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Conflict Management and Team Building as Competencies for Nurse Managers to Improve Retention

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Manuscript:

Conflict Management and Team Building as Competencies

for Nurse Managers to Improve Retention

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Abstract

Aim(s): To critically review and summarize evidence related to coaching and training nurse managers in conflict management and team building skills and to determine the relationship of these skills to retention.

Background: Retention of nurse managers is a significant challenge to healthcare organizations.

Evaluation: The databases searched were CINAHL, PubMed, evidence-based journals, JANE, Cochrane, SCOPUS and Joanna Briggs. The keywords searched were conflict management, team building, nurse manager retention, retention, teamwork, healthy work environment, conflict management theory, organizational culture, coaching nurse managers, and nursing. Articles with the strongest evidence were critically appraised using the Johns Hopkins Research and Non-Research Evidence Appraisal Tools.

Key issue(s): Recognizing conflict early and strategizing for necessary action to address the issues is key. Leadership and organizational culture play an important role in how conflict and team building are perceived and managed.

 Conclusion(s): Effective conflict management and team building can facilitate progress toward improving trust and professional relationships, which can increase productivity and optimization of patient care delivery outcomes and other bottom line results (Short, 2016).

Implications for Nursing Management: Nurse executives must include conflict management and team building as core competencies for nurse managers.

Keywords
Conflict management, team building, retention, teamwork, coaching conflict management

Introduction

According to the publishers of the Myers-Briggs Assessment and the Thomas-Kilmann Conflict Mode Instrument, employees in the United States spend 2.1 hours per week involved with conflict, which is equivalent to approximately 359 billion dollars in paid wages (based on average hourly earnings of $17.95), equivalent to 385 million working days (Short, 2016). Conflict not managed appropriately can be costly and is associated with turnover and absenteeism, decreased commitment, and increased complaints and grievances (Brinkert, 2010; Vivar, 2006). When effectively managed, conflict can facilitate progress and improve trust and professional relationships at work, which can increase productivity and optimization of bottom line results (Short, 2016).

Nurse managers in health care organizations experience many of the same type of conflicts as employees in other fields. Many nurse managers are appointed based on their clinical expertise in caring for patients and how well they get along with the members of the team. The nurse manager may not be fully equipped to effectively manage conflict in the work environment.

On a daily basis, the nurse manager is faced with the challenge of conflict situations that disrupt the flow of work (Al-Hamdan, Norrie & Anthony, 2014; Vivar, 2006). Conflicts may arise with staff, patients, families or significant others, physicians, ancillary staff, vendors, and other leaders in the organization. "All nurses, regardless of their position, must effectively manage conflict in order to provide an environment that stimulates personal growth and ensures quality patient care" (Al-Hamdan, Nussera, & Masa Deh', 2016, p. E139). Conflicts that have not been resolved may have many untoward effects on patient outcomes, experience, satisfaction, and safety (Almost, Doran, Hall, & Laschinger, 2010).

In healthcare organizations today, retention of nurses and nurse managers is a significant challenge. In some instances, nurse leaders may leave an organization due to unresolved conflict, contributing to nurse manager attrition—a major concern to healthcare organizations (Patton, 2014). Substantial investments of time, capital, and other resources are expended to recruit, hire, orient, and mentor a new nurse manager. Should a newly-hired nurse manager leave their position or the organization, a significant financial and operational loss will be incurred. In addition, morale of the unit staff and productivity of the team can be negatively affected, which may impact patient experience and quality of care delivery (Patton, 2014).

Search Strategy

PICOT Question

In healthcare organizations, how does coaching and educating nurse managers on conflict management and team building compared to no coaching and education in these areas affect retention of nurse managers within three months?

Search Methodology

The PICOT question guided a literature search using the search terms *conflict management, team building, retention, nurse manager retention, teamwork, healthy work environment, conflict management theory, organizational culture, coaching nurse managers,* and *nursing* in the following databases*:* CINAHL, PubMed, evidence-based journals, JANE, Cochrane, SCOPUS, and Joanna Briggs. Articles published in English between 2010 and 2018 were selected. The search was completed September through November, 2018.

Search outcome

The search yielded over 700 articles. The abstracts of these 700 articles were reviewed to determine relevance to the PICOT question. The final selection of articles were those with the

strongest evidence based on ratings with Johns Hopkins' critical appraisal tools (Dang & Dearholt, 2018). This evidence is described in more detail in the critical appraisal section of this paper and the evaluation table can be found in Appendix A. Included in this manuscript are three systematic reviews, three meta-analyses and two literature reviews.

