

Effect of Conflict Management Program on Staff Nurses' Performance



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1.ABSTRACT

Background: Conflict in the nursing profession is normal and unavoidable, and it occurs on a regular basis in healthcare settings. As a result, conflict management is critical for organizational success and efficiency, and staff nurses must be able to effectively handle conflict in order to create an environment that fosters personal growth while also ensuring high-quality patient care. **Aim:** The present study aimed to investigate the effect of conflict management program on staff nurses' performance. **Method:** Quasi experimental design was conducted on 70 nurses working at intensive care units affiliated to AL-sadder teaching hospital in Iraq-Missan. conflict management techniques assessment questionnaire and observation checklist of nurse's performance was used to collect data. **Results:** Most studied staff nurses had poor in conflict management pre- program and the minority had high in managing conflict post and after 3 months program implementation. Also, staff nurses' performance was improved after program implementation. **Conclusion:** There was a high statistically significant association pre-post and after 3 months between most subscales of staff nurses about managing conflict and most subscales of performance after program implementation. **Recommendation:** A regular educational program about conflict management should be consistent for staff nurse.

Keywords: Conflict Management, Staff Nurses, performanc

2.Introduction:

Health-care organizations are extremely complicated, with a plethora of deep interdependent linkages and job ambiguity, all of which contribute to stress and conflict. Conflict is a natural condition and an inevitable reality exist in every organization where nurses interact and work together. It is an outcome of behaviors and an integral part of human life. It may rise as a result of conflicting viewpoints, values, preferences, desires, interests, beliefs, and objectives. It is within healthcare teams, it is an ongoing and unavoidable problem (Khalili & Pourreza, 2020).

The intensive care unit (ICU) is one of the most critical and demanding areas of a hospital. Patients with severe conditions and life-threatening conditions are cared for by a team of specialists in this unit. which contributes to increase conflict among staff nurses (Lee & Oh, 2020). Conflict is defined as the aggressive pursuit of a wanted end that, if achieved, obstructs others' pursuit of their own preferred outcome. It's also a procedure in which one person believes that another person's interests are being contested or negatively impacted. (Ebrahim, 2020). Conflict is a multifaceted phenomenon. It can exist on a variety of levels, including intrapersonal, interpersonal, intra-group, and inter-group. Staff nurses, the largest group of health-care professionals in any facility, are not immune to disagreements (Liu, 2021).

Conflict develops as a result of a variety of factors including organizational complexity, differing role expectations, interdepartmental competition, decision-making restrictions, competition for limited resources, ambiguous job boundaries, and personality variations. It also increased with poor leadership, inadequate working conditions, communication issues, and a lack of resources, organizational support (Haji Matarsat & Abdul-Mumin, 2021).

Perhaps, performance is the most important and central construct variable in any organization in order to achieve goals, develop products, provide services and attain competitive advantages. Improving the performance of health care has become a major them throughout the world. The core of staff nurses. The demands of the job, the organization's goals and purposes, as well as the organization's attitudes about which behaviors are most valued, all influence performance (Almohtaseb & Yousef 2020). A special team that characterized by professional experience and knowledge to improve good Performance is defined as nurses' actions or activities that are related to the institution's goals (Madlabana, 2020). According to Sumande, (2020) staff nurses' performance is a function of an individual's ability to do specified activities, which includes conventional job descriptions. Lappalainen & Nissinen, (2020) argued that performance-related behavior is

inextricably linked to job duties that must be completed in order for staff nurses to meet their goals.

Effective nursing care performance occurs when nurses can commit, motivate, concentrate, control staff nurses' pressure, and have high self-confidence. The main component of natural mental toughness is to develop nursing psychological and managerial performance to cope with different feelings of rejection sensitivity in nursing practice settings or different real - life situations (Chunxiao, 2020).

This study aimed to: Investigate the effect of conflict management program on staff nurses' performance .

Research question:

- *What are the staff nurses' skill levels in managing conflict pre, post and after three months intervention ?
- *What are staff nurses' performance conflict pre, post and after three months intervention ?
- * Is there a relationship between the staff nurses' conflict management technique and performance pre, post and after three months intervention?

3. Subjects and Methods:

3.1. Research design

A quasi-experimental research design was used to conduct this study.

