CONFLICT MANAGEMENT BEHAVIOR
OF THE STAFF NURSE

by
Gayle Barker

A thesis submitted to the faculty of
The University of Utah
in partial fulfillment of the requirements for the degree of

Master of Science

College of Nursing
The University of Utah
August 1984
THE UNIVERSITY OF UTAH GRADUATE SCHOOL

SUPERVISORY COMMITTEE APPROVAL

of a thesis submitted by

Gayle Barker

This thesis has been read by each member of the following supervisory committee and by majority vote has been found to be satisfactory.

Chairman: Verla B. Collins, R.N., Ph.D.

Ph.D.

Ronald Mano, Ph.D.
To the Graduate Council of The University of Utah:

I have read the thesis of Gayle Barker in its final form and have found that (1) its format, citations, and bibliographic style are consistent and acceptable; (2) its illustrative materials including figures, tables, and charts are in place; and (3) the final manuscript is satisfactory to the Supervisory Committee and is ready for submission to the Graduate School.

Verla B. Collins  
Member, Supervisory Committee

Approved for the Major Department

Linda K. Amos  
Chairman, Dean

Approved for the Graduate Council
ABSTRACT

The purpose of this study was to determine the conflict management behavior modes most often employed by the registered staff nurses at McKay-Dee Hospital Center in Ogden, Utah and St. Mark's Hospital in Salt Lake City, Utah. To accomplish this objective, a descriptive approach was employed using a questionnaire, an adaptation of the Thomas-Kilmann Conflict Mode Instrument, along with a demographic information form. This questionnaire contains 30 forced-choice statements, allowing the participant to select each of five behavior modes from 0 (for low use) to 12 (for high use) times each.

Analysis of the results revealed that all five behavior modes were used to differing degrees. The avoidance mode was used with the greatest frequency, followed by the compromise mode, with the accommodation mode third, collaboration fourth, and the competing mode being used the least.

The chi-square statistic was used in determining if a relationship existed between the behavior mode selection and the age, sex, extent of basic and higher education, length of nursing experience, and experience in a conflict management class. Analysis in each of
the areas revealed a probability value greater than .25 ($p \geq .25$) leading to the conclusion that there was not a significant relationship between the behavior mode selected and the characteristics of the group being examined.
## CONTENTS

ABSTRACT ........................................ iv

LIST OF TABLES .................................... viii

LIST OF FIGURES ................................... ix

ACKNOWLEDGEMENTS ................................. x

Chapter

I. INTRODUCTION .................................... 1

   Problem Statement .............................. 4
   Purpose ....................................... 5
   Research Questions ......................... 5

II. LITERATURE REVIEW ............................. 6

   Conflict: Definition and Causes ............. 6
   Typology ...................................... 14
   Conflict Management .......................... 15
   Conflict Behaviors and Intentions .......... 18
   Summary ...................................... 21
   Operational Definition of Concepts ........ 23

III. METHODOLOGY ................................... 24

   Research Design .............................. 24
   Specification of Population ................. 24
   Measurement Tool ............................. 24
   Sample Selection ............................. 25
   Data Collection .............................. 25
   Data Organization ............................ 25
   Data Analysis ............................... 26

IV. RESULTS ......................................... 27

V. CONCLUSIONS .................................... 53

   Recommendations and Suggestions for
   Further Study ............................... 56
## Appendices

A. COVER LETTER .................................................. 59

REFERENCES ......................................................... 61
LIST OF TABLES

1. Mean Scores and Standard Deviations for Five Behavior Modes ........................................ 28
2. Mean Scores and Standard Deviations for Each Group ......................................................... 29
3. Means and Standard Deviations by Sex of Respondents ...................................................... 33
4. Means and Standard Deviations by Class in Conflict Management ........................................
5. Means and Standard Deviations by Age of Subjects .............................................................. 41
6. Means and Standard Deviations by Educational Level .......................................................... 44
7. Behavior Mode Preference by Highest Educational Level ....................................................... 48
8. Results of Present Study Compared to Results of Marriner (1982) ......................................... 52
LIST OF FIGURES

1. Combination of the hostility position of the two parties. .......... 12
2. Mean use of each behavior mode for each of the six length of experience categories. .......... 31
3. Breakdown by years of experience .......... 32
4. Mean use of each behavior mode .......... 35
5. Breakdown by sex .......... 36
6. Breakdown by class in conflict management .......... 37
7. Means versus behavior by class in conflict management .......... 40
8. Choice of mode by age of respondents .......... 42
9. Breakdown by age .......... 43
10. Choice of mode by educational level .......... 45
11. Breakdown by basic education .......... 47
12. Choice of behavior mode by highest educational level .......... 49
13. Breakdown by highest education .......... 51
ACKNOWLEDGMENTS

I would like to express my gratitude and thank my committee members: Dr. Verla Collins, my Chairperson; Dr. G. Manny Gunne, and Dr. Ronald Mano for their advice, support, and guidance in completing this thesis.