Conflict and Supportive Leadership Models and Theories

Organizational Conflict Model

Louis R. Pondy (1992) suggested that his original organizational conflict model from 1967 depicted organizations as generally cooperative with conflict developing related to differences, competition for resources in short supply, or threats to autonomy. Pondy (1992) went on to reflect upon organizational conflict twenty years later to offer that organizations provide the milieu for conflicts to naturally unfold and be strategically managed to create cooperation. In the pure conflict model system, active conflict stimulates capacity for diverse opinions in problem-solving and for adaptation to change, and it may promote the success and longevity of the organization (Pondy, 1992).

Structurational Divergence Theory

Structuration theory was developed by Anthony Giddens in 1984. As cited by Nicotera et al. (2015), structuration theory involves the reproduction of social interaction structures through social practices. If there are multiple social interaction structures which are incompatible and occurring at the same time this leads to unresolved conflict or structurational divergence.

According to Nicotera, et al. (2015), structurational divergence theory includes problematic communication cycles in organizations which affect approximately 12 to 15% of practicing nursing staff leading to poor work relationships, and impeding professional growth.

Structurational divergence is a significant factor in understanding job satisfaction, outcomes and retention, as it may be related to other variables such as conflict related to role, burnout, bullying and other organizational considerations (Nicotera et al., 2015).

Transformational Leadership Theory

Transformational leadership theory was developed by James McGregor Burns in 1978 (Kauppi, et al., 2018). According to Burns, "leaders and followers help each other to advance to a higher level of morale and motivation" (as cited in Kauppi, et al., 2018). Transformational leadership theory is based on the idea that the transformational leader can partner with employees to create a significant change in the life of people and organizations to honor the vision and mission of the organization. The transformational leader can influence employees to think boldly and aspire to do more as they develop leadership skills. The four elements of transformational leadership are: (1) individualized consideration – the level of leader attention to each follower's needs, while acting as a mentor, (2) intellectual stimulation – the manner in which the leader engages the follower by challenging assumptions, taking risks and soliciting their ideas, (3) inspirational motivation – the manner in which the leader shares a vision that is captivating to followers, and (4) idealized influence – the result of the leader acting as a role model exuding highly ethical behavior, encouraging trust and respect (Kauppi, et al., 2018)

Lewin's Three Stage Model of Change

In 1947 Kurt Lewin developed Lewin's three stage model of change which includes unfreezing, changing and refreezing (Hartzell, 2018). This model recognizes that resistance to change is expected. During the first stage of unfreezing, the objective is to create a perception of the urgency for change. The second stage of changing involves moving or transitioning to

achieve the new desired process or behavior. The third stage is refreezing which includes

embedding the new change into the fabric of the organization and how things are done

(Hartzell, 2018). Lewin's three stage model of change provides a foundational approach for other

upcoming changes and improvement activities.

Critical Appraisal

Eight key articles were critically appraised using the *Johns Hopkins Research and Non-Research Evidence Appraisal Tools* (Appendix A). Ratings ranged from II-B to III-B, good

quality, to V-A good quality. A summary of the studies and appraisal ratings are displayed in an

evaluation table (see Appendix A).

Review of Evidence

Conflict Recognition

It is important to recognize the conflict styles to understand approaches to conflict

management. Leape et al. 2012 observed that an emotionally charged, high-intensity

environment of health care frequently leads to conflict, which in turn may contribute to a culture

of disrespect. Such conditions impede the provision of high-quality, safe patient care.

Collaborative relationships and effective communication among healthcare team members are

necessary to ensure patients receive safe, quality care. The Joint Commission attributed nearly

70% of reported sentinel events to communication failures, surpassing commonly cited issues

such as staffing, staff training, and patient assessment. Many of these communication failures are

either the cause of conflict or its direct result (Morreim, 2015).

Disagreement and conflict are routinely encountered in healthcare, yet few nurses have

been trained to recognize the components of conflict or to apply effective methods in conflict

resolution (Rosenstien, Dinklin, & Munro, 2014). A nurse manager devotes a significant

percentage of a work shift to resolving employee conflicts, without the training to do so effectively. As unresolved conflict directly impacts employee morale, retention, and the overall well-being of the organization, Rosenstien, Dinklin, and Munro (2014) suggested that nurse managers who are competent in conflict identification and conflict resolution can have a positive impact on staff retention and improved patient outcomes.