3.2. Settings

The study was conducted in all intensive care units which are surgical intensive care unit, medical intensive care unit and cardiac intensive care unit, of AL-sadder teaching hospital in Missan, the hospital represent Ministry of Health-Iraq, which provides a wide spectrum of health services. It provides multiple inpatient and outpatient services such as medical, surgical and cardiopulmonary.

3.3. Subjects:

The study sample was included all available staff nurses (n=70) assigned to work in intensive care units, during the data collection period with at least one year experience to be oriented for working condition and able to express their opinion about conflict.

3.4. Tools of Data Collection:

Tool 1: Conflict Management Techniques assessment questionnaire

It was developed by the researcher based on literature review of Yamaguchi & Oike (20016) to collect data about the following:

Part I: Characteristics of studied nurses (5items) such as age, gender, marital status, educational level, years of experience.

Part II: Conflict Management Techniques (pre- post and afer 3months) composed of (70) questions to assess the conflict management techniques among staff nurses during different phases of program. The domains of managing conflict among staff nurses them self-skills consists of 20 items, managing conflict with physician consists of 20 items, and finally, managing conflict with patient consists of 30 items.

Scoring system:

Scoring system based on albert cut of point was used, low level of conflict resolution skills among staff nurses (< 50%), moderate level from (50-75%), and high level (>75%)

Tool II: Observation Checklist of Nurses Performance (OCNP)

This tool was developed by (Fekry, 2015) to evaluate the performance of the staff nurses It consists of (71) items categories under 9 main dimensions which are: leadership (7 items), Psychosocial individual (14 items), communication (11 items), general patient care (13 items), vital signs (3 items), medication (7 items), patient status (5 items), planning and evaluation (4 items) and dressing (7 items). Observation checklist scored on the basis of yes, no or not applicable for each activity.

Scoring system:

- Yes" scored (one point), "no" scored (zero),
- <50% poor performance
- 50%-< 65% moderate
- 65%- <75% good
- 75% -<85% very good
- 85% - 100% excellent performance.

3.5. Data collection:

The study was conducted through the following three phases. All of these phases are approximately 9 months. Began from January 2019 to the end of September 2019 in ICU.

First phase:

The period before the intervention (preprogram) phase that lasted around two months

from start to finish (January 2019 to the end of February 2019). The pre-program, staff nurses completed tests prior to the start of the training program. The conflict management technique assessment questionnaire was derived from 20-30 minutes to be finished. This pre-study test was created to give researchers a baseline assessment of nurses' conflict management post and follow-up program. Also, an observation checklist of staff nurses' performance was observed by the researcher prior to the start of the training program, it took 20-30 minutes to finish. The data gathered 4 days/week in the morning and afternoon shift (Sunday, Monday, Tuesday, Wednesday). In addition, a timetable, teaching sessions, media to be included.

Second phase:

The training program was launched the researcher. The time plan of the program implemented over the period from the beginning of March 2019 to end of June 2019. Staff nurses were divided into 3 units. The data was collected in the morning and afternoon shifts four days a week. The training program has taken 10 hours distributed as the following: five sessions for each group every session (2) hour. 4days/week. The researcher implemented the program with one group in the day by utilizing accessible assets, for each session, appropriate content and instructional tactics Lectures, group discussion, and brainstorming were all used as instructional approaches. The researchers created a handout that was provided to all participants on the first day as educational media.

Third phase:

The post-intervention (evaluation) phase entails: During this stage, the impact of the program was evaluated. It was conducted immediately following the program's implementation and again three months later, using the same tools as before the program's implementation. The data collecting took place over a period of time three months from the beginning of July 2019 to end of September 2019.

3.6. Pilot study:

A pilot study was conducted before beginning data collection on (10% of the total study sample) selected randomly in order to check and ensure the clarity and applicability of the tools in addition to calculate the duration required to answer the tool's questions by each participant. Any necessary modification was done, participants in the pilot study was not included in the research

3.7. Ethical considerations:

The Research Ethics Committee of Mansoura University's Faculty of Nursing granted ethical permission. An official permission to conduct the study was obtained from the Faculty of Nursing – Mansoura University to hospital director of AL-sadder teaching hospital in Missan, Ministry of Health- Iraq, after explanation of the aim of the study. An informed consent was obtained from the participants after providing them with detailed information about the study. Participants were informed that participation in research is voluntary and that they were able to withdraw from the study at any stage without responsibility. The collected information was kept confidential. The study sample's privacy was ensured.

