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## Strategies Nursing Managers Use to Prevent and Address Workplace Conflicts

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# Walden University

College of Management and Technology

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Ifeanyi Ezeani

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2022

Abstract

Strategies Nursing Managers Use to Prevent and Address Workplace Conflicts

by

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MBA, Western Governor University, 2012

BS, University of Benin, Nigeria, 1991

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Business Administration

Walden University

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## Abstract

Workplace conflicts negatively impact organizational performance. Health care leaders are concerned that workplace conflicts lead to stress and low performance by nurses and negatively affect the delivery of care to patients. Grounded in the social exchange theory, the purpose of this qualitative multiple case study was to explore strategies health care nursing managers use to address workplace conflict. Data were collected through semistructured interviews with five nursing managers from multiple healthcare organizations in the Western region of the United States who have successful strategies to address workplace conflict. The data analysis using Yin's five-step approach identified four main themes: perception of fairness, equity, and respect; organizational resources; fostering communication, collaboration, and empowerment; and acknowledging the employee experiencing the conflict. The key recommendations for nursing managers are to be fair, respectful, and acknowledge what employees are feeling in conflict situations to manage conflicts effectively. The implications for a positive social change include the potential to improve nurses' performance, health and wellbeing, and the overall quality of health care service delivery to their communities.

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## Dedication

I dedicate this study to God for giving me the strength, knowledge, and wisdom to embark on this doctoral journey. I also dedicated this doctoral study to my late father, Bartholomew Ezeani, and to my mother, Victoria Nneka Ezeani, both of whom moulded me to be strong and resilient through all aspects of life. To my family and friends for pushing to continue even when I was going to give up.

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I would like to acknowledge my friends and family for all the support they gave to me throughout this journey. I know that there were times you all needed me to be there at one event or the other, but I was not able to be there due to my studies. However, you all continued to cheer me on. Thank you all.

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## Section 1: Foundation of the Study

Workplace conflicts in organizations affect the performance of those organizations (Barrientos-Trigo et al., 2018). Various industries face workplace conflicts in one way or another, but workplace conflicts present a complex challenge to health care institutions (El Dahshan & Moussa, 2019). As with other industries, the health care industry has its fair share of workplace conflicts that affect the delivery of care to patients (Jerng et al., 2017). In addition to the impact of workplace conflict on delivery of care to patients, there are also the negative effects of workplace conflict on the health and wellbeing of the nurses who deliver care to patients in the health care industry (Hurt & Abebe, 2015).

### **Background of the Problem**

The effects of workplace conflicts in organizations have been well documented in literature (Abd-Elrhaman & Ghoneimy, 2018; Barrientos-Trigo et al., 2018). Organizations that do not adequately address workplace conflicts are likely to experience low employee performance and increase employees' health-related problems. (Hurt & Abebe, 2015). A study by Shantz and Bruk-Lee (2016) supported the argument that all forms of workplace conflicts affect employees negatively and may lead to an increase in drug and alcohol use. In the health care industry, nurses experience approximately 57% of workplace conflicts reported in health care institutions (Jerng et al., 2017). A study by Bochatay et al. (2017) on workplace conflicts in health care institutions showed that workplace conflicts in health care institutions lead to stress and low performance by nurses, and it negatively affects the delivery of care to patients. In addition to the health

implications of workplace conflict, CPP Inc.'s study conducted in 2008 show that organizations can see the negative effect of workplace conflict on the fiscal performance of organizations. The CPP Inc. studies (as cited in Moeta & Suzette, 2019) found that U.S. employers lose \$359 billion in paid hours annually due to workplace conflicts, which equates to an average of 2.8 hours of work per employee weekly. The loss of 2.8 hours of work per nurse weekly, as indicated in the CPP Inc. studies, could mean a loss of \$396,323 annually for a health care institution in the western region of the United States that employs 50 nurses, based on the U.S. Bureau of Labor Statistics (BLS, 2020) average salary of \$54.44 hourly for nurses in the western region of the United States. Therefore, the focus of this research study was to investigate the strategies that nurse managers have successfully used to address workplace conflicts in their health care institutions.

### **Problem Statement**

Workplace conflicts in health care institutions can lead to stress and low performance by nurses, which affects the delivery of care to patients (Cullati et al., 2019). According to a 2016 study, four out of ten conflicts in a health care institution negatively affect the delivery of care to patients (Cullati et al., 2019). The general business problem is that the inability of nurse managers to manage workplace conflicts increases stress, burnout, and low productivity, which influences the delivery of quality care to patients. The specific business problem is that some health care nursing managers lack strategies to address workplace conflict to ensure the delivery of quality care to patients.

### **Purpose Statement**

The purpose of this qualitative case study was to explore the strategies that health care nursing managers use to address workplace conflict to assure the delivery of quality care to patients. The population for the study was five nurse managers in the western region of the United States who have successfully implemented strategies to reduce workplace conflicts. This study may contribute to social change because the findings may provide knowledge on practical strategies to reduce stress and other adverse outcomes of workplace conflicts so that health care nurses provide quality care to patients. Organizational leaders and human resources professionals may be able to use the findings from this study to develop strategies that health care nursing managers can use to reduce workplace conflicts, stress, burnout, and the negative impact of workplace conflict on the delivery of nursing care to patients.

### **Nature of the Study**

Three research methods considered for this study were qualitative, quantitative, and mixed. Researchers choose the qualitative research method because it uses open-ended questions to understand a problem from those experiencing it (Barnham, 2015); therefore, it is the most appropriate research method for this study. Qualitative research methods are used to explore a problem to learn people's beliefs, experiences, behavior, and interactions related to the problem (Pathak et al., 2013). In contrast, in the quantitative research method, researchers uses closed-ended questions to test hypotheses to understand variables' characteristics, and the relationships among variables using statistical data analysis (Yilmaz, 2013). Like the quantitative method, the mixed-method

research involves closed-ended questions to test hypotheses (Sparkes, 2015) alongside qualitative methods. My aim was to learn the strategies nurse managers use to mitigate and address workplace conflicts, so this study was not to test a hypothesis, which is part of a quantitative study or mixed-method study. Therefore, a qualitative research method was the most appropriate for this study.

Ethnographic, phenomenological, and case study research designs were the qualitative research designs considered for this study. I selected the case study design over the other two research designs because it allows for an in-depth inquiry into understanding a business problem from those experiencing the problem (Yin, 2018). The multiple-case study design was chosen over a single-case study design because using multiple data collection from multiple participants from multiple organizations provides compelling evidence to answer a qualitative research question (Yin, 2018). Therefore, a multiple case study design was most appropriate to learn how nurse managers develop and implement strategies to mitigate and address nurses' workplace conflicts. An ethnographic study focuses on understanding the culture of a group (Saunders et al., 2015), so an ethnographic design was not appropriate for this study. Researchers conduct phenomenological to understand the common personal meanings of individuals experiencing the phenomenon (Thompson, 2018); therefore, a phenomenological research design would not have been appropriate because the focus is not to understand the personal meanings of experiencing a phenomenon.

### **Research Question**

The research question for this study was: How do some health care nursing managers address workplace conflicts to assure the delivery of quality care to patients?

### **Interview Questions**

1. What self-developed strategies have you used to address your nurses' workplace conflicts?
2. What organizational resources have you used to implement the strategies to address your nurses' workplace conflicts?
3. What strategies have you used to address your nurses' peer vs. peer workplace conflict?
4. What strategies have you used to address your nurses vs. other medical professionals (e.g., doctors) workplace conflicts?
5. Based on your experience, why do you think these strategies are effective?
6. What were the key barriers to implementing your strategies for reducing nurse's workplace conflicts?
7. How did you address these key barriers?
8. What else can you share with me about the strategies you have used to reduce workplace conflicts and assure the delivery of quality care to patients?

### **Conceptual Framework**

The conceptual framework for this study was the social exchange theory (SET). Social psychologist George Homans introduced SET to explain what drives the processes of social behavior and social structures (Homans, 1958). SET involves the behavior of



individuals in exchange activities that may be tangible or intangible, and it includes the analyses of costs versus benefits derived from relationships with other individuals (Homans, as cited in Cook et al., 2013). Scholars such as Peter Blau and Richard Emerson had different approaches to the development of SET. However, these scholars agreed that social exchange involves how individuals in a social environment interact with others based on their assessment of risks and rewards, or costs and benefits associated with the interactions (Cook et al., 2013).

According to SET, individuals engage and stay in relationships based on the rewards and costs associated with relationships. In a group, an individual's behavior and responses to stimuli such as conflicts and stress will depend on the perceived rewards the individual anticipates receiving from being a member of the group (Homans, 1958). Additionally, the research study by Slack et al. (2015) supported this agreement on SET, as the study showed that employees could be willing to incur or ignore costs with the expectation of a meaningful reward. Therefore, based on the previous argument, SET provides a potential lens for understanding the strategies nursing managers use to prevent and address social conflicts that affect the quality of nursing care.

### **Operational Definitions**

*Employee burnout:* The physical, psychological, and emotional exhaustion resulting from an employee's continued exposure to workplace-related stress (Boamah et al., 2017).

*Employee performance:* The employee's activities and tasks directed towards achieving organizational goals and objectives (Nyberg et al., 2016).

*Employee well-being:* The physical, mental, social, and psychological state of an employee (Nielsen et al., 2017).

*Workplace conflict:* A dispute or grievance between employees, employee and supervisor, and employee and organization, which can be in the form of relationship conflict, task conflict, or non-task organizational conflict (Currie et al., 2017).

### **Assumptions, Limitations, and Delimitations**

#### **Assumptions**

Assumptions are self-evident truths that must be valid for a research study to be meaningful (Leedy & Ormrod, 2018). The critical assumption in this study was that the chosen case study research design and the accompanying interview questions would sufficiently provide an answer to the research question. Another assumption I made was that the nurse managers, as the participants for this study, have successfully implemented strategies that are effective in managing workplace conflicts; as such, their responses were expected to provide insight into effective strategies that can help address and manage workplace conflicts.

#### **Limitations**

The limitations of a study are the weakness of the research study (Marshall & Rossman, 2016). The first limitation of this study was that it is a qualitative case study research design, which uses in-depth inquiry to collect data based on the individual responses of the four to six participants; the number of participants makes it difficult to generalize the findings of the study. The second limitation was that, because the study participants are nurse managers in the health care industry selected from the western

region of the United States, the findings of the study may not be transferable to other industries. The third limitation was that I, the researcher, am the data collection instrument and the interpreter of the study's findings; therefore, there was the risk of bias (Palaganas et al., 2017; Yin, 2018). However, I used member checking to mitigate the risk of bias and ensure that the participants validated both the data I collected and my interpretation of the data (Varpio et al., 2017).

### **Delimitations**

Delimitations are the boundaries or scope of a research study that a researcher sets using defined characteristics that tell a reader what is within the study and what is not (Qiu & Gullett, 2017). According to Yin (2018), researchers are able to delimit their research studies based on factors such as sample size, number of participants, geographic location, and research questions. The purpose of this study was to explore the strategies that nurse managers use to prevent and address conflicts, which delimited the scope to nurse managers in health care institutions. The study participants were delimited to five nurse managers who have experience in implementing strategies that have successfully mitigated the negative effects of conflicts. Further delimitation was that the study participants are from private hospitals within the western region of the United States.

### **Significance of the Study**

Conflicts among employees negatively affect employees and customers and can potentially lead to financial losses and contribute to the organization's demise (Bochatay et al., 2017; Kim et al., 2018; Raykova et al., 2015; Žikić et al., 2012). Nurses deliver health care to patients in the communities they serve. The quality of care that the nurses

deliver to patients can be negatively affected by workplace conflicts (Abd-Elrhaman & Ghoneimy, 2018). Furthermore, research has shown that the negative effects of workplace conflicts on the nurse, such as stress, poor workplace communication, and poor health, can affect the social and economic well-being of the society and the communities they serve (Higazee, 2015; Raykova et al., 2015). Therefore, if health care leaders and nurse managers can understand the strategies that are successful for addressing workplace conflict, nurses' stress could be reduced, thus potentially improving their coworker interactions and the overall quality of care they provide patients and their families (Rispen & Demerouti, 2016). Nurse managers may use the results of this study to manage workplace conflicts better, which could lead to social change as managing workplace conflict can improve the overall health and quality nurses' lives to benefit their patients and the communities the nurses serve (Higazee, 2015; Labrague & McEnroe-Petite, 2017).

Health care leaders might use the results of this study to understand better how nurse managers can prevent and address workplace conflicts of nurses delivering care to patients. With the findings from this study, health care leaders could potentially reduce the negative consequences of workplace conflicts on health care businesses and improve the delivery of care to patients (Raykova et al., 2015). The recommendations from this study could help health care leaders and nurse managers to identify strategies that may reduce the effect of workplace conflicts and improve both employees' and organizational delivery of health care, benefitting patients and patients' families.

### **A Review of the Professional and Academic Literature**

The purpose of this case study was to explore the strategies that nurse managers use to address and manage workplace conflicts in health care institutions. In order to understand workplace conflicts in organizations, specifically in the health care industry, and the effective strategies to address workplace conflicts, I reviewed the literature on workplace conflicts in organizations. I conducted a review of the literature on the sources of workplace conflicts in organizations and the health care industry, specifically. I also reviewed the literature on the types of workplace conflicts in organizations and how these types of workplace conflicts apply to the health care industry. Lastly, I reviewed the literature on the effects of workplace conflicts on nurses tasked with providing care to patients in health care institutions and how they affect the quality of care they provide.

I organized this literature review into the following categories: (a) workplace conflicts in organizations, (b) workplace conflicts in health care institutions, (c) negative effects of conflict on nurses, (d) negative effects of conflict on the delivery of care, and (e) approaches to managing conflict. My goal in reviewing the literature was to make sure that I gained substantial knowledge of the studies conducted by other researchers on workplace conflicts. Through this comprehensive review of the literature on workplace conflicts, I found that further research is needed to better help nurse managers address workplace conflicts. Cullati et al. (2019) highlighted the need for better management of workplace conflicts in health care institutions to reduce the negative impact on the delivery of care to patients.

I conducted this literature review by searching for peer-reviewed articles from various databases through EBSCOHost in Walden University Library Portal; these databases include Sage Journals, Business Source Complete, ProQuest dissertations and Theses, and Science Direct. I also used Google Scholar to search for articles, but I used Ulrich's Periodicals Directory to verify that these articles are from peer-reviewed journals. I also searched government databases from the U.S. BLS and the National Institute of Health for articles on workplace conflicts. The keywords and phrases I used in my search include *workplace conflict*, *organizational conflict*, *nurses conflict*, *types of conflicts*, *sources of conflicts*, *effects of conflict on nurses*, *conflict management strategies*, and *health care workplace conflicts*. The total number of references in my literature review is 103, of which 89% were published within the past 5 years. Out of the 101 journal articles used, 88 were less than 5 years old, and 99% were peer-reviewed. Two seminal books were also used in this review.