Patton (2014) recognized that dysfunctional conflict can negatively impact the quality of patient care, employee job satisfaction, and employee well-being. Patton suggested that the ill effects on dysfunctional conflict could be mitigated if hospital managers learned to recognize the precursors to conflict and take appropriate action. Some of the precursors to conflict are related to differences in personality, decision-making, and values, as well as unclear boundaries and expectations in positions, interdepartmental competition for limited resources, and the complexities of the organization (Patton, 2014).

Organizational Conflict Factors

Omisore and Abiodun (2014) examined the factors associated with organizational conflict and found that uncertainty exists with respect to the significance of conflict in organizations as well as how to effectively manage it. The occurrence of conflict can stem from power struggles, leadership style, and insufficient resources, and if not well managed can reduce productivity or impair service delivery. Healthcare organizations that support the development of effective conflict resolution and communication skills can transform organizational culture and leadership while improving efficiency, reducing preventable errors and adverse events, and improving staff and patient satisfaction (Rosenstien, Dinklin, & Munro, 2014).

Omisore and Abiodun (2014) noted that well-managed conflicts can have positive outcomes but that the causes must be appropriately addressed as soon as they are recognized.

Omisore and Abiodun (2014) recommended attending to the views of conflicting parties and encouraging negotiation but warned against the use of force and intimidation as they can only be counterproductive.

Based on the recommendations of the Omisore and Abiodun (2014) study, organizations must encourage decision making and create a supportive work environment to promote effective and efficient operations. Care should be taken to ensure varied methods of communicating which prevent inappropriate spread of rumors. Managers must be skilled in collaboration and appropriate delegation of authority to members of their teams. Participatory style of leadership should be supported by organizations, rather than autocratic type of management. Time should be available to facilitate discussion of the conflict by all involved parties. The focus is not to be right but to achieve a common goal for the organization by working together. To address these organizational needs, Omisore and Abiodun (2014) and Scott (2011) recommended conflict resolution training workshops for staff.

Nicotera, Mahon, and Wright (2014) examined structurational divergence (SD) theory in a nursing context to explain how poor communication and conflict cycles can be exacerbated by institutional factors. These researchers designed, implemented, and evaluated an intensive nine-hour training course in communication to reduce negative conflict attitudes and behaviors and build teams. Post-intervention, participants scored lower in conflict persecution, higher in positive relational effect perceptions, lower in negative relational effect perceptions, higher in conflict liking, lower in ambiguity intolerance, and lower in tendency to triangulate. From the results, Nicotera et al. concluded that participants felt more empowered to manage conflicts and maintain healthy work relationships after participating in the training.

Conflict Coaching

Brinkert (2011) conducted a qualitative study to evaluate use of the comprehensive conflict coaching model in a hospital setting. In this model, a coach and client work together with the aim of improving the client's understanding of conflict and interaction strategies to mitigate conflict. In this study, 20 nurse managers trained as conflict coaches were paired with 20 supervisees. Qualitative data were collected over an eight-month period from the nurse managers, supervisees, and senior nursing leaders using standard variables. Direct benefits of the intervention included improved supervisor competency in conflict coaching and enhanced competency of nurse managers and supervisees in general communications skills and when presented with specific conflict situations. Using this innovative continuing education approach, Brinkert found that conflict-related intrusions into nursing practice could be reduced. Brinkert noted specific challenges in managing program tensions during the study and concluded that the comprehensive coaching conflict model was practical and effective in elevating the conflict communication competencies of nurse managers and supervisees and appeared to work best when integrated with other conflict intervention practices in a supportive environment.

Effective Conflict Resolution

Rahim (1983) developed a framework which includes five conflict styles related to avoidance, compromise, integration, being obligatory, and use of domination. This framework has been incorporated into guidance on conflict resolution practices in healthcare organizations (Omisore & Abiodun, 2014). In order to resolve conflict, good communication is necessary to strengthen relationships and develop trust and support. Poor communication and negative attitudes toward improving communication can worsen the overall effectiveness and morale of any given team. One outcome of poor communication is the tendency to avoid conflict altogether as the less stressful option. Unfortunately, this approach usually causes more stress as tensions

increase and evolve into a greater conflict. Effective conflict resolution involves understanding complaints rather than being defensive about wrongdoing (Omisore & Abiodun, 2014).