I would also like to thank my family and friends for their encouragement during this time.
CHAPTER I

INTRODUCTION

Conflict is a natural phenomenon, and as such, the possibility of its occurrence is present in every human relationship or interaction. It may be considered a natural phenomenon for it is, by itself, neither good nor bad. For many years, however, conflict has implied negativity and occasionally violence between persons or groups, even professional groups. Karl Marx is the name often associated with conflict exploration. Because of this revolutionary association, as Wohlking (1970) suggests, conflict was given relatively little research attention prior to World War II, particularly among professionals. Booth (1982) referred to the attitude of professionals toward conflict when she wrote:

Traditionally it has been unacceptable to recognize and discuss sources and issues of conflict among professionals. Even if it was addressed, conflict was viewed as a personality problem that was so laden with emotion that one could hardly detect the true cause or source (p. 447).

Currently, conflict is viewed as inevitable and at times even necessary and positive to most organizations; it is, certainly, also prevalent in health care organi-
zations. The hospital, today, is likely to encounter increasingly difficult problems and to have a reasonably high level of conflict among its various participants, professional and technical. Many observers feel that this inherent conflict is due to the complex structure of the hospital and the extensive complications of medical technology (Likert & Likert, 1976; Rakich, Longest & O'Donovan, 1977).

Conflict is now recognized as one of the most prevalent issues which nursing service administrators face and much of the responsibility for dealing effectively with conflict depends upon the skills and abilities of these administrators (Myrtle & Glogow, 1978). Claus and Bailey (1977) propose that

Nurse leaders are expected to give guidance to colleagues, subordinates, and clients, and to participate in conflict resolution with subordinates and superordinates. Nurse leaders must be able to analyze, understand, and intervene in conflict. Direct involvement in a conflict may vary depending on the type and magnitude of the conflict as well as the position held by the nurse leader in the situation (p. 162).

Booth (1982) reported a research study conducted by Lacy in 1978 which suggested that females are more trusting and trustworthy than men in initial interactions. Consequently, he further found that women are less willing to forgive a person if that initial trust is violated, reacting with greater vindictiveness and retaliation
than men. Booth stated:

These research findings are relevant to nurses. Since nursing is a female dominated profession, it can be assumed that nurses have a higher level of expected cooperation from others during initial interactions. If these expectations of trust are violated, it follows that it is more difficult to forgive the person who is guilty of the violation (p. 448).

At least two things are necessary for nurses and nursing to grow. According to Kramer and Schmalenberg (1976), "one is the openness to new ideas and the conflict they produce. The second is that we must teach both students and nursing service staffs to manage conflict constructively" (p. 25).

In a given conflict, a nurse manager may be involved in many different roles; participant, mediator, judge, or explicator. The notion that the source of the conflict may affect how the nurse manager will resolve the situation lends credence to the idea that the creation of conflict should be the focus of study for the nurse manager. Some managers believe that conflict is beneficial and they purposefully create tension among their staff. Others prefer to prevent or resolve conflicts and, as Stevens (1980) asserts, some feel that conflict is inevitable in the organizational setting and it is the job of nurse managers to control its resolution.

Gillies (1982) maintains that successful intervention in conflict situations by the nurse manager
requires analysis and diagnosis of conflict accurately through observation and investigation of the dispute. Additional clues to resolving conflict include identifying the participants, the issues, conflict type, conflict stage, the conflict-related behaviors of participants, struggle severity, and the possible consequences to all participants and co-workers.

Accomplishment of a satisfactory conflict resolution involves a difficult investment of time and energy, but the process can be made easier through careful management by all participants. Preparing a feasible framework for the management of conflict will help promote the exchange process and allow more productive participation, thus increasing the chances for a satisfactory resolution.

As Kramer and Schmalenberg (1976) point out:

Conflict can be healthy and growth-producing if it is managed constructively. Nursing is rich with conflicts. If these were resolved constructively we would see an improvement in patient care and increased job satisfaction for the nurse (p. 25).

**Problem Statement**

Since conflict is a natural phenomenon in all organizations and apparently prevalent in nursing settings, it should be broadly understood and constructively managed. However, little is currently known
as to how staff nurses commonly perceive or resolve conflict.

**Purpose**

The purpose of this study was to determine the techniques or behavior modes most often employed by the hospital-based staff nurse to resolve conflict. These data should extend the knowledge necessary for nurse managers in the development of systematic procedures for dealing with conflict within the organization and strengthening their skills in helping subordinates to understand and resolve their conflicts.

**Research Questions**

The following research questions were formulated in this investigation:

1. Is there a common conflict-handling mode profile of staff nurses?

2. Is there a relationship between the conflict modes most often used and the length of nursing experience?

3. Do the profiles of female staff nurses and male staff nurses differ?

4. Does the score on each conflict mode differ by age or highest level of education completed?
CHAPTER II

LITERATURE REVIEW

The areas examined in a review of related literature were: a) conflict; definition and causes; b) typology of conflict; and c) conflict management.

Conflict: Definition and Causes

Conflict refers to all kinds of opposition or antagonistic interaction (Rakich et al., 1977; Robbins, 1974). Robbins (1978) also states that conflict is based on a scarcity of power, resources, or social position, and often, it grows out of differing value structures. "Conflict occurs when one actor pursues objectives incompatible with those of other actors" (Eldridge, 1979, p. 41). Claus and Bailey (1977) refer to conflict as

a clash or struggle that occurs whenever the harmony and balance among thoughts, feelings, and behavior are threatened. This disturbance gives rise to incompatible activities and interferes with desired goals (p. 151).