**Table 1**

*Literature Review Reference Content*

Reference type	Total	< 5 years	> 5 years	% < 5 years
Peer-reviewed articles	100	87	13	87
Non-peer-reviewed articles	1	1	0	100
Books	2	0	2	0
Total	103	88	15	85

**The SET**

The conceptual framework guiding this study is the SET. This well-established theory in the fields of psychology, sociology, and management has been used extensively

as a conceptual framework for the study of relationships among individuals and organizations (Cropanzano et al., 2017; Frieder, 2020). The theory continues to be relevant in the field of management, even with the changes that have taken place in the workplace over the years (Chernyak-Hai & Rabenu, 2018; Piccoli et al., 2017; Yu et al., 2018).

### ***The Theory***

Social psychologist George Homans introduced SET to explain what drives the processes of social behavior and social structures (Homans, 1958). Homans defined social exchange as “the exchange of activity, tangible or intangible, and more or less rewarding or costly, between at least two parties” (as cited in Cook et al., 2013). Homans (1958) viewed social exchange as the driver of relationships between individuals, between individuals and groups, or between one group and another group. Homans identified reciprocity as the primary driver of exchange behavior between individuals. This reciprocal behavior is supported by Gouldner (1960, as cited in Meineri et al., 2017), who described the norm of reciprocity as the principle that guides exchange behavior between individuals.

Homans (1974) further expanded on his SET proposal by introducing the following five propositions that explain the exchange behaviors of individuals:

1. Success proposition. An individual is likely to repeat actions or behaviors for which he or she has received rewards in the past.

2. Stimulus proposition. An individual is likely to respond to a stimulus in the same way he or she responded to a similar stimulus in the past when the particular response received a reward.
3. Deprivation–satiation proposition. The more often an individual receives a reward for a particular action or behavior in a short time, the less valuable additional units of that reward become to the individual.
4. Value proposition. The likelihood of an individual repeating an action or behavior is positively related to how valuable the result of such action or behavior is to the individual.
5. Rationality proposition. An individual will choose an action that is valuable and has the highest probability of producing desired results when choosing from a set of alternatives.

The propositions further propelled Homans's argument on SET. The propositions summarize that value and rewards drive individuals' actions and behaviors in a social environment. As such, the perception of a valuable reward will lead an individual to take action that they perceive will result in receiving the reward. Therefore, following Homans's rationality proposition argument, an individual is likely to avoid actions or behaviors that will not result in desired rewards; in other words, they will avoid engaging in exchanges where costs outweigh the reward. In summarizing Homans's SET, an individual will choose an action or behavior based on the costs and benefits of taking that action (Homans, 1958).



Other psychologists and sociologists have had different approaches to the development of the SET; however, they have generally agreed on the same concept of social exchange between and among parties, which is the reciprocal behavior of the parties involved in an exchange (Cook et al., 2013). Peter Blau, a sociologist, disagreed with Homans's reductionist approach to SET. Blau's approach was that SET should be constructed from investigating all variables that influenced an individual's behavior in a social structure, including what he referred to as the emergent properties of a social system that goes beyond an individual's psychology (Blau, 1986). Blau's view on SET was that the theory should be approached from both an economic and utilitarian perspective.

Blau argued that the primary focus of SET should not be on economic exchanges that he believes are short-term focused; instead, he posited that social exchange should encompass abstract and intangible exchanges among parties (Frieder, 2018). In Blau's argument, such intangible and abstract exchanges should include trust, goodwill, fairness, and organizational support that extend over a long time (Zhao et al., 2020). Individuals in an organization or social system who receive such intangible benefits will reciprocate through actions and behaviors that will assure the benefits' continuance (Frieder, 2018; Zhao et al., 2020). Blau also included the influence of power on exchange behavior in his version of SET; he argued that power plays a role in exchange behavior. Therefore, scholars should consider the role of power when discussing individuals' social exchange behaviors (Blau, 1986).

### *Criticism of SET*

Some scholars have not agreed with Homans's SET. Sociologist Richard Emerson was a prominent critique of SET who viewed the theory from a socioeconomic perspective; in his opinion, the theory is an economic analysis of interactions between individuals in a social structure (Emerson, 1976). Emerson disagreed that SET should be a theory because he believed that other theories, such as economic theory, have addressed the exchange behavior between individuals; therefore, he questions the validity of SET as a theory. One of his arguments was that Homans's Proposition 1 in the development of the theory is the same as reinforcement in economics, which means that a party will continue to expend resources if the party expects to receive a valuable return for the resources (Emerson, 1976). Therefore, he argued that this proposition was not new or necessary to explain how individuals will act if they expect a valuable reward for such action.

Furthermore, Emerson argued that SET, as proposed by Homans, lacks testability and should be treated as assumptions rather than a theory. He suggested that SET be used as a frame of reference rather than theory when analyzing or explaining exchange or reciprocal behavior between parties. In his contrasting view of SET as a theory in Emerson (1976), it is worth noting that Emerson did not disagree with the core tenets of the theory as an explanation of exchange or reciprocal behavior. He agreed that exchange or reciprocal behaviors occur in interactions and transactions between parties in social and economic situations.

Another criticism of SET is that it lacks predicting power. Cropanzano et al. (2017), in their review of SET noted that researchers and scholars had used SET to explain phenomena in a post hoc manner. They argued that SET, as proposed by Homans and Blau, could not predict how employees will behave in each situation. In their opinion, this lack of predicting power makes SET a weak theory for understanding workplace behavior. To strengthen SET, they proposed that SET be two-dimensional to allow for the equal consideration of the activity the employees are engaged in and the hedonic value derived from the employees' interactions. According to them, the two-dimensional approach will strengthen SET to include using it to predict employees' workplace behavior.

The diverging scholars' positions on SET described above may differ in approaches to the theory or question its validity as a theory. However, they agree that value and reward are factors in how an individual would respond to other individuals in a social structure (Cooks et al., 2013). Homans focused more on dyadic exchange behavior between individuals in a social environment (Homans, 1958). Blau disagreed with Homans's reductionist approach to the theory; instead, he expanded the theory to include a utilitarian perspective on exchange behavior (Blau, 1986). Emerson's argument did not strongly deviate from Homans's and Blau's perspectives on social exchange, but his main point was that other theories had addressed those exchange behaviors (Emerson, 1976). Therefore, there was no need for another theory, such as SET to address what he considered the same exchange behaviors (Emerson, 1976). SET still has controversies

following it, but it is still widely used in sociology, psychology, and business studies (Frieder, 2020; Zhao, 2020).

### ***SET in Today's Workplace***

SET's basic premise still applies to organizations and workplaces today (Chernyak-Hai & Rabenu, 2018; Piccoli et al., 2017; Yu, 2018). SET has been used in various studies as a framework to guide the understanding of the behaviors and responses of individuals and groups to different phenomena in the workplace (Chernyak-Hai & Rabenu, 2018). In a study to understand the attitude of employees towards organizations' management during a change, Atadil and Green (2020) found that SET explained employees' attitude towards their organizations' management during change.

Khodakarami and Dirani (2020) used SET as a framework in their study to explore the drivers of employee engagement in the workplace; they found a positive relationship between perceived organizational support and employee engagement, which indicates exchange behavior as stipulated by SET. A study by Slack et al. (2015) to explore employee engagement with social responsibility also followed the tenets of SET; the study's findings suggested that employees could be willing to incur or ignore costs with the expectation of a meaningful reward. Employees' perception of intangible benefits such as justice, fairness, organizational support can increase organizational commitment and citizen behavior and may also reduce employees' stress resulting from workplace conflicts (Xu & Payne, 2018; Zhao et al, 2020).

Workplace conflict involves individuals' behaviors that create situations that increase costs in the form of increased stress, health issues, and the intention to leave

(Rispen & Demerouti, 2016). Workplace conflicts reduce workplace benefits, such as respect, support, trust, and economic benefits (Shaukat et al., 2017). SET posits that individuals engage and stay in relationships based on the rewards and costs they associate with the relationships (Homans, 1958); therefore, the perception of rewards and costs derived from the workplace or the relationship may determine the individual's behavioral response to a workplace conflict situation. Therefore, in this study, to understand why some nurse managers manage conflicts more effectively than others, I used SET as a framework to understand the behavior of individuals experiencing conflicts in health care organizations.

#### ***Alternate Theory Considered for the Conceptual Framework***

I also considered using the human relations theory (HRT) as a conceptual framework to guide this study to explore the strategies nurse managers use to address conflicts. Elton Mayo and his team popularized HRT after an experiment they conducted from 1924 to 1932 at Hawthorne plants in Chicago (Mayo, 1933). Some scholars believe that Mayo embarked on this experiment to challenge the scientific management models introduced by Frederick Taylor (Godfrey et al., 2016). In the Hawthorne experiment, Mayo and his team altered workers' working conditions such as lighting, temperature, and breaks to determine if these alterations affected job performance. Mayo and his team's experiment revealed that regardless of how they altered the various working conditions, the employees' performance seems to increase. The findings led Mayo and his team to conclude that changing the working conditions did not affect the employees' performance. Instead, the attention the employees were getting was what was causing the

temporary increases in performance. Mayo concluded that group relationships and the relationships between groups and supervisors affected employees' performance more than salaries, compensations, and working conditions from the Hawthorne study.

William Whyte (1956) examined the progress of Mayo's HRT in his studies of both formal and informal organizations. Whyte investigated how other organizational factors such as pay systems, technology, organization of work, and formal structure may impact HRT's effect on employees' performance as proposed by Mayo. He admitted from his research that HRT or face-to-face relations, as he referred to it, affected productivity in an organization; however, he noted that organizational structure, technology, and organization of work could affect the face-to-face relations that exist in an organization. Whyte observed that positive relations between a supervisor and the supervised, whether individual or group, positively affected job satisfaction and productivity. However, he also noted that multiple groups with varying interests exist within an organization, and these varying interests create conflicts. Therefore, supervisors must learn how to manage intergroup relationships, as well as their relationships with the groups in order to maintain optimal employees' performance. Whyte's examination of HRT in different organizations demonstrated that HRT was a crucial factor in determining employees' performance in the workplace; therefore, he provided support for Mayo's HRT. However, his investigation revealed that the effect of HRT on performance varied based on the type of organization, the structure, technology, and how tasks are performed in the organization.

HRT gained acceptance by some scholars and industrialists; however, some scholars such as Bruce and Nyland (2011) disagreed with Elton Mayo and his team's intentions with conducting the Hawthorne experiment. Bruce and Nyland suggested that the experiment and the subsequent HRT proposed as an alternative to what proponents of HRT claimed to be the inhuman scientific management was a design to manipulate workers psychologically. Bruce and Nyland described scientific management as a model that focused on individual employees' economic well-being and compensated employees for work. On the contrary, they portrayed Mayo's experiment and HRT as manipulating employees to be motivated and respond positively to noneconomic workplace incentives, thereby depriving employees of financial incentives for improved performance.

According to Bruce and Nyland, business leaders and industrialists welcomed this manipulation, and as such, they further propelled HRT's popularity for their benefits. Other scholars, specifically sociologists, have agreed with Bruce and Nyland that Mayo conducted the Hawthorne experiment to benefit businesses rather than the employees (Muldoon, 2017). According to Muldoon (2017), these other opponents of Mayo and HRT believed that Mayo was not acting in the best interests of employees, nor was he advocated for them; rather, his conservative approach was to help the business owners and their supporting politicians.

HRT focuses on understanding what affects employees' performance in the workplace (Muldoon, 2017). HRT is beneficial to understanding how face to face relationships can lead to better employees' performance, but its primary focus is on how the relationships between groups, within groups, between groups and supervisors can

increase employees' performance (Mayo, 1933). Whyte's version of HRT expands Mayo's to include how organizational structure, technology, and organizational types can affect the expected outcomes from these face-to-face relationships among parties in the workplace (Whyte, 1956). Whyte also addressed how the varying interests of the different groups in an organization could lead to conflicts; however, neither he nor Mayo's HRT addressed how to manage these conflicts effectively.

The focus of HRT was to improve performance and not address workplace conflicts; therefore, I did not choose it as an appropriate conceptual framework to guide this study. This study focuses on the in-depth exploration of the strategies that nurse managers use to address workplace conflicts resulting from face-to-face interactions in health care institutions. Therefore, the appropriate theory to guide this study was SET, which addresses employees' exchange behavior in the workplace. SET addresses how employees may react to other employees' actions, which can include conflict actions and behaviors that employees may perceive as either costly or have the potential of eroding benefits (Chernyak-Hai & Rabenu, 2018).

### **Workplace Conflicts in Organizations**

Conflict does not have a standard definition accepted by all scholars and practitioners; rather, it is typically defined contextually by the writer (Labrague & McEnroe-Petitte, 2017; Patton, 2020). Kay and Skarlicki (2020) define conflict as perceived incompatibilities or disagreements between two or more parties who are interdependent on each other or share interest in a resource. Scholars have defined conflicts in many ways; for example, Folger (1993), as cited in Abiodun (2014) defines



conflict as an outcome of interdependent parties perceiving each other as preventing or causing obstacle that negatively affects achieving goals and objectives. Abiodun (2014) also defined organizational conflict as a state of discord caused by the actual or perceived opposition of needs, values, and interests between formal authority and power, and those individuals and groups affected. A recent definition of conflict includes Patton (2020) definition, which describes conflict as a disagreement or difference in viewpoints regarding values, interests, or practices that lead to negative emotions or interference. The definitions of conflict may differ in terms of application, usage, or semantics, but the core elements of conflict remain the same. Workplace conflict is when two interdependent parties disagree because one of the two parties views the other as causing a situation that reduces the benefits, rewards, or satisfaction derived from the workplace. In other words, conflict creates a situation where an action's costs outweigh the benefits of taking that action.

Workplace conflicts are mostly viewed as dysfunctional, which has been the focus of most research on conflict (Mikkelsen & Clegg, 2019). The dysfunctional view of conflict is that conflict is destructive and creates unfavorable conditions in a workplace, affecting employees' well-being and organizational performance (Nesterkin et al., 2016). In contrast, workplace conflicts are not always harmful or detrimental to an organization but can also lead to improved organizational performance (Reade & Lee, 2016). The functional view of conflict is that it is a functional part of an organization; when properly managed, the right kind of conflict can lead to innovation, creativity, and increased organizational performance (McKibben, 2017; Reade & Lee, 2016). This study focuses

on the detrimental effects of conflicts and how some nurse managers manage conflicts better than others. Therefore, this study uses SET as a guide to investigating conflict as workplace behavior that negatively affects nurses' performances in health care institutions.

### ***Sources of Workplace Conflicts***

Workplace conflicts are inevitable in organizations due to the interdependency to perform work (Kerrigan, 2019). In a social structure, which includes organizational workplaces, the organizations expect individuals to work collaboratively to achieve organizational goals (Shaukat et al., 2017). Individuals in an organization depend on each other, their supervisors, and the organization to successfully perform tasks, leading to achieving its objectives and goals (Almost et al., 2016; Nesterkin et al., 2016). However, the interdependent nature of working together in an organization to achieve the organization's goal has the potential of creating conflicts (McKibben, 2017), and these conflicts can arise from a variety of sources within the organization.

**Resources.** According to Mikkelsen and Clegg (2019), these conflict situations can arise in an organization because individuals in the organization must share their resources to perform organizational tasks (Shaukat et al., 2017). These resources may often be limited to the point that various parties have to compete or take measures to ensure they get the resources. Some parties may have to wait for the resource to be replenished or made available at a different time in some situations. The parties that have to wait for resources may experience negative productivity and a loss of satisfaction that can lead to conflict.

