behavior, uses neutral nonjudgmental language and asks for a specific behavioral change. Ahearn's (2011) example describes how an

employee confronted another about rumor mongering in the workplace and how the conversation ensured.

> Is this an OK time to speak? I heard through the grapevine that there are some things being said about me that aren't true. And I was surprised to hear your name associated with these comments. I can't imagine you would really say these things. Can you help me understand what is going on?

The employee who initiated the confrontation did not assign blame nor make the other employee feel defensive. "I" statements were made; the undesirable behavior was mentioned in nonjudgmental language, however; no specific behavioral change was made due to the confronting employee not confirming that the other employee had spread the rumors. A constructive complaint's goal is to use an "I" statement, describe a despicable behavior, utilize neutral, nonjudgmental language, and ask for a specific behavioral change (Hocker & Wilmot, 2014). Learning how to create a supportive climate is another essential conflict management skill by an individual becoming cognizant of their own language. The more supportive a climate becomes, the more a receiver will listen to the meaning of the message (Gibbs, 1961). A supportive climate fends off defensiveness and by creating it, one makes it possible for others to be heard and vice versa (Hocker & Wilmot, 2014). Support also shows that the other person is a valued being who deserves to be heard and held in high regard irrespective of different opinions (Hocker & Wilmot, 2014). Three out of 29 nurses stated that they used "I" communication/ "I" statements, which are assertive forms of communication designed for a sender to take ownership of their message while sounding non-accusatory and ensuring that the receiver does not

become defensive. Julian prefers not to be accusatory when addressing conflict, advocating for a preference of what ought to occur in the future. Julian explains, “So I’m a big user of “I” communication, um, and I’m putting that first in any conflict, my perspective is real.” While Tammy, who observed another nurse halting a patient’s feed during a bed change which is an outdated practice said,

> I tried to say to her like, “look nothing personal here you know, I totally understand that you know a lot more than I do in the nursing field, but I just wanted to let you know that this is like the most recent research that’s like for the betterment of our patients you know that we do this. Um, I am not doing this to like hurt your feelings or be rude but like I just really care about the patient’s care and to make sure that they get the nutrition that they need.” So, she was like a little bit more amenable to the situation [laughs].

Tammy’s approach where she utilized “I” communication and stated her awareness of the other nurse’s approach enabled the other party to listen and become receptive to Tammy’s suggestion. Additionally, the conflict did not escalate and remain unresolved due to Tammy’s approach.

Catherine also used “I” communication during a misunderstanding when a nurse failed to return and help Catherine lift a heavy patient into a bed. Catherine mentioned,

> I walked out and I very politely said, “ I must have misunderstood you because you just sent me in to help you so that means that I not be alone with him to put him back and I think you wouldn’t want to risk me or my child so let’s go back in together,” and she honestly was like “I was just so busy that I did not think about

> it I am so sorry," er, it was after the fact that it was a matter of bringing to her attention this is not good for me um, so that is one that always comes to mind misunderstanding wise.

Catherine's utilization of "I" communication enabled her to find a solution to the issue for she addressed the matter and gave the other nurse the benefit of doubt instead of sounding accusatory. Additionally, a potential conflict was avoided because Catherine did not accuse her coworker. If Catherine had utilized an accusatory approach, the issue would likely have escalated, remained unresolved and resulted in miscommunication.

Another incident involving a misunderstanding between Catherine and a fellow nurse occurred when a fellow nurse assumed that Catherine was neglecting her duties by delegating the tasks to a technician. The nurse reported Catherine's negligence to management which caused a stir, and Catherine, after some time of introspection, decided to confront the nurse who reported her. Catherine said,

> So, I went and er, and I sent her a text and I said, "next time you work, I would like to talk to you about it. I know you have some concerns I would love to hear what they are. " And I er, and she said, "you had a tech during your shift." and I explained to her the situation and I said, "you know I completely understand where you are coming from but next please just come to me because you know if it is something in that moment that I could change I would love to be able to do that." And I just left it at that and it's not, it wasn't worth it to me to have

> somebody that I have to work with to have that friction because when you are in an environment like any kind of ICU setting you need to have that you really need to be able to work with anybody that is there. And so to me it's just wasn't worth my pride of being able to confront her to have that ruined and have you know, and have possibly a bad patient just because I had this so that is why I chose mostly the high road.

Catherine decided to behave professionally by approaching her coworker instead of deviating from protocol as her coworker had done previously. Catherine not only utilized "I" communication in her approach, but she also maintained a diplomatic/tactful approach to ensure a solid working relationship so that patient outcomes remain unimpacted. In the above interaction, the relational goal was that Catherine would have preferred to be consulted prior to being reported which would have resulted in an explanation and eliminated confusion.

Amelia Janes also advocated for a non-accusatory approach by implementing "I" communication. She said, "So be encouraging and guide just coming from a place of questioning like "Hey, I noticed this wasn't done. Can you tell me about that?' Um, as opposed to accusatory. Erin recalled how she had a misunderstanding with a Russian nurse who was drilling her by asking incessant questions when Erin presented the nurse with a report. Erin felt that the Russian nurse was being passive aggressive, suggesting that Erin was ignorant. Erin reiterated,

> Basically, I felt like she was saying that I don't know anything. And you are an idiot. And so, I lost my train of thought and was unable to speak so I was like, "Hold on." I was like, "I just lost my train of thought." I was shaking and I was like, "you are making me very nervous." And I kind of got teary eyed but er, I don't even I didn't say that you are being a bully, but I said it in a different way, and she stopped, and she was like "Oh, I get that all the time. Let's start over." And I was like, "why?" And we got along great now.

Erin opted for a different approach during a stressful hand over change where she avoided sounding accusatory by saying, "you are being a bully." Erin's different approach resulted in her coworker's cooperation and an awareness her overbearing behavior resulting in the two being able to resolve their issue.

The third subtheme was listening where six out of 29 participants explained how they listened during a conflict before responding. Active listening ensures that the other party is not only acknowledged and validated, but it also enables the receiver to feel that their views or perspectives are valued and respected, although one may not necessarily agree with them. An active listener also refrains from interrupting the speaker while really listening to understand the message prior to responding or passing judgement. Active listening is exhausting but rewarding. Clifton recalls, "It's hard to do sometimes. I really try to listen and try to empathize with where you are." Yellow said that understanding how words are framed enabled her to determine how to listen. Yellow affirms, "The way you frame what you are saying that you speak to be understood and actually listen to understand as opposed to listen to respond." Active listening ensures

that an individual focuses on the other party's message by seeking to understand and paraphrase the message. Active listening also ensures that the sender's message is respected and valued which may result in a solution and de-escalation of conflict.

A refusal to be reactive or emotional is another subtheme that participants opted to use when confronting conflict where eight out of the 29 nurses stated that non-reactive behavior was used to avoid stating behaving in an uncouth manner. The nurses emphasized that they chose not to become emotional and remained calm and composed to reflect on their responses prior to delivering it. Additionally, Annalise states, "Yes. And that can be I don't let the emotions get the best of me." And continues, "No. I walk away afterwards and then I'll ugh! But I won't let them see my emotion." Daisy recalls remaining calm during a tirade when a nurse did not like Daisy's approach to sterilizing a patient's belly during a Cesarean procedure. Daisy expressed, "I just like didn't get upset and crying I just kind of kept my cool or whatever and I just waited in the hallway, and we were finished with the Mum and um, I kind of talked to her about what happened." And by remaining non-reactive Daisy remained composed when she says, "On the inside I was kind of hurt, and she was yelling at me. I just kind of kept my cool." Petra claims that remaining calm is beneficial "I think to be calm helps, to have a calm demeanor." And advocates for it by stating, "So I think that um, yeah it helps you remain calm and maintain that that may be my core value about professional standards." Liesel is mindful of her words to ensure that they are not personalized toward the receiver and sound professional in nature. Liesel told, "I am not particular toward the person um, and so just trying to really not, not be dramatic, not have a lot of emotion to be factual and

objective." Liesel touted the benefits of being nonreactive stating that both parties felt better when emotions were regulated as she asserts, "Because that really benefits anybody you feel better if that makes sense. You know it makes that person feel. It just doesn't help anybody to be dramatic about things." Additionally, dramatic behavior may distract the nurses from resolving the issue for they are focusing on the emotional outburst instead which is another source of conflict. The nurse manager maintained a calm disposition after nurses vehemently opposed the implementation of a new charting system at one hospital. Hannah Claire explained,

> I did not want to escalate and turn it into a shouting match. "I'm not going to do this." "I'm going to do this." "Hey you gotta do this!" You don't want it to turn into a shouting match with them. Let them vent. They are not threatening. They are not in my face. They are just vocalizing their frustrations and let them do that as long as we can get to the cause to what was really causing that behavior. Are they terrified of having to utilize a computer if they have never had to before? I did typing in school when we had typewriters but I can't type now because of extended typing so um, what it was um, what was it they are really worried about in that situation? Was it going to take too much of their time you know, could they learn how to do it? You can work through those little issues or something.

Thus, remaining calm, and addressing the actual issue may result in positive outcomes where nurses are more likely to cooperate and adapt to new technology. Hannah Claire exhibited emotional intelligence which is "the capacity for recognizing our own feelings and the those of others, for motivating ourselves, and for managing the emotions well in

ourselves and in our relationships" (Goleman, 1995, p. 317). Learning effective conflict resolutions skills entails becoming emotionally intelligent.

Professionalism

The next major theme is professionalism which is required behavior that an organization insists a nurse must exhibit especially during their interactions with coworkers, patients, families, during disputes, and when a nurse is off duty. Approximately 14 out of 29 nurses deemed professionalism as a necessity for varying reasons, such as the nursing profession mandating that nurses conduct their language and behavior in a professional manner. Annalise says, "The one thing is that we need to have professional behavior, and it is expected." Even when a nurse is perturbed, they have to remain professional, as Collin declares, "Er, you have to be professional you know. You have to be professional even though you are upset you still have to be professional in a work setting or clinical setting." Professional behavior entails desisting from squawking especially in front of the patients who are already frightened at being admitted into a hospital. Daisy agrees by saying, "So you always want to be professional as much as possible for everyone's sake not necessarily for the coworkers but for the patients and their families as well." Joyleen claims that refraining from using cursing and swearing or the so-called language of the streets is counterproductive. She declares,

> Words that are nasty, you escalate it, and you will not be able to settle any, and that's when you just lost it. So, professionalism is very, very important when handling conflict. Because when most people are giving an evaluation, they say "she's unprofessional to me!"

The use of profanity is deemed unprofessional behavior as Joyleen asserted, "Yeah, that's when professional comes in. She was not professional at all. Screaming and yelling all this kind of profanity in the world." Professional behavior ought to be practiced at all times regardless, in the words of Sveta who affirms, "And at work, the conduct was that we all must behave absolutely professionally." Therefore, professional behavior can also entail desisting from making flippant comments. Alina agreed stating that the hospital where she is employed prohibits the use of expletives as she said, "But our professional code of conduct, we don't use like any curse words or demeaning or like that you can have actual disciplinary action on." Nurses who face disciplinary actions due to unprofessional behavior may be fired after three offenses which would result in the nurse experiencing challenges in seeking employment with other organizations, and depending on the matter of the offense, the nurse may also lose their nurse license.

Although most nurses stated that professionalism is a mandate for expected behavior, Carlotta, stated that professional standards do not influence her approach to how to manage conflict, despite the fact that her organization advocated for equal treatment. Carlotta explained,

> I have kind of a vague sense of what they professional standards are but then it's not, once again, something that I reflect on when I am deciding um, how I am going to communicate in a time of conflict with a coworker.

Her explanation which deviates from the previous nurses' emphasis on professionalism influencing their conflict strategy is significant. Her organization may not emphasize professional behavior or Carlotta may have witnessed other nurses and upper management behaving inappropriately, thus Carlotta may opt to utilize the same method. Carlotta's retort deviated from other nurses' responses, and as a result, her reaction had a startling contrast from previous replies. One can either assume that professional behavior is not mandated at her hospital, or she may be indifferent to it for she does not see it being exhibited in the behavior of her coworkers or more importantly, upper management.

Protocol

Protocol was another major theme identified as a communicative strategy where 10 out of the 29 nurses opted to address a conflict by communicating through a chain of command in their hospitals resulting in a less stressful environment. When a nurse adheres to protocol, they begin with confronting a coworker privately, and if they arrive at an impasse, the nurse will either contact the charge nurse, the nurse supervisor, the nurse director or upper management so that an intervention and resolution can occur. When a nurse fails to adhere to protocol a myriad of problems emerge further complicating the issue. Daisy agreed,

> It's everything because that is basically what you go by. You have conflict you know you want to go talk to your charge nurse, if you charge nurse . . . it can go up the chain of command to your manager. Your manager doesn't have it. . . you don't want to go outside the chain of command because you can make everything more difficult. So, it can of makes it more easier and just less anxiety.

Adhering to protocol may result in positive outcomes and a favorable perception of a nurse who is respected.