Conflict was defined broadly by Walton (1969) to include both a) interpersonal disagreements over substantive issues, such as differences over organizational structures, policies, and practices, competitive bids
for the same resources, differing conceptions of roles and role relationships, and b) interpersonal antagonisms: the more personal and emotional differences which arise between interdependent human beings.

The tension generated by disagreements that occur whenever interdependent individuals engage in what are perceived to be incompatible activities relating to substantive issues has been labeled conflict by Kramer and Schmalenberg (1976). "Two essential components of this definition are that the parties are interdependent and that the issue is of importance to both of them" (p. 19). Bennis, Benne, Chin and Corey (1976) postulate that conflict involves tensions

...that are internal and arise out of the structural arrangements of the system (and) may be called stresses and strains of the system. When tensions gang up and become more or less sharply opposed along the lines of two or more components, we have conflict (p. 93).

Simmel (1955), however, felt that the conflict itself resolved the tension.

Hamner and Organ (1978) state that conflict refers to all types of antagonistic interaction and is common when complex entities such as individuals and small groups are brought together in formal organizations. Argyris reports:

An analysis of relatively mature human beings and formal organizations leads to the conclusion that there is an inherent
incongruency between the self-actualization of the two. This basic incongruency creates a situation of conflict, frustration, and failure for the participants. The conflict, frustration, and failure is hypothesized to increase as the individual increases in degree of maturity and/or as he becomes increasingly subordinate along the chain of command and/or as his immediate work environment becomes increasingly specialized (1957, p. 175).

Conflict, as identified by Kriesberg (1973), is a relationship between two or more parties who (or whose spokesman) believe they have incompatible goals. A fundamental aspect of conflict is the awareness of the parties that an incompatibility exists. Nye (1973) suggests that conflict be defined as mutual hostility between or among individuals or groups. It is an interpersonal or intergroup event in which the parties involved exchange hostilities. The emphasis is on the mutuality of hostile expression (p. 84).

Coser (1956) felt that conflict may be a necessary interaction. Conflict is not always dysfunctional for the relationship within which it occurs, often conflict is necessary to maintain such a relationship. Without ways to vent hostility toward each other, and to express dissent, group members might feel completely crushed and might react by withdrawal. By setting free pent-up feelings of hostility, conflicts serve to maintain a relationship (p. 47).

Simmel (1955) regarded conflict as a form of socialization.
If every interaction among men is a sociation, conflict--after all one of the most vivid interactions, which furthermore, cannot be carried on by one individual alone--must certainly be considered sociation. And, in fact, dissociating factors--hate, envy, need, desire--are the causes of conflict; it breaks out because of them. Conflict is thus designed to resolve divergent dualisms; it is a way of achieving some kind of unity, even if it be through the annihilation of one of the conflicting parties (p. 13).

Deutsch (1976) concurred with Simmel (1955) and Coser (1956) in relating the positive functions of conflict.

It prevents stagnation, it stimulates interest and curiosity, it is the medium through which problems can be aired and solutions arrived at, it is the root of personal and social change (p. 8).

Duke (1976) summarized Coser's (1956) proposition regarding conflict as:

1. Conflict sometimes preserves relationships between parties by allowing the venting of hostility.

2. Realistic conflict is directed toward the attainment of specific ends, while unrealistic conflict is directed toward tension release.

3. Conflict is a form of social relationship and can occur only in an interactive setting.

4. Close relationships almost invariably have conflict as well as peace and harmony.

5. The closer the relationship between two parties, the more vigorous and intense will be the emotions and behavior between them.

6. Conflict sometimes leads to the removal of the source of the conflict and a reaffirmation of
the unity of the parties.

7. Conflict between two parties leads to the establishment of new norms and the reaffirmation of old norms.

8. Conflict is a "test of power" between two parties; sometimes parties can accommodate to each other only after testing each through conflict (pp. 165-166).

Despite the many and varied definitions of conflict available, there are also those who state that conflict cannot be defined. Rapoport (1974) states:

It is likely that a "general theory of conflict" is altogether impossible to construct, because "conflict" may be no more than a word that expresses our interpretation of (and attitudes toward) a multitude of widely disparate phenomena, governed by entirely different principles. ... A closer scrutiny often reveals that several unrelated phenomena are frequently subsumed under the same name because of superficial resemblance or because our attitudes toward the phenomena are similar (p. 8).

Mack and Snyder (1971) contend that:

Conflict is for the most part a rubber concept, being stretched and molded for the purposes at hand. In its broadest sense it seems to cover everything from war to choices between ice cream sodas or sundaes. At any rate, the distinctions between conflict and nonconflict are fuzzy at best and at worst are not made at all. There is a persistent tendency to regard all conflict as bad, as susceptible to complete elimination... (p. 3).