Omisore and Abiodun (2014) emphasized the importance of aggrieved participants being listened to and understood as an early step in resolving conflict. The authors pointed out the dangers of over-generalizing and of domination when in a position of authority, insisting that a certain way is 'right." Forgetting to listen, criticizing others, trying to win an argument at the expense of the relationship, making character accusations, and stonewalling were all cited by Omisore and Abiodun (2014) as counterproductive behaviors to be addressed in effective conflict resolution strategies.

Teamwork and Teambuilding

Grubaugh and Flynn (2018) conducted a secondary analysis of a previous study to determine medical-surgical staff nurses' perceptions of nurse manager abilities with respect to leadership, conflict management, and teamwork. The authors characterized team backup within teamwork as essential for safe patient care and quality outcomes and regarded inadequate conflict management as a threat to successful teamwork. Grubaugh and Flynn concluded that effectiveness of conflict management and quality of team back up can be predicted by nurse manager demonstration of skilled leadership.

Teamwork and teambuilding are foundational concepts which affect the work group's ability to function effectively and to achieve desired goals of safe quality patient care. The ability of the team to work effectively and collaboratively affects delivery of quality of safe patient-centered care and patient outcomes. Teamwork can be facilitated by effective conflict management for the group or individuals which decreases frustration and stress and can lead to higher team effectiveness demonstrated through team backup (Nicotera, 2014).

Intent to Stay

Studies of nurse managers related to supporting a healthy work environment and improving job satisfaction suggest including a framework of shared leadership, collaborative management, professional development and relationship building, clear role expectations, and empowerment (Zastocki & Holly, 2010). The nurse manager role is central to staff nurse satisfaction, retention, achieving organizational goals, and providing quality, safe patient care (Zastocki & Holly, 2010). The decreasing numbers of qualified nurse managers in the acute care environment, as reported by the American Organization of Nurse Executives (AONE), is of extreme concern to healthcare organizations. AONE reported nationwide vacancy rates for nurse managers as high as 8.3% (Zastocki & Holly, 2010). Career nurse managers with the most organizational and operational experience will most likely retire within ten years, presenting a challenge to healthcare organizations.

Al-Hamdan and Nussera (2016) carried out a cross-sectional descriptive quantitative study to investigate staff nurses' intent to stay in their jobs as influenced by the conflict management styles of their managers with the aim evaluating strategies to improve nurse retention. *The Rahim Organization Conflict Inventory II (ROCI II)* was used to evaluate intent to stay. Nurses in the sample studied tended to keep their current job for 2–3 years. From the results, the authors determined that an integrative management approach was the preferred choice for nurse managers and the least preferred choice was a dominating approach. The findings supported the authors' hypothesis that leadership practices are an influential factor in staff nurses' intent to stay and the quality of patient care.

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Summary of Evidence

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Nurse managers are in a key position to influence nursing staff, other members of the health care team, and patient care based on their skills of leadership and conflict management. Learning conflict communication competencies is a skill that is transferable to any position. Coaching is an effective leadership intervention.

Executive leaders are in a key role to influence organizational culture, operations, and setting the boundaries and tone related to conflict management and how it is perceived and managed. The nurse manager can share their conflict management skills with other nurse managers to create a tangible level of support in the organization. Building support in the organization is essential to sustaining a thriving work environment.

Teamwork and teambuilding are foundational concepts which affect the work group's ability to function effectively and to achieve desired goals of safe quality patient care. The ability of the team to work effectively and collaboratively affects delivery of quality, safe patient-centered care and patient outcomes. Teamwork can be facilitated by effective conflict management for the group as well as individuals which decreases frustration and stress and can lead to higher team effectiveness demonstrated through team backup (Nicotera, Mahon, & Wright, 2014).

Implications for Practice

Nurse managers can improve the intent to stay for staff nurses if these managers use the appropriate conflict management styles (Al-Hamdan, Nussera & Masa Deh' 2016). Brinkert (2011) indicated that there were challenges managing tensions during the study involving the use of the Comprehensive Coaching Conflict model. Use of other integrated strategies to address conflict management in a supportive environment were most effective in promoting

collaboration compared to use of strategies based on domination. Use of trained nurse managers as conflict coaches partially addresses conflict-related concerns in nursing (Brinkert 2011).

Grubaugh and Flynn (2018) support the importance of the nurse manager demonstrating skilled leadership and the ability to manage conflicts and to develop team backup. This study further highlights the importance of conflict management as leadership competency. Building effective team relationships help to improve system-level function (Nicotera, Mahon & Wright, 2014).