**Power.** Power in the workplace creates workplace conflicts because those who have power can influence others; therefore, individuals within an organization fight to gain power (Mastio & Dovey, 2019). Another aspect of power in the organization is that the unequal distribution of power can create a situation where those with low on the organizational hierarchy perceive those who are higher up on the hierarchy as oppressive, meaning that they use their role power to unfairly gain an advantage over others (Bertels & Lawrence, 2016). Bochatay et al. (2020) identified power as a source of conflict, which is attributed to the rigid hierarchical structures in health care organizations. The abuse of power creates tension in the organization, which can ultimately result in workplace conflicts.

**Values and Beliefs.** The individuals in the workplace, in many cases, have different values and beliefs that they bring to the organization (Brett, 2018; Urick et al., 2017). These diverse values and beliefs come in different forms but can include cultural, religious, national, generational, and political values and beliefs (Brett, 2018; Urick et al., 2017). Conflict can occur when individuals with different beliefs have to work together, and one party's action goes against the values and beliefs of the other party (Brett, 2018; Jungst & Blumberg, 2016; Urick et al., 2017). In a study to understand the effect of intergenerational conflict in the workplace, Urick et al. (2017) found that the differences between the different generations in the workplace created conflict situations due to the differences in values and beliefs that the generations had. According to Jungst and Blumberg (2016), the violation of someone's values or beliefs can trigger strong negative emotions and behaviors that can have a long-term effect on the relationship between the

affected parties. Such emotions can include anger that can lead to adverse consequences and behaviors among employees (Way et al., 2016).

**Leadership Styles.** Leadership and management styles within the organization can create conflicts (Yin et al., 2020). Leaders who give conflicting information to their employees can potentially start conflicts between the employees because they may approach tasks differently based on their understanding of the information. Another way leaders can initiate conflict in an organization is through creating competitions among employees that may lead to employees taking extreme to win the competitions. In contrast, competition can lead to an increase in performance when adequately managed by the leaders (Reade & Lee, 2016). Leaders can also introduce conflict in the workplace by showing favoritism or bias towards some employees (Prendergast & Topel, 1996). For example, a leader may overlook poor performances by some employees they favor while continually pointing out the flaws in the other employees' performance. Another example is that a leader may allocate resources based on favoritism, thereby denying needed resources to other employees. These favoritism behaviors can introduce envy and jealousy among the employees and lead to conflicts between them (Bilal, 2020; Prendergast & Topel, 1996). Leadership styles and management affect employees' behavior in an organization and can lead to conflict, but when adequately managed, conflict can be instrumental in improving employees' performance in the organization (Reade & Lee, 2016).

**Communication.** Inconsistencies in communication between parties in the organization can introduce conflict (Adair et al., 2016). A leader's communication style

can lead to conflict between the leader and employees (Yin et al., 2020). A leader may send unclear or limited information to employees, leading to confusion or poor performance (Mukhtar et al., 2020). Mukhtar et al.'s study on the role of leadership and interpersonal communication suggested that where the information is unclear, the employees may not have a common understanding of the leader's message, leading to a conflict. Among employees, communication styles may vary due to factors that include cultural differences (Adair, 2016; Brett, 2018). The differences in communication styles can lead to misunderstanding of intentions between parties in an organization, leading to conflict among affected parties (Adair, 2016; Brett, 2018). For example, an employee whose culture uses a direct communication style or body language such as pointing may offend an employee whose culture perceives pointing fingers as condescending. On the contrary, literature shows that effective communication among all parties in the workplace may reduce and control workplace conflicts (Eisenkopf, 2018).

The sources of conflict in an organization are many, and any of the situations discussed here can introduce conflict at any time. The interdependence in the workplace to achieve organizational objectives makes it impossible for most employees to work in isolation. Therefore, knowing that employees have to work with each other, conflicts should be viewed as an inevitable component of organizational dynamics (McKibben, 2017). However, learning about the strategies to address the conflicts when they occur or taking steps to prevent them can lead to a reduction in workplace conflicts and promote a better work environment.

### *Types of Workplace Conflicts*

Conflicts are part of an organization's dynamics that can occur at various levels in an organization; interpersonal conflict, intragroup conflict, intergroup/Interdepartmental conflict, and inter-organizational conflict (Abiodun, 2014). In other words, workplace conflicts can be between individual employees, an individual and a supervisor, an individual and a group, an individual and the organization, between two groups, or between a group and the organization. The interdependent and collaborative nature of a workplace makes conflict inevitable (McKibben, 2017). Individuals in the workplace primarily interact with each other based on tasks, processes, and relationships (Kuriakose, 2019a). According to (Kuriakose et al., 2019b; Shaukat et al., 2017), task, process, and relationship are also the main types of workplace conflicts. Task conflicts are conflicts resulting from disagreements on tasks, process conflicts arising from disagreements on how to perform tasks, and relationship conflicts arise due to interpersonal disagreements between individuals (Khan et al., 2017).

**Task Conflict.** Task conflicts arise from differences or disagreements on tasks (Khan et al., 2017). Task conflicts arise from assigned tasks, but this type of conflict occurs when the parties disagree on the task's goal, the scope of the task, and the resources needed to perform the task (Khan et al., 2017). Abiodun (2014) posits that task conflicts can also arise from multiple interpretations of facts, differences in ideas, or opinions. Task conflicts have been shown in studies to elicit strong emotions and passionate discussions among the parties involved (Abiodun, 2014; Kuriakose et al.,

2019a). According to several studies (Abiodun, 2014; Khan et al., 2017), task conflicts can significantly affect employees' morale, commitment, and citizenship behavior.

**Process Conflict.** Unlike task conflicts, process conflicts arise from differences in how to perform assigned tasks, including how to utilize resources, individual responsibilities, and when to accomplish the various components of the tasks (Abiodun, 2014). According to Hagemester and Volmer (2018), process conflicts result from improper job planning and analysis that does not clearly define the task's logistical framework, thereby leading to disagreements on accomplishing the task. Kuriakose et al. (2019b) investigated the impact of process conflict on employees' well-being compared to both relationship and task conflicts. The study found that among the three, process conflict had a much longer effect on employees' well-being than the other two. Unlike task conflict and relationship conflicts, process conflict arises from the perception of unequal justice and fairness in an organization (Greer & Dannals, 2017, cited in Kuriakose, 2019b).

**Relationship Conflict.** Relationship conflicts are interpersonal in nature and are not related to tasks (Kuriakose et al., 2019b). Relationship conflicts arise due to personal differences or incompatibilities between individuals regarding personal matters (Shaukat et al., 2017). Various factors, such as values, beliefs, politics, religion, can lead to a relationship conflict (Shaukat et al., 2017). Kuriakose et al. (2019a), Rispens and Demerouti (2016), and Shaukat et al. (2017) postulate that the factors that result in relationship conflicts threaten an individual's self-esteem, social esteem, and emotional distress that affect the individual's well-being. In a study to examine the linkages

between relationship conflict, performance, and turnover intentions, Shaukat et al. (2017) stated that relationship conflicts in the workplace affected the work-related interactions between conflicting parties, and conflicts resulted in performance issues and high turnover intentions among employees experiencing the conflicts. Schantz and Bruk-Lee (2016) examined the relationships between conflict types, coping strategies, and drug, tobacco, and alcohol use; the study found the relationship and other non-task organizational conflicts to be an incremental predictor of drug, tobacco, and alcohol use among employees experiencing conflicts.

The various types of conflicts described above have varying effects on employees (Schantz & Bruk-Lee, 2016; Kuriakose, 2019a). In exploring the successful strategies some nurses have used to address and manage workplace conflicts, it is critical to understand the types of conflicts in the workplace. Health care institutions as a workplace also have their fair share of conflict. I further examine the literature on conflicts in health care institutions.

### **Workplace Conflicts in Health Care Institutions**

Workplace conflicts affect many aspects of organizations' performance, including financial performance, employees' health and well-being, organizational productivity, and organizations' overall health (Nesterkin et al., 2016). Health care institutions are affected by workplace conflicts like any other organization. However, the impact of these conflicts in health care institutions can potentially affect an entire community (Kim et al., 2017). This is because the impact of workplace conflict on nurses can lead to inadequate care delivery to patients in their community.



The health care institution's organizational structure constitutes of individuals from different professions. The health care institution has administrative staff that performs mostly non-clinical duties that can range from human resource duties to accounting duties (Freedman, 2019). In some large organizations, they may include legal professionals (Freedman, 2019). The health care institution also has clinical staff that includes licensed social workers, therapists, pharmacists, physicians, and nurses that have to work collaboratively to deliver care to patients (Freedman, 2019). The diverse workforce in the health care institutions is organized by a structure with several levels of collaboration and reporting structure (Freedman, 2019). For example, a medical director directs all the medical professionals' activities, including physicians, surgeons, physician's assistants, surgical technicians, and nurses. The medical director makes decisions on all medical activities, but the medical director may report to an administrator who is responsible for the overall operation and performance of the health care institution. The administrator, in some instances, may report to a board of directors. The quality of care delivered to patients depends on these various individuals' abilities from these diverse professions to work collaboratively to deliver care to patients (Shaukat et al., 2017). Workplace conflicts from any source or level within the institution can impede efficient care delivery to patients.

Workplace conflicts in health care institutions, as with other organizations, can arise from relationships or interactions within and between levels in an organization (Abiodun, 2014). According to Kim (2017), interpersonal relationships/interactions, relationships/interactions within a group, relationships/interactions between different

groups, and the relationship/interactions between an individual or group and the organization can potentially lead to workplace conflict. In the health care institutions, the interdependence of various types of workplace professionals that include clinical and non-clinical professionals to deliver quality care to patients and maintain optimal organizational performance can lead to conflict (McKibben, 2017).

The delivery of care to patients in a healthcare institution is a complex process involving interactions among professionals at both interprofessional and interprofessional levels (Layne et al., 2019; O'Neill et al., 2018). However, the quality of care in health care organizations can be affected by the main types of conflicts experienced in the organizations; these are task, process, and relationship conflicts (Kuriakose et al., 2019b; Liu et al., 2020). Task conflicts in health care institutions occur mostly among medical professionals. Medical professionals, such as physicians and nurses, often disagree on goals or tasks they need to perform to deliver care to a patient (Kim, 2017). Layne et al. (2019) noted that disagreements between physicians and nurses can be a significant source of conflict resulting in negative behaviors in health care institutions. Another source of task conflict is the disagreement among health care team members on tasks; the result of a study by Guenter et al. (2016) revealed that the severity of task conflict within the 60 teams studied includes degeneration of task conflict into relationship conflicts.

Another form of workplace conflict in organizations is process conflict. Process conflict arises from disagreements amongst parties on how to perform tasks to achieve the desired goal or objective (Kuriakose et al., 2019b). Process conflicts in health care institutions occur across multiple disciplines in a health care institution. Kim et al.'s

(2017) study on the various factors of health care conflicts argued that process conflict, which is directly related to task conflict, occurs across multiple professionals in the health care institution. The study findings indicated that disagreements on how to accomplish tasks, and the role of each individual professional can create process conflicts that affect the delivery of care. Another finding from the study was that leadership styles, unclear policies, and unequal allocation of resources contributed to process conflicts in health care delivery.

Furthermore, Layne et al. (2019) suggested that process conflicts can arise from the disagreements between patients or patients' families and health care professionals on how and when care to provide care to patients. Metz et al. (2018) showed that conflicts on health care decisions are rampant in the mental delivery of care to patients. The existence of process conflict among the different professionals in the health care institution and sometimes with patients or their families can affect how patients receive care. If not adequately addressed, it may negatively affect the quality of care provided to the patients.

Relationship conflicts are another type of conflict found in health care institutions. Kuriakose et al. (2019a) described relationship conflict as workplace conflicts that are not related to organizational tasks and processes. According to Shaukat et al. (2017), relationship conflicts result from personal differences on personal matters between parties in an organization. The personal matters that cause relationship conflicts are those that affect a party's self-esteem, personal values, and social esteem that can cause severe emotional distress (Rispen & Demerouti, 2016); Shaukat et al., 2017). Numerous studies

identified relationship conflict as the most impactful on team performance and outcomes (O'Neill et al., 2018; Shaukat et al., 2017; Vaux & Kirk, 2018; Yuan et al., 2019).

O'Neill et al. (2018) examined the effects of the different workplace conflicts and found that relationship conflict significantly affected the performances of the teams studied.

Cullati et al. (2019) examined how team conflicts threaten the quality of care in health care; the study's findings showed that while team conflicts generally threaten the overall quality of care, relationship conflict was a significant threat to teams' health care delivery outcomes.

Furthermore, in a study to understand workplace interpersonal conflicts in health care institutions, Jerng et al. (2017) found that interpersonal relationship conflicts in health care institutions result in employees not willing or reluctant to work with coworkers with whom they have conflicts. According to their findings, the reluctance to collaborate with others in a conflict situation leads to delays in the delivery of care to patients. Relationship conflict in health care institutions differs from task-related conflicts because it affects employees' well-being and emotions, which in turn can result in negative workplace behaviors that are detrimental to the delivery of care to patients.

In health care institutions, all conflict types can negatively affect the delivery of care to patients; however, the sources of these conflicts can contribute to the effects of the conflicts on nurses and other employees in the institution (Almost et al., 2016). Power distribution is a source of workplace conflict in health care institutions (Bochatay et al., 2020). Bochatay et al. (2020) examined the effects of power on workplace conflicts in health care institutions; the findings indicated that social power plays a significant role in

workplace conflicts in health care institutions. The study attributed this power effect to the rigidity in health care organizational structures. Additionally, the study noted that an audience's presence during a workplace conflict situation can also prevent proper and immediate resolution to the conflict and likely to escalate the conflict situation.

The decision on the nature of the treatment a patient receives is another source of conflict in health care institutions. Layne et al. (2019) noted that multidisciplinary teams involved in a patient's treatment could disagree on how they approach the patient's treatment, resulting in conflicts between the teams. Metz et al. (2018) noted that in health care institutions, specifically in mental health institutions, patients or the patients' families often want to decide what type of treatment the patients receive. This involvement in the decision sometimes leads to conflicts between the health care providers and the patients or their families. Higazee (2015) identified other sources of workplace conflicts in health care institutions that affect the delivery of care to patients. Higazee noted that a source of conflict could be due to the competition among group members for promotional or developmental opportunities and the perceived injustice in how others are treated within the group. Higazee pointed out that other sources of conflict are also due to interprofessional interdependence among the different professionals; roles, boundaries, and the scope of professional practices can potentially lead to conflicts that affect nurses' work in the health care institution. The sources and types of conflicts in health care institutions affect the delivery of care to patients, but it can also affect the nurses that deliver care to the patients.