Eldridge (1979) proposes:

Not only are there too many definitions, many of the meanings overlap, and when they do not overlap, their distinctions are confusing. There is probably no
single, precise, inclusive, or manageable
definition that adequately captures the
diversity and complexity of conflict (p. 1)

Boulding (1964) lists four basic concepts of conflict theory, a) the parties to the conflict. The conflict must be visualized as a relationship between or among two or more parties (persons, groups, or organizations), b) The field of conflict. In an attempt to describe abstractly what conflict is about; the field of conflict is defined simply as the whole set of relevant possible states of the social system. c) The dynamics of the conflict situation. In the simplest model, it is supposed that the field consists merely of the combination of the position of the two parties and that each party adjusts its own position to what is believes the position of the other party to be.

The model (Figure 1) assumes that the only significant variable in the conflict situation is the hostility of one party toward the other. A's hostility is measured on line OA, and B's hostility along line OB. The line \((A_1-A_2)\) then shows the level of A's hostility for each level of B's. Similarly the line \((B_1-B_2)\) shows B's hostility for each level of A's. The system may move discontinuously to the various positions, approaching E at all times. If the two lines, \(A_1-A_2\) and \(B_1-B_2\), intersect, as they do in Figure 1 at E, there is a position of equilibrium or conflict resolution.
Figure 1. Combination of the hostility position of the two parties. From *Power and conflict in organizations*, edited by Robert L. Kahn and Elise Boulding, Copyright © 1964 by the Foundation for Research on Human Behavior and published by Basic Books, Inc., Publishers, New York.
Boulding's (1964) final concept of conflict theory (d) is the management, control, or resolution of conflict. A conflict system exhibits control if it has some sort of machinery for avoiding "pathological" moves. Boulding contends that in any conflict field it is reasonable to suppose that there is some boundary on the far side of which the system becomes pathological. A control system exhibits control if it has an apparatus somewhere in the system which can "perceive" that the system is approaching the boundary of pathology and can set forces in motion to reverse the system movement and keep it from the boundary. In Figure 1 it is supposed that line KK is the pathological boundary and anything to the right and above this line is pathological and anything below and to the left of it is not. It might also be assumed that anything to the left and below results in successful conflict management.

Walton (1969) and Gillies (1982) refer to the conflict situation as being both dynamic and cyclical. As the conflict changes the involved parties, the parties alter the conflict.

For this reason, methods of intervention that are helpful in the early stages of conflict, when the disputants are still relatively unchanged by the situation, are usually ineffective during later stages of conflict and may even exacerbate hostilities (Gillies, 1982, p. 367).
Typology

Probably the most well known types of conflict are functional and dysfunctional. Booth (1982) states that both the functional and dysfunctional aspects of conflict permeate all types of relationships between individuals, groups, and organizations. Gibson, Ivancevich, and Donnelly (1979) regard functional conflict as a confrontation that benefits or enhances the organization's performance. If, however, this confrontation or interaction hinders the achievement of goals, it is considered dysfunctional. They also feel that, in most cases, the point at which functional conflict becomes dysfunctional is impossible to identify.

Mack and Snyder (1971) contend that:

Functional conflict encourages collaboration and a more efficient division of labor between parties because of heightened consciousness of purpose and strengthening of positions taken. It is one of the characteristics of dysfunctional conflict that it is difficult to say, as time goes on, what the conflict is about (p. 17).

It is the belief of Huse and Bowditch (1977) that conflict occurs more frequently than complete cooperation and the results of the conflict can be either highly dysfunctional or instrumental in introducing needed change and innovation. Deutsch asserts:

Conflict has destructive consequences if its participants are dissatisfied with the outcomes and feel they have lost as a result of conflict. Similarly, a conflict has productive consequences if the partici-
pants all are satisfied with their outcomes and feel that they have gained as a result of the conflict. A conflict in which the outcomes are satisfying will be more constructive than one that is satisfying to some and dissatisfying to others (1973, p. 17).

**Conflict Management**

At least three distinct philosophies for handling conflict appear in the literature. The first or traditional approach, which dominated the management literature during the nineteenth century and continued to the middle 1940s, was based on the elimination of all conflict. Conflicts were seen as destructive and it was management's role to relieve the organization of strife.

The behavioral approach gradually replaced the traditional view in the late 1940s and early 1950s. Conflict was seen as inevitable and the behaviorists sought to rationalize its existence and to focus on the development of resolution techniques. Although the behaviorist theory accepted and recognized conflict, it followed the traditionalist view in devising methods to reduce or eliminate conflict.

Booth (1982) states that this method of coping with conflict is frequently seen today even though the behaviorists approach was popular only from the 1940s to the 1960s.

When an employee or faculty member is a problem, frequently sufficient pressure
is exerted to minimize his or her power in the organization, or the person is forced to resign. A common practice is to transfer the "troublemaker" to another unit, or schedule the person to an undesirable shift (p. 448).

Robbins (1978), too, asserts that this philosophy is still the most prevalent in organizations today.

Given that managers seek to "look good" on the criteria by which they are evaluated, and since the absence of conflict is frequently used at evaluation time as a proxy for managerial effectiveness, it should not be surprising to find that most managers are concerned with eliminating or suppressing all conflicts (p. 68).