Nurse leaders face numerous organizational-culture challenges which affect job satisfaction, retention, and team dynamics. There are generational considerations, differences in culture, race, and beliefs, differences in practice, and the level of nursing preparation and education. The organizational culture's impact on patient care must also be considered in light of patient experience, health outcomes, regulatory compliance, and reimbursement.

Most often, the day-to-day communications focus of nursing staff is on nurse-to-patient communication and nurse-to-nurse handoff in the absence of attention to professional relationships among nurses. The ability of the team to be more effective in providing safe, quality, patient-centered care is not standard or consistent across organizations. There are differing levels of performance as evidenced by the Hospital Consumer Assessment of Health Plans Survey (HCAHPS) scores within healthcare organizations.

There has been significant attrition of nurse managers in healthcare organizations in recent years. The concern is that if team dysfunction or unresolved conflict is a reason for attrition, it needs to be addressed. Omisore and Abiodun (2014) noted that well-managed conflict can have positive outcomes but that the root causes must be addressed as soon as they are recognized.

Application of principles of managing conflict and building effective teams can be employed to mitigate the problem. The problem is not confined to a unit or organization as lack of competency in conflict management and team building will travel with a nurse irrespective of position or location.

Conclusion

Conflict is ubiquitous in health care. Thus, learning strategies to recognize and manage conflict is essential. A multifactorial approach is necessary to understand and address conflict management effectively. Poorly managed conflict negatively affects staff retention, morale, and patient care (Al-Hamdan, Norrie & Anthony, 2014).

Healthcare organizations and nurse executives may consider developing standardized onboarding training to include communication related to conflict management and team building. Newly hired leaders could benefit from learning team building techniques and conflict management strategies to improve leadership effectiveness, improve retention, and influence the care delivery system to provide quality safe patient-centered care.

Transformational leadership is necessary to support the cultural shifting that is necessary for embracing change in healthcare organizations. Cummings, MacGregor, and Davey (2010) have determined that transformational and relational leadership is needed to improve nurse satisfaction, recruitment, retention and healthy work environments. "Health care managers must stop blaming conflict and poor communication among nurses on individual skill deficits and problem personalities. Structurational divergence theory and research reveals the roots of intractable conflicts in the nursing environment" (Nicotera, Mahon, & Wright, 2014, p.258).

Further study is needed to determine approaches to incorporate conflict management strategies and team building principles into the organizational culture and to develop nurse managers and other leaders in this area. Training nurse managers to serve in the capacity of conflict coaches is an innovative educational approach that can contribute to lessening conflict-related intrusions into nursing practice (Brinkert,2011).

The studies reviewed in this manuscript suggest far-reaching implications for other disciplines within healthcare to learn conflict management and team building strategies and to apply techniques in the healthcare system. It is important for healthcare organizations to be supportive in building a foundation to sustain a thriving work environment based on evidence-based practices.

References

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Al-Hamdan Z., Norrie P., & Anthony D. (2014) Conflict management style used by nurses in

Jordan. *Journal of Research in Nursing, 19*(1), 40–53.

https://doi.org/10.1177/1744987112466085

Al-Hamdan, Z., Nussera, H., & Masa 'Deh, R. (2016). Conflict management style of Jordanian

nurse managers and its relationship to staff nurses' intent to stay. *Journal of Nursing*

Management, 24, E137–E145.doi:10.1111/jonm.12314

Almost J., Doran D., Hall L., & Laschinger H. (2010). Antecedents and consequences of intra-

group conflict among nurses. *Journal of Nursing Management, 18*(8), 981–992. doi:

10.1111/j.1365-2834.2010.01154.x

Bochatay, N., Bajwa, N., & Cullati S., et al. (2017). A multilevel analysis of professional

conflicts in health care teams: Insight for future training. *Academic Medicine, 92*(11S),

S84-S92. doi: 10.1097/ACM.0000000000001912

Brinkert R. (2010). A literature review of conflict communication causes costs, benefits and

interventions in nursing. *Journal of Nursing Management*, *18*, 145–156. doi:

10.1111/j.1365-2834.2010.01061.x

Brinkert, R. (2011). Conflict coaching training for nurse managers: A case study of a two-

hospital health system. *Journal of Nursing Management, 19*, 80-91. doi: 10.1111/j.1365-

2834.2010.01133.x

Cummings, G.G., MacGregor T., Davey M. et al. (2010) Leadership styles and outcome patterns

for the nursing workforce and work environment: A systematic review. *International*

Journal of Nursing Studies, 3, 363–385.doi: 10.1016/j.ijnurstu.2009.08.006

Dang, D, & Dearholt, S.L. (2018). *Johns Hopkins nursing evidence-based practice: Model and guidelines* (3rd ed.). Indiana: Sigma Theta Tau International.