3.8. Statistical design

The collected data were organized, tabulated and statistically analyzed using SPSS software V26. Categorical variables were represented as frequency and percentage. Continuous variables were represented as mean, and standard deviation. Independent t-test was used to test the difference between two means of continuous variables. ANOVA test used to test the difference between more than two mean of continuous variables. Friedman's Test was conducted to compare repeated measures of non-parametric continuous variables among the same subjects with Bonferroni post hoc. The Marginal Homogeneity test was conducted to compare the differences between categorical variables. The Chi-square test and Fisher exact test were conducted to test the association between two categorical variables. Pearson correlation coefficient test was conducted to test the association between two continuous variables. Statistically significant was considered at $p\text{-value} \leq 0.01$ & 0.05 .

4. Results:

Table & figure (1) represent the demographic characteristic of the study sample. Nearly half of staff nurses age ranged between (29-38) years. Two thirds of them were male (60%), the majority of them were married (81.4%). (72.9%) of them having diploma and nearly half of them having from (11-15) years of experience (45.7%).

Table (2) Illustrate conflict management of the studied nurses during different phases of training program. This table show highly statistically significant difference for staff nurses conflict management among three period (pre, post and after 3 months) program. Conflict management of staff nurses were high mean score (280.56 ± 40.38

& 290.98±42.52) post and after 3 months respectively than preprogram (167.09±47.42).

Table (3) Illustrate performance of the studied nurses during different phases of training program, this table shows that there are highly significant differences among the three period (pre , post and after (3) months for nurses' performance of the study sample in all domains

Table (4) Shows that there was statistically significant relation between levels of conflict management and performance of the studied before

implementing conflict management program (p=0.02).

Table (5) Shows that there was statistically significant relation between levels of conflict management and performance of the studied post implementing conflict management program (p=0.05)

Table (6) Show that there was statistically significant relation between levels of conflict management and performance of the studied after 3 months of implementing conflict management program (p=0.002)

Table (1): Demographic characteristic of studied nurses.

Variables	n	%
Age years		
▪ 20-28 years	24	34.3
▪ 29-38 years	32	45.7
▪ 39-48 years	14	20.0
M [±] (SD)	1.86 [±] 0.728	
Gender		
▪ Male	42	60.0
▪ Female	28	40.0
Marital status		
▪ Single	13	18.6
▪ Married	57	81.4
Level of education		
Secondary school of nursing	10	14.3
Diploma degree in nursing	51	72.9
Bachelor's degree in nursing	9	12.9
Experience years:		
1- 5 years	15	21.4
6 - 10 years	17	24.3
11-15 years	32	45.7
16-20 years	6	8.6
M [±] (SD)	2.41 [±] 0.925	

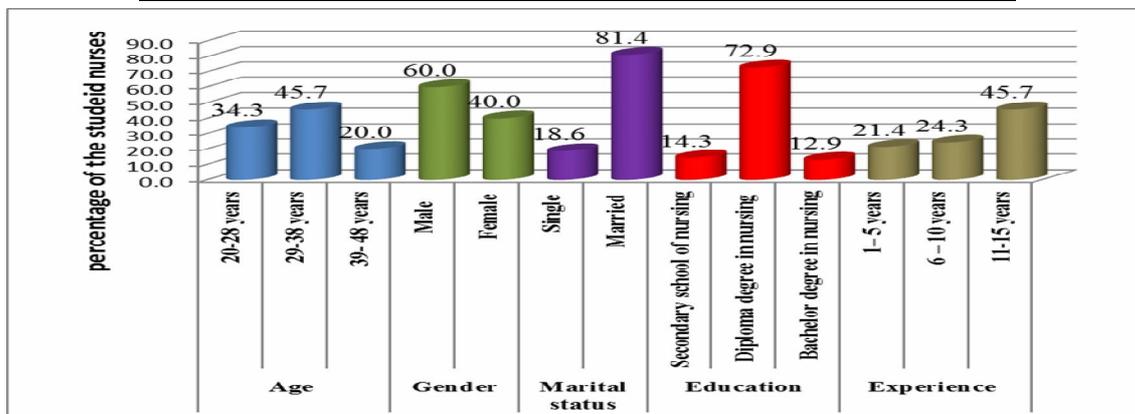


Figure.1

Effect of Conflict Management Program on.....