The third and current view, which evolved from the behavioral philosophy, is referred to as the interactionist approach. This philosophy recognizes the importance of functional conflict, approves of functional opposition, considers conflict management to include both stimulation and opposition, and recognizes conflict management as a major responsibility of all managers.

Conflict resolution has been defined by Himes (1980) as processes of communication and exchange between collective persons engaged in a nonlegitimate conflict and which seek termination of the conflict and restoration of the social relations between the persons to some level of legitimacy. In an earlier publication, Thomas (1978) suggested a basic change in conflict theory reflected in the emergence of the term conflict management which is gradually displacing the older term con-
The new term reflects the growing realization that conflict has a number of benefits as well as costs, so that it needs to be managed rather than necessarily resolved or eliminated (p. 56).

Thomas (1978) reports there is increasing recognition of the importance of conflict in organizations and cites a survey conducted by Thomas and Schmidt in 1976 indicating managers spend a significant amount of their time dealing with conflict and that conflict management has become increasingly important to their effectiveness.

Thomas also speaks of separating conflict from the behaviors that people use to deal with it, in order for one to note the effectiveness of different conflict handling behaviors. Much of this research involved the classification of five different behaviors which are identified in terms of two dimensions. He classifies the five behaviors as competition, collaboration, compromise, avoidance, and accommodation according to the underlying intent which may have independent meaning for various individuals in conflict situations. The two dimensions of his paradigm are assertiveness and cooperativeness. The first dimension, assertiveness, has been defined as an attempt to satisfy one's own concerns while the second, cooperativeness, is referred to as an attempt to satisfy the other person's concerns.
Conflict Behaviors and Intentions

For the purpose of this paper the following five modes of conflict management will be examined.

Competition------------Assertive Uncooperative
Collaboration----------Assertive Cooperative
Compromise------------Intermediate
Avoidance-------------Unassertive Uncooperative
Accommodation--------Unassertive Cooperative

Competition is defined as uncooperative and assertive; the individual pursues his own concerns at the other person's expense, attempting to arrive at a win-lose outcome favoring oneself. This mode has also been referred to as coercion, forcing, or power-playing by other conflict theorists based on the use of various types of power to force the other party into submission.

deLodzia and Greenhalgh (1973) state:

The goal in any conflict situation is achievement of a satisfactory disposition of the issues involved. However, as long as one person's advantage or gain means another's disadvantage or loss, a competitive environment exists...As people become aware of their responsibility in a conflict situation and learn to accept it, commitment to achieving effective resolution increases (p. 43).

Collaboration is referred to as a win-win strategy because there is an attempt to find integrative outcomes that will satisfy both parties. This mode is defined as assertive and cooperative and may also be referred to as confrontation or problem-solving. Problem-solving seeks
to reduce the conflict through face-to-face meetings of the conflicting parties. Derr (1978) suggests:

Collaborative theory maintains that people should surface their differences (get them out in the open) and then work on the problems until they have attained mutually satisfactory solutions. The approach assumes that people will be motivated to expend the time and energy for such problem-solving activity (p. 77).

Compromise, which is intermediate, moderates both assertiveness and cooperativeness. This mode seeks a combination of losses and gains acceptable for both parties, resulting in an outcome that leaves the concerns of each party partially satisfied and partially dissatisfied. An exchange of offers and negotiation of concessions is involved, leaving both parties feeling they gave up something which may be regarded by some as creating a lose-lose atmosphere. This mode is also referred to as bargaining. Haw (1980) points out:

Before adopting a bargaining approach, it is important to identify when problem-solving and open communication have outlived their usefulness in a given conflict episode. In the beginning stages of identifying an issue, there is clearly no substitute for open communication and problem analysis...It is always worth the time invested in dialogue to share goals and values about a given issue (p. 568).

"Compromise is a traditional method of conflict management. There is no distinct winner or loser because the decision reached is probably not ideal for either party" (Gibson et al., 1979, p. 73). Avoidance is both
unassertive and uncooperative and may work in the short run but does not bring any long-term benefits; and as a result the conflict is not effectively managed.

Accommodating, which is unassertive and cooperative, has been termed the opposite of competing. This behavior is self-sacrificing as individuals neglect their own interests to satisfy the concerns of the other parties. Often this mode takes the form of obeying another person's order or yielding to another's point of view when one would prefer not to comply. This mode is also known as smoothing and is usually a temporary short run solution since the emphasis is on the common interests of the conflicting parties and a deemphasis of their differences.

All five modes are useful in some situation, and each person is capable of using all five conflict-handling modes as deemed personally appropriate. The effectiveness of a given conflict handling mode depends upon the requirements of the specific conflict situation and the skill with which the mode is used. Researchers deLodzia and Greenhalgh (1973) suggest that hospitals, like most other institutions, fail to consider that certain skills are vital in the process of dealing with co-workers during conflict. The two skills mentioned by these scholars are the ability of the supervisor to uncover and analyze problem situations, and the capability to
provide some sort of solution.