Grubaugh, M., & Flynn, L. (2018). Relationships among nurse manager leadership skills, conflict management, and unit teamwork. *Journal of Nursing Administration*, *48* (7/8), 383-388. doi: 10.1097/NNA.0000000000000633

Hartzell, S. (2018). Lewin's 3 stage model of change: Unfreezing, changing & refreezing. Business 101: Principles of management. Chapter 5/Lesson 5. Retrieved from https://study.com/academy/lesson/lewins-3-stage-model-of- change-unfreezing-changing-refreezing.html

Kauppi, A., Academic Challenger, Accounting4Taste, AdRock, Akinsope, & Liefting, A.. et al., (2018). Transformational Leadership. Retrieved from https://www.langston.edu/sites/default/files/basiccontentfiles/TransformationalLeadership.pdf

Leape, L. L., Shore, M. F., Dienstag, J. l., Mayer, R., Edgman-Levitan, S., Meyer, G. S., & Healy, G. B. (2012). Perspective: A culture of respect. Part1: The nature and causes of disrespectful behavior by physicians. *Academic Medicine, 87* (7), 845-852. doi: 10.1097/ACM.0b013e318258338d

McKibben, L.(2017). Conflict management: Importance and implications. *British Journal of Nursing, 26*(2),100-104.

Morreim, H. (2015). Conflict resolution in the clinical setting: A story beyond bioethics mediation. *Journal of Law, Medicine & Ethics*, 843-856. doi: 10.1111/jlme.12324

Nicotera A.M., Mahon M.M., & Wright K.B. (2014). Communication that builds teams:

    Assessing a nursing conflict intervention. *Nursing Administration Quarterly*, 38(3): 248–

    260. doi: 10.1097/NAQ.0000000000000033

Nicotera, A.M., Zhao, X., Mahon, M.M., Peterson, E.B., Kim, W., K., & Conway-Morana, P.

    (2015). Structurational divergence theory as explanation for troublesome outcomes in

    nursing communication. *Health Communication 30* (4): 371-384. doi:

    10.1080/10410236.2013.863139.

Omisore, B.O., Abiodun, A.R. (2014). Organizational conflicts: Causes, effects and remedies.

    *International Journal of Academic Research in Economics and Management Sciences,*3,

    http://dx.doi.org/10.6007/IJAREMS/v3-i6/1351

Patton, C.M. (2014). Conflict in health care: A literature review. *The Internet Journal of*

    Healthcare Administration, 9 (1).Retrieved from ispub.com/IJHCA/9/1/20081

Pondy, L.R. (1992) Reflections on organizational conflict. *Journal of Organizational Behavior,*

    13(3), p.257-261. Retrieved from https://doi.org/10.1002/job.4030130305

Rahim M. (1983) A measure of styles of handling interpersonal conflict. *Academy of*

    Management Journal, 26, 368– 376.doi: 10.2307/255985

Rosenstien, A. H., Dinklin, S. P., & Munro, J. (2014). Conflict resolution: Unlocking the key to

    success. *Nursing Management*, 34-39. doi: 10.1097/01.NUMA.0000454027.46483.4f

Short, R. (2016). The cost of conflict in the workplace. Alternative dispute resolution resources.

    Retrieved from http://robynshort.com/2016/02/16/the-cost-of-conflict-in-the-workplace/

Vivar C. (2006). Putting conflict management into practice: A nursing case study. *Journal of*

    Management, 14, 201–206.doi: 10.1111/j.1365-2934.2006.00554.x

Zastocki, D., & Holly, C. (2010). Retaining nurse managers. *American Nurse Today*

   5 (12). Retrieved from https: //www.americannursetoday.com/retaining-nurse-managers/