## **Negative Effects of Conflict**

Studies have shown that the health care work environment can significantly affect nurses' delivery of care (Copanitsanou et al., 2017) and nurses' commitment to the health care institution (Jernigan et al., 2016). Health care organizations' have complex workplace environments that consist of individuals from various professions who work collaboratively to directly or indirectly provide care to patients (Freedman, 2019). Administrative, business and other ancillary support services provide the operational support that ensures that the health care organization is operating efficiently to provide adequate care to patients (Erdenk & Altuntaş, 2017). The clinical staff, including physicians, nurses, and medical technicians, provide direct care to patients; however, the nurses are at the epicenter of patient care in the health care institutions (Erdenk & Altuntaş, 2017). The nurses in health care institutions work with their professional counterparts and patients' families to provide care, which presents a complex set of challenges when disagreements occur. Erdenk and Altuntaş (2017) suggested that in order to promote the effective delivery of care in health care institutions, it is vital to pay attention to how workplace conflicts affect nurses and care delivery.

### ***Negative Effect of Workplace Conflicts on Nurses***

The daily interactions between nurses and their colleagues affect nurses and their delivery of care in health care institutions. McPherson and Buxton (2019) noted that workplace incivility, which is an outcome of conflicts, can have a long-term effect on the nurses; these effects can include lack of sleep, heart-related illnesses, and some cases can lead to death. In examining the necessary steps that nurses can use to reduce the effects of

workplace conflict, Angelo (2019) also noted that workplace place conflicts lead to negative workplace behaviors from nurses. These behaviors that include avoidance, defensiveness, victim mentality, passive aggressive, and bullying can lead to communication breakdown and medical errors among health care professionals. In a related study, Saridi et al. (2019) studied the effect of workplace conflict on 200 health care professionals. The study's findings showed that among all the health care professionals surveyed, 24.5% of them indicated the intention to quit their profession. The nurses constituted 60% of all those who are likely to quit their profession. The conclusion from Saridi et al.'s study demonstrated that conflicts in the health care workplace had more impact on the nurses than other health care professionals; as such, the nurses were more likely than other health care professionals to quit their jobs or the nursing profession due to workplace conflicts. Workplace conflicts can affect nurses physically, psychologically, and emotionally and not adequately addressing these conflicts can lead to mental exhaustion and burnout among nurses (Maslach & Leiter, 2016).

***Other Effects of Workplace Conflicts in Health Care Institutions.***

Workplace conflicts in health care institutions do not affect nurses alone. Other aspects of the health care system are also affected by workplace conflicts. The health care organization, the patients, the delivery of care to patients, and the community can suffer from the effects of workplace conflicts.

**Organizational Performance.** Health care organizations' performance can be affected by workplace conflicts in several ways: poor financial performance, low job

satisfaction, high employee turnover, and negative goodwill (Nesterkin et al., 2016).

According to a study by CPP cited in Moeta and Suzette (2019), United States employers lose an average of 2.8 hours weekly for each employee. Using salary information from the U.S. BLS (2020), with some nurses' average salary at \$54.44 per hour, a health care institution that employs 50 nurses can lose over \$396,000 annually to workplace conflicts. This number is significant to health care institutions because nurses experience 57% of the workplace conflicts in these institutions (Jerng et al., 2017, p. 5). The losses resulting from workplace conflicts affect the financial performance and profitability of the health care institutions. Other effects of workplace conflicts compound the financial impact of workplace conflicts described above.

**Effect on Other Employees.** Other employees' performance in the health care workplace is also affected by conflicts (Jerng et al., 2017). Workplace conflicts can lead to an increase in job-related stress among employees. Rispen and Demerouti (2016) demonstrated that workplace conflicts lead to both active and passive negative emotions among employees; the negative emotions, in turn, lead to low performance, and some employees may result in detachment to cope with conflict situations. In a study on employees' behavior in organizations, Singh (2018) identified workplace role conflict as a source of stress and low job satisfaction among employees studied.

Some of the employees who are experiencing these conflicts sometimes resort to the use of drugs and alcohol to cope with the effects of workplace conflict (Shantz & Bruk-Lee, 2016). The use of these drugs and alcohol results in low employee performance and the subsequent negative effect on production and organizational



performance. Workplace conflicts also lead to low morale, low job satisfaction, and high employee turnover when not adequately addressed (McKibben, 2017).

**Turnover Intentions.** High employees' turnover is another result of workplace conflict in health care organizations. Several studies have shown that employees' turnover affects organizational performance, growth, and profitability (Lee, 2018). According to the U.S. BLS (2020), the total number of employment separations in 2019 was 45%, and the number of hires was at 46.3% of the Current Employment Statistics (CES) annual average employment level. CES results of 2019 also show that the rate of separations increased more than the rate of hires. These results show that the turnover rate is a concern for employers as the cost of replacing employees can significantly impact an organization's profitability. Fida et al. (2018) noted that the turnover rate among nurses is expected to continue rising and is likely to lead to a global shortage of nurses.

Researchers have pointed to nurses' work environment as a source of stress, burnout, and increase in turnover (Copanitsanou et al., 2017; Smith et al., 2018). Hayward et al. (2016) pointed out the work environment as a key factor influencing nurses' turnover rate; they included the ineffective working relationship with fellow nurses and other health care professionals as a significant contributor to environmental factors. In another study, Shaukat et al. (2017) also found that the ineffective working relationship's effect as a factor influencing turnover rate. In examining the relationship between conflict, performance, and turnover intentions, Shaukat et al. found a negative relationship between employees' performance and conflicts. The study also found that

conflicts affected employees' performance and increased turnover intentions among the employees.

**Effect on the Delivery of Care.** Workplace conflicts affect organizational performance and employees, but workplace conflicts in health care institutions affect patients and pose a threat to the delivery of care (Cullati et al., 2019). Cullati et al. (2019) noted that workplace conflicts in health care institutions can affect the delivery of care in two ways; the first is that the nurses involved in patients' care are distracted by the conflict; thereby, errors, delays of care are likely to occur. The second effect is that the patients are exposed to or witness the disruptive behaviors, which may lead to a lack of confidence in the delivery of care. Cullati et al. noted that the outcome of workplace conflicts in health care institutions rarely affects the safety of the patients, but it leads to a suboptimal level of care provided to patients.

In an earlier study, Edmonson et al. (2017) remarked that the highest cost of conflict in health care institutions is the cost to patients. Edmonson et al. stated that up to 70% of nurses admitted that they had witnessed errors in the delivery of care due to disruptive behaviors in the health care workplace. Health care institutions experience conflicts like other organizations; however, workplace conflicts in health care institutions can threaten the delivery of needed care to patients. The need to reduce the adverse effects of conflicts in health care, specifically the nurses at the epicenter of the delivery of care, has led to leaders' several approaches to reduce workplace conflicts in health care institutions.

## **Approaches to Managing Conflicts**

Workplace conflicts have been a source of concern for organizations (Ford et al., 2016). Research shows that the adverse effects of workplace conflicts have included low employees' performance, low productivity, high absenteeism, and in some extreme cases, that can lead to bullying and workplace violence (Ford et al., 2016). The adverse effects of conflicts described in the previous section have led researchers and practitioners to develop various approaches to manage workplace conflicts. This section discusses some of the approaches that researchers have proposed to manage conflicts and approaches businesses have used to mitigate the effects of workplace conflicts.

### ***Training***

There is limited published literature on managing or mitigating conflicts in the workplace (Almost, 2016). However, the literature that exists on workplace conflict interventions mostly identified communication, problem-solving, and training as the three significant influencers on healthcare professionals' ability to resolve conflicts (Sexton & Orchard, 2016). Sexton and Orchard (2016) conducted a study to examine the strength of these three components in influencing healthcare professionals' ability to resolve conflicts. Their study's findings showed that communication competence and training could significantly influence healthcare professionals' ability to resolve conflicts. Therefore, they proposed training health care professionals on these components to help them address conflicts better. The findings from an exploratory study conducted by Bajwa et al. (2020) using structured interviews of 82 health care professionals also recommended training to address conflicts. Bajwa et al. made the recommendation

because their study revealed that workplace conflicts in health care institutions were due to interpersonal and intrapersonal differences. They concluded that understanding these differences can lead to the development of more effective training for health care professionals.

Another study by Leon-Perez et al. (2016) specifically investigated the effectiveness of training on addressing workplace conflicts. The study was a quasi-experiment using pre-test and post-test questionnaires administered to a treatment group of 258 participants and a comparison of 243 participants. The study results showed that the treatment group that received conflict training improved their ability to manage conflicts. In contrast, the comparison group did not show any change between the pre-test and the post-test. Arveklev et al. (2018) proposed another training approach; their proposed training involved the use of drama in workplace conflicts to teach students nurses how to manage workplace conflicts in the future. Whereas the various studies focused on training components that include emotion regulation, communication skills, and problem-solving skills, other studies have identified other approaches to addressing workplace conflicts.

### ***Work Environment***

Another approach to managing conflict in the workplace is the improvement of the workplace environment. Copanitsanou et al. (2017) studied the effects of nurses' work environment on their performances. The study was a systematic review of 10 studies that included four cross-sectional studies. From the study, Copanitsanou et al. concluded that the nurses' workplace environment that promotes conflict, bullying, and

other negative behaviors significantly affected the nurses' performance. As a result of these findings, they suggested that improving nurses' work environment could reduce conflicts and other workplace negative behaviors.

Paguio et al. (2020) made a similar recommendation after a systematic review of 14 studies on the various interventions that they proposed to improve nurses' work environment. Paguio et al. found that most of the interventions to improve nurses' work environment were useful, but the most effective, according to the findings, was the participatory approach to improving the work environment. Similar to Copanitsanou et al. (2017), Paguio et al. noted that improving the work environment can be an approach to mitigating workplace conflicts. The work environment can affect workplace behaviors, as these studies have demonstrated. Improving the work environment may reduce stress, improve performance, and reduce workplace conflict behaviors, but other researchers suggest other approaches that may effectively manage workplace conflict.

### ***Leadership Skills***

Leadership and leadership styles are factors that can influence workplace conflicts. According to Fibuch and Ahmed (2019), managing workplace conflicts in organizations, specifically in health care organizations, requires leaders to be equipped with the right skills to understand what causes conflict and how to mitigate them. Pidgeon (2017) identifies conflict resolution skills as a core competence that an effective leader must have to lead an organization effectively. He explained that the conflict resolution skill is necessary to promote a healthy work environment and maintain harmony among employees. Babalola et al. (2016) conducted a study on the relationship

between ethical leadership and workplace conflicts using samples from two unique populations, Nigeria and Belgium. Their study found that ethical leadership positively influenced how employees deal with task, relationship, and process conflicts. McInnes et al. (2017) suggested that the leadership approach to managing workplace conflict should include promoting collaboration by reducing ambiguity in roles.

### ***Other Approaches***

Nurse managers and nurses have used other approaches and styles to attempt to address workplace conflicts. Ardalan et al. (2017) and Raykova et al. (2020) noted that nurse managers and nurses use avoidance, compromising, obliging, dominating, and cooperating as different styles of addressing workplace conflicts. Ardalan et al. acknowledged that the various styles' effectiveness differs based on the situation and the health care institution's geographic location where the nurses work. The various approaches discussed in this section have a role in mitigating workplace conflicts; however, none of the studies explored the strategies that some nurse managers have used to address workplace conflict effectively. Ardalan et al. (2017) noted that additional studies would help determine the best strategies to help nurses address workplace conflicts. El Dahshan et al. (2019) examined the various types and levels of workplace conflicts in health care institutions and found that nurse managers need to develop strategies to address conflicts better. Therefore, this study focused on using an in-depth inquiry to explore the strategies that nurse managers have used to address workplace conflicts successfully.

### **Transition**

Section 1 began with a description of the background of the problem, the purpose of the study, and the nature of the study. The section also included the research question, interview questions, a description of the conceptual framework, and the significance of the study. The section ends with a critical review of the professional and academic literature pertaining to the SET, contrasting views on the theory, an alternate theory, and an analysis of the literature on workplace conflicts.

Section 2 will include a discussion on the research method, research design, the participants, the population, and the researcher's role in this qualitative case study. The section will also include a description of the steps to ensure that the study meets ethical research requirements. Section 2 also covers the description of the data collection instruments, technique, analysis method, and study's reliability and validity. Section 3 will consist of a presentation of the study's findings, the application to professional practice, the implication for social change, and recommendations for action and further research. Section 3 will describe the conclusion from the study.

## Section 2: The Project

Section 2 begins with a reintroduction of this qualitative case study's purpose, followed by a description of the researcher's role and the strategies to address the potential researcher bias that may be introduced into the study. Section 2 covers discussions on the study participants and how they meet the study's eligibility criteria. It includes a discussion on the adherence to proper ethical research guidelines to ensure that the study participants are protected. In this section, I describe the research method and research design for the study and explain why they are the most adequate for this study, followed by the description of the data collection process and the process of reaching adequate data saturation. This section includes the research instrument and the technique to analyze the data, and it ends with a discussion of the study's reliability and validity.

### **Purpose Statement**

The purpose of this qualitative case study was to explore the strategies that health care nursing managers use to address workplace conflict to assure the delivery of quality care to patients. The population for the study was five nurse managers in the western region of the United States who have successfully implemented strategies to reduce workplace conflicts. This study may contribute to social change because the findings may provide knowledge on practical strategies to reduce stress and other adverse outcomes of workplace conflicts so that health care nurses provide quality care to patients. Organizational leaders and human resources professionals may be able to use the findings from this study to develop strategies that health care nursing managers can use to reduce



workplace conflicts, stress, burnout, and the negative impact of workplace conflict on the delivery of nursing care to patients.

### **Role of the Researcher**

The researcher's role in qualitative case study research is complex compared to the researcher's role in a quantitative study (Twining et al., 2017; Yin, 2018). In a qualitative case study, the researcher collects data from participants and other sources, organizes the data, analyzes the data, interprets the analyses' results, and presents findings (Fusch et al., 2017). The complexity of the researcher's role starts from the researcher being the data collection instrument in the study and goes all the way to presenting findings (Fusch et al., 2017). The process can introduce the researcher's bias, which may affect the research study's trustworthiness; this is because the researcher's personal lens, experiences, or paradigmatic stance related to the research topic may influence how the researcher approaches data collection and its interpretation (Fusch et al., 2017). To mitigate the risk of bias in the research study, specifically during data collection using interviews, researchers must ensure that they ask suitable open-ended questions without leading the participants, be a good listener without letting preconceptions influence what they are hearing, remain adaptive as new ideas or opportunities may emerge, ensure that all ethical guidelines for conducting research are followed, and have a firm grasp of the research topic (Yin, 2018).

As the researcher using a qualitative case study design, my role, as stated above, was to collect data, organize the data, analyze the data, and present the findings without bias. To do so, I remained cognizant of the fact that my experience in the health care

industry may influence my thinking during the study process. Having worked in the health care industry for over 6 years, I was aware that the day-to-day experiences as a leader in the health care industry, and the observation of interactions amongst health care professionals may influence the study process. Therefore, to mitigate the risk of this influence, I followed the recommendations of Yin (2018), which are (a) use open-ended interview questions that allow the participants to share details of their experience without injecting my views, (b) listen actively to the participants' experiences and capture their responses exactly as I hear them, (c) keep an open-mind to participants responses with the mindset they may presents ideas and information that lead to a better understanding of the strategies that have worked for them, (d) follow the guidelines provided in *The Belmont Report* to ensure that I conduct my study using highest ethical standards.