Marriner (1982), using a conflict mode instrument developed by Thomas and Kilmann, conducted research concerning the conflict handling mode profile of nurse managers. This instrument contains the five behavior modes presented by Thomas and Kilmann, and is designed to assess the mix of conflict-handling modes. The respondents are requested to select the response, from paired statements, which they would be more likely to use. Marriner compared her findings with those of a previous study involving male business and government organization managers. After the raw scores of 182 nurse participants were calculated and compared to the scores of the managers in business and government agencies, the frequency distributions showed that the nurses used each of the five modes with about the same frequency as the group of business and government managers. However, comparison of each group revealed that the nurse managers were less competitive and collaborative, more avoiding and about the same in compromising and accommodation as compared to their male counterparts in business and government. There were no other studies or research reports in the literature review concerning conflict and nursing.
Summary

There are a variety of definitions and theories relating to the term conflict, but it would appear that, at the present time, there exists no generally accepted theory. In recent years, an increasing emphasis has been put on the subject of conflict and although there is still much controversy, there are major areas of agreement among conflict theorists. Authors agree that conflict is inevitable in organizations and that it is a prevalent issue concerning the functioning of all institutions including those in the field of health care.

Conflict is no longer viewed only as negative or dysfunctional, but is said to have important consequences which can be healthy and growth-producing if it is managed constructively and successfully.

Theorists are working toward a contingency theory of conflict management so that individuals will be able to make an informed, rational choice between the various modes on the basis of their usefulness in specific situations.

All of the conflict handling modes are more or less appropriate in specific situations and the individual should be capable of using all of them. A basic insight must be gained into conflict and its management with the objective of using the most appropriate behavior mode in specific situations which requires a significant
amount of understanding and practice.

Research concerning nurses and their methods of managing conflict is very limited. Marriner's study took place in Indiana and involved nurse managers with supervisory experience. Prior to the survey, they were exposed to conflict management through enrollment in a seminar designed to inform the participants of the different behavior modes and appropriate utilization of each mode in reaching satisfactory conflict resolution. This study identified behavior modes utilized by staff nurses employed in two hospitals in northern Utah.

**Operational Definition of Concepts**

For purposes of this study, the following definitions were used.

**Conflict**

Conflict is defined as a relational condition in which the concerns of two or more parties are incompatible, and opposition is openly expressed.

**Conflict Management**

Conflict management is a mode or method of reconciliation by which conflict is adaptively handled.
CHAPTER III

METHODOLOGY

Research Design

In order to study conflict management modes among staff nurses, a survey was employed using a hospital setting. A descriptive approach, utilizing a demographic information form with a questionnaire, an adaptation of the Thomas-Kilmann Conflict Mode Instrument, was employed.

Specification of Population

The population consisted of registered staff nurses at two nonprofit, acute-care hospitals in Utah, McKay-Dee in Ogden and St. Mark's in Salt Lake City. After consultation with the nursing administrators of each hospital, the investigator was granted permission to ask employees to participate in this research study.

Measurement Tool

An adaptation of the Thomas-Kilmann Conflict Mode Instrument, which is designed to assess an individual's behavior in conflict situations, was used. This instrument contained 30 forced-choice statements which allowed the respondents to select each of the five conflict
handling modes from 1 (for very low use) through 12 (for very high use) times each.

Sample Selection

The criteria for selection were: a) being a registered staff nurse at either the McKay-Dee or St. Mark's Hospitals in Utah, and b) being willing to participate in the study. Two hundred questionnaires were delivered to each hospital. Of these, 173 responses were returned; 110 from McKay-Dee and 63 from St. Mark's.

Data Collection

The questionnaire was distributed by the researcher in a sealable envelope to assure confidentiality and anonymity to all respondents. Also contained in the envelope was a cover letter, describing the rationale for the study, and a demographic information form. All envelopes were delivered to nursing divisions at each hospital by the researcher. All participants returned the envelope to their nursing division by placing it in a box designated as a questionnaire collection container. After a 2-week period, the returned questionnaires were collected by the investigator.

Data Organization

All returned questionnaires were examined for completeness and interpretation to determine if they
were usable in this study. Incomplete answer sheets and demographic forms were discarded.

Data Analysis

Since all data retrieved were nominal, the chi-square ($\chi^2$) statistical analysis was used to determine if there was a relationship between behavior mode usage and age, sex, degree of education or years of experience in nursing.
CHAPTER IV

RESULTS

Two hundred questionnaires were delivered to each hospital. Of these, 173 responses were returned; 110 from McKay-Dee Hospital and 63 from St. Mark's Hospital. Female staff nurse participants numbered 162 and the remaining 11 responses were from male staff nurses. Respondents ranged in age from 21 to 65 years.

Mean scores and the standard deviation (S.D.) of the sample for each of the five behavior modes are seen in Table 1. The mean refers to the measure of central tendency; while the S.D. is a measure of dispersion, or variability degree to which the scores are spread about the mean.

The most frequently chosen behavior mode in dealing with conflict was avoidance. The competing mode received less usage than any of the five modes.