Appendix A: Evaluation Tables

Citation	Conceptual Framework	Design/ Method	Sample/ Setting	Variables Studied and Their Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
Al Hamdan (2016)	Rahim's (1983) framework of conflict management styles	Cross sectional descriptive quantitative study	All nurse managers and their staff who had direct patient contact at the targeted hospitals during data collection period. 42 nurse managers and 301 nurses were included in this study (response rates of 91.3% and 94%, respectively	Relationship between conflict management styles and intent to stay. interpersonal styles of conflict management are classified into five categories defined as: avoiding, compromising, integrating, obliging and dominating (Rahim McCloskey and McCain (1987, p. 20) defined it as 'the nurse's perception or probability to stay at the current job'.1983).	The Rahim organization conflict inventory II (ROCI II) was completed by 42 nurse managers and the intent to stay scale was completed by 320 staff nurses from four hospitals in Jordan.	The ANOVA analysis was carried out. The Statistical Package for the Social Sciences (SPSS Inc., Chicago, IL, USA) 17.0 for Windows was used to analyze the quantitative data.	The overall level of intent to stay for nurses was moderate. Nurses tend to keep their current job for 2–3 years. There was a negative relationship between the dominating style as a conflict management style and the intent to stay for nurses.	**Strengths:** Poor conflict management affects staff retention and morale, and this adversely affects patient care **Limitations:** The quantitative method used in this study relies on self-reports, the objectivity of which can be affected by the attitudes of the respondents **Johns Hopkins Nursing Evidence-Based Practice Research Evidence Appraisal Tool**: Level II B, good quality

Citation	Conceptual Framework	Design/ Method	Sample/ Setting	Variables Studied and Their Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
Brinker, (2011)	Comprehensive Conflict Coaching model (CCCM) integrates conflict management research and theory from across disciplines while emphasizing a social constructionist framework	Qualitative data were gathered from nurse managers, supervisees and senior nursing leaders over an 8-month period and organized using standard program evaluation themes	Twenty nurse managers trained as conflict coaches and each coached a supervisee within a US Magnet status 500-bed two-hospital health system with a teaching college.	Conflict coaching involves a coach working with a client to improve the client's conflict understanding, interaction strategies and/or interaction skills.	Pre-intervention and post intervention questionnaires and subject interviews	Data gathering took place from November 2007 through to July 2008. All interviews were audio recorded and professionally transcribed	Conflict coaching was a practical and effective means of developing the conflict communication competencies of nurse managers and supervisees. Additional research is needed.	**Strengths:** This study supports the need for further study related to conflict communication strategies for nursing. Benefits included supervisor conflict coaching competency and enhanced conflict communication competency for nurse managers and supervisees facing specific conflict situations. Challenges included the management of program tensions. **Limitations:** The current study involved the researcher as trainer. Also, project implementation included training and research aspects of the conflict coaching program which may enhance the group training experience and lead to customization of the training design. **Johns Hopkins Nursing Evidence-Based Practice Research Evidence Appraisal Tool**: Level III B, good quality

Citation	Conceptual Framework	Design/ Method	Sample/ Setting	Variables Studied and Their Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
Cummings, MacGregor, & Davey, 2010	none	Multidisciplinary Systematic Review	34,664 titles and abstracts were screened resulting in 53 included studies.	Using content analysis, 64 outcomes were grouped into five categories: staff satisfaction with work, role and pay, staff relationships with work, staff health and wellbeing, work environment factors, and productivity and effectiveness	Quality assessments, data extractions and analysis were completed on all included studies.	10 electronic databases. Published, quantitative studies that examined leadership behaviors and outcomes for nurses and organizations	Transformational and relational leadership are needed to enhance nurse satisfaction, recruitment, retention, and healthy work environments. Task focused leadership alone is not enough to support the workforce.	**Strengths**: Sample size adequate. **Limitations**: Conceptual overlap. This study further highlights the importance of transformational style of leadership as effective in improved job satisfaction and retention. **Johns Hopkins Nursing Evidence-Based Practice Research Evidence Appraisal Tool**: Level III B, good quality

Citation	Conceptual Framework	Design/ Method	Sample/ Setting	Variables Studied and Their Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
Grubaugh, & Flynn, (2018)	None	Secondary analyses from a 2012 study	Sample of 257 staff nurses on 50 medical-surgical units from 16 acute care hospitals	Relationships among staff nurse perceptions of their nurse manager (NM) leadership ability, conflict management, and team backup on medical-surgical units.	A series of multiple regressions, including a mediation model, were estimated to determine relationships among variables. The NMs_ leadership ability was measured by the 5-item NM Ability-Leadership-Support subscale of the Practice Environment Scale Y Nursing Work Index.24 Staff nurses were asked to rate, on a 4-point summated scale, the degree to which their NM demonstrates leadership, support, and managerial ability.	Data previously collected from a sample of 257 staff nurses.	Positive relationships were substantiated among the variables of NM leadership ability, conflict management, and team backup. Staff nurse perceptions of NM leadership ability were a significant predictor of conflict management and team backup.	**Strengths**: Sample size adequate. **Limitations**: Because this current study was a secondary analysis, data availability and specificity were limited based on the original study variables and measurements. Although sample size was adequate, additional unit-level data could have provided opportunity for further analyses This study further highlights the importance of conflict management as a leadership competency. **Johns Hopkins Nursing Evidence-Based Practice Research Evidence Appraisal Tool**: Level III B, good quality