Furthermore, as Fusch et al. (2017) and Yin (2018) noted, it would be impossible to eliminate all researcher bias, but using multiple mitigation strategies significantly minimizes the researcher's bias. Therefore, to further mitigate the risk of using my personal lens during the study, I used a combination of triangulation, data saturation, and member checking, as recommended by Varpio et al. (2017). Member checking is beneficial because it involves the participants validating what the researcher captured and the researcher's interpretation of the data; the method reduces the risk of misrepresenting the participant's responses, thereby increasing the trustworthiness of the study.

The data collection process included face-to-face interviews with the participants using the interview protocol I developed (see Appendix A). Chenail (2011) recommended using interview protocols to mitigate the risk of bias when a researcher is part of the

study population. Additionally, the interview protocol's rationale is to help maintain structure and remain consistent throughout the interview process (Sivarajah et al., 2017). I asked the participants the same set of interview questions (see Appendix B) to ensure consistency during the interview process; however, in some situations, I asked follow-up questions to get further insight into a response. The interviews were all conducted through the Zoom videoconferencing platform (<https://zoom.us>). The participants were encouraged to log in from somewhere away from the participants' work location to maximize confidentiality and protect them. The interviews were recorded with an audio recording device to capture the responses, but I made sure to first explain to the participant that the recording's purpose was to capture their response accurately.

The role of the researcher also entailed making sure that I conducted the research study ethically. Therefore, to ensure the participants were protected, I followed the three ethical principles outlined in *The Belmont Report*: respect for persons, beneficence, and justice (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979). I used the application areas for the three ethical principles to guide my study. For the principle of respect of persons, I educated the participants on what the research study was about and let them know that their participation was confidential. I obtain a Certificate of Confidentiality as part of the informed consent process (Check et al., 2014). For the beneficence, the area of concern in the study was confidentiality. Some participants' responses may expose them to risks in their workplace, so I ensured that the responses were anonymous and confidential. For the

principle of justice, the participants, as well as their colleagues in the health care industries, may benefit from the findings of the study.

### **Participants**

The study participants were five nurse managers selected from two or three health care institutions. In screening study participants, Yin (2018) recommended using criteria to select the most qualified candidates rather than choosing candidates based on ease of access. Therefore, in this study, the candidates' selection is based on specific criteria: the participants have experience in supervising nurses, and the participants have been successful at managing conflicts. To select the candidates that meet these criteria, I used a purposeful sampling method. Purposeful sampling allows the researcher to select participants that will best address the research problem and the research question; the candidates must have experienced the phenomenon being studied and can share their experience with the researchers (Creswell, 2018; Grafton et al., 2016).

The selection of candidates began after the approval of my study proposal by the Walden University Institutional Review Board (IRB). The Walden University's IRB approval number for this study is 07-12-21-0978745 and it expires on July 11, 2022. The sites from which the study participants were selected were health care institutions located in the western region of the United States. Although these sites were selected based on their proximity to me, the candidates selected from the sites were those who have experience managing nurses and conflicts successfully. Access to the study participants from these institutions was not expected to present a problem because of the relationship the researcher has with the institutions' leaders. The candidates' initial screening was

conducted using company documents that show the participants who meet the selection criteria.

After getting the IRB approval, as well as approval from the health care institutions' leaders to contact their employees, the following step was to contact the potential candidates through email and phone calls. During the initial contact, I took the time to establish rapport and open communication with the participants to gain their trust (Hoyland et al., 2015); the initial contact was also when I clearly explained the process of maintaining confidentiality during the interview process. Establishing open communication with the participants increased the chances of participation and helped provide insight in advance into who is likely to withdraw from the study.

### **Research Method and Design**

This research study aimed to explore the strategies that health care nursing managers use to address workplace conflict to assure the delivery of quality care to patients. Therefore, a research method and design that allows a researcher to capture the participants' experiences using an in-depth inquiry method was ideal for this study (Castleberry & Nolen, 2018).

### **Research Method**

Three research methods considered for this study were qualitative, quantitative, and the mixed-method. I chose a qualitative research method for this study because the study aims to understand the strategies that nurse managers use to address conflicts successfully. The qualitative research method was chosen for this study because it uses open-ended questions to understand the problem from those experiencing it (Barnham,

2015); it explores a problem to learn people's beliefs, experiences, behavior, and interactions related to the problem (Pathak et al., 2013). The qualitative research method allows a researcher to collect rich data directly from the people experiencing a phenomenon (Yin, 2018). Therefore, to collect data that will provide insight into the effective strategies that nurse managers use to address conflict, the ideal research method was the qualitative research method.

In contrast to the qualitative research method, the quantitative research method uses closed-ended questions to test hypotheses to understand variables' characteristics and the relationships among variables using statistical data analysis (Gibson, 2010). The quantitative research method is more suitable for using numeric data to understand the relationships between variables; it does not allow for an in-depth inquiry into understanding a phenomenon (Gibson, 2010). Therefore, I did not consider the quantitative research method ideal for this study. Mixed-method research uses a combination of qualitative and quantitative research methods to answer a research question. Like the quantitative method, mixed-method research also uses closed-ended questions to test hypotheses (Sparkes, 2015; Thiele et al., 2018). However, because this study does not require statistical data analysis, the quantitative component of mixed-method research that involves the use of numeric data analysis makes it inappropriate for this study.

### **Research Design**

I selected the case study research design for this research study. Case study research design allows for an in-depth inquiry into understanding a business problem

from those experiencing the problem (Yin, 2018). A case study allows a researcher to directly observe and interview those experiencing a social, technical, or program-related phenomenon in an organization (Creswell, 2018; Dasgupta, 2015; Yin, 2018).

Researchers seeking to understand the dynamics of a topic and the case within its context or environment use case study because it allows them to collect data from those directly involved in the research context (Eisenhardt & Graebner, as cited in Saunders et al., 2015). A case study is the most appropriate research design for understanding what is happening and why it is happening through an in-depth inquiry utilizing multiple data collection options (Saunders et al., 2015; Yin, 2018). Therefore, to gain an in-depth understanding of the strategies that health care nurse managers use to address workplace conflict, a case study design is adequate for this study.

The multiple-case study design was chosen over a single-case study design because using multiple data collection from multiple participants from multiple organizations provides compelling evidence to answer a qualitative research question (Yin, 2018). In this study, my objective was to interview multiple participants from multiple health care organizations to learn how nurse managers develop and implement strategies to mitigate and address nurses' workplace conflicts; therefore, a multiple case study design was most appropriate.

Ethnographic, phenomenological, and case study research designs were the qualitative research designs considered for this study. An ethnographic study focuses on understanding a group's culture (Saunders et al., 2015); therefore, it was not appropriate for this study. Researchers conduct phenomenological studies to understand the common

personal meanings of individuals experiencing the phenomenon (Thompson, 2018); therefore, I did not select a phenomenological design because this study was not to understand the personal meanings of experiencing a phenomenon.

To ensure that data saturation occurs in a qualitative research design such as a case study, a researcher has to interview the right candidates that will provide rich data to answer the research question (Fusch et al., 2018). Yin (2018) advocated the use of additional sources of evidence in addition to interviews for triangulation to increase the quality of data collected in a case study. Data saturation occurs when no new themes are emerging from the data collection process (Fusch et al., 2018). In this study, in addition to using interviews from participants from multiple organizations, I also reviewed the organizations' documents. The use of these multiple sources of evidence along with an in-depth inquiry provided sufficient data to reach optimal data saturation.

### **Population and Sampling**

The population for this study was nurse managers from mental health institutions located in the western region of the United States. The target population, which Saunders et al. (2019) defined as a subset of the population that a researcher can manage effectively, were nurse managers in county mental health facilities who have addressed conflicts successfully. Twining et al. (2017) suggested that researchers choose participants who can provide rich data that can adequately answer the research question. Therefore, this population was adequate for understanding how nurse managers may effectively address conflicts in health care organizations because the population consists of those nurse managers that have addressed conflicts successfully.



In a qualitative case study, three to eight participants with adequate knowledge and experience about a phenomenon are considered adequate for an in-depth inquiry into the phenomenon (Yin, 2018). I used purposeful sampling to select five participants from the target population. Researchers use purposeful sampling to select the participants who have experienced the phenomenon being studied and have sufficient knowledge to provide answers that can help understand the phenomenon better (Griffith et al., 2016; Yin, 2018). In this study, selecting participants using purposeful sampling started with consultations with the mental health facilities' leaders and reviewing their organization's documents to determine the appropriate participants for the study. In addition to purposeful sampling, I used snowball sampling to recruit additional participants when I found it challenging to recruit the right participants. Snowball sampling is a method where a researcher asks participants to suggest or recommend other potential participants who may be willing to participate in the study; researchers use it in situations where it may be difficult to recruit participants (Griffith et al., 2016; Robinson-Fish et al., 2020; Saunders et al., 2019). Although the snowball sampling technique can help a researcher recruit the needed number of participants, I was mindful of the problems that it can create. Specifically, snowball sampling may cause participant bias because the recruiting participants may choose participants who share their beliefs or positions (Saunders et al., 2019). The negative outcome may be that the researcher would end up with a homogeneous sample that would skew the study's result. However, this was not the case in this study because the participants were from different organizations.

The participants who were selected for this study were those nurse managers who have had at least 2 years of experience supervising nurses. Additionally, the nurse managers must have successfully addressed conflicts in their health care institutions. These criteria were used in the initial contacts to identify those who have the proper knowledge and experience to contribute meaningfully to the study. The interviews were conducted through Zoom, and the participants were asked to log in away from their worksite to allow participants to speak and respond freely to the interview questions; it adds to the confidentiality of the interview process (Saunders et al., 2019). The participants were asked in advance to choose a location that they were comfortable with, and I agreed with the location or let them know why a particular location may not be adequate. For example, choosing a location such as Starbucks may have a noise level that will make it inadequate to record the participants' responses.

### **Ethical Research**

Qualitative case study research involves human participants that are investigated or studied to understand a phenomenon. The process of collecting data from the participants may expose the participants to harm or risks, and the participants who took on the risks may not benefit from the result of the study; this poses ethical challenges that researchers must address when using human participants in a study (Woodgate et al., 2017). Therefore, it is the duty of the researcher to ensure that the participants have explicit knowledge and understanding of the purpose of the research study and what participating in the study means to them (Gomes & Duarte, 2018; Saunders et al., 2019); the information provided to the participant include the risks associated with the research

study and how the outcome of the study will benefit them, the study population, and society. IRBs, such as the Walden University IRB, are mandated by the U.S. Department of Health and Human Services under the Code of Federal Regulations, Title 45, Part 46, (also known as 45 CFR 46) to ensure that all proposed studies comply with the principles and guidelines of *The Belmont Report* before they can be approved (Electronic Code of Federal Regulations, 2017).

The first step in the research study process was to obtain the Walden University IRB's approval before recruiting the participants for the study. To ensure the maximum protection of the participants, I made sure that I followed the guidelines provided by *The Belmont Report* to address all known ethical concerns. The three principles in *The Belmont Report* are respect of persons, beneficence, and justice. The three areas of applications are informed consent, assessment of risks and benefits, and selection of subjects (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979). After the initial phone contact, the next step in the recruitment process was sending invitations to them through email. The email contained the purpose of the study, an informed consent agreement that the participants must sign, a statement indicating the participants has the right to withdraw from the study at any time, a description of how the participants' privacy will be protected, and a copy of the Walden University IRB approval.

The informed consent is the participants' right that gives the researcher the authorization to involve the participant in the study. To further protect the participants and ensure anonymity, I used coded pseudonyms in place of the participants' names, that

is, assigning the participants' county or worksite a letter, and the participant were assigned a number. For example, a participant from one organization may be coded as S1, and a participant from another organization may be coded as P1. All the participants' responses and the subsequent transcription were identified solely by these coded pseudonyms. The data collected during the interview process will be retained for 5 years. All electronic data are stored in a password-protected folder that is accessible to me only; the hardcopy records are stored in a biometric safe that I alone have access to. All these records, both electronic and hardcopy, linking the participants to the study will be destroyed after 5 years.

Recruitment of participants may sometimes be difficult. Researchers may use incentives that include cash, gift cards, or other means as incentives to encourage participation in the study. However, due to the participants being employees of a public agency, I did not offer any incentive for participation in the study. I encouraged participation by highlighting the benefits of the study to the participants, and I also assured them that I will provide them with a signed copy of the study after completion.

### **Data Collection Instruments**

For this study, I used a case study research design to collect and analyze to learn about the strategies that nurse managers have used successfully to address conflict. In qualitative case study research, the researcher is the primary data collection instrument (Yin, 2018). Yin (2018) recommended six methods that a case study researcher can use to collect data in a case study: documentation, archival records, interviews, direct observations, participant-observation, and physical artifacts. For this study, after I had

received approval from Walden University IRB, I used face-to-face semistructured interviews via Zoom and company documents to collect data.

### **Interviews**

The five participants that were interviewed for this study were selected from multiple organizations. The interviews were face-to-face semistructured interviews using Zoom. According to Yin (2018), face-to-face interviews allow the researcher to consistently ask all the participants the same open-ended interview questions (see Appendix B). However, it also allows the use of follow-up questions to gain a deeper or better understanding of the participants' responses (Hilgert et al., 2016). According to Kivits (2005), as cited in Bowden and Galindo-Gonzalez (2015) and Hilgert et al. (2016), face-to-face semistructured allows a researcher to establish rapport with the participant and maintain control of the interview. I used an interview protocol (see Appendix A) to stay consistent throughout the interviewing process (Castillo-Montoya, 2016). The interviews were recorded using Zoom, and the participants confirmed their responses after the interview. As stated in the interview protocol, I obtained permission from the participants before recording the interview.

### **Company Documents**

Yin (2018) recommends that case study researchers use more than one source of evidence in case study research to strengthen the study further. In addition to collecting data through interviews, I also collected data through company documents. I asked the interview participants to refer me to organizational documents that I could review to collect data on the conflicts that they have successfully managed. The leaders of the

healthcare institutions from which the participants were selected did not provide access to company documents related to conflict management strategies employed by the nurse managers. This was mainly due to the fact that the documents exposed the information to other employees that were not part of the study. However, some of the participants allowed me to view documents that supported and validated their responses. Fusch et al. (2018) and Marshall and Rossman (2016) noted that the use of additional sources of evidence, such as company records, could provide contextual support to interview and to triangulate data to increase the validity of a study.

To increase the validity of the study, I used member checking to ensure that I captured the participants' responses accurately and validated the accuracy of the data I transcribed (Fusch et al., 2018). I sent the transcribed participants' responses to the respondents through email so that they could review the transcript for accuracy. Member checking helps increase the reliability of the data collected through interviews because the participants can review their transcribed responses to make sure that the researcher accurately represented their responses (Cypress, 2017). Member checking will also increase my study's trustworthiness because it establishes that the interview data is confirmable, credible, and dependable; thus, increasing the reliability, validity, and overall trustworthiness of the study (Lincoln & Guba cited in Yin, 2018).

Additionally, Yin (2018) recommends using a case study protocol to document the case study research process to increase reliability. Therefore, I accurately documented the procedures I followed in the study, including the data collection procedure, the interview questions, the interview protocol, the data analysis method, the themes from the

data analysis, and the findings. The protocol will ensure that another researcher who follows the protocol may arrive at the same findings and conclusion.