Table (2): Conflict management of the studied nurses during different phases of program (n=70)

Conflict management domains	Phases of training program			p	Pairwise comparison(p)
	Pre	Post	After 3 months		
	Mean±SD	Mean±SD	Mean±SD		
Managing conflict staff nurses themselves	45.90±16.99	78.03±16.02	84.63±16.39	0.000**	p1=0.000** p2=0.000** p3=0.000**
Managing conflict with physician	47.93±16.41	82.26±12.98	85.63±6.23	0.000**	p1=0.000** p2=0.000** p3=0.398
Managing conflict with patient	73.26±22.52	120.27±16.34	120.73±23.21	0.000**	p1=0.000** p2=0.000** p3=0.99
Total conflict management	167.09±47.42	280.56±40.38	290.98±42.52	0.000**	p1=0.000** p2=0.000** p3=0.000**

Table (3): Performance of the studied nurses during different phases of training program (n=70)

Nurses' performance Domains	Phases of training program			p	Pairwise comparison (p value)
	Pre	Post	After 3 months		
	Mean±SD	Mean±SD	Mean±SD		
Leadership	3.74±2.74	6.64±0.70	6.64±0.70	0.000**	p1=0.000** p2=0.000** p3=1.000
Psychosocial individual	8.54±3.90	12.87±1.02	12.91±0.91	0.000**	p1=0.000** p2=0.000** p3=0.18
Communication	9.26±2.48	9.31±2.90	9.77±2.24	0.19	p1=0.000** p2= 0.000** p3=0.431
General Patient care	8.16±1.49	12.00±2.17	11.76±2.32	0.000**	p1=0.000** p2=0.000** p3=0.501
Vital signs	1.71±0.95	2.99±0.12	2.74±0.85	0.000**	p1=0.000** p2=0.000** p3=0.02*
Medication	5.01±1.38	6.96±0.36	6.63±1.24	0.000**	p1=0.000** p2=0.000** p3=0.02*
Patient status	3.47±1.56	4.86±0.43	4.47±1.35	0.000**	p1=0.000** p2=0.000** p3=0.02*
Planning and evaluation	1.89±1.72	1.20±1.39	2.40±1.27	0.000**	p1=0.005** p2=0.06 p3=0.000*
Dressing	3.47±3.07	2.71±3.11	3.69±2.90	0.02*	p1=0.09 p2=0.062 p2=0.005**
Total nurses' performance	45.26±7.82	59.54±6.03	61.01±6.67	0.000**	p1=0.000** p2=0.000** p3=0.004**

Table (4): Relationship between levels of conflict management and performance of the studied before implementing conflict management program (n=70)

Levels of nurses' performance	Levels of conflict management						χ^2 or FE/ p-value
	Low (<50%)		Moderate (50%-75%)		High (>75%)		
	N	%	N	%	n	%	
Poor (< 50%)	5	83.3	1	16.7	0	0.0	FE/0.02*
Moderate (50 -65 %)	23	79.3	3	10.3	3	10.3	
Good (65 -75 %)	12	54.5	7	31.8	3	13.6	
Very Good (75 -85 %)	5	38.5	8	61.5	0	0.0	

FE: Fisher exact test/ * statistically significant ($p \leq 0.05$)

Table (5): Relationship between levels of conflict management and performance of the studied post implementing conflict management program (n=70)

Levels of nurses' performance	Levels of conflict management						χ^2 or FE/ p-value
	Low (<50%)		Moderate (50%-75%)		High (>75%)		
	N	%	N	%	n	%	
Moderate (50 -65 %)	0	0.0	0	0.0	2	100.0	FE/ 0.05*
Good (65 -75 %)	1	20.0	3	60.0	1	20.0	
Very Good (75 -85 %)	1	2.4	12	28.6	29	69.0	
Excellent (85 -100%)	0	0.0	3	14.3	18	85.7	

Table (6) Relationship between levels of conflict management and performance of the studied after 3 months of implementing conflict management program (n=70)