The sample was divided into six groups in determining behavior mode usage associated with the length of experience in nursing. The six categories were 0-5, 6-10, 11-15, 16-20, 21-25, and over 26 years of experience. Table 2 shows the mean scores and standard deviations for each of the groups.
## Table 1
Mean Scores and Standard Deviations for Five Behavior Modes

<table>
<thead>
<tr>
<th>Behavior Mode</th>
<th>Mean</th>
<th>S.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competing</td>
<td>3.37</td>
<td>2.45</td>
</tr>
<tr>
<td>Collaboration</td>
<td>5.26</td>
<td>2.37</td>
</tr>
<tr>
<td>Compromise</td>
<td>6.90</td>
<td>2.12</td>
</tr>
<tr>
<td>Avoidance</td>
<td>7.63</td>
<td>2.17</td>
</tr>
<tr>
<td>Accommodation</td>
<td>6.82</td>
<td>2.42</td>
</tr>
</tbody>
</table>
Table 2

Mean Scores and Standard Deviations for Each Group

<table>
<thead>
<tr>
<th>Experience</th>
<th>Number in Group</th>
<th>Competing Mean</th>
<th>S.D.</th>
<th>Collaboration Mean</th>
<th>S.D.</th>
<th>Compromise Mean</th>
<th>S.D.</th>
<th>Avoidance Mean</th>
<th>S.D.</th>
<th>Accommodation Mean</th>
<th>S.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5</td>
<td>46</td>
<td>3.43</td>
<td>2.72</td>
<td>5.15</td>
<td>2.01</td>
<td>6.84</td>
<td>2.01</td>
<td>7.47</td>
<td>2.40</td>
<td>7.08</td>
<td>2.48</td>
</tr>
<tr>
<td>6-10</td>
<td>48</td>
<td>3.37</td>
<td>2.53</td>
<td>5.02</td>
<td>2.34</td>
<td>7.37</td>
<td>2.25</td>
<td>7.20</td>
<td>1.94</td>
<td>7.02</td>
<td>2.13</td>
</tr>
<tr>
<td>11-15</td>
<td>36</td>
<td>3.5</td>
<td>2.33</td>
<td>5.19</td>
<td>2.68</td>
<td>6.91</td>
<td>1.91</td>
<td>8.02</td>
<td>1.79</td>
<td>6.36</td>
<td>2.56</td>
</tr>
<tr>
<td>16-20</td>
<td>21</td>
<td>3.09</td>
<td>2.11</td>
<td>5.71</td>
<td>2.62</td>
<td>6.23</td>
<td>2.50</td>
<td>7.90</td>
<td>2.87</td>
<td>7.04</td>
<td>2.65</td>
</tr>
<tr>
<td>21-25</td>
<td>10</td>
<td>4.2</td>
<td>2.61</td>
<td>6.4</td>
<td>2.17</td>
<td>5.8</td>
<td>1.54</td>
<td>7.9</td>
<td>2.18</td>
<td>5.7</td>
<td>2.90</td>
</tr>
<tr>
<td>Over 26</td>
<td>12</td>
<td>2.58</td>
<td>1.97</td>
<td>5.16</td>
<td>2.62</td>
<td>7.25</td>
<td>2.09</td>
<td>8.08</td>
<td>2.09</td>
<td>6.91</td>
<td>2.06</td>
</tr>
</tbody>
</table>
Figure 2 shows the mean use of each behavior mode for each of the six length-of-experience categories. As compared with the other length-of-experience groups, those employed the longest (over 26 years) chose the avoidance mode more frequently, although not to a great degree, and the competing mode was chosen least often by this most experienced group. All groups used the avoidance mode most frequently with the exception of the 6-10 year group. This group chose the compromise mode most often and the avoidance mode second. All groups used the competing mode less often than any other modes.

The chi-square statistic (Figure 3) was used to determine if a relationship existed between the years of experience and the behavior mode chosen most frequently. As the results showed a probability value greater than .25 ($p > .25$), which is considerably higher than the accepted value of .05, there appears to be no relationship between the length of nursing experience and the behavior mode chosen.

Table 3 shows the mean and standard deviation scores from responses of the 11 male and 162 female nurses. Although a small group, the males used the accommodation and competing modes more often than did the female nurses, and the avoidance mode slightly less. The male managers in the previous study, as reported by Marriner, also used the competitive mode more frequently
Figure 2. Mean use of each behavior mode for each of the six length of experience categories.
<table>
<thead>
<tr>
<th>Years Experience</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5</td>
<td>3.4</td>
<td>5.2</td>
<td>6.8</td>
<td>7.5</td>
<td>7.1</td>
<td>30</td>
</tr>
<tr>
<td>6-10</td>
<td>3.4</td>
<td>5</td>
<td>7.4</td>
<td>7.2</td>
<td>7.2</td>
<td>30.2</td>
</tr>
<tr>
<td>11-15</td>
<td>3.5</td>
<td>5.2</td>
<td>6.9</td>
<td>8</td>
<td>6.4</td>
<td>30</td>
</tr>
<tr>
<td>16-20</td>
<td>3.1</td>
<td>5.7</td>
<td>6.2</td>
<td>7.9</td>
<td>7</td>
<td>29.9</td>
</tr>
<tr>
<td>21-25</td>
<td>4.2</td>
<td>6.4</td>
<td>5.8</td>
<td>7.9</td>
<td>5.7</td>
<td>30</td>
</tr>
<tr>
<td>Over 26</td>
<td>2.3</td>
<td>5.2</td>
<td>7.3</td>
<td>8.1</td>
<td>6.9</td>
<td>29.8</td>
</tr>
</tbody>
</table>

19.9 32.7 40.4 46.6 40.3 179.9

.11  .18  .22  .26  .22

\((F_0\text{--}F_e) = 21/Fe \quad (C,R)\)

\text{df} = 20; \quad \text{p}= .25

1) Competing;
2) Collaborating;
3) Compromising;
4) Avoiding;
5) Accommodating.