### **Data Collection Technique**

Case study researchers collect data directly from persons experiencing or that have experienced a phenomenon to understand how and why the phenomenon occurs. The data collection technique case study researchers can use include interviews, company documents, observations, and physical artifacts (Yin, 2018). For this case study, after I have obtained approval from the Walden University IRB to conduct the study, I used semistructured interviews through Zoom, and the review of company documents as the data collection techniques to learn about the effective strategies that nurse managers use to address conflicts. While semistructured interviews allow the researcher to collect rich data from the participants, reviewing company documents provides added support to the interviews and validates the study findings (Marshall & Rossman, 2016).

### **Semistructured Interviews**

The semistructured interview data collection process began with recruiting the study participants using purposeful sampling, and when necessary, snowball sampling to recruit the five participants needed for the study. Yin (2018) identified semistructured interviews as an effective method for collecting data in a study about human actions and affairs. Semistructured interviews allow the researcher to collect rich data from the participants, and it allows the researcher to ask follow-up questions that could provide more information or clarity to the participants' response (Yin, 2018). Therefore,

semistructured interview was the most adequate choice to allow nurses' manager to provide data-rich responses.

The advantage of using interviews as a data collection method is that it allows for direct interaction with study participants; this means that the researcher can probe for more in-depth answers and observe the participants' body language and emotions during the interview (Bowden & Galindo-Gonzalez, 2015). In a semistructured interview, the use of open-ended questions allows the researcher and the participant to engage in an open conversation that can provide a better understanding of the participant's experience (Yin, 2018, Young et al., 2018). However, semistructured interviews also have some disadvantages that can potentially affect the result of a case study. One of such disadvantages comes from bias. Bias at any stage in a study can potentially reduce a research study's credibility (MacDermid, 2017). The researcher and the interview participant can potentially introduce bias during the interview process (Saunders et al., 2019).

In a semistructured interview, the researcher can introduce bias by asking questions that lead the participants or avoiding open-ended questions that do not support their stance on the subject. On the participants' part, they may introduce bias into a research study based on their stance on the research subject. Additionally, the location from which the participant logs into Zoom for interviews, and the participants' perception of the researcher's position on the research subject may skew the participants' responses (Saunders et al., 2019). I was cognizant of the fact that I am more likely going to experience interviewer's bias due to my level of engagement with health care



professionals. To address this, I was adaptive during the selection of my participants (Yin, 2018). I ensure that I selected participants with whom I have no previous relationship so that they can respond freely without concerns about my position on the subject (Saunders et al., 2015). Chenail (2011) offered two solutions to mitigate the risk of interviewer bias: a pilot study and interviewing the investigator. I used interviewing the investigator approach before conducting the interviews to allow me to experience my questions, and it allowed me to gain feedback from my interviewer (Levy et al., 2019).

I developed an interview protocol (see Appendix A) that guided me and helped me remain consistent and unbiased during the participants' interviewing. The protocol ensured that all the participants were asked the same questions with follow-up questions as needed to clarify answers. The protocol also included letting the participants know that I would record the interview and made sure they consented to it. Each interview lasted 45 to 60 minutes with breaks as needed. The interview protocol concluded by telling the participants that I would send them a copy of the interview transcript so that they could verify its accuracy.

### **Review of Company Documents**

The second data collection method for this study is the review of company documents. This process began by asking permission from the organizations' leaders to access their documents. I asked the interview participants to refer me to the company documents related to the conflicts they were involved in. Additionally, with the permission of the organizations' leaders, I contacted the human resources divisions of the organizations to obtain documents on grievances, complaints, and their resolutions.

Furthermore, I reviewed documents related to the performances of the employees involved in the conflicts. The advantage of using the company documents as an additional source of evidence was that it provides contextual support to the interview data (Yin, 2018). The document review allows for data triangulation, which increases the validity and reliability of this study (Fusch et al., 2018). Denzin (1989), as cited in Fusch et al. (2018), noted that triangulation allows the researcher and the readers of a researcher study to look at data from multiple perspectives. The review of company documents also has some disadvantages, including the withholding of vital documents from the researcher (Yin, 2018). Another disadvantage of using company documents is that the company documents provided to the researcher may be biased by the authors' views (Yin, 2018). Yin (2018) noted that these disadvantages are expected during the review of company documents; however, Yin recommended that a researcher carefully examine and use the documents as evidentiary support to interviews. If the company documents contradict the response of any participant, then I would need to investigate the participant's responses further.

### **Data Organization Technique**

There are various methods available for organizing research data so that they are meaningful to the researcher; they include the use of journals, electronic journals, and notebooks (Hennink et al., 2017). In this study, I used a computer notebook and the audio recording function of Zoom to collect data during the interviews. I also used a notebook to take notes during the review of the company documents. Before the interviews, I assigned a coded pseudonym to each participant to protect their identities; therefore, the

participants' names were not be used on any document (Dooly et al., 2017). I used these pseudonyms to identify the participant at the beginning of the audio recording and used them throughout the data organization, analysis, and presentation of findings. The participants were identified by a code that includes a letter and a number; the letter represents the participants' worksite, and the number represents the participant. The goal of using this method is to ensure maximum privacy and confidentiality; according to Landwehr (2016) and Marshall and Rossman (2016), researchers must take all steps necessary to protect research participants' privacy.

To properly organize the research data, I created a parent, secured electronic folder on my computer. The encrypted electronic folder has a password that only I will know. I followed the recommendation of (Smith, 2018) to create subfolders that will keep the original data separate from other notes and reports. The parent folder has subfolders labeled as follows:

- Original Data – this is where I stored the consent forms, correspondence between the participants and me, and the original audio recordings from the interviews. The pseudonym identifies each participant's audio file. The folder also houses notes I took during the interviews and the notes I took during the review of the company documents.
- Data Coding & Analysis – this contains the transcriptions of the participants' responses. It also contains the electronic file of the coding of the responses and emerging themes. I used NVivo for coding and identifying themes from

the participants' responses; this is where I stored all the files associated with this process.

- Findings – this is where I stored my final analysis and findings.

The parent folder and all the subfolders will be stored for 5 years after the research study, and they will be destroyed after the fifth year. This method ensures that the research data are stored securely and in a central location that mitigates exposure to saving files in multiple locations. However, to ensure that I do not lose data in the accidental loss of my laptop, I created a backup copy of the research folder that is stored in an online cloud storage facility such as Google Drive, Microsoft OneDrive, or Dropbox. Files stored in these cloud storage systems are also encrypted and secured with passwords.

### **Data Analysis**

Qualitative researchers collect data to answer research questions; therefore, researchers must use an appropriate data analysis method to understand the data's meaning. Researchers can choose from several data analysis methods; however, Fusch et al. (2018) and Renz et al. (2018) recommend triangulation as the most effective method to use data from multiple sources of evidence to increase the validity of a qualitative research study. Triangulations also help researchers mitigate the risk of bias in their study (Abdalla et al., 2018; Fusch et al., 2018; Santos et al., 2020).

Denzin (2017) suggested four methods of data triangulation: data triangulation focuses on the interrelation between people, time, and space; investigator triangulation is for using multiple investigators to explore a phenomenon; theory triangulation applies

multiple theories to the data; methodological triangulation focuses on analyzing multiple sources of data from a research study design. Since I collected data from interviewing participants and reviewing company documents, the most appropriate data analysis method was methodological triangulation (Natow, 2020; Yin, 2018). The process of data analysis will be guided by Yin's five phases of data analysis (Yin, 2015).

### **Yin's Five-Phased Process**

Yin (2015) listed five phases of data analysis that researchers should follow to analyze data appropriately. The five phases in order of sequence are compiling, disassembling, reassembling, interpreting, and concluding. These five phases will help researchers analyze their data with minimal risk to the validity of the study. I will use NVivo software to aid and guide me through the phases of the data analysis, specifically during coding and the identification of emerging themes.

### ***Compiling Phase***

Following Yin's recommendation, in this phase, I took the time to familiarize myself with the data I collected from the interviews and reviewing the company documents. I listened to all recordings of the interviews to make sure that I had a proper understanding of the participants' responses and reviewed my notes from reviewing the company to become familiar with the data (Castleberry & Nolen, 2018; Sutton & Austin, 2015). I compiled the data into a meaningful format using NVivo. I used member checking by sending the transcribed data back to the respondents so they can validate the accuracy of the transcription.

### ***Disassembling Phase***

After compiling the data, this phase is where researchers break the data into groups and assign codes to the group (Yin, 2015). Coding is the process of identifying similarities and patterns in the responses and assigning codes to categories that make it easy to identify the themes (Castleberry & Nolen, 2018; Vaismoradi et al., 2019). In this phase, I examined the data from the interview responses and the notes I took during the document review to find similarities in the data. I used Nvivo in this phase to identify words and phrases that were similar in the participants' interview responses. Similar elements of the participants' responses were grouped and assigned codes to represent them.

### ***Rearranging Data Phase***

In this next phase, Yin (2015) suggested that researchers should reconstruct the coded groups of data and create arrays or clusters. I used NVivo to regroup the coded data into clusters according to their similarities. I used NVivo to identify patterns in the clusters and the subsequent themes that emerged from them; these are patterns in the codes that were meaningful and painted a picture that helped provide an answer to the research question (Vaismoradi et al., 2019).

### ***Interpreting Data Phase***

The interpreting data phase is where researchers describe or explain what the rearranged data is telling them (Yin, 2015). In this phase, I presented an interpretation of the data based on the themes and patterns that emerged from the data analysis. According to Yin (2015), there is no predefined way to interpret the data. However, Yin suggested

that good interpretation must meet five qualities, which are; the interpretation must be complete, other researchers should be able to reach the same interpretation if given the same data, the interpretation should accurately represent the data, the interpretation should make meaningful contribution to the literature on the research topic, and the research process and interpretation must be credible enough to gain the optimal approval of other researchers. I used these five qualities of interpretation to guide the interpretation of the data. I monitored the literature on the research topic for new studies that may provide additional knowledge on the research topic. I also reviewed other literature that are indirectly related to the research topic and conceptual framework to see if there are any new findings that may be relevant to this study.

### ***Concluding Phase***

The concluding phase is the last phase of data analysis, and it is where researchers narrate their conclusions from the data analysis (Yin, 2015). In my conclusion, I explained how the data analysis results relate to the study's conceptual framework and how the themes from the analysis compare or contrast with current literature.

### **Reliability and Validity**

Scholars and researchers judge the quality of qualitative case study research by the research study's reliability and validity (Yin, 2018). Yin noted that a study's construct validity, internal validity, external validity, and reliability determine a research study's quality. In Cope (2014), Lincoln and Guba posited that a study's quality could be determined by how trustworthy the research is. Lincoln and Guba argued that for a study

to be trustworthy, the study must meet four criteria: credibility, dependability, confirmability, and transferability.

### **Reliability**

Reliability is one of the ways of judging the quality of a research study. Lincoln and Guba cited in Cope (2014), identified dependability as one of the criteria for measuring the trustworthiness and reliability of a study. Dependability is the extent to which the research process and the result can be replicated (Yin, 2018). To ensure that this study meets optimal dependability, I followed the recommendations of Yin (2018) and Noble and Smith (2015) by developing a case study protocol and clearly documenting all the research procedures so that it is easy to see how I arrived at the results. I also clearly articulated how I collected data and the steps taken to mitigate the risk of bias; these steps are included in the interview protocol (see Appendix A). To further enhance the study's dependability, I used member checking to ensure that the data collected and transcribed accurately represents the participants' responses (Varpio et al., 2017). The methodical triangulation of multiple sources of evidence in the study also increases this study's dependability (Abdalla et al., 2018). All the data collected, the transcriptions, analysis, and results are stored in a secured database.

### **Validity**

A research study's validity is a way to judge a research study's quality (Yin, 2018). Three main types of validity are; construct validity, internal validity, and external validity (Quintão et al., 2020). Varpio et al. (2017) suggested four major methods that a qualitative researcher can use to increase the validity of a research study: thematic



emergence, triangulation, saturation, and member checking. Lincoln and Guba (1985) concluded that a research study's trustworthiness depends on its credibility, confirmability, and transferability. To assure the validity of this study, I strictly followed the recommendation of Lincoln and Guba.

### ***Credibility***

A research study's credibility measures the integrity of the research process, assessing how participants were selected, how data were collected, how the data were analyzed, and how it was interpreted (Cope, 2014). In this research study, the participants selected through purposeful sampling do not have a relationship with the researcher. The data collected through interviews are guided by an interview protocol that assures consistency in questioning and structure (Fusch et al., 2017; Sivarajah et al., 2017). The transcribed interview responses went through member checking so that the participant can confirm the accuracy of the transcriptions (Cypress, 2017). The use of methodical triangulation may also increase validity by minimizing bias in the interpretation of the data (Natow, 2020; Santos et al., 2020).

### ***Confirmability***

According to Lincoln and Guba (1985), Confirmability is how accurately the researcher represents the participants' responses in the study. The most effective way to make sure that the researchers' responses are accurately reflected in the study is through member checking. Member checking, as stated earlier, is a process where the researcher sends each participant the transcription of his or her response so that they can confirm that the transcription accurately captured their responses (Cypress, 2017; Varpio, 2017).

Another method that I employed for confirmability was to send a copy of the data interpretation to the participants; the participants' feedback helped ensure that the interpretation of the data was not biased or skewed (Saunders et al., 2019).

### ***Transferability***

Transferability refers to the extent the findings from a qualitative research study can be applied to a similar population (Lincoln and Guba, 1985). It is often difficult to replicate the result of a qualitative case study due to the participants' uniqueness and cases (Yin, 2018). However, one of the methods that increase the chances of transferability is the use of multiple cases in a study (Yin, 2018). This study uses multiple cases, that is, collecting evidence from participants from multiple organizations. To demonstrate transferability, I provided detailed information on the types of organizations from which I selected the participants. This will allow future researchers and readers to evaluate this study and determine if it is transferable to another population (Marshall & Rossman, 2016).

### ***Data Saturation***

Data saturation is another factor determining a research study's validity (Yin, 2018; Varpio et al., 2017). Data saturation occurs when no new themes are emerging from the data collection process (Fusch et al., 2018). Fusch et al. (2018) noted that researchers could use data triangulation to ensure data saturation. In this study, in addition to using interviews from participants from multiple organizations, I also reviewed these organizations' documents. The use of these multiple sources of evidence

along with an in-depth inquiry will provide sufficient data to reach optimal data saturation.

### **Transition and Summary**

Section 2 started with a reintroduction of the purpose of the study, followed by a description of the role of the researcher. The section also includes a description of the participants, and it provides an explanation and justification for the research method and design for the study. I also used the section to describe the population and sampling method, data collection, data organization, data analysis, and the processes to ensure that the research study complies with guidelines of *The Belmont Report*. Finally, Section 2 concludes with a discussion of the study's reliability and validity. In Section 3, I will present the study findings, the application to professional practice, the implications for social change, and recommendations for further research.

### Section 3: Application to Professional Practice and Implications for Change

Section 3, the final section of this study, begins with introducing the findings from the analysis of the data collected. Section 3 is where I present the study's findings, including the emerging themes. It also includes discussion on the application to professional practice, social change implications, recommendations for action, the recommendation for further research, my reflection on the research study, and the conclusion.