Masha also supported the notion of protocol being pursued as she states, "I have a conflict basically with a coworker and I where my director had to get involved. They tried to counsel both of us together." And additionally, other staff members in management were notified of the debacle when a nurse outrightly refused to work with Masha as she stated,

> So that's what really drives these actions and always going through the chain of command. Yes, before reporting it to HR, I have to make sure my director is aware. Because if I call HR they will want to speak to your director. Your director will take certain steps. Such as to counsel both of you which the director decides. So, you go through the chain of command.

Adhering to protocol also enables upper management to seek a solution for feuding parties who have reached an impasse and require counseling.

Petra also adheres to protocol especially if a compromise cannot be achieved between both conflicted parties as she explained,

> So, most of the time I would have to leave time to take it to them later you know talk to them directly and then if there is not a compromise with that person then it's not going anywhere then I would take to the nurse managers or my supervisor.

Often, nurses prefer to resolve the conflict privately until their efforts prove futile as Sveta explained,

> And in some units, they have if you have a conflict they try to, to, you know, try to have it in private. You try to talk to the colleague and try to talk to the charge nurse. If that doesn't work, you try the supervisor you know so there is a hierarchy of that is the experience the majority of nurses now and are very apprehensive about conflict with colleagues.

When a nurse took short cuts in patient care that had the potential to negatively impact a patient, Liesel approached the nurse who responded nonchalantly, which in turn prompted Liesel to report the incident to her boss. Liesel recalled, "so I went to his manager, my boss, and nothing was done about it." Sometimes upper management may be negligent and prefer to let the issue remain unresolved which may result in nurses' refusal to inform them due to their concerns being overlooked. When nurses feel that their complaints are insignificant, it may result in a toxic workplace environment.

What Types of Emotional Labor do Nurses Perform?

The results of the study indicate that nurses often perform emotional labor by primarily remaining calm while seething inwardly where eight out of 29 nurses mentioned that they presented a "cool as a cucumber" façade while paddling their feet wildly like ducks in a pond. In the study, calmness is the main theme while its subtheme

is behaving nice and sweet. Emotional labor encompasses emotion management of an individual's facial expressions when relating to the public (Hoschild, 2003). An individual's outward expression may contradict what they are emotionally experiencing inwardly.

Calmness

Calmness was the major theme found in the study with eight out 29 nurses mentioning it in their responses. Calmness entails remaining unruffled in facial expressions, tone of voice and nonverbal body language while seething inwardly. During a conflict episode where there was a difference of opinion on how a procedure was implemented, a nurse yelled at Daisy in the Operating room in front of Daisy's colleagues and the patient. Daisy reported,

> I just like didn't get upset and crying. I just kind of kept my cool or whatever and I just waited in the hallway and we were finished with the Mum and um, I kind of talked to her about what happened and that was the best way to approach it that way you know she felt like I was not doing it right or I was doing something not good she could have just told me instead of the way she handled it you know having an outburst, so it was just like wow! On the inside I was kind of hurt that she was yelling at me I just kind of kept my cool.

Calmness is designed to de-escalate conflict. Nurses who remain non-reactive during the heat of the outburst are aware that responding aggressively will result in negative outcomes. Furthermore, calmness is perceived as professional behavior.

When a nurse expressed her displeasure at an unfair assignment of acute patients by

cursing at Iris, Iris did not respond with the use of profanities. Iris explained,

> So, um, anyway I , I did not curse back, I wanted to but then that would not represent my person and it would not represent the profession and but I said I have to always reference the code of conduct and I was able to try to see her point of view and, and I apologized and I was willing to see how we could move on from there and maintain a good relationship because I always need my colleague at work.

Although Iris attempted to implement Emotional labor and take the high road due to a desire to maintain a solid working relationship, the embittered nurse refused to accept Iris' apologies. Iris ought to have utilized an integrative approach to the conflict where both parties could seek a solution to the issue. If such an approach had been implemented, the likelihood of resentment remaining would have been low. While Yellow states that the exasperation she feels makes her want to scream however she opts otherwise. Yellow alleged,

> Er, yeah well, I remain inside you're really emotionally when you kind of just scream out "ahhhhh!" but you go "well, okay, let's talk about that." (Bursts into peals of laughter) Yes, yes, um, and that kind of conversation tends to go along more frequently with providers um, than with RNs.

Screaming is deemed as unprofessional behavior that detracts from the actual issue which may be valid. Nurses are trained to remain calm especially if they want to be positively perceived. Additionally, societal expectations of how a nurse is supposed to conduct him or herself continue to remain ingrained. Masha calmly informed a nurse with whom she

was feuding that she would not accept to be spoken to in a demeaning manner. Masha recalled, “Yeah, she screamed at me. I’m 35 and she is like 50 years old. And she screamed at me in front of my director. And said, “You cannot talk to me like that. I am not your child.” That’s what I told her.” Masha’s approach by stating the word “you” at the beginning of the sentence may have created a certain level of defensiveness in her coworker for the word, “you” embodies an accusatory tone. If Masha had said, “I am upset when you speak to me in such a manner for I am not a child,” the other party would have heard and understood her transgressions. The use of the word “I” at the beginning of a sentence is a form of assertive communication where one takes responsibility for their emotions, and they state their feelings which may make the speaker feel vulnerable. Petra’s pet peeve are coworkers who refuse to exert themselves while on schedule. Petra affirmed,

> Yes, I think like especially with the work ethic thing if someone is very frustrated that that people are not working hard, to give good patient care, then having to remain. I just can’t show my frustration for patients and family see that. think that that is probably my biggest thing not good work ethic people. If there is not good teamwork happening and I’m having to not be frustrated. I’m frustrated inwardly and I can’t show that outwardly cause we can’t um, I just think family members and patients can see that because if I come in and I am upset at someone my patient can tell that.

Petra continues to exhibition a calm decorum due to being aware that her patient can detect her agitation if she displayed her true emotions outwardly.

Tasha explained her frustration over a conversation held and how her inner emotions contradict her calm demeanor. Tasha proclaimed,

> You know having the outward appearance of calm and engagement and internally I'm like "are you freaking kidding me you don't get this?" [bursts into peals of laughter]. You know where it's um, yeah, I, I do it a lot but I would say that's probably the motion that you know that I feel the most trying to maintain calm and engagement but inside I'm screaming like you gotta be kidding me. I can't believe that I'm having this kind of conversation with you right now.

Nurses are trained to suppress their emotions due to varying factors.

A sub theme under types of Emotional labor found in the study are facial expressions where nurses are conscious of their outward demeanor and what they verbally express within patients' ear shots. Alina claimed,

> Yes, so we have to be careful about our facial expressions and what we say. It's hard for us to say "Hey get off your phone quit talking about what you did this weekend and get to work because your patient seems to have some things done." Without the patient sitting there hearing that.

Alina also recalled how she and her team members had a project image of pleasantness after several officers died in the Emergency room which became a news event, and patients began questioning the staff. Alina said, "We still have to smile and be like "Everything is okay. We can't give you patient information." Alina and staff members were unhappy after the catastrophe occurred. However, they made a conscious effort to project an image that was contrary to their true emotions they were feeling within

themselves as Alina described, “I mean that was like a whole team everybody had to have a whole different face on whenever they entered a patient’s room.” Nurses have to be conscious of the image their project to patients in order to project a positive image of the organization they represent. Additionally, nurses need to ensure that the patients experience positive emotions so that the organization receives positive reviews and increased business.

The subtheme discovered in the findings was behaving nice and sweet where 3 out of 29 nurses exhibited sweet behavior or stated sweet words while seething inwardly. A nurse utilizes sweet language and is openly pleasant while experiencing negative emotions within. Joyleen decided to maintain a sweet disposition when she discovered that the charge nurse repeatedly continued to change medical orders within the system which could have resulted in a medical error. Joyleen reiterated,

> So, I am trying so hard to say “Oh how nice of you for having helped me to change that but inside my head. You’ve got to be kidding me. Why do all that? Why are you trying to sabotage my work right now? I wanted to yell on top of my head all profanities you are not supposed to, but I kept it nice and sweet, and I said I’m gonna keep quiet and walk away because I knew if you do it one time, I might have said something. You do it 3 times, within my shift, on 1 patient, that will really set me up for failure. And that is when I feel like inside me it says something different but outside, I’m say something nice.

One could almost assume that her response bordered on the line of being sarcastic. However, her response would have been different if the incident occurred repeatedly due to the likelihood that she could make a medical error impacting patient care, her nursing license or dismissal from the hospital.

The last sub theme was cordial where 1 nurse out of the 29 nurses mentioned it and it was significant due to the nurse desiring to maintain a solid working relationship due to the interdependent nature of the nursing profession. Cordial behavior is exhibiting civility in one's manner and decorum. Cordial behavior involves greeting each other respectfully and utilizing words such as "please" and "thank you" however, cordial behavior stays within a boundary where one is not necessarily a friend to another individual. An individual refrains from disclosing personal information or confiding in each other. Beyond daily pleasantries, cordial behavior is designed to ensure that parties remain civil to obtain an objective which is to provide patient care, the focus of the interaction. Iris attempted to maintain a cordial disposition with an irate nurse after Iris made a mistake in patient assignments. Even though Iris was able to empathize with the nurse and see her perspective, the nurse's anger refused to subside as Iris stated, "I was really frustrated she just would not like to resolve it and she was you know, pissed and would not talk to me but I tried to be cordial." Remaining cordial is necessity for nurses need each other while managing care. Most nurses are paired up to work with the same nurse for each shift and therefore a solid working relationship needs to be implemented for the success of their work performance and the care of the patient.

How does Emotional labor contribute to conflict between nurses?

The third research question asked how emotional labor contributes to conflict between nurses. Based on the findings, emotional labor did not contribute to conflict for most nurses stated that utilizing emotional labor enabled them to retain a solid working relationship with each other which was a vital component in the profession that values teamwork. Additionally, a nurse also stated that performing emotional labor helped to prevent a negative performance evaluation report thus, implementing emotional labor did not contribute to conflict instead, it proved to have beneficial outcomes.

Masha who refused to respond in a similar manner when a nurse screamed at her during a counseling session said,

> Inside I was angry. I was gonna scream at her too! But then I had to think about myself as a person and my evaluation because if I screamed at her back, then now my boss would say "hey, I have to put a negative comment in your evaluation too because of your behavior." And because I remained calm and told the nurse "You cannot talk to me like that, I am not your daughter" my director didn't put a negative comment in my evaluation. But my director put a negative comment in the nurse's evaluation because she's the one that screamed. So, it pays to be calm because everybody is looking at you. They can put something in your evaluation, you know. I don't want anybody to put anything negative in my evaluation.

Masha's reasons for implementing EL were based on ensuring that she did not receive a poor performance evaluation which deviated from other nurses' motives of desiring a solid working relationship with coworkers. Masha's desire to have a positive

performance evaluation would work favorably if she chose to seek employment with a new organization. Even though Marsha exhibited EL, the conflict remained unresolved.

Emotional labor did not contribute to conflict instead when implemented it sought to improve relationships among nurses. Carlotta utilized Emotional labor during an episode with a new nurse who was unable to adequately perform her duties. Carlotta explained,

> Um, but were concerned that if we pushed too had that she might um, I don't know I'm trying to figure out what we were worried about just like it would damage the relationship in the future and it would be harder to get her to be where she needs to be as a nurse and she doesn't like respect us, like, think that we are too critical of her care.

The interdependent nature of nursing where one's successful performance is based on collaboration necessitates nurses implementing EL. Catherine also supported the idea of taking the high road when a peer nurse reported her for assumed negligence. The premise behind the diplomatic approach was attributed to a desire to maintain good relations. Catherine explained,

> I think that if I wouldn't have I would have you gone in guns blazing and angry and ready to just yell at her for all the things I was upset about. It really would have affected being able to work together and in a unit like that a baby can go down in in literally minutes. You just have to be able to handle the people you are with and I know that she is a good nurse, and she is smart you know and her

> nursing school (skills) is not sort of my character in my mind when it comes to situations so you know to me it was just okay you know where you stand just be careful around her and keep it professional.

Catherine thought about the impact of a negative working relationship and the impact it would have on her performance and patient outcomes. These outcomes enabled Catherine to ensure that EL was implemented so that the likelihood of further conflict was curbed.

How can deception be correlated with Emotional labor?

The findings in the study did not support the notion of deception being correlated with emotional labor. Many nurses' intentions of implementing emotional labor were based on a desire to maintain relationships, and teamwork where the work environment was less stressful. When a nurse displays a calm demeanor or refuses to voice her frustrations, the main intention is not to deceive and have the upper hand in a conflict. The main intention is ensuring that there is teamwork and good relations which is a positive outcome for the feuding parties.

What Factors affect Conflict Management or Approaches to Conflict Management?