Levels of nurses' performance	Levels of conflict management skills						χ^2 or FE/ p-value
	Low (<50%)		Moderate (50%-75%)		High (>75%)		
	n	%	N	%	n	%	
Moderate (50 -65 %)	1	33.3	1	33.3	1	33.3	FE/0.002**
Good (65 -75 %)	2	40.0	1	20.0	2	40.0	
Very Good (75 -85 %)	1	4.0	1	4.0	23	92.0	
Excellent (85 -100%)	1	2.7	1	2.7	35	94.6	

FE: Fisher exact test

5. Discussion:

According to the findings of this study, the levels of staff nurses about the conflict management in the pre-program, they are low. While, post & after three months there was an statistical improvement after program implementation about conflict management and it became high. This result may be due to staff nurses made nurses develop excellent collegial connections as part of a team through appropriate when working with others, employ communication, mutual acceptance, and understanding, persuasion rather than compulsion, and a mix of reason and emotion. The finding agree with Basogul,(2021)

who reported that the active conflict management program lead building positive collegial relationships between staff nurses and other worker. Also result agree with Howard, (2020) who founded that after conflict management program implementation staff nurses working together and promote a work climate that benefits both nurses and clients. The results disagree with Jing, (2020) who stated that after conflict management program implementation staff nurses work values and conflict management technique not improved.

Moreover, all domains of staff nurses' performance converted from poor of performance pre-program to excellent of performance post and

after three months program. The outcome could be linked to nurses' understanding of the nursing process, the existence of supporting management, and human resources that are proportional to the workload, as well as clarity on nursing tasks. This result agrees with Nikbin Dafchahi, (2021) who stated that the conflict management program was useful in strengthening ICU staff nurses' conflict management and practice. It was discovered that the majority of ICU staff nurses accepted workplace conflict as part of their pre- program, and as a result, they spent time and resources as a result of workplace conflict that had a detrimental impact on their performance. And there was improvement regarding these items post- program.

As a total of staff nurses' performance, the study confirmed highly statistically significant improvement of total level of performance post and after three months program than pre-program. This may be because conflict management program was successful and helped staff nurses how to handle conflict effectively in workplace and this accordingly improved performance of staff nurses and staff nurses know what to do when conflict arises and how to cope with conflicting situations since the conflict management procedure has been clearly defined and conveyed to them. Vague and confusing laws and procedures have harmful implications, especially when staff nurses are not trained in conflict resolution and know how to report dispute to supervisors without fear of penalty. This result is congruent with Amberson, (2020) who found implementation of conflict management program led to a significant positive effect on the performance of the nurses. The findings disagree with, Guo, (2020) who showed that the style when used is partially assertive don't improved nurses' performance because staff nurses prefer cooperative the participants and cooperate with each other.

Regarding the relationships between conflict management and of nurses' performance pre, post and after 3 months conflict management program, there was a high statistically significant association pre-post and after 3 months between of nurses' performance with managing conflict. This due to the effectiveness of the program in improving the skills of the staff nurses in working in a team spirit and using communication with health care workers to avoid conflict and implementation of the conflict management program had a direct impact on improving the performance of the nursing staff through the application of the correct nursing procedures in providing patient care This result agree with Katz,(2020) who conducted that effective conflict management program help staff nurses to

improved communication and personal or professional leadership effectiveness through practical applications. In the same line Erdenk, (2017) showed that staff nurses were less involved in conflicts, that found staff nurses have personality to use techniques in deal with conflict after conflict management program and have good performance.

The result disagrees with Morrell, (2020) who funded that interpersonal relationship between the staff nurses them self was not needed for the continuity and productivity of the profession, whereby one's productivity is strongly influenced by use of conflict technique to improved performance.

6. Conclusion:

Depend on the finding of the present research, it was concluded that, the implementation of conflict management program was associated with improvement in staff nurses' in managing conflict and improvement of staff nurses' performance. In addition, there was a high statistically significant association pre-post and after 3 months between most subscales of staff nurses' about managing conflict and most subscales of performance after program implementation.

7. Recommendation: The following recommendation is suggested:

- Hospital administration should be aware of the importance of conflict management skills to both staff nurses and organizational success to allow them to attend and participate in continuous education programs
- Staff nurses should be aware of the importance of collaboration and co-operation and be encouraged to learn the most constructive ways to settle conflicts.

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