#### **Introduction**

The purpose of this qualitative case study was to explore the strategies that health care nursing managers use to address workplace conflict to assure the delivery of quality care to patients. The findings presented in the next section came from data collected from interviewing five nurse managers and supervisors and reviewing company documents from multiple health care organizations in the western region of the United States. The analysis of the data revealed four major themes: (a) perception of fairness, equity, and respect; (b) organizational resources; (c) fostering communication, collaboration, and empowerment; and (d) acknowledging the employee experiencing the conflict.

#### **Presentation of the Findings**

The research question for this study was, *How do some health care nursing managers address workplace conflicts to assure the delivery of quality care to patients?* Adequately addressing conflicts in organizations can improve employees' performance and the quality of services delivered by the employees (Copanitsanou et al., 2017). In health care institutions, workplace conflicts can adversely affect the quality of care

provided to patients (Erdenk & Altuntaş, 2017). The data analysis from this study revealed some emerging themes in the strategies nurse managers use to address workplace conflicts in health care institutions. The themes are (a) perception of fairness, equity, and respect, (b) organizational resources, (c) fostering communication, collaboration, and empowerment, and (d) acknowledging the employee experiencing the conflict. These themes were developed from NVivo using the data collected from the interview transcripts. The following table shows the themes and the participants' contributions to the themes.

**Table 2**

*Themes and Number of Contributing Participants*

Theme	No. of contributing participants
Theme 1: Perception of fairness, equity, and respect	5
Theme 2: Organizational resources	5
Theme 3: Fostering communication, collaboration, and empowerment	4
Theme 4: Acknowledging the employee experiencing the conflict	5

All five participants contributed to three of the themes, but one did not contribute to the third theme, which is fostering communication, collaboration, and empowerment. The other four participants contributed substantially to the theme.

**Theme 1: Perception of Fairness, Equity, and Respect**

All the participants interviewed stated that the successful strategy they have used primarily is to create the perception of fairness, equity, and respect when addressing workplace conflict. Their responses emphasized the need to ensure that the employee

experiencing the conflict perceives the manager as being fair, objective, and respects them or their view of the conflict. The impact of justice, fairness, and equity are well documented in the literature on conflict (Currie et al., 2017). According to Patton (2020), the perception of equity in the workplace increases employees' satisfaction and trust in the outcome of the conflict being addressed. All five participants used some method to ensure that the employee who experienced the conflict feels that the conflict will be appropriately managed, and the manager approaches the conflict resolution objectively.

Participant 1, during the interview, emphasized the importance of making sure that conflicting parties view her as being respectful, fair, and objective. She stated, "Respect is something that goes a long way because it is reciprocal. You respect the views and opinions of all parties and let them freely air those views and opinions."

Participant 1 then added that creating the perception of fairness is important. Equity and fairness make everyone feel that you do not take sides and approach the conflict resolution objectively with an open mind. Lastly, she stated that she makes a conscious effort to eliminate power imbalance among all parties.

Participant 2 similarly emphasized the need to show the employees that they are being treated the same way the other party is being treated. She stated that she approaches everyone as equal, saying, "we treat everybody the same. I treat my housekeepers the same way I treat my nurses. I treat my CNAs the same way I treat the doctors." She emphasized the importance of being objective and allowing every party to share their side of the story in a safe environment. Participant 3 noted that her first approach to workplace conflict was to "use neutral language in addressing the situation. I practice neutral

thinking in my assessments to help me use a more objective lens.” Participant 3 also addressed the importance of creating the perception of equity and fairness by reducing power imbalance. She acknowledged that sometimes it might be challenging to eliminate the inequality, but she will create the perception to the party with lower power that they are treated equally. In an example where the conflict was between a nurse and doctor, she stated, “I would make a conscious effort to sit down next to the nurse instead of in between them to provide a level of congeniality and support because the playing fields are not even for the nurse and the doctor.” She would candidly lay down the ground rules so that they know everybody has the opportunity to have a safe dialogue.

Participant 4 and Participant 5 also contributed to this theme. Participant 4 emphasized using facts and factual statements when addressing workplace conflicts. In his words, “I stick to facts and stick to things that need to be done because you can’t argue with facts.” He acknowledged that sometimes some of the conflicting parties might not be happy with the fact but, “I state facts because it is required. I have no skin in this game, we are all here trying to do a job and do it thoroughly.” Lastly, Participant 4 added that respect for all the participants was a strategy that goes a long way in addressing workplace conflicts. Participant 5 provided substantial contributions to this theme; he stated,

I try to let everyone know that I am approaching the matter fairly without any bias or prejudice. I also choose the right time and place to address the conflict, that is, choose the right time and the right environment that will help listen to what I have to say and know they are being heard.

He also attributed the effectiveness of managing conflict to removing power from workplace conflict situations, making everyone feel equal and safe.

### ***The Correlation to the Literature***

The perception of fairness, equity, and respect can help resolve workplace conflicts and increase employees' workplace satisfaction. All the participants reported that they could successfully address conflicts because the conflicting parties perceived them as being fair. These findings are supported by the literature. Researchers have demonstrated that when conflict situations arise in organizations, the perception of fairness and justice increases trust in the organization's ability to resolve the conflict. (Currie et al., 2017; Nesbit et al., 2012). Furthermore, the study by Patton (2020) also showed that the perception of equity in the workplace increases employees' satisfaction and trust in the outcome of the conflict being addressed.

### ***The Correlation to the Conceptual Framework***

The responses from the participants showed that they were able to successfully resolve conflicts when the parties believed that the managers respected them. The participants also noted the importance of equity and fairness when addressing conflicts. In their responses, they acknowledged that nurses responded positively to conflict resolution when they believe that the work environment encourages fairness, equity, and respect. These nurses' positive responses to their managers, specifically when these factors are present, align with the tenets of SET. Blau's argument suggests that SET includes intangible and abstract exchanges that include trust, goodwill, fairness, and organizational support that extend over a long time (Zhao et al., 2020). Individuals in an



organization or social system who receive such intangible benefits will reciprocate through actions and behaviors that will assure the benefits' continuance (Frieder, 2018; Zhao et al., 2020). Furthermore, SET posits that employees view fairness, equity, and respect as intangible benefits from an organization (Meira & Hancer, 2021); therefore, in exchange for these benefits, employees will respond positively to supervisors and the organization when they believe that these benefits exist.

### **Theme 2: Organizational Resources**

The five participants interviewed mentioned the importance of organizational resources in helping address workplace conflicts. Organizational resources mentioned in the interviews included training for managers, knowledge libraries, peer support, and a human resources department that can help managers address workplace conflicts effectively (Currie et al., 2017; Saundry et al., 2021). Analysis of the data from participant interviews and review of company records revealed the use of organizational resources as one of the major themes from the data. Participant 1 called out training as an important organizational resource that has helped her and other nurse managers in her organization address conflicts successfully. She said that her organization placed effort into training. She added, "We provide training to nurses on a variety of topics, but we emphasize training on workplace conflicts and the strategies they need to manage them." She indicated that having a good human resource department has helped her in addressing workplace conflicts successfully. She said, "I go to my human resources department when I am not sure what to do; especially when you are in a State like California, you must have the support of your human resources team." Participant 1 also

identified having a good knowledge of applicable laws was helpful when addressing workplace conflicts. She stated,

I always have my handbook, policies, and procedures ready to show them where I am coming from. So, knowing a lot about your organization's policies, knowing about your decisions, and the State of California labor laws can go a long way in helping you resolve conflicts successfully.

Participant 2 pointed out the importance of having a handbook that she can go to help her address workplace conflicts. She also identified having a human resources department as a beneficial contributor to managing conflicts successfully. According to her, "If you also don't feel comfortable talking to the employee on your own, you can bring HR with you and talk with them as well." She added that her health care institution frequently provided training to various levels of nurses through their quality assurance department. Participant 3 noted that her primary resource within the organization was the guidance she received from her peers and mentors. Participant 4 also pointed out that the support of peers was instrumental to managing conflicts successfully. She stated that while the organization provided some training, "my management skills were taught to me by my peers and coworkers as opposed to going to school and class." Participant 4 also referred to the organization's handbooks, policies and procedures, and regulations guidebook as organizational resources that helped resolve conflicts. Participant 5 identified contracts, such as union contracts, as a resource that contributed to his success in managing workplace conflicts. He said that union contracts adequately identified roles and responsibilities for all levels of nurses, thereby making it easier for him to resolve

workplace conflicts. Participant 5 also identified training as a resource to help address conflicts; he said, “one of such training is IST, which provides training to both nurses and correctional officers in the organization.” He added that human resources and his upper management were valuable when he could not resolve the workplace conflict independently.

### ***The Correlation to the Literature***

The study participants noted that the availability of various organizational resources, including human resources, training, and knowledge libraries, was instrumental to their success in addressing workplace conflicts. In support of this theme, literature on workplace conflict identifies training and human resources department support as crucial components of effective workplace conflict management. Literature suggests that the training of supervisors and line managers is essential to managing conflict in the workplace (Currie et al., 2017). According to Currie et al. (2017), managers and supervisors who are adequately trained in conflict resolution are more likely to succeed in resolving conflicts than those who did not receive proper training.

In addition to training, scholars argued that the presence of an adequate human resource function in an organization could help managers address conflicts effectively (Currie et al., 2017; Roper & Higgins, 2020; Saundry et al., 2020). Roper and Higgins (2020) noted the importance of having a fully functional human resources department that can provide needed support to managers; they argued that the availability of the human resources department is key to helping managers resolve workplace conflicts. Additionally, Saundry et al. (2020) argued that the availability of a human resources team

alone is not helpful, but the human resources team must also be ready to support the managers during conflicts.

### ***The Correlation to the Conceptual Framework***

The responses from the participants showed that the availability of organizational resources, which are viewed as support from their organizations, was critical to their ability to address workplace conflicts. The participants identified at least one form of organizational resources as a support factor in how they have successfully addressed workplace conflict. Therefore, this theme aligns with SET because organizational resources that include the support of a human resources department can be viewed as an intangible benefit in the form of organizational support (Currie et al., 2017; Zhao et al., 2020).

In their various studies, Currie et al. (2017), Meira and Hancer (2021), and Zhao et al. (2020) acknowledged Blau's SET, which stipulates that intangible benefits, such as organizational support and alleviating employees' concerns, will lead to positive employee behavior in the workplace. Meira and Hancer noted that the availability of organizational resources could significantly increase positive relationships between employees and their organizations. Employees view the availability of organizational resources as support from the organization, which drives employees' positive response to organizational initiatives and changes. Also, Zhao et al. acknowledged that organizational support leads to positive employee responses, which support the tenets of SET.

### **Theme 3: Acknowledge the Employees Experiencing Conflicts**

All the participants in this study stated that acknowledging the employees' views and feelings in conflict situations positively affects addressing workplace conflicts. These acknowledgments come in the forms of actively listening to the employee's point of view, paying attention to all forms of communications coming from the employee, showing compassion, and providing emotional support during workplace conflict situations. In the literature, Macamara (as cited in Lemon, 2019) described active listening as an ethical practice directed towards recognizing another person's viewpoint, giving attention, understanding the other person, and responding accordingly. Other literature, such as Jones et al. (2019), aligns with this theme. Jones et al. demonstrated that acknowledging employees' feelings through empathy and active listening can help others, such as supervisors, understand the suffering of a grieving person. Hence, acknowledging employees experiencing conflicts provides a platform for addressing workplace conflict.

Participant 1 stated that her strategy is to focus on the individuals experiencing the conflict. She further elaborated,

I pay attention and make sure that the person perceives me as being present and understand their complaint. I try to understand what they are communicating to me through their verbal and nonverbal communication. I use making eye contact and active listening to show them that I understand the situation and empathize with them.

She went on to add that “We all crave to be heard when we are experiencing conflict.” She concluded that actively listening and showing compassion when a person comes to her shows them that she cares and respects them. Similarly, Participant 2 focuses on listening to the nurse that has the problem. She stated that when a nurse is complaining, she will take the time to listen to her concerns to understand the root cause of the nurse’s concerns.

Participant 3 also highlighted the importance of actively listening to employees; she stated, “One of the biggest strategies for dealing with peer-to-peer conflict is active listening. Most conflicts arise when peers just feel like they are not being heard.” She concluded that listening to the employees objectively goes a long way to help understand what people need. Participant 3 added that the strategies that have worked for her have a common trait: creating the perception that I am investing in that other person. In her words, “I validate their feelings and frustrations. I may not believe or understand what they do or say, but if I validate it in some way and try to put myself in that position, it helps deal with conflict when it arises.” She explained that sometimes all that person needs to hear is acknowledgment. She stated that the most important thing is to provide a safe haven for staff and peers to talk freely and believe there will be no repercussions.

In their responses, Participant 4 and Participant 5 recognized acknowledging the employees as an effective strategy for addressing workplace conflicts. Participant 4 emphasized the importance of active listening; she said, “One must be a good listener and pay attention to body language because somebody may say something, but their body is saying something else.” She noted that historical knowledge of an employee’s behavior,

body language, and mannerisms could help understand what the employee is communicating during a conflict situation. She concluded by saying,

I observe people and their mannerisms. I acknowledge people's differences and how they may react to different situations. It's key to observe people's body movements when speaking because they may be trying to convey something they can't put into words.

Participant 5 focused on not just listening but also recognizing what the person experiencing conflict is feeling, "I approach these issues from a place of compassion and empathy." He elaborated that it is important to show compassion and empathy even if you may disagree with the person.

### ***The Correlation to the Literature***

The participants' responses indicated that acknowledging employees through active listening and showing them that the manager can understand their feelings were instrumental to successfully addressing workplace conflict. These responses and the subsequent theme correlates with literature on conflict management. In literature, Macamara, cited in Lemon (2019), describes active listening as an ethical practice directed towards recognizing another person's viewpoint, giving attention, understanding the other person, and responding accordingly. Other literature, such as Jones et al. (2019), align with this theme. Jones et al. (2019) demonstrated that acknowledging employees' feelings through empathy and active listening can help others, such as supervisors, understand the suffering of a grieving person. Hence, acknowledging employees experiencing conflicts provides a platform for addressing workplace conflict.

### ***The Correlation to the Conceptual Framework***

In the participants' responses, they identified their own behavior as essential to successfully addressing workplace conflicts. The managers' behaviors, in this case, were acknowledging what the employee is going through by actively listening and validating the conflicting parties' feelings. The participants' responses showed that their nurses demonstrated an exchange behavior during conflict resolution; the nurses responded favorably because the managers' listened to them and acknowledged their feelings which the nurses perceived as benefits. This theme is in alignment with SET because the theory posits that employees will respond to supervisors' or managers' behaviors that they perceive as beneficial to them (Zhao et al., 2020). Such managers' behaviors include the acknowledgment of employees' feelings about negative events in the organization. Homans SET suggests that an individual will choose an action or behavior based on the costs and benefits of taking that action (Homans, 1958). According to Blau's SET, intangible and abstract exchanges, including trust, support for employees' goodwill, acknowledging and adequately responding to employees' concerns, will lead to positive responses from the employees (Zhao et al., 2020).