Table 5 Themes/Subthemes

Themes	Subthemes
Code of Conduct,	Professionalism, Institutional Standards
Code of Ethics	Morals, American Nurses Code of Ethics, Do No Harm, Christian Beliefs
Cultural Sensitivity	
Teamwork	
Training	

In this study, five major themes emerged that suggest factors that may affect conflict management or approaches to conflict management namely, Code of conduct, Code of Ethics, Cultural sensitivity, morals, teamwork, and training. Professionalism was a subtheme under the Code of conduct.

Code of Conduct

The first major theme discovered in the study was the code of conduct where 12 out of 29 nurses mentioned the code of conduct, which is significant for it affects or influences the strategy a nurse utilizes in conflict. Clifton states that the code of conduct which stipulates that nurses conduct themselves in a professional manner governs her approach to engaging in conflict. “So, I would yes, from that standard point, the code of conduct does influence me a great deal in how I engage in conflict.” Iris also claimed that the code of conduct is a reference to how she partakes in conflict with either a patient or a fellow nurse as Iris declares, “So I will always have to think about what of what the Code of Conduct is, and how the nursing profession expects me to act based on that code of conduct.” Julian agreed by stating that when he performed orientation, he often informed students that they would be treated as professionals. Julian claimed, “The code of conduct

is to always be professional." The nursing profession is a highly respected profession, and many nurses take an oath at the beginning of their nursing programs to maintain professionalism when they are on duty or off duty.

The code of conduct was also at the forefront of nurses' minds as they determined an approach toward a conflict whether it entailed nurse to nurse or nurse to patient conflict. Marta reiterated,

> Um, one of the biggest things that I want to clear up is to make sure there is there is um, there is always a way that we do things and even, even in conflict, we take a step back and remember um, remember what we are we should be doing how we should be carrying ourselves um, and the code of conduct will, will for the most part will make you think about that um, no matter the situation, there is still that process that they should done and the way things should be handled um.. no matter how um, difficult the situation may be.

On the contrary, Yellow claimed that the code of conduct did not guide how she engaged in conflict. Yellow declared,

> Ah, [she pauses momentarily as if searching for the right words to speak] okay so, the facility where I work at, they, um, they believe in conflict resolution and I do as well and I think that there is much well together. I wouldn't say that the facility's code of conduct oversees my personal code of conduct.

Another nurse reported that her organization was superb at controlling its image of how the public perceived them, even though its image contradicted its true nature. The code of conduct existed and was periodically updated with posters claiming its values, namely,

accountability, dependability, unconditional acceptance; values the employees failed to espouse. Carlotta explained,

> Um, I guess it's not just something that is really built into the culture of how employees actually interact with each other or how management of any form interacts with the employees.

Carlotta continued, "It's very inauthentic coming from them." Carlotta felt that her employer had developed the code of conduct which lacked the goal of helping its employees. Carlotta said, "So I don't think it's anything most pay attention that we do more of what the organization values." Additionally, although employees are required to treat each other equitably, the organization's professional standards were vague. Carlotta elaborated,

> I have a kind of a vague sense of what their professional standards are, but then it's not, once again, something that I reflect on when I am deciding um, how I am going to communicate in a time of conflict with a coworker.

Due to vague organizational standards, it may impact how a nurse views professionalism when addressing conflict.

The next subtheme was professionalism with 10 out of 29 nurses referencing it in their responses. Professionalism is a form of behavior that is conducive for one to work in a professional setting. It may embody being respectful, courteous, polite, considerate, ethical, etc. Julian claimed that even though a nurse becomes dismayed, they must continue to behave professionally. Julian confirmed, "Er, you have to be professional; you know. You have to be professional, even though you are upset. You still have to be

professional in a work setting or clinical setting." Julian continued, "So I hold professionalism, professional standards, from the day that they are beginning. We should operate as nurses. I would say very much so." Therefore, professional behavior is emphasized in nursing school prior to a nurse practicing the profession, Thus, professionalism tends to be of the utmost importance to these nurses.

Unprofessional behavior, which includes yelling and screaming at each other either publicly or privately, was regarded with disdain. Daisy said, "So yeah. So, you always want to be professional as much as possible for everyone's sake not necessarily for the coworkers but for the patients and their families as well." A lot of stress can originate from unprofessional behavior, as Joyleen confirmed, "You always have to be professional. This can raise a lot of stress if you are not professional." Any nurse must adhere to the code of conduct for it provides guidance on how to engage with others as Marta declared,

> Um, I think the code of conduct is something that each of us should adhere to because it gives you guidance on how you know you're supposed to um, how you should be engaging with your patients, your peers and or your patient family.

The interdependent profession requires professionalism to guide one's conduct so that nurses receive positive perceptions from coworkers and patients and good performance evaluations. Cesaria, who takes professionalism seriously, is often appalled when she hears nurses engaged in aggressive conflict. Cesaria elaborated,

> I take professionalism very seriously. To me, there is nothing more unsettling than to hear nurses and hospital employees having a very loud aggressive conflict within ear shot of patients and families.

Nurses' unprofessional behavior may not only impact their credibility and performance; it may affect a hospital's rating that is dependent on positive patient reviews for business. Nurse must adhere to professional behavior standards due to being constantly watched by their directors, supervisors, fellow nurses and patients who monitor nurses' dispositions. Masha agreed and said,

> And always be professional because everybody is looking at you; the managers are looking at you; the directors are looking at you; the nurses are looking at you. All the patients are looking at you. If they hear some chatter at the nurses' station. People are always looking at you if you come off as unprofessional.

An unprofessional nurse risks jeopardizing their credibility and receiving poor performance evaluations. Nurses' tendencies to monitor themselves originates from the organization expecting professional behavior. Ingrid claimed, "there's no tolerance for unprofessional behavior in nursing, we, I guess we monitor ourselves and that's where you see the conflict where we don't agree. We respectfully disagree, but not always." The likelihood of refusing to disagree respectfully may be prompted by the communication strategy implemented when addressing the conflict to upper management interventions. It may also depend on whether the nurses adhered to protocol for some nurses may deviate from protocol and report a fellow nurse without confronting them initially which may result in ill will. Katherine's charge nurse deviated from protocol by reporting her to

upper management prior to confronting her after the charge nurse assumed that Katharine was shirking her duties by passing them onto to a medical technician. Katherine approached the Charge nurse to resolve the matter and concluded by saying,

> You just have to be able to handle the people you are with, and I know that she is a good nurse, and she is smart, you know, and her nursing school skills. However, she is not sort of my character in my mind when it comes to situations. So, you know, to me it was just okay. You know, where you stand, just be careful around her, and keep it professional.

Therefore, Katherine may have felt somewhat guarded and not as personable toward her charge nurse after Katherine's interactions with the medical technician resulted in a complaint from that charge nurse who failed to follow protocol by confronting Katherine in private. Adhering to protocol is not only a form of professional behavior, but it also lowers the level of stress a nurse may experience. Currently due to COVID-19, a pandemic ravaging the world, many hospitals have regulated the number of patient families who are allowed into hospitals, which may make it harder for nurses to remain professional in their demeanor. Thus, a constant reminder of how to conduct oneself is vital. Petra explained,

> Um, it can seem like it's just your coworkers and patients, and it can seem like it would be a lot easier to be upset. And the nurses' station and if there are not family members walking around that are observing you, so that has been harder. So I think I need to remind myself that I am at work, and this is, I have to present myself in front of these patients, and it's harder because the families are not there right now. I think that with a standard, you are having to maintain a much more professional demeanor than I found myself, yet I, I still have to uphold this professionalism like in my demeanor, and how I present myself.

Among the ethical factors that nurses must follow, besides advocating for their patients or advocating on behalf of the profession, professionalism is a mandate. Sveta affirmed, "the conduct was that we all must behave absolutely professionally." Based on the literature review, nurses are more likely to be taken seriously provided their behavior is professional. Hannah Claire supported the adherence to the code of ethics and stated,

> We need to adhere to our code of ethics as nurses and what we do, because it does other things like making decisions about patient care, things like that. If we have an ethical conflict, maybe we don't have the same belief system as the patient. We have to pull ourselves out of that and realize we are here to take care of the patient's needs. The code of ethics does help guide, they wrote a book on it. They have books, and they have physicians' statements, and different things they put out.

Therefore, violence or uncivil behavior which seeks to harm others is unacceptable.

Institutional standards were another subtheme found in the study. Out of 29 nurses, one nurse mentioned that institutional standards determined how a nurse approached conflict. Each hospital has varied standards and a nurse often needs to be aware of the different standards. Catherine explained,

> You have to kind of keep in mind where you are and, how it operates what you can do at each place because um, at the previous hospital, I was able to change dressings however, at this hospital I cannot change dressings. It is the Nurse Practitioner who can. Um, you know, it's, I think institutionally, you need to be aware of what you are doing rather than do what you did at your previous work that has a lot to do rather than just professional standards of conduct of each place.

If an individual is aware of the various institutional standards, they can adapt their approach toward conflict based on the hospital standards which, may be more effective. When upper management intervenes to provide counseling to the feuding parties in the study, the solution proposed to them is based upon how the organization mandates the implementation of a procedure. Some organizations seek to provide counseling as means of resolving the conflict. Cesaria stated,

> And so, there was one time that one of the Women's Health nurses was arguing with one of the Child Immunization nurses on how to give an injection and the proper way to do it. And I had to step in and be diplomatic about it. I had to

> explain how both of them were correct, but the correct way of doing it was this way, and I had to tell them why, because nurses in general don't take an answer. They want to know. They don't wanna know just the how, they want to know why. Why is her way of doing it better than mine? And that is how you kind of have to resolve those conflicts. Because both of them were adamant that they were both doing it the right way. So that kinda, that was one of the situations where they were actual 2 injections taking place and each one of them was using a different technique, but I just explained, "here's what we do at the Health Department and here's how I would do it."

By the intervening nurse refusing to take sides and instead suggesting the Health Department's preference in administering an injection, the parties were able to resolve the conflict and resume work amicably. In other instances, upper-management's counseling may have been futile when the nurses were asked to make amends and not resort to forgiveness after a dispute over a lack of cooperation between two nurses in the emergency room. Ingrid recalled, "so we were called into the manager's office the following week, and we were told to, um, not to forgive each other but to make amends." Although Ingrid was reluctant to comply due to the unfairness in the request, Ingrid asserted,

> And I didn't feel that that I needed to [sighs] I never really er, I was very frustrated. I was told that I had to, in that conflict, to resolve it with that nurse while we were in that office, and I did not feel that, that was something that I

> needed to do. I didn't feel that she was equally willing to meet me in the middle, as far as resolving that conflict.

Although the conflict was resolved, Ingrid left the counseling session dissatisfied with the outcome, and she continued to remember the conflict 36 years later. If an integrative approach had been used, where both parties arrived at a solution that satisfied both parties, the outcome may have had positive implications.

Morals

Morals help establish what is ethical behavior for nurses. The results indicated that 6 out of 29 nurses stated that morals or core values affected their approach to conflict management. Morals pertain to an individuals' morality and their ability to distinguish between right and wrong actions, choices or decisions. Morals guide an individual and enable them to act appropriately. One nurse claimed that if she perceived that her patient's care was compromised, it was deemed necessary for her to intervene due to a desire to follow a right course of action. Tammy stated, "I just feel that it would be the right thing to do." Morals also involve how nurses treat each other, with an expectation that the treatment is respectful. Hannah Claire reported,

> Your er, Christian beliefs how you are supposed to behave but um, professionally it's going to be your work and the Board of Nursing they have those standards they put out on what a professional nurse is supposed to be and your good old Kindergarten teaching, "Treat people how you want to be treated."

A moral compass of what is right and wrong which can be traced to an individual's core values as Figaro said, "You know what is right and wrong, so I guess it will just be your

inner core values really." Values may be ingrained in an individual during their formative years, as Hellena stated,

> It's not a written down thing but it's your upbringing. How were you raised? How were you taught as a child to deal with these things? Um, your moral code has something to do with it. Um, that kind of plays in more than even the structure of here's the role of here's what you need to do. The way you were taught as a child if there was a conflict is gonna influence how you do it as a professional. If you were taught that screaming and yelling was how you deal with it then you'll do it as an adult.

Hellena's words are profound due to many people learning their conflict management styles from their parents. Many people tend to default to a conflict style that they are familiar with based on their upbringing.

The American Nurses' Association's Code of Ethics, a sub theme was also a factor in one's approach to conflict management even though it may focus more on nurse-to-patient conflict than nurse-to-nurse conflict. Three out of 29 nurses mentioned the code of ethics. The code of ethics determines how a nurse acts and ensures that the nurse is ethical or moral in their actions. The actions are designed to help patients and to desist from a nurse inflicting harm. The code of ethics is governed by a moral compass which seeks to serve and make a difference in patients' lives or coworkers' lives. The code of ethics is governed by strict morals in nurses' professional and personal lives (Hoyt, 2010). In the 1800's, nurses' reputations were sordid with 'drunkenness, dishonesty, and disreputableness" (Holliday & Parker, 2007 p. 485). Where uneducated

women originated from low class ranks, a sharp contrast to the current era where nursing is held in high regard (Hoyt, 2010) and exemplifies a reputable vocation. When nurses are recruited to attend nursing school, they are required to exhibit "sober, honest, & truthful" (Sellman, 1997, p. 6) behavior. Although Florence Nightingale 's goal of the code of ethics was to ensure the betterment of patients' care, an individual may argue that the code of ethics affects how nurses approach conflict to ensure a solid working relationship. The goal is to uplift and support one another due to the interdependent nature of the profession where one can only succeed if they collaborate with others to provide superb patient care. The motive behind behaving ethically is to uplift others and spread goodness. Masha stated, "would I say that it guides … I guess you can say that it guides because I am aware of it. But I think that's more like of patient to nurse conflict." Hannah Claire also supports the notion of the code of ethics being a factor that affects a nurse's approach to conflict. Hannah Claire declared,

> It's those guidelines, and they say that you can have a constructive communication you know, not being on the attack, but trying to state clearly what you see going on. you know, "I see," "I feel this," so you can open up communication.

Beginning a dialogue with the use of the word "I" may result in the receiver feeling non defensive and receptive to the message due to the non-accusatory approach. Hannah Claire supported the adherence to the code of ethics and stated,

> We need to adhere to our code of ethics and nurses and what we do because it does other things like making decisions about patient care, things like that. It we

> have an ethical conflict maybe we don't have the same belief system as the patient we have to pull ourselves out of that and realize we are here to take care of the patient's needs. The code of ethics does help guide… they wrote a book on it. They have books and they have physicians' statements and different things they put out.

Therefore, uncivil behavior which seeks to harm others or violence is unacceptable. Due to nursing being touted as one of the most highly trusted professions, ethical behavior is required.

The code of ethics also influences how nurses engaged in conflict; however, role socialization also played a major role. Ingrid said,

> So, we do have what they call "role socialization" that we're socialized into the role and it's different if you work at a small hospital versus a large one; if you're in a magnified facility versus a non-magnified facility so personally where I'm at in a rural hospital versus small but I also we are by our code of ethics. We are um, socialized into our role and we follow that role, the expectation of that role so the answer is to a great extent.

The expectations of the role may influence how a nurse engages in conflict. Charge nurses or supervisors, for example, need to exhibit professional behavior during conflict for they lead by example. Cesaria declared, "I myself have not had that happen personally because I have always been very aware, I used to teach um, professional courtesy for the hospital so that is something that is kind of ingrained in me as an educator and as a nurse and a person" Cesaria's position as an educator affects her approach to conflict.

Professional behavior needs to be modeled so that staff nurses exhibit the expected behavior. Additionally, in the literature review, there are other attributes prescribed to nurses' expected behavior such as a nurse who is professional, caring, pleasant, compliant, subservient and conflict averse. According to the researcher's observations, the first three attributes are true based on the nurses' responses however, the last two attributes deviate from the nurses' responses.

The subtheme that one must do no harm to a peer nurse was another finding in the study and it was stated by one of the nurses from the 29 nurses. The main goal was to ensure that the nurse continued to practice in the profession, and it was important because nurses are often advised to not harm each other. Cesaria explained,

> No further harm. That is for nurses and doctors and that works well if you try to resolve conflict with your coworkers too. You don't want to tear that person down so that they are not able to do the job. Do no harm.

The irony of not inflicting harm may seem contradictory due to nurses' tendencies to behave territorially toward new nurses and engage in workplace bullying, which are actions that potentially impact a nurse's performance and mental health. Subtle forms of passive aggressive behavior such as administering the majority of grunt work to new nurses or a refusal to show a newcomer how to administer a procedure. Furthermore, experienced nurses are known to withhold information which may have negative outcomes. Cesaria recalled,

> I've seen nurses before in the hospital not intentionally chart something in the patient's chart just to make that next nurse come in on duty have to start

something over and take more time to do. Or they are not sharing the information as readily as they should and that is wrong because it puts the patient in danger. But I've seen that happen. But I'm not gonna write that down or I'm gonna write this figure it out. What's good about that? They are personal and they are nothing to do with patient care but I've seen this passive aggressive behavior or teaching a young nurse that comes on the floor not quite quick enough or not doing the skill as fast as they might like it, to kind pick on that nurse and give her the dirty jobs while they sit there and do the charting and give her all the jobs that they don't want to do because they know that this young nurse is not going to question them. And that is passive aggressive. They are not, that's not being a good role model, a good mentor that's dumping on a lady that doesn't know any better. That doesn't know how to stick up for themselves for advocate for themselves. And that's just passive aggressive or they say something about how a nurse starts an IV or how she, and this is just an example, starts an IV and that's not how they learned it in school… that's really nor the right way to do it or how you do a blood draw and how it should be done this way and that's kind of the entire group. So, it's like singling that person out. To me, that's bullying. You know, you should pull that person aside and say, "show me how you do this," or "Let me show you this trick might work better for you." But they do it intentionally and it's probably because they are feeling insecure and inferior, and they put up with all those years of negativity and nurses usually bully because they have been bullied all the time.

Nurses' tendencies to bully newcomers may be perceived as a rite of passage or a form of hazing that is comparable to a potential member of a fraternity or a sorority. Passive aggressive behavior may also entail a staff nurse receiving changing orders on patient care, which could lead to fatal medical errors, as Joyleen recalled, "Cause I was in the middle of doing the thing and they kept on changing. I had to go back on the computer and changing it, changing it, look at it, and what it clearly was. This can lead you to make a mistake." Unethical behavior can also result in sabotaging a nurse's performance, that may in turn result in their dismissal or loss of nursing license.

Teamwork

Teamwork was another major theme deemed significant by participants where six out of 29 nurses stated that a strong desire to cultivate a solid working relationship with each other was prominent, especially when they recalled how they approached conflict. Communication and collaboration was one factor; however, teamwork was the core reason for a nurse's approach to conflict management. Iris, said,

> Um, teamwork, without teamwork um, nursing is not an island. You cannot do it on your own self with other people, so you have to be with another nurse. You have to have communication with them all the time; collaborate with them.

The nursing profession is designed to be interdependent where nurses often consult with each other, obtaining second opinions or involving decision making. Thus, a nurse is often aware of needing a colleague while at work as Iris affirmed,

> I was willing to see how we could move on from there and maintain a good relationship because I always need my colleague at work. Cause in nursing, it's all about teamwork and so um, that's one of the major conflicts that I have had with a nurse.

Due to the collaborative nature of the profession, a nurse is only able to perform well with the help of others to provide good patient care. As Iris mentioned, "There are things you encounter with a patient and um, you just have to talk to another nurse about that and your position is before you talk to the doctor." Or the patient may be impacted if there is a lack of collaboration. Iris said, "so you need your nurses with you. You need that collaboration and I know that I needed my teammates and that's why I tried to be cordial because if I don't that means that patient care will suffer." Therefore, a solid work-related relationship impacted one's approach to conflict and one's performance. The nursing profession is an interdependent occupation where individuals are more likely to succeed if they are great team players. Nurses often contemplated their approach to conflict and carefully considered the consequences of their style prior to executing their actions.

When managers would intervene to resolve conflicts between feuding nurses, the interests of the patient were often at the forefront in resolutions.

Cessaria explained,

> You know, it's not always about you; it's about the patient, always. And I always have to remind people that whenever there is a personal conflict. Sometimes you just have to put yourself aside because that's the big part of this job. It's not about

> you. It's always about the patient. Always. But I actually resolved conflicts by repeating that statement, telling them I would have to resolve conflict from a nurse and physician because they banter back and forth you know, "How do I do this the best way?" and my response is "What is going to be best for the patient? It doesn't matter what you think. What do you think is best for the patient?" And that usually gets a pause, and then they will think about that for a minute and then they will do what's best for the patient so that everybody is happy.

By nurses collaborating to find a joint solution, they would be able to resolve the issue amicably and resume their duties.

Cultural Sensitivity

Cultural sensitivity was another theme that was found in the study which was stated by one nurse out of 29 nurses. Cultural sensitivity is of significance due to one being able to empathize with another person at a cultural level. As Collins states, "I don't have any specific thing, but you have to have a general sense of the code of conduct er, you know, um. Respecting um, let me use another word called cultural sensitivity." The ability to see where another person's perceptions originate from cultural perspective may affect the approach one uses in a conflict. Collin said, "Yeah, that is very important when you are dealing with you have to deal American people sometimes you have to investigate where they are coming from culturally when you approach conflict important." Iris agreed and said, "You are working with people from different backgrounds so you have to know how to deal with people and be able to reach a foreground that both parties will understand and um," Cultural sensitivity is of

significance for one ought to be able to adapt their approach to conflict based on the culture of the other party and also be able to see and comprehend the views of the culturally different individual. One must note that cultural sensitivity is more geared toward nurse and patients and not nurse-to-nurse; however, two nurses out of the 29 nurses utilized the technique with coworkers.

Training

Training is the final theme found in the study that influenced participants' approaches to conflict where four out of the 29 nurses stated that a course in conflict positively affected their approach to disputes. For example, Clifton mentioned that a course in compassion that she took with a hospital chaplain influenced her approach to conflict. Clifton explained, "There are a few conflict resolution techniques, you know, kind of stepping to the side seeing the conflict as something that's playing out as opposed to being right in the line of fire." Additionally, Clifton claimed that partaking in ROTC in high school enabled her to negotiate conflict. Julian, on the other hand states that his background as a mental health counselor also influences how he engages in conflict. Julian announced, "I brought um, [clears his throat] to nursing a practice of dealing with conflict as a conflict resolution counsel if you will." Even though he utilizes a counselor standard, relationship development and group dynamics, these are techniques and not professional standards. Nevertheless, the techniques are transferable and can be applied in a different context.

Allessandro stated that his previous training in the Coast Guard and as an EMT enabled him to approach conflict by developing a keen awareness for his surroundings,

and the use of his language. Additionally, he became cognizant by refraining from exhibiting dismissive behavior. Allessandro proclaimed,

> One of the things is being aware of your surroundings, being aware of language of the person you are interacting with um, being aware of, of speech patterns, um, and things like that. Basically, having a little bit of hypervigilance to understand that I'm not just gonna blow off who I am interacting with or seeing. Yes, because the one day that you can escalate conflict quickest is to be dismissive, is to be dismissive of the individual you are interacting with.

Dismissive behavior also includes utilizing descriptive language that may potentially infuriate the receiver as Hocker and Wilmot (2014) state, where implementing descriptive speech instead of evaluation speech will lessen negative feelings in the receiver for "the speech act which the listener perceives as genuine requests for information or as materials with neutral loadings" (Gibbs, 1961 p. 224). Additionally, any training that is focused primarily on deescalating conflict between a nurse and patient can also be applied between nurse-to-nurse conflicts. Allessandro agreed and said,

> Um, probably quite similar to er, this is training that is for handling interpersonal conflict to fellow employees but is designed for us to be able to handle conflict with escalated psychiatric patients um, and the, the, specific influence comes with conflict resolution um, process is AVADE [spells the word out loud] A-V-A-D-E yes, and it's similar to um, to a couple of conflict resolution programs er, one is um, ENBT and the other is er, CPI and CPI is used in the Emergency rooms.

> EMTs and throughout most tech facilities. Ours has been switched from Lam to Aid coz er, we had a large number of nurses getting attacked by patients.

The training obtained was primarily geared toward nurse-to-patient conflict and not nurse-to-nurse conflict. Furthermore, the training obtained was not mandatory for nurses unless their area of work pertained to caring for psychiatric patients or practicing in emergency rooms. Allessandro supported the statement and said, “yes, this is mandatory in order to work in a facility.” Furthermore, Allessandro advocates for conflict resolution training and declared, “I think everyone, everyone could use some training in um,” Many nurses are ill-equipped in conflict management due to lacking formal training. Many nursing programs have placed an emphasis on therapeutic communication which is patient centered however little regard has been placed on how to train nurses to engage in constructive conflict. Hannah Claire agreed with the statement and said,

> Er, sometimes you have to and that’s one thing in nursing school necessarily is what taught is therapeutic communication with patients; talking to family; talk with the doctor but we don’t get a whole lot of teaching on conflict with each other. You know how an imposition is conducted. I don’t think our program has to support us to make us assertive enough to respond like “can I talk you?” “you can’t do that, I’ll be happy to talk to you” “I’m going to step away” we don’t count to ten. We can have a conversation but needless that’s one of the scariest things for them is how do you deal with that? So, you get a lot of different conflicts and um, I don’t think they are taught how to really to talk about those issues you know. The programs can be structured just a little bit better and

teaching how to recognize a conflict. Try to constructively deal with an issue and then approach that chain of command if the issue cannot be resolved between them.

Furthermore, the researcher suggests that in addition to developing conflict management skills, one also needs to use the integrating or collaborating conflict management style which "shows high level of concern for one's own words and the goals of others; the successful solution to the problem and the enhancement of the relationship" (Hocker, 2014 p. 165). The conflict is not resolved until both parties are satisfied and can jointly support a solution. It is a cooperative, affective, and focused on team effort, partnership, or shared personal goals also known as mutual problem solving. (Hocker & Wilmot, 2014). The integrative style often results in quality, satisfaction, fairness, and trust (Rognes & Schei, 2010). Descriptive and disclosing statements and soliciting reactions from another party are involved in integrating where one makes concessions as necessary and accepts responsibility for their part in the conflict.

The advantages of integrating are that it seeks to satisfy the needs of both parties in a collaborative way (Hocker & Wilmot, 2014). It also generates new ideas, seeking alternatives (Canary & Spitzberg, 1990) and shows respect for the other party and the integrative conflict management style is a high energy style that fits people in long term, committed relationships that are personal or professional (Hocker & Wilmot, 2014). Direct, assertive communication lessens further conflict incidences by solving problems, encouraging disclosure, alleviating negative affect and lowering negative cognitive or brooding caused by disagreements (Canary & Spitzberg, 1990; Sillars, 1980a), Finally, it

can prevent one from using violence showing both parties that conflict can be productive (Hocker & Wilmot, 2014).

Previous studies stipulate that a conflict management integrative style yields not only win-win solutions (Lewicki, Weiss, & Lewin, 1992; Pruitt & Carnevale, 1993; Pruitt & Kim, 2003, but the style is also highly associated with relational satisfaction and conflict resolution (Canary & Cupach, 1988; Weider-Hatfield & Hatfied, 1995). Past studies also claim that the effects of conflict styles on relational outcomes shows that there is a relationship between conflict behavior and relational satisfaction (Canary, 2003). Competing and avoiding conflicts styles tend to have a lower level of relational satisfaction than an integrative style in the United States (Canary, 2003; Caughlin & Vangelisti, 2006). When an individual exhibited more belligerence and negativity, the less satisfied one would become with the relationship (Segrin, Hanzal & Domschke, 2009). However, when an individual exhibited an integrating, compromising and obliging style, there was a higher level of relational satisfaction than competing and avoiding styles in the Chinese culture (Zhang, 2007).

A word of caution. Despite the positive outcomes of integrating, the style has its disadvantages in that it can become deeply entrenched if it is the only style used (Hocker & Wilmot, 2014). Also, people that are extremely verbally skilled in comparison to others can use this style in manipulative ways which results in a continued power discrepancy (Hocker & Wilmot, 2014). One example could be when a party uses the integrating style and accuses the other party of not being reasonable if the other party

choses to use another a different style. This can occur when a person in a high-power position uses these words to create an imbalance in power (Hocker & Wilmot, 2014).

In the business world or workplace, the type of conflict management style one could resort to depends on three factors namely, the strategy you are most comfortable using, the organization's preferred strategy, the advantages and disadvantages of each strategy (Hamilton & Kroll, 2018). Each strategy may be productive in one case and best avoided in another case (Hamilton & Kroll, 2018). Not a specific strategy works in all situations thus, "no one seems to benefit if they stick to one style" (Johnston & Gao, 2009 p. 106). For example, if a person opted for the collaborating style which is another name for integrating, the style would only be beneficial is members were trained in problem-solving, the feuding parties had common goals that required everyone's cooperation and the conflict had emerged from misunderstandings and the parties were willing to reframe their conflict in a new way and finally, the conflict had occurred during a crisis (Hamilton & Kroll, 2018). Based on the three factors stipulated that one should use when managing conflict, it depends on the situation and the advantages of the outcome.

A course in compassion with a hospital chaplain enabled Cesaria to effectively manage conflict. Cesaria said,

> There're a few conflict resolution techniques there you know kind of stepping to the side seeing the conflict as something that's playing out as opposed to being right in the line of fire. You feel like you're being attacked has helped me in many occasions. Let's step aside here, let's take a deep breath you know um, and a crucial conversation also rather than assuming of course this person knows

> exactly what I want and why didn't they do it. I haven't bothered to tell them and I need to be able to explain that in such a way that you know they understand what the expectation as opposed to me going off like a bomb because something wasn't done and they didn't know. And it's taught me to slow down to not make assumptions which is a hard thing to listen and be empathetic when I'm dealing with people.

Although four out of the 29 nurses stated that the training was beneficial, most nurses lacked formal training where many either sought advice from their nurse associations or colleagues. Sveta agreed and explained,

> I think that most of the learning that we have to coalition partnership, talking to your colleagues and asking for advice your kind of, getting them involved whatever issue it is you are working on, and you are trying to you know trying to approach for a couple project, that personal I think that every nurse has to do like is it worth it or how much is it going to cost me? Because it is in my experience actually you know, how you view it from a newer stand, that it really comes to incivility that nurses don't know how to deal with those, so they keep it internal that it is too much that they, I don't think that we are really taught how to deal with conflict and how to talk about or um, at every academic conference, that's all we talk about and what we practice, it's almost invisible.

A lack of formal training in conflict resolution may affect how nurses engage in conflict, potentially leading to lower levels of satisfaction. Many nurses opted to take the high road, which is something that they have obtained from experience; however, experience

differs from formal training which requires the acquisition of skills to effectively conflict. The first best practice of managing conflict is learning effective conflict management skills through careful practice (Hocker & Wilmot, 2014). Skill development is important for very few people are effective at managing conflict (Hocker & Wilmot, 2014) also anticipating conflict and knowing how to manage it effective is beneficial. One nurse who advocated for a cautious

approach to conflict where both parties ought to have an opportunity to speak mentioned a piece of advice a friend gave her which entailed a thorough contemplation of one's words prior to speaking. Hellena admonished,

> Um, you know one of the most valuable pieces of advice I ever got was from a lady who said you should always taste your words before they fly out because they need to come back. You should always think about it before it comes out.

The implications of one's words may embody dire consequences, and it is imperative that an individual carefully deliberates the type of outcome they want to achieve. Hellena asserted while cackling loudly,

> It works because you think about it before you say it and think through what's the end result of this? because if that's the scenario of a train wreck then that's the train wreck, you probably should take a step back and think about it.

These words of wisdom came from a trusted friend who suggested that a moment of reflection prior to addressing conflict would provide clarity. Although the exact words utilized were not stated, one may assume that a calm, logical approach may be implemented instead of a heated argument when tempers are flaring.

Newly minted nurses are not always trained in addressing issues, and when they have a new set of responsibilities that require input from older generational nurses, the outcomes are often negative. Hannah Claire explained,

> So sometimes we are not as, I don't know what it is. It is territorial? They are not as welcoming to the new nurses? You get your generational differences because you know nowadays new ones, we are all over the world and if we stayed incognito, we are dead or we die. New ones they don't stay with companies and that's just their or life balance. So, you get a lot of different conflicts and um, I don't think they are taught how to really to talk about those issues you know maybe this newer nurse who has these new responsibilities to mix with all the old hard workers are doing or something.

Nurses' territorial behavior also affects the approach of how an individual addresses conflict. New nurses are often petrified of addressing conflict and are somewhat cautious. The territorial behavior may be aligned with oppression theory where nurses often oppress newcomers into conforming into the culture. Many nurses are expected to be in a subordinate position due to the hierarchical and patriarchal profession that stipulates that nurses, in other words, the profession is rooted in a belief system embodying oppression (Bartholomew, 2006). Due to oppressed individuals internalizing the norms governed by the dominant group, many inappropriate behaviors are often accepted by nurses. The lack of training may pose a threat to a nurse's work prospects exacerbating a mercurial culture. The experienced nurses who utilize their training from former professions fare better in the employment sector.

The current chapter explained the findings in relation to the research questions. The first research quested inquired whether communication strategies nurses used when managing conflict. Based on the nurses' responses, the code of conduct was the major theme. Next, the types of emotional labor that nurses performed were examined where nurses stated that calmness and face management were often implemented to ensure that there was a solid working relationship with other nurses. Additionally, nurses often refrained from voicing their frustrations, opting instead to project a disposition of pleasantness as well. The third research question examined whether emotional labor contributed to conflict between nurses. The findings indicated that emotional labor did not contribute to conflict, instead emotional labor enhanced relationships among nurses. The fourth research question explored whether deception was associated with emotional labor. There was no evidence supporting the association was provided by the participants. Emotional labor was implemented with a goal of a positive outcome for both parties, rather than a positive outcome for one party and a negative outcome for the other. The final research question focused on factors that affected conflict management or approaches to conflict management.

Christian beliefs also affect the approach a nurse would implement when addressing a conflict. For example, Hannah Claire said, "Treat others the way you would want to be treated." A nurse stated that the Lord's Prayer enabled her to accept the offending party instead of attempting to change them. Joyleen spoke about the importance of forgiveness and stated, "You forgive. Forgiveness is part of that instead of dragging on conflict and

keep on going thinking about it over and over again, stressing over it." Forgiveness is cathartic for it enables the offended party to free themselves from bitterness which can take root and affect future interactions.

Cultural sensitivity training focused on nurses' cultural competence when dealing with patients was discussed by participants. Cultural sensitivity is defined as "the ability to recognize, understand, and react appropriately to behaviors or persons who belong to a cultural or ethnic group that differs substantially for one's own" (Porta & Last, 2018 p. 1). Although one of the male nurses in the study claimed that he utilized cultural sensitivity when engaging in conflict, the form of training is focused primarily between nurses and patients. Additionally, culturally sensitive communication education is also limited in nursing schools (Maier-Lorentz, 2008). More so, other challenges that occur to being a transcultural nurse may be attributed to showing respect for individuals' cultural beliefs and values, engaging in open communication; (treating others how they want to be treated" (www.registerednursing.org).

Other techniques utilized by a male nurse who used to practice as a mental health counselor pertained to relationship development and group dynamics geared toward aiding the patient as well.

The results showed that the code of conduct, the code of ethics, cultural sensitivity, teamwork and training were factors that played a role influencing the approach nurses used in conflict. Specific factors may prompt nurses to use EL especially pertaining to a need to preserve relationships to ensure enhanced workplace performance

and better patient outcomes. Initially, EL is primarily used to portray an organization's positive image to attract positive reviews which in turn may result in more business. Nevertheless, EL is also used strategically to avoid conflict and tension. Nurses ensure that workplace relations are professional and cordial so that their performance and patient outcomes are not impacted. Based on the results, the use of EL indicates nurses avoid conflict and tension by exhibiting EL to preserve relationships. The following chapter will provide conclusions, implications, and future directions for research on communicative strategies nurses use in conflict.

CHAPTER VI DISCUSSION

The purpose was to examine nurse' workplace stressors with the goal of identifying communicative strategies to alleviate the stress. To achieve the aim, the characteristics of the various approaches' nurses implemented when engaged in conflict were identified through analysis of interview data. The results indicated that Emotional labor was enacted utilizing facial management projecting an image of calmness while experiencing turmoil within themselves, suppressing their true emotions by refusing to voice them openly and instead projecting an image of sweetness while seething inwardly. Other professional standards that nurses implemented when engaging in conflict were the Code of Ethics, Code of conduct, morals, training and cultural sensitivity, respectively.

Most nurses interviewed stated that they had experienced conflict at work and were aware that they had to follow a code of conduct to remain professional during conflict episodes. Additionally, many nurses touted the benefits of enacting Emotional labor stating that it enhanced their relationships with fellow nurses while one nurse stated that she avoided a negative performance review due to enacting Emotional labor after her fellow nurse screamed at her during a counseling session. Many nurses stated that enacting Emotional labor also helped collaboration and teamwork in an interdependent profession. On the contrary, a few nurses stated that enacting Emotional failed to enhance the workplace relationship in fact 2 nurses stated that the conflict remained unresolved and was a constant stress.

Nurses who had received formal training in conflict resolution claimed it was a beneficial and enabled them to achieve a positive outcome however, the majority of

nurses lacked formal training for it was not mandatory unless they practiced in Psychiatric units or Emergency rooms.

What communication strategies do nurse use when managing conflict?

The analysis of the interview data disclosed that nurses opted for direct strategies often keeping the Code of conduct at the forefront of their minds when engaging in conflict. Many organizations' expectations of professional behavior govern nurses' approaches to conflict. As noted in the previous chapter, professional behavior entails being respectful and courteous, holding the conflict in a private location where patients are unable to hear the conversation, refraining from utilizing expletives, and yelling. Additionally, professional behavior entailed engaging in conflict respectfully where individuals were aware of their nonverbal behavior. Most nurses utilized a direct approach to addressing conflict based on compromised patient care or deviation from standards of care. The direct approach to addressing conflict was contrary to what previous articles have claimed that nurses preferred conflict styles were primarily the avoidant conflict management style. An example is Mahon and Nicotera's (2011) article entitled "Nursing and conflict communication: Avoidance as preferred strategy" which suggests that "nurses are highly unlikely to confront conflicts directly" (Mahon & Nicotera, 2011 p. 160), especially female nurses whose preference for avoidance are evident (Valentine, 2009).

The avoidance conflict management style is characterized by sidestepping an issue, redirecting the conversation to another topic or an individual withdrawing from the conversation (Hocker & Wilmot, 2014). Although avoidance may provide temporary

relief in the short term, it prevents one from addressing issues and confirming the negative notions of conflict being perceived as a negative event (Hocker & Wilmot, 2014). Due to the female nurses addressing conflict directly, it may suggest that nurses may no longer default to the avoidance conflict management style. In the study, it was discovered that nurses who had many years of experience were more likely to address conflict directly. Additionally, nurses who had received formal conflict resolution training were more likely to address conflict as well. Nurses' willingness to address conflict directly seemed contradictory to previous studies that stated otherwise. One may attribute it to nurses' perceptions of conflict being inevitable. Allessandro, one of the male nurses stated, "there are certain types of conflict that are um, healthy because you grow out of them um… there are other types that are not healthy ones." Second, the nurses were willing to address conflict directly by exhibiting Emotional labor to maintain solid relationships and teamwork. The nurses stated that teamwork was an essential part of the position therefore they chose to address conflict to have a less stressful work environment. The interdependent nature of the profession where a nurse can only perform well when communicating and collaborating with others may be another reason why nurses address conflict directly. Sally Northam's study entitled "Conflict in the workplace: Part 1" stipulated nurses' tendencies to withdraw from conflict as well as Anne Nicotera and however, the findings in the study show that nurses choose to confront it regardless of their gender. Most nurses in the study stated that remaining diplomatic was beneficial, enabling them to maintain relationships and in one case a nurse was able to avoid a poor performance evaluation.

On the other hand, two nurses stated that taking the high road failed to yield positive outcomes due to the conflict remaining unresolved. When Joyleen experienced a misunderstanding with another nurse over patient assignments, Joyleen took the high road and refused to curse and yell at the nurse who exhibited the offensive behavior. The outcome of the conflict was negative with the matter remaining unresolved. Another nurse who avoided a negative performance evaluation claimed that the conflict she had with a coworker remained unresolved even though she had taken the high road and adhered to protocol.

Conflict can only be resolved if both parties are willing to address the issue however, if one party is unwilling, the issue is likely to linger. The main goal of addressing conflict is also facilitated conflict resolution, Hocker and Wilmot (2014) state that the 4 types of goals in a conflict are (1) topic or content, (2) relational, (3) identity (or facework), and (4) process (p. 74). The main question in each conflict would eb what each participant wants which is "topic or content" (Hocker & Wilmot, 2014 p. 75). According to Joyleen's account, the opposing nurse wanted a lower acuity patient load while Joyleen needed the nurse to stay and complete the work shift. Due to the process in how the conflict was approached and the willingness of only one party who tried to work through the misunderstanding, the issue remained unresolved.

The second incident where a nurse claimed that taking the high road was not beneficial was when a nurse vehemently refused to work with Masha and the conflict remained unresolved for the entire year. Although the parties were counseled by the Nurse director, the other nurse used expletives and Masha refrained from responding in

the same manner. Masha tried to be cordial to her coworker however, the nurse refused to speak to Masha. An explanation for the unresolved conflict may be attributed to the SD cycle which is a negative communication spiral resulting in unresolvable conflict, frustration and unproductive interpersonal relationships (Malterud & Nicotera, 2020). Additionally, it is based on the meaning than opposing goals.

Most nurses chose to addressed conflict directly if it impacted patient care or safety even though some of the nurses were conflict averse or nonconfrontational. Nurses' willingness to address conflict directly especially pertaining to patient care may be attributed to nurses' knowledge of the dire consequences of losing their nursing licenses which prompted them to address the matter immediately.

Most nurses stated that the code of conduct influenced their strategy toward conflict management. The code of conduct 's main goal was professionalism. When related to Structural Divergent theory which mandates that individuals behave based on the meaning provided by institutionalized structures (Nicotera & Mahon, 2013), "structures consist of rules and resources, recursively implicated in the reproduction of social systems" (Giddens, 1984, p. 377). Additionally, the nurses in the study were able to engage in conflict meaningfully by utilizing "I" communication, addressing conflicts in private areas and implementing Emotional labor to reduce conflict, listening and seeking to be empathetic which suggests the nurses engaged in meaningful action. Agency which is posited as an efficacy is an individual's ability to engaged in meaningful action (Nicotera, Mahon, & Zhao, 2010). The explanation may be attributed to nurses engaging in meaningful action to resolve conflict.

Only one nurse stated that the facility's Code of conduct did not govern her personal code of conduct in how she engaged in conflict even though the facility and the nurse believe in conflict resolution. On the other hand, the same nurse asserted that the code of conduct did aid her in determining how to perceive things thus, one may attribute the statement to mean that the facility does not determine how a nurse is supposed to approach conflict and that the nurse determines how she would manage a misunderstanding based on her personal code of conduct.

In the study, nurses tended to adhere to protocol when addressing conflict after a solution prove futile between the nurses. The protocol involved reporting the incident to charge nurses, supervisors, nurse directors and Human Resources, respectively. Following protocol is a form of professional behavior which is a sub theme under the Code of conduct. Professionalism is the level of skill, competence and behaviors an individual must possess (Sherman, 2013) and it can be fostered by providing a clear identification of the role of a nurse, the required standards of professional behavior and the establishment of professional practice environments that support professionalism (Sherman, 2013). Based on the literature review, nurses who exhibited professionalism were taken seriously for many nurses are deemed invisible in organizations that embody patriarchal norms and a hierarchy system.

What types of Emotional labor for nurses perform?

Emotional labor (EL) is a form of managing one' emotions to adhere to an organization's goals of projecting a positive image to the public (Back, et al., 2020). Currently, hospitals are dependent upon obtaining high performance ratings to attract

more patients and to be reimbursed for their healthcare services (Craig et al., 2020). Nurses are required to exhibit Emotional labor toward patients to show that their organization is caring, positive and pleasant. In the study, it was discovered that nurses engaged in Emotional labor when confronting conflict to not only appear professional but to also maintain relationships and have solid teamwork. Emotional labor took on the form of maintaining a calm disposition; being nonreactive, refraining from outbursts and speaking pleasantly while experiencing anger or frustration inwardly. Most nurses behaved diplomatically and took the high road during conflict episodes. Most nurses stated that they needed their coworkers for help when either lifting a patient or consulting with each other over patient care prior to addressing doctors. If a nurse addressed another nurse in an inappropriate manner, the likelihood of obtaining help would be marginal which in turn would affect the nurse's performance.

A need to deescalate conflict was stated as another reason for a nurse's premise in being diplomatic. A situation occurred where a new system in charting was implemented eliminating paper charting for computer charting at one hospital. Many nurses were furious and during the meeting, they vocalized their frustrations while the head nurse simply maintained her cool and refused to respond in kind. The nurse manager stated that remaining calm enabled the de-escalation of the conflict and resulted in resolution of the misunderstanding.

How does Emotional labor contribute to conflict?

In the study, the results indicated that Emotional labor did not contribute to conflict among nurses who stated that being diplomatic was implemented to maintain

relationships, teamwork and a less stressful work environment. Previous studies have stated that Emotional labor may induce stress in nurses resulting in burnout (Apker, 2019) however, inducing stress on an individual experiencing Emotional labor may not lead exacerbate conflict due to the individual adhering to the Code of conduct to remain professional. Emotional labor, more specifically, Surface acting, may create stress within an individual attempting to regulate their emotions due to the effort required to perform which may result in burnout (www.cnanursing.net; Grande, 2000; Hoschild, 1983). An individual is likely to experience burnout due to "when deep gestures of exchange enter the market sector and are bought and sold as an aspect of labor power, feelings are commoditized" (Hoschild, 1983 p. 569). When related to the theory of Cognitive dissonance, an individual is aware of the discrepancies within themselves however, they choose to not lower the level of tension due to a desire to behave in a socially acceptable manner per company guidelines.

Nurses' tendencies to perform Emotional labor are based on organizational requirements to project a positive image and to invoke positive feelings in the receiver (Kim, 2018). The only conflict that is produced is not between the parties, but the conflict experienced within an individual especially when they engage in surface acting – feigning positive outward emotions while experiencing inner turmoil (Hülsheger, & Schewe, 2011).

How can deception be correlated with Emotional labor?

The results of the study indicated that there was no evidence that supported deception being correlated with Emotional labor. Individuals' motives for performing

Emotional labor were likely based on altruistic reasons in nursing. The nurses stated that an environment with less conflict, solid teamwork and relationships made them exhibit Emotional labor behaviors when addressing conflict. The nurses' preferences for solid relationships and teamwork influenced how they addressed issues and the majority enacted Emotional labor to ensure that the workplace relationships remained intact.

Deception embodies a negative motive, one which seeks to either manipulate or have the upper hand over an opponent during a conflict. Technically, the outward expressions displayed on nurses' faces are captive due to not revealing the actual emotions they experience within themselves nevertheless, the motive is not to gain an advantage over their opponent which is the main goal of deception therefore the results of the study do not support a correlation between deception and Emotional labor. Additionally, the implementation of innocent white lies seeks to serve the purpose of preserving relationships and people tend to engage in deceptive behavior primarily to fulfil socially acceptable behavior based on societal standards especially if the messages are "white lies" (Miller & Stiff, 1993). As Bok (1979) states:

> In the eyes of many, such white lies do no harm, provide needed support and cheer, and help dispel gloom and boredom. They preserve the equilibrium and often the humaneness of social relationships and are usually accepted as excusable so long as they do not become excessive. Many argue, moreover, that such deception is so helpful and at times so necessary that it must be tolerated as an exception to a general policy against lying (pp. 58-59).

The motive behind white lies may not seek to acquire an advantage over an opponent but

to preserve the relationship and display a sense of humanity and goodwill.

According to Cognitive dissonance theory, there is a discrepancy within an individual experiencing tension internally however, they did not change due to a need to conform to the norms of their organization and need to maintain solid relationships and teamwork for better patient outcomes. Additionally, there was an element of fear of the repercussions one would encounter if they failed to exhibit emotional labor. The consequences could entail poor relationships, teamwork and poor performance evaluations which would hinder future employment. By conforming to the norms of the organization, nurses embody the dominant groups' expectations as stated in Oppression theory due to the institutional standards of an interdependent professional. Nurses may feel a sense of powerlessness as a result, or they lack agency with many refusing to lash out openly.

What factors affect conflict management or approaches to conflict management?

The factors which affect approaches to conflict management are the Code of conduct, professionalism, the Code of Ethics, teamwork, and morals. Often when a conflict cannot be initially resolved, nurses often follow specific channels of command when alerting nurse managers, nurse supervisors, nurse directors and Human Resources. Adhering to the chain of command may prompt the implementation of feuding parties undergoing counseling sessions. Prior to alerting upper management, the feuding nurses often address their conflict in a private area in a calm and rational manner due to the Code of conduct that emphasizes professionalism. Additionally, the work environment governs the approach to conflict due to coworkers being cognizant of unprofessional

behavior which may affect how a nurse is perceived and often dismissed by their peers. The literature review states that nurses are invisible in a hierarchical system governed by patriarchy. An unprofessional nurse is perceived as incompetent further strengthening their invisibility thus, it is imperative that nurses do not enforce he perception of invisibility by exhibiting negative stereotypical behavior which would provide free ammunition.

The public perception of nurses has often been incongruous due to the minimal exposure the public has to nurses' duties (ten Houve, Jansen & Roodbol, 2014). Additionally, within healthcare, nurses may also appear to be invisible (ten Hoeve, Jansen & Roodbol, 2014) thus, professionalism is of the utmost importance for nurses ranging from their attitude, demeanor to their countenance. One form of professionalism is the ability to work with other team members, holding themselves in high regard and informing a mentor if another nurse is placing one at harm or risk (Woogara 2011). Therefore, a professional manner is how a misunderstanding is broached which ought to be respectful.

Many nurses receive formal training in clinical expertise however, few acquire the values, behaviors and attitudes which are vital for their roles (Shinyashiki et al., 2006). Socialization is the process which professionals learn during their education and training the values, behaviors, and attitudes necessary to assume their professional role" (Hovokins & Ewens, 1999 p. 41).

The Code of Ethics from the American Nurses' Association also affects an individual's approach to conflict. According to an article entitled "View the code of

ethics for nurses" located on the website belonging to the Nursing World, the article stipulates that the first provision in the Code of Ethics is that the nurse will practice with compassion and respect for the inherent dignity, worth and unique attributes of every person. Furthermore, an article on a website belonging to the Home Care Missouri organization entitled "The Code of ethics for nurses with interpretive statements" declares that a nurse will convey respect, professionalism and caring relationships with colleagues and be committed to fair treatment, integrity-preserving compromise and the resolutions of conflicts (p. 15). The preceding article also claims that the code of ethics plays a pivotal in conflict management therefore, uncivil behavior which seeks to harm others or violence is unacceptable. Under the provision, is the notion of a nurse refraining from harming others. Based on the results of the study, respect, teamwork, policies, communication and morals affected the approach to conflict management.

Under the second provision of the Code of Ethics in the article entitled "The Code of ethics for nurses with interpretive statements" located Home Care Missouri website, it emphasizes professional boundaries due the personal nature of the profession. Professional boundaries entail an individual's behavior toward colleagues and patients embodying boundaries in communication and actions.

Morals also affected a nurse's approach to conflict. Having a strong sense of doing the right thing, especially if patient care was compromised, was an impetus to engage in conflict constructively. Nursing practice requires individuals to possess moral courage to uphold the code of ethics due to the ethical implications involved (Numminen, Repo, & Leino-Kilpi, 2016). Some of the nurses addressed compromised patient care by

confronting the culprits directly. For example, a nurse stated she witnessed other nurses taking shortcuts by administering two different medications into a single IV instead of administering the medicines in separate IVs as mandated by best practices. By intervening, Alina knew that the best course of action was to avoid medical errors which may have led to consequences. She asked in a non-accusatory manner why the second IV was not utilized. Another nurse also witnessed a fellow nurse deviating from standard care practices which could have placed the patient at risk. Alina affirmed that advocating for following best practices and taking appropriate action was necessary when addressing infractions.

Liesel first gave the nurse the benefit of doubt by inquiring about the matter, and after receiving an impertinent response, the matter was presented to the manager per protocol. The issue remained unresolved for the manger refused to address the infraction with the offending nurse. In cases of that nature when matters are not addressed, it may cause some nurses to refuse to report matters knowing that their efforts are futile.

Training was another major theme in how nurses approached conflict in the study. Some of the nurses used conflict resolution training they had obtained primarily to deal with irate patients. Although few nurses stated that the training was beneficial, the majority of nurses lacked formal training, and many either sought advice from their nurses' associations or colleagues.

Kim, Nicotera, & McNulty (2015) state that a nurse's performance is improved considerably based on the quality of communication and successful conflict management.

Learning about communication theory can aid an organization recognize constructive conflict "valuing direct communicative confrontations for productive conflict" (Kim, Nicotera, & McNulty, 2015, p. 8). Nursing education is primarily based on communication with patients known as "therapeutic communication" which emphasizes empathy (Sleeper & Thompson, 2008). Nurses are trained to listen well and employ coping skills and critical thinking skills; however, less attention is paid to the outcomes of these skills (Bittner & Gravlin, 2009). Additionally, therapeutic communication is not solution oriented; it is based on feelings and positions (Lippincott, Williams, & Wilkins, 2009 p. 70). Nurses are not taught to view communication as more of an exchange or recognize the context in which communication occurs (Mahon & Nicotera, 2011).

The integrative conflict management style which incorporates a solutions-based approach to conflict where the parties come up with a joint solution is the best conflict management style in most contexts (Hocker & Wilmot, 2014). In the study, the findings show how nurses use assertive communication to address conflict directly in a private setting, resorting to accessing the chain of command when a resolution proves futile. Integrative approaches are lacking which would highlight high levels of concern of "the goals of both parties and a successful solution of the problem and the enhancement of the relationship" Hocker & Wilmot, 2014, p. 165). Examples of integrative statements can be the following, "when I get in a conflict with someone, I try to work creatively with them to find new options" (Hocker & Wilmot, 2014 p. 166). Another statement such as "I like to assert myself and I also like to cooperate with others" (Hocker & Wilmot, 2014, p.

166). The integrational approach increases the likelihood that both parties are satisfied with the outcome of the conflict.

In one nurse's recollection of two nurses quarreling over the best method of administering an injection, the parties were asked to set aside their egos and consider the best course of action for the patient. Based on the code of ethics, the premise is that a nurse refrains from harming a patient which is a principle in the nursing profession. Due to the code of ethics, nurses will set aside their differences and determine a solution that is suitable for the patient. As a result, they were able to resume their duties satisfied with the outcome of the conflict.

Although an integrational approach to conflict management is advantageous, there are instances where a dominating conflict style would be recommended, if the patient's health and safety are compromised. For example, if a severely injured patient fails to receive timely medical attention during an emergency, the dominating style which is forceful and decisive would be recommended. Hocker and Wilmot (2014) state that the dominating style shows the other party's commitment to the issue and the importance of the issue. The external goal is often valued over the relationship goal with the other party.

Teamwork was also identified as a factor that affected nurses' approaches to conflict. Most nurses considered the repercussions of confronting their coworkers prior to addressing a conflict with a fellow nurse to ensure that they approached the conflict in a manner which maintained a solid working relationship. A cost analysis in nursing is when a nurse considers the ramifications of their actions prior to implementing a conflict strategy. Here, the nurse reflects on the issue; considers the alternatives prior to

addressing the issue and then decides the outcome they would like to achieve which is a solid work-related relationship. Most nurses refrain from reactive behavior by suppressing their emotions to ensure good working relations for the interdependent nature of the nursing profession deems one successful only if they are great team players. Many nurses refuse to be reactive for they are aware that they need to support and consult with each other to ensure good patient care. If a nurse failed to conduct a cost analysis and, instead, he or she responded in anger, the likelihood of the work relationship being damaged would be higher. As a result, patient outcomes would be impacted. Furthermore, a personal conflict would emerge which would be harder to resolve die the receiver's fixation of the emotional outburst. Hocker and Wilmot (2014) state that personal conflicts result in destructive conflicts where individuals make choice based on what they think the other party is thinking and intending. In the study, two nurses stated that they had experienced personal conflicts which continue to remain unresolved even though the conflicts occurred one year ago.

Limitations

Due to social distancing requirements prompted by COVID-19, interviews were conducted via telephone. Nonverbal cues such as eye contact, body movement, or gestures could not be observed. The researcher could only rely on paralinguistics and participants' dialogue to gauge the temperament of participants and to determine the veracity of their statements. The data would have been richer if the interviews were conducted face-to-face. A second limitation is the very low number of male nurses. Male

nurse organizations chose not to participate. Male nurses might be more naturally inclined to use a direct, masculine conflict style.

A third limitation was the period when data collection occurred which affected the response rate and the availability of participants (Roberts, 2010). In-person data collection for this study came to halt due to COVID-19 as nurses were almost inaccessible. Many were working additional hours to combat COVID-19; others were homeschooling their children which made scheduling interviews an onerous process.

The stress related to the pandemic may have affected some nurses who chose to vent their frustrations resulting in some interviews sounding like therapy sessions where some questions remained unanswered with some interviews embodying a depressing nature. The fifth limitation was the use of technology – using a telephone for the interviews instead of using a computer. Some nurses lacked Internet access while others were technologically challenged. Thus, the researcher had to find the means of simplifying how interviews could be conducted or the nurses may have refused to participate. The way in which the interviews were simplified was by the researcher eliminating computer mediated communication which would have required additional preparation and effort on the nurses' part. Additionally, computer-mediated communication would have resulted in Internet connectivity issues which are challenging to trouble shoot and resolve in a timely manner. Therefore, the researcher opted to conduct the interviews via telephone where less computer preparation and effort were imparted upon nurses.

A sixth limitation was that some of the participants seemed a bit distracted; appearing as if they were engaged in other activities while responding to the questions. For example, two participants were at work, one was filling out paperwork while responding.. The researcher had to repeat certain questions. Additionally, one participant happened to be driving when the interview occurred; therefore, one can only assume that the researcher did not have the participant's undivided attention.

Seventh, one the participants attempted to interview the interviewer and insisted that a policy be implemented through the study. The interviewer had to find ways in which to sidestep the issue by suggesting that the matter could be addressed after the main objective of the study was achieved. Additionally, many of the nurses seemed as if they self-monitored by responding to some questions in ways that showed what was expected of them – providing what they perceived to be the correct answer instead of truly sharing their honest perspectives. Some of the responses sounded stilted and lacked a natural ease, which may be attributed to the conversation being recorded. Some of the nurses may have felt self-conscious and unwilling to divulge more than what was appropriate. All nurses were provided with a list of questions prior to the interviews which meant that they reviewed the questions and thought about their responses in advance. Naturally, most participants would choose to respond in an appropriate way due to being aware that the interview was being recorded. If the nurses lacked prior knowledge of the questions, their responses would have been spontaneous.

The eighth limitation involved providing the list of questions prior to the interview. Some of the participants' responses lacked spontaneity. Answers seemed

almost rehearsed, making the researcher wonder if their responses would have been similar if they had not been furnished with the questions prior to the interview.

The nineth limitation to be considered in the study was the likelihood of nurses using the avoidance conflict management style. The nurses stated that they refrained from addressing conflict when a transgression occurred preferring to wait while contemplating the outcomes and determining whether the conflict was worth addressing. Avoidance was not used instead, the nurses opted to strategically delay addressing conflict to ensure a positive outcome resulting in maintaining a relationship and a less stressful workplace environment.

The tenth limitation was the conflict tension between active and passive conflict management strategies. Initially, embodying a passive conflict management style may be related to Emotional labor in that nurses refused to engage in emotional outbursts during a conflict which exhibited restraint rather than passiveness. If nurses were passive, they would have not addressed the conflict instead, they preferred to use delay in addressing the conflict in the heat of the moment to ensure that a positive outcome was more likely. EL is often used to present a positive facade to the public however, nurses strategically use EL to preserve relationships with fellow nurses. Although EL is a less aggressive approach to conflict based on a decision a nurse makes in determining the best strategy in addressing conflict, many nurses would have preferred to use a more aggressive approach however, many refrained from indulging in knee jerk reactions. The final limitation identified in the study was that nurses only provided their perspective of the conflict

while the second party's perspective was lacking. The other's party's perspective would have provided a complete view of the conflict.

The results of the study showed how nurses' conflict management styles were influenced by the code of ethics which are the principle that govern nursing practice. The code of ethics is primarily patient-centered but not nurse-to-nurse centered. The code of ethics adheres to the principle of not harming the patient which aligns with hospital's mission of ensuring the health and safety of patients. Structurational divergence theory shows how sociological constructs explaining how negative communication cycles occur from the intersection of incompatible social/cultural structures (Nicotera, Mahon & Wright, 2014). When a nurse is confronted with two oppositional obligations, there are perpetual conflicts which occur creating a downward communication spiral (Nicotera, Mahon, & Wright, 2014). When multiple structures contradict each other, individuals are unable to make sense of what is happening in their social interactions or decide what to do. Thus, nurses who suffer from a high level of SD lose the efficacy to act productively (Nicotera, Mahon & Wright, 2014). Based on the results of the study, the nurses' lack of conflict skill development caused by the nursing profession's indifference toward the importance of conflict skill training results in nurses' inability to resolve conflict effectively culminating in poor patient outcomes, workplace bullying, high turnover rates and a lack of job satisfaction. Where the SD theory could be expanded is in the emphasis of the relational aspects between nurses. If nurses are trained in conflict skill development, it would enable then to become empowered and act productively resulting in better patient outcome, less turnover rates, less bullying and more job satisfaction. Due

to hospitals' and nursing schools' failure to recognize the importance of the relational aspect between nurses and to provide mandatory skill development in conflict management, the negative communication spiral will continue and negatively impact patient outcomes. Thus, the patient centered, and nurse-to-nurse centered aspects ought to be given an equal amount of attention by hospitals and nursing school.

Nurses have often held a subordinate position in healthcare which is permeated with an oppressive culture toward nurses. The Oppression theory stipulates that nurses often embody the norms set by the dominant group and accept them as normal (Bartholomew, 2006). Based on the results of the study, one way how nurses are oppressed is in the lack of access to conflict management training which makes their jobs challenging. Instead, nurses are trained in therapeutic communication to relate to the patient. Few nurses in the study were skilled in conflict resolution and they touted the benefits of their conflict management skills.

The Oppression theory which is based on a military hierarchy fails to recognize the importance of nurse roles therefore nurses continue to receive training provided it related to the patient. The relational aspect between nurses is overlooked. If the oppressive nature of the culture could undergo a slight transformation where nurses' contributions are valued and supported by providing conflict skill development primarily between nurses, patient outcomes would benefit and so would the workplace environment.

The theory of Cognitive dissonance based on the Induced-Compliance paradigm shows how an individual is aware of the punishment if they refuse to comply which often

makes them acquiescence. Linder, Cooper and Jones (1967) state that individuals who face not choice but to comply to the request are more often likely to comply and justify their decisions based on the lack of choice. Based on the findings in the study, it showed that nurses did not lack a choice in their decisions which would have prompted them to resort to complying. Contrary to the Induced-Compliance paradigm, the outcomes of nurses' decisions to perform emotional labor were influenced primarily by the positive outcomes of sustaining work relations more than the organization's standards for specific behavior. Thus, the nurses had a choice on deciding whether to comply or not comply when performing emotional labor. Second, the theory of Cognitive dissonance states that individuals often alter their attitudes toward a negative event (Starzyk, et al., 2009). Based on the findings in the study, most nurses' attitudes toward the opposing party remained the same however, their responses and behavior were altered based on their motives. Some nurses performed emotional labor based on self-interests such as avoiding medical errors by refusing to respond angrily to changing medical orders mid-way through a shift to avoiding a negative performance review. The two motives were not based in the organization's requirements for expected nurse behavior. Thus, the nurses' responses toward the opposing parties contradicted the actual emotions they experienced inwardly in accordance with Cognitive dissonance. Overall, motives based primarily on relational aspects and motives ought to be considered when extending the theory of Cognitive dissonance.