Citation	Conceptual Framework	Design/ Method	Sample/ Setting	Variables Studied and Their Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
Nicotera, Mahon, &Wright (2014).	Structurational divergence (SD) theory.	Randomized controlled trial	An intensive 9-hour course provided training in conflict/SD analysis and dialogic conflict/SD management to 36 working nurses from a variety of settings.	SD Theory explains how institutional factors can result in poor communication and conflict cycles; the theory has been developed in nursing context, although it is applicable to all organizational settings	Quantitative pre- and posttests were administered, with a comparison sample.	Qualitatively, participants perceived better understanding of, and felt more empowered to manage, workplace conflicts and to sustain healthier workplace relationships.	The course reduced measures of negative conflict attitudes and behaviors: direct personalization, persecution feelings, negative relational effects, ambiguity intolerance, and triangulation (gossiping and complaining to uninvolved third parties).	**Strengths:** This intervention can help nurses develop tools to improve system-level function and build productive relationships . **Limitations**: Sample size decreased to 19 of those that completed both the pre-test and post test **Johns Hopkins Research Evidence Critical Appraisal Tool & Rating**: Level IIIB, good quality

Citation	Conceptual Framework	Design/ Method	Sample / Setting	Variables Studied and Their Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
Omisore,& Abiodun (2014)	Conflict Theory	Literature review	none	Conflict, and types of conflict: organizational conflict, relational, task, process, interpersonal/ intragroup,intergroup,inter departmental, interorganizational	Literature review	Literature review	Early recognition and paying attention to the conflicting parties and negotiation between parties involved in the conflict should be adopted in resolving conflicts while force or intimidation should never be used to resolve conflicting parties. Force and intimidation can only be counter productive.	**Strength**s: Review of various conflict theories and described in depth the causes, effects, and remedies for organizational conflict. Offered guidelines related to mistakes to avoid in conflict resolution and organizational recommendations (Appendix B) The evidence showed that leadership strategies enable nurses to work in a supportive environment to provide safe, patient-centered care, which may suggest a path to achieving higher retention rates. **Limitations**: Conceptual overlap **Johns Hopkins Non- Research Evidence Critical Appraisal Tool & Rating**: Level V, A High quality.

Citation	Conceptual Framework	Design/ Method	Sample/ Setting	Variables Studied and Their Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
Patton, C.M., 2014	none	Literature review	none	Precursors of conflict and the positive and negative effects	Literature review	Literature review	Antecedents of conflict include personality differences, value differences, blurred job boundaries, battling for limited resources, decision-making, communication, interdepartmental competition (expectations, complex organizations & unresolved or repressed conflict. Though positive outcomes sometimes result negative effects of health care worker conflict include patient impact.	**Strengths:** Review of various types of literature which described the precursors, effects of conflict and suggestions for conflict management. Early recognition and training to learn about conflict management and resolution. **Limitations**: Conceptual overlap **Johns Hopkins Non- Research Evidence Critical Appraisal Tool & Rating**: Level V, A High quality.

Citation	Conceptual Framework	Design/ Method	Sample/ Setting	Variables Studied and Their Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
Zastocki, & Holly, 2010	none	Non-experimental study	188 nurse managers were asked to comment regarding challenges in their jobs.	Challenges in their jobs were discussed. Aspects of job satisfaction were also discussed.	Reviewed 188 responses.	Themes: Work-life Balance Support Acknowledgement Compensation Leadership/ Professionalism	Support, empowerment, and the ability to make change in a timely manner are essential to retaining the nurse manager.	**Strengths:** Sample size adequate may not be generalizable on its own merit. Authors compared findings to the work of Mackoff and Triolo who had similar findings. **Limitations**: Responses were dependent upon what the nurse managers were willing to share. Validity of the instrument, if used was not discussed. Authors mentioned the work of Mackoff and Triolo on nurse manager engagement provides a resource with suggested applications. Implementing strategies to manage work experiences at entry into the organization and at entry into the nurse manager position may prove more effective for enhanced affective commitment and perceived organizational support. **Johns Hopkins Non- Research Evidence Critical Appraisal Tool & Rating**: Level III C lower quality.