Figure 3. Breakdown by years of experience.
Table 3
Means and Standard Deviations
by Sex of Respondents

<table>
<thead>
<tr>
<th>Group</th>
<th>Competing</th>
<th>Collaboration</th>
<th>Compromise</th>
<th>Avoidance</th>
<th>Accommodation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male (11)</td>
<td>4.09</td>
<td>4.81</td>
<td>6.18</td>
<td>7.45</td>
<td>7.45</td>
</tr>
<tr>
<td>Mean</td>
<td>3.01</td>
<td>2.67</td>
<td>1.53</td>
<td>1.86</td>
<td>3.20</td>
</tr>
<tr>
<td>Female (162)</td>
<td>3.32</td>
<td>5.29</td>
<td>6.95</td>
<td>7.64</td>
<td>6.77</td>
</tr>
<tr>
<td>Mean</td>
<td>2.41</td>
<td>2.35</td>
<td>2.15</td>
<td>2.19</td>
<td>2.37</td>
</tr>
</tbody>
</table>
and the avoidance mode less. Both the male and female groups used the avoidance and accommodation modes with greater frequency than the competing and collaboration modes.

Figure 4 shows the mean use of each behavior mode for the male and female categories.

The classifications by sex groups did not differ significantly, and the chi-square statistic (Figure 5) reveals that there is no significant relationship \((p \geq .25)\) between the sex of the respondent and the behavior mode preferred.

Also examined was the relationship between the behavior mode selection and whether the participant had had previous exposure to conflict through a class or course in conflict management. While 36 respondents did report taking a course in conflict management, 137 nurses had not had such a class. The chi-square statistic again reveals no significant relationship \((p \geq .25)\) between the chosen behavior mode and either of the groups (Figure 6).

The group with class experience, however, used the compromise mode more often and with about the same frequency as the other group used the avoidance mode. The mean and standard deviation scores and the bar graph also show that the group having had no class chose the competing and compromise modes less frequently and the
Figure 4. Mean use of each behavior mode.
<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>4.1</td>
<td>4.8</td>
<td>6.2</td>
<td>7.5</td>
<td>7.5</td>
<td>30.1</td>
<td>.50</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>3.3</td>
<td>5.3</td>
<td>7</td>
<td>7.6</td>
<td>6.8</td>
<td>30</td>
<td>.50</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7.4</td>
<td>10.1</td>
<td>13.2</td>
<td>15.1</td>
<td>14.3</td>
<td>60.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>.12</td>
<td>.17</td>
<td>.22</td>
<td>.25</td>
<td>.24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\( ((F_0 - F_e)^2) / Fe \) (C,R)

\( df=4; \ \ p=>.25 \)

1) Competing;
2) Collaborating;
3) Compromising;
4) Avoiding;
5) Accommodating.

Figure 5. Breakdown by sex.
<table>
<thead>
<tr>
<th>Class</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>4.2</td>
<td>5.1</td>
<td>7.6</td>
<td>7.1</td>
<td>6.1</td>
</tr>
<tr>
<td>No</td>
<td>3.2</td>
<td>5.3</td>
<td>6.7</td>
<td>7.8</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>7.4</td>
<td>10.4</td>
<td>14.3</td>
<td>14.9</td>
<td>13.1</td>
</tr>
<tr>
<td></td>
<td>.12</td>
<td>.17</td>
<td>.24</td>
<td>.25</td>
<td>.22</td>
</tr>
</tbody>
</table>

\( \text{df} = 4; \ p = > .25 \)

1) Competing;  
2) Collaborating;  
3) Compromising;  
4) Avoiding;  
5) Accommodating.

Figure 6. Breakdown by class in conflict management.
avoidance, accommodation and collaboration modes more often (Table 4, Figure 7).

Table 5 compares the means and standard deviations of the participants when divided into three age categories; less than 31, 31-45, and greater than 45.

Figure 8 reveals that all age groups chose the avoidance mode most often and the competing mode less frequently. The older age group (> 45) used the avoidance mode more often and the competing mode less often than did the other two groups. Analysis using the chi-square (Figure 9) shows that there is no statistical probability ($p > .25$) of a relationship between the age of the respondent and the type of behavior mode used.

Analysis of basic educational data revealed 94 subjects having completed the Associate Degree (A.D.) program, 36 graduates of a diploma school, and 43 participants with a Baccalaureate Degree (B.S.) in nursing. The mean and standard deviation scores (Table 6) show that all educational groups preferred the avoidance mode over the other four modes. Competing, again, received the lowest mean usage. The A.D. graduates used the accommodation mode second, and the Diploma and B.