Future Research

The purpose of the study was to examine nurses' workplace stressors with the goal of identifying communicative strategies to alleviate the stress. It was predicted that nurses would refuse to address conflict directly as previous studies have stipulated however, the results in the study indicated that nurses addressed conflict by utilizing confrontation, "I communication" non accusatory language and diplomatic behavior to ensure good working relations with coworkers. Additionally, nurses who received formal training in conflict management via former careers or nurses who worked in Psychiatric units or Emergency rooms utilized their training to address conflict with coworkers.

Based upon the results of the study, further research on nurses' formal training in conflict management ought to be examined to see if the training enhances their performance. Many nurses are ill prepared in addressing interpersonal conflict due to Nursing Schools not offering mandatory conflict management courses. Instead, Therapeutic communication is emphasized which is communication primarily between nurses and patients that emphasizes empathy that is aligned with the patient centered profession's values. Nevertheless, formal training in conflict management would be beneficial to nurses' performance and would enhance patient outcomes. The nurses who have received conflict resolution training are often employed in Emergency Rooms of Psychiatric units where the patient violence is prevalent. Also, the charge nurses or nurses in leadership positions are trained in conflict resolution however, floor or bedside nurses lack conflict resolution training which may be beneficial in enhancing their

performance and furthering the mission of the hospital to provide excellent care to patients.

Further research may be warranted to see whether personality traits affect an individual's approach to conflict management. Studies specify that many nurses have strong personalities or are type A personalities (Batholomew, 2006) embodying characteristics such as hard driving, competitive, and impatience (www.pyschologytoday.com). In the Five-Factor Model of Personality (FFM), Extraverts embody dominant, forceful traits that lean toward directiveness while scoring low on assertiveness (Costa & McCrae, 2007; Trapnell & Wiggins, 1990). On the other hand, Introverted personalities are often cautious (www.thepsychologist.org.uk), and reserved (Nelson & Thorne, 2012) and may avoid conflict due to being introverted. Furthermore, some nurses described themselves as possessing strong personalities thus, personality and conflict strategies may warrant further research to determine whether personality influences the communication strategy utilized during a conflict episode.

Further research ought to examine Cultural sensitivity training among nurses and how they address conflict with nurses from different nationalities. The nursing field, depending on the region is beginning to advocate for a diversified nursing workforce due to the benefits associated with patients' ability to relate with nurses from similar nations and nurses tend to perform better in diversified spaces (Rock & Grant, 2016). Obtaining Intercultural communication skills will aide nurses in diversified fields into becoming aware of intercultural differences and responding appropriately during conflict episodes.

Further research ought to examine the opposing nurses' perspectives so that one can have a better understanding of the issues instead of simply seeking the perspective of one nurse. By exploring the perspectives of both parties, one will have a clear view of the issue and identify whether the issues were resolved appropriately.

Based on the results, further research ought to examine nurses who have received conflict resolution training to see if it would improve their performance. Some nurses had received conflict resolution training based the context in which they worked or their position for example, those who were employed in emergency rooms or psychiatric units were trained in conflict resolution to deescalate conflict from patients who had a propensity toward violence, while charge nurses were also trained to diffuse conflict among staff members. Many staff nurses lacked conflict resolution training where further research ought to be conducted to see if the training is beneficial to their job performance. Additionally, conflict resolution would further the mission of the hospital to provide better care for the patients. Finally, future research ought to examine how specific training is implemented to examine whether the training is beneficial.

Finally, further research ought to examine surface acting which is a part of EL that may be parallel to deception. Surface acting entails presenting a positive outward appearance that contradicts the irritability individuals experience inwardly. Furthermore, if an individual is in a highly interdependent context which is based on the relationship one has with their coworkers, the strategies that use deception based on a negative motive are going to be ineffective which contributes to our understanding of EL not only to the nursing profession but to other service-oriented occupations that embody high levels of

interdependency. Currently few studies examine surface acting and deception which may warrant further research.

Conclusion

Overall, the current research sought to have a better understanding of nurses' communicative strategies during conflict, as well as the underlying reasons why certain strategies were implemented. Emotional labor influenced nurses' approaches to conflict management with the goal of preserving relationships and strong teamwork. Contrary to previous studies which stated that nurses preferred avoidant conflict management strategies. Mahon and Nicotera's (2011) study stated that nurses preferred conflict management style was the avoidance approach, however, this study revealed that nurses addressed conflict directly using assertive communication. "I" communication which allows the sender to take ownership of their words and feelings and is also designed to ensure that the receiver is not put into a defensive positive position by feeling accused if the word "you" was used instead of "I." Some nurses used previous conflict management training skills from former careers or techniques to conflict management as well.

The study argues that formal training in conflict management may be beneficial in creating awareness of best practices for conflict resolution for nurses irrespective of their ranking in a hospital setting. Conflict management training need not be reserved for nurses who hold managerial positions. If floor nurses are trained in conflict resolution, they will be able to enhance their work performance which may result in better patient outcomes. Secondly, nurses' conflict management strategies are influenced by culturally ingrained standards of expected nurse behavior.

Although emotional labor tends to cause stress among nurses, emotional labor was not associated with inducing conflict among nurses. Emotional labor is used at times to preserve relationships. Additionally, there was no association identified between emotional labor and deception. One explanation for this finding is that nurses generally have altruistic motives. If an individual attempts to present a good face to control the situation, it may be parallel to deception which is implemented with ill intentions. Emotional labor in the context of nursing is often implemented to maintain teamwork and relationships, which are positive motives. Additionally, in service industry occupations where EL is highly used, the motive is often to create a positive experience in the recipient. The façade an individual presents might not portray the frustration or irritability an individual conceals, and this concealment may be parallel to deception. However, the motives for implementing EL emanate from a positive intention rather than ill will. A particular aspect of EL is surface acting where individuals partake in deception of their authentic feelings which do not portray their authentic experience (Isik & Hamurcu, 2017). Furthermore, if an individual is in a highly interdependent context which is based on the relationship one has with their coworkers, the strategies that use deception based on a negative motive are going to be ineffective which contributes to our understanding of EL. Currently few studies examine surface acting and deception which may warrant further research.

The present study sought to have a better understanding of nurses' workplace stressors and communicative strategies in a conflict riddled culture. The literature review provides background to the nursing environment, common conflicts induced by

generational diversity, decision making, nurse-to-nurse bullying and nurses' perceptions toward conflict and the rationale for examining communicative strategies. Cognitive dissonance, structural divergence theory and oppression theory work together effectively to explain the conflict between nurses, conflict experienced within nurses, and organizational conflict. The methodology section focused on the procedure implemented in the study. Employing narrative inquiry of the in-depth interviews aided the understanding of nurses' perspectives of conflict management. The use of structured interview questions seemed to work well in this context.

Based on the results of the study, EL may be viewed in two ways. First, EL may be antecedent when associated with stress causing dissatisfaction and burnout among nurses in the workplace. The level of effort required to perform EL is emotionally exhausting and draining while causing nurses to suppress their actual emotions due to organizational mandates of projecting a positive image. The delimitations and the procedures were also included in the chapter. Chapter IV displayed the results of the data where common themes and sub themes were displayed as well as the limitations of the study and the research questions. The concluding chapter addressed further research suggestions.

Remaining calm by an individual concealing their exasperation may not necessarily be avoidance rather, it is a strategy used to address conflict. When nurses use calmness in the heat of the moment to delay conflict, it is not an avoidance of conflict instead, by delaying the conflict it enables nurses to reflect on the type of outcome they

would like to achieve – one which ensures a preserved relationship so that the workplace is less stressful.

The results showed that the code of conduct, the code of ethics, cultural sensitivity, teamwork and training were factors that played a role influencing the approach nurses used in conflict. Specific factors may prompt nurses to use EL especially pertaining to a need to preserve relationships to ensure enhanced workplace performance and better patient outcomes. Initially, EL is primarily used to portray an organization's positive image to attract positive reviews which in turn may result in more business. Nevertheless, EL is also used strategically to avoid conflict and tension. Nurses ensure that workplace relations are professional and cordial so that their performance and patient outcomes are not impacted. Based on the results, the use of EL indicates nurses avoid conflict and tension by exhibiting EL to preserve relationships.

The nursing profession continues to remain a highly respected occupation that embodies altruistic motives yet is riddled with conflict. It can be argued that formal training in conflict management may enable nurses to perform better resulting in good relationships and teamwork which are essential for the profession's cornerstone that is based on collaboration to provide great patient care. The way conflict is handled will determine whether an organization will thrive thus, in the words of Hocker and Wilmot, (2014 p. 7), "conflict management skills require thoughtful practice." The benefits of learning effective conflict resolution skills will result in improved mental health for everyone, long term satisfaction for nurses and patients. Finally, everyone will benefit

from individuals who have developed conflict management skills for the skills are applicable to all contexts and are beneficial in human relationships.

APPENDIX A

Nurses Are Pivotal

The site examines nurses workplace stressors with hopes of identifying communicative strategies to alleviate the stress.

The Dissertation

Conflict Management Strategies Among Nurses in Hospital Settings

Hello everyone! I am a PhD candidate at the University of Southern Mississippi interested in examining nurses' workplace stressors with hopes of identifying communicative strategies to lower the stress.

If you are a registered nurse between the age of 18-70 and you work in a hospital setting, please participate by clicking on the Contact Form and send a message. Please indicate the day and time that will work for you so that I can work around your schedule. Your time and privacy will be respected.

The study is confidential, Qualitative, and voluntary where there will be a 13-minute telephone interview which will be recorded with a Sony T Mark voice recorder so that your responses can be transcribed, and the data will be kept securely in a drawer in the School of Communication at the University of Southern Mississippi. The data will be

deleted after the study is completed. You can withdraw from the study at any time, and you will not be penalized nor lose any benefit.

Benefits

1. Your responses will contribute to an academic body of knowledge.
2. You will be given a $10 digital gift card from Starbucks.

The link below contains the following documentation.

1. A Consent Form
2. A list of questions for participants.
3. A Dissertation Proposal Approval Form

If you would like me to provide additional documentation such as an approved Institutional Review Board (IRB) application or a letter from my Committee Chair, Dr. Steven Venette, I will be happy to provide it. If you have any questions, I can be reached at Rita.Nassuna@usm.edu

Kind regards,

Rita

APPENDIX B

Questions for the Participants

1. How long have you been practicing nursing?
2. Why are you passionate about nursing?
3. To what extent does the code of conduct influence how you engage in conflict?
4. To what extent does the code of conduct influence the strategy you use in a conflict?
5. To what extent do professional standards influence how you perceive and handle influence conflict?
6. Can you tell me about a time when you had a misunderstanding with another nurse?
7. Can you tell me of a time when you experienced conflict with another nurse and what caused the issue?
8. Can you tell me about a time when you remained diplomatic during a conflict with another nurse even though you felt frustrated inwardly?
9. Why did you choose to be diplomatic and was it worthwhile in the end?
10. I am interested in situations where people manage conflict. They may at times have to display one emotion outwardly while feeling something differently inwardly. Have you even done this before?

11. How do you engage in conflict and what strategies do you use when engaging in conflict?
12. Are there any other professional standards that influence how you perceive and handle conflict?

APPENDIX C

INSTITUTIONAL REVIEW BOARD APPROVAL LETTER

Office *of*
Research Integrity

THE UNIVERSITY OF SOUTHERN MISSISSIPPI

118 COLLEGE DRIVE #5125 • HATTIESBURG, MS | 601.266.6576 | USM.EDU/ORI

NOTICE OF INSTITUTIONAL REVIEW BOARD ACTION

The project below has been reviewed by The University of Southern Mississippi Institutional Review Board in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services regulations (45 CFR Part 46), and University Policy to ensure:

- The risks to subjects are minimized and reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered involving risks to subjects must be reported immediately. Problems should be reported to ORI via the Incident template on Cayuse IRB.
- The period of approval is twelve months. An application for renewal must be submitted for projects exceeding twelve months.

PROTOCOL NUMBER: IRB-19-608

PROJECT TITLE: Conflict Management Strategies Among Nurses in Hospitals

SCHOOL/PROGRAM: School of COMM, Communication Studies

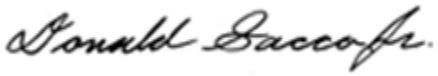
RESEARCHER(S): Rita Nassuna, Steven Venette

IRB COMMITTEE ACTION: Approved

CATEGORY: Expedited

7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

PERIOD OF APPROVAL: February 18, 2020



Donald Sacco, Ph.D.

Institutional Review Board Chairperson

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