### **Theme 4: Fostering Communication, Collaboration, and Empowerment**

Four out of the five participants noted that fostering good communication, collaboration, and empowering employees to resolve conflicts are strategies that have worked in addressing workplace conflicts. Participant 1 discussed the importance of creating an environment where the employees collaborate and cooperate with each other to understand the expectations of each other better. She believes that this strategy has



helped in resolving workplace conflicts. she stated, “I encourage my nurses to work things out when there is a conflict; however, if they are not able to resolve the conflict on their own, then I am inclined to intervene and help them resolve the conflict.” She concluded by saying that this method empowers the employees to take control of the situation.

Participant 2 emphasized the importance of letting the conflicting parties understand that they are on the same team. She stated that after identifying the likely root cause of the conflict, she would educate the parties on communicating better. She will “make sure that they are being kind to each other and that they are using each other as resources and even though they don’t mesh well together.” Similar to Participant 2, Participant 3 identified the importance of providing the opportunity for her staff to develop themselves and empower themselves to take the initiative of resolving conflicts on their own. In her words,

I will model the behavior I want to see in them. By so doing, it will help them develop their own methods to deal with conflicts. I learned a lot from watching somebody else model a strategy to avoid conflict.

Participant 4 added that it is beneficial to educate the nurses on being respectful of each other’s position. She reminds them that “giving in isn’t about losing or taking sides, rather it is about being respectful.” She stated that she educates her nurses on the role they play in the conflict; additionally, putting themselves in the other party’s shoes gives them a broader perspective on the issue.

### ***The Correlation to the Literature***

The participants outlined the importance of fostering communication and collaboration among their nurses in their responses. They noted that when they created a workplace environment that fostered communication and collaboration, employees were able to resolve conflicts better independently. They noted that the employees were also more likely to understand the other conflicting parties' positions better. This theme is supported in the literature on the effectiveness of communication and collaboration in organizations. A study conducted by Jungert et al. (2018) showed that fostering communication and collaboration among employees improved positive behavior among the employees. Communication and collaboration have been noted in other literature as crucial elements in increasing positive behavior in the workplace. A study by Rocchi et al. (2017) observed that performance improved when team members communicated and collaborated well. They also showed that when employees took the time to listen and were genuinely interested in each other, using empathic and supportive behavior resulted in the need satisfaction and optimal motivation of the other team members (Rocchi et al., 2017).

### ***The Correlation to the Conceptual Framework***

The responses from the participants also pointed out the role of fostering communication, collaboration, and empowerment among employees in addressing workplace conflicts. Fostering communication, collaboration, and empowerment in the workplace can be seen by employees as a beneficial, supportive effort by the manager. Therefore, this theme aligns with the tenets of SET, which stipulates that the anticipation

of intangible benefits, such as support and respect from the workplace, will lead to positive employee behaviors towards coworkers and the organization (Meira & Hancer, 2021).

As noted in the participants' responses, fostering communication, collaboration, and empowerment create a situation where conflicting parties may better respect each other's points of view. According to Blau, these intangible benefits will lead to positive employee behavior (Frieder, 2018). Blau noted that individuals in an organization or social system who receive such intangible benefits would reciprocate through actions and behaviors that will assure the benefits' continuance, which includes making an effort toward resolving the workplace conflict.

### **Applications to Professional Practice**

The purpose of this study was to explore the strategies that health care nurse managers have used to address conflicts successfully. Conflicts among employees negatively affect employees and customers and can potentially lead to financial losses and contribute to the organization's demise (Bochatay et al., 2017; Kim et al., 2018). Saridi et al. (2019) found that among all the health care professionals surveyed, 24.5% of them indicated the intention to quit their profession due to stress and workplace conflicts. The costs of workplace conflict impact organizational performance, and it affects the health and wellbeing of nurses in health care organizations. Therefore, health care nurse managers who continue to struggle with addressing workplace conflicts need to understand the strategies that other nurse managers have used to address workplace conflicts successfully.

The findings from this study show that nurses managers have used (a) creating the perception of fairness, equity, and respect, (b) ensuring adequate organizational resources are available, (c) fostering communication, collaboration, and empowerment, and (d) acknowledging the employees experiencing the conflict address conflicts successfully. Therefore, by applying the strategies identified in the themes, nurse managers who are struggling with addressing workplace conflict could potentially manage conflicts better. Additionally, health care leaders and human resources professionals can use the findings from this study to develop training for nurse managers on addressing workplace conflicts. The overall implication of this study for business is that applying the strategies nurse managers could potentially reduce the negative consequences of workplace conflicts on health care businesses and improve the delivery of care to patients.

### **Implications for Social Change**

Research shows the negative effects of workplace conflicts, such as stress, poor workplace communication, and poor health on the nurse, can affect the social and economic well-being of the society and the communities they serve (Abd-Elrhaman & Ghoneimy, 2018; Kim et al., 2017; Raykova et al., 2015). The impact of these conflicts in health care institutions can potentially affect an entire community (Kim et al., 2017). This is because the impact of workplace conflict on nurses can lead to inadequate care delivery to patients in their community. Therefore, nurse managers need to understand what strategies that can be used to address workplace conflicts successfully.

The findings from this study identified strategies that some nurse managers have used to address workplace conflicts successfully. This study's implication for social

change is that it provides nurse managers with additional strategies that they can use to address workplace conflicts successfully. When applied by nurse managers, the strategies identified in this study could potentially reduce the negative effect of workplace conflicts on their nurses. Furthermore, if nurse managers are better equipped to address workplace conflicts, they could potentially help to reduce the costs of health care delivery in their communities. Therefore, the implications of this study for positive social change include the effective delivery of health care to communities, reduction in the financial costs of health care delivery, improved health and wellbeing of nurses, and potentially, an overall improvement in the local community economy.

### **Recommendations for Action**

The purpose of this study was to learn about the strategies that nurse managers have used to address conflicts in health care institutions. The themes that emerged from the study are (a) perception of fairness, equity, and respect, (b) organizational resources, (c) acknowledging the employee experiencing the conflict, and (d) fostering communication, collaboration, and empowerment. These themes are consistent with SET because they are all directed toward creating intangible benefits for employees, increasing trust in the managers, and reducing the risks of losing employees to workplace conflicts. The findings from this study indicate that nurse managers who adopt the strategies identified in the study could potentially address conflicts successfully. Therefore, I make the following recommendations to health care leaders, human resources professionals, and nurse managers:

1. Recommendation 1: Create the perception of fairness, equity, and respect – I recommend that health care leaders and human resources professionals develop training for nurse managers on how to create a work environment where all nurses believe they are treated with respect and equity. Furthermore, nurse managers should make an effort to treat all nurses with respect. According to Participant 1, “Respect is something that goes a long way because it is reciprocal. You respect the views and opinions of all parties and let them freely air those views and opinions.” Additionally, nurse managers should always make sure to show their nurses and other employees that they are treated equally. Participant 2 noted, “We treat everybody the same. I treat my housekeepers the same way I treat my nurses. I treat my CNAs the same way I treat the doctors.” Following this recommendation to create an environment where everyone feels respected and believes they are all treated equally and fairly could help nurse managers address workplace conflicts successfully.
2. Recommendation 2: Provide organizational resources – I recommend that health care organizational leaders provide frequent training to nurse managers on how to resolve workplace conflicts; they should incorporate the findings of this study into the training. The participants in this study noted the importance of training to their success at work. Participant 1 stated, “We provide training to nurses on a variety of topics, but we emphasize training on workplace conflicts and the strategies they need to manage them.” In addition to training,

I also recommend that organizations create libraries or knowledge repositories where nurse managers can easily access resources to help them resolve workplace conflicts. These libraries should include the employees' handbooks, policies and procedures, laws and regulations, and other reference materials. Lastly, all the participants noted that the availability and support of a human resources division helped them address conflicts. Therefore, I further recommend that health care leaders make sure their organizations have adequate human resources divisions that can support nurse managers. Nurse managers should also know when to seek assistance from human resources when addressing workplace conflicts.

3. Recommendation 3: Acknowledge the employee – All the participants in the study stated that acknowledging the employee experiencing the conflict was critical to resolving the conflict. Therefore, I recommend that health care leaders and human resources professionals train nurse managers on how to acknowledge nurses experiencing conflicts. This training should focus on active listening and understanding employees' emotions. According to Participant 1, "I pay attention and make sure that the person perceives me as being present and understand their complaint. I try to understand what they are communicating to me through their verbal and nonverbal communication. I use making eye contact and active listening to show them that I understand the situation and empathize with them." Participant 3 also highlighted the importance of actively listening to employees; she stated, "One of the biggest

strategies for dealing with peer-to-peer conflict is active listening. Most conflicts arise when peers just feel like they are not being heard.” In addition to active listening, health care leaders should also provide training on emotional intelligence. Participant 5 pointed out that he focused on not just listening but also recognizing what the person experiencing conflict is feeling, “I approach these issues from a place of compassion and empathy.” He elaborated that it is essential to show compassion and empathy even if you may disagree with the person. This training will help nurses to understand how to acknowledge conflict parties’ feelings. Finally, I recommend that nurse managers pay attention to their nurses’ feelings and listen to them at all times.

4. Recommendation 4: Fostering communication, collaboration, and empowerment – I recommend that nurse managers create a work environment that encourages free communication and collaboration among all nurses. Create a workplace that empowers nurses to resolve issues that arise when they work in a team environment. Participant 1 believes that creating an environment where the employees collaborate and cooperate to understand the expectations of each other better is a strategy that has helped resolve workplace conflicts. she stated, “I encourage my nurses to work things out when there is a conflict; however, if they cannot resolve the conflict on their own, then I am inclined to intervene and help them resolve the conflict.” In support of Participant 1’s position, Participant 4 stated, “I will model the



behavior I want to see in them. By so doing, it will help them develop their own methods to deal with conflicts. I learned a lot from watching somebody else model a strategy to avoid conflict.” Nurse managers should empower their nurses to resolve conflicts through open communication. However, the manager must know when to intervene to prevent the conflict from escalating further.

The findings of this study could help nurse managers to address workplace conflicts better. Therefore, I intend to make this study’s findings available to health care organizational leaders interested in helping nurse managers to reduce workplace conflicts. I will also make this study available to human resources professionals working with healthcare organizations to use it to develop training programs for nurse managers. I will provide a copy of this study to those who participated in this study. Other means of disseminating the study will be through publishing it in academic databases, such as ProQuest, where other researchers and students can access it.

### **Recommendations for Further Research**

This study was conducted using a qualitative case study research design. The findings are based on the individual responses of five participants; the number of participants makes it difficult to generalize the study’s findings. Secondly, the study participants are nurse managers in the health care industry selected from cities in the western region of the United States; therefore, the study findings may not be transferable to other industries. Another limitation is that I, the researcher, am the data collection

instrument and the interpreter of the study's findings; therefore, there is the risk of bias (Palaganas et al., 2017; Yin, 2018).

Therefore, I recommend that future researchers consider using a larger sample size in a qualitative, quantitative, or mixed-method study to verify the results seen in this study. Additionally, future researchers should consider expanding the study population to include other industries or locations so that the findings can be more generalizable to most workplaces. This study revealed that culture, language, and federal and state laws present barriers to effective conflict resolution; therefore, future researchers should consider the effects of these factors on how managers address workplace conflicts.

### **Reflections**

This study exposed me to the intricacies and the complexity of health care institutions. Going into the study as someone who is a leader in the health care industry, I assumed that my knowledge of the industry might influence the study process. However, as I started my research into workplace conflicts in health care institutions, I quickly realized how limited my knowledge of the industry was. This limitation in knowledge was obvious when I started exploring how nurse managers in the frontline worked and interacted with medical professionals and paraprofessionals on a day-to-day basis. I expected to see some of the themes that emerged, but I did not anticipate how strong some of them were compared to the others. For example, I expected the workplace culture to play a significant role in the managers' strategies to address conflicts, but that was not the case.

The doctoral study process has earned my full respect. It is difficult to understand or comprehend the rigor of the process without actually being in it. The cost of a doctoral study goes beyond the financial commitment involved; it comes with other costs that include social life, family time, and some sleepless nights. One must be committed and remain focused to complete a doctoral study. I learned a lot from the process and gained a lot of knowledge from my chair and fellow students. The knowledge gained will guide me in my career as a leader. I will conclude by saying that the biggest thing I learned towards the end of my study was that having the right doctoral chair makes a significant difference in how you go through the process. Towards the end, I had a chair who supported and provided the encouragement I needed to continue in the study. I am eternally grateful to my chair. Overall, I am glad I stayed the course and completed this study.

### **Conclusion**

Workplace conflicts create significant challenges for health care institutions, their leaders, and frontline nurse managers. This study explored the strategies that health care managers use to successfully address workplace conflicts. The qualitative case study was guided by SET, a theory that focuses on how individuals respond to situations based on their perceptions of the costs and benefits associated with the situation. Data were collected through interviews responses from five nurse managers across multiple health care institutions in the western region of the United States; additionally, some company documents provided support for the participants' responses.

The findings from the study indicated that nurse managers use four main strategies to address conflicts: (a) they create the perception of fairness, equity, and respect which increases the trust of the employees and the belief that the conflict will be resolved fairly, (b) they utilize organizational resources that include the organization's human resources department, training provided by the organization, mentors/peers, and the organization's knowledge library (c) they foster good communication and collaboration among teams that empower them to resolve conflicts on their own and (d) they acknowledge the employee experiencing the conflict by actively listening, showing empathy, and compassion to them. These findings indicate that nurse managers can be trained to manage conflicts better and reduce the negative effects of workplace conflict on their staff and the organization.

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## Appendix A: Interview Protocol

This interview protocol is designed to be used for interviewing four to six participants to collect data to answer the study research question. I follow the steps listed below to guide me during the interview process and to make sure that the interview process follows a consistent structure.

- I will welcome the participant to the interview and thank them for coming to the interview
- I will reiterate the purpose of my study and the research question.
- I will let the participant know that the interview is expected to last 45 to 60 minutes, and we can pause at any time if the participant feels he or she needs a break.
- I will remind the participants that I will be recording the interview using an audio device and ask for their consent.
- I will explain to the participant how their confidentiality will be protected; which starts with announcing a pseudonym that is assigned to the participant to start the interview.
- I will start the interview by first announcing the participants' pseudonyms on the recording, then ask the participants to state their job title, years of experience, and level of education.
- I will ask the interview questions listed on Appendix B, and ask follow up questions if I need to get more clarity on a response.

- After the last question, I will ask the participants if there is any question they will like to revisit.
- I will announce on the recording device that this marks the end of the interview with the participant.
- I will thank the participants for their time and let them know that I will be sending them the interview transcript so that they can verify that I accurately captured their responses.

## Appendix B: Interview Questions

To collect data from interviews to answer the research question, all the participants will be asked the following questions.

1. What self-developed strategies have you used to address your nurses' workplace conflicts?
2. What organizational resources have you used to implement the strategies to address your nurses' workplace conflicts?
3. What strategies have you used to address your nurses' peer vs. peer workplace conflict?
4. What strategies have you used to address your nurses vs. other medical professionals (e.g., doctors) workplace conflicts?
5. Based on your experience, why do you think these strategies are effective?
6. What were the key barriers to implementing your strategies for reducing nurse's workplace conflicts?
7. How did you address these key barriers?
8. What else can you share with me about the strategies you have used to reduce workplace conflicts and assure the delivery of quality care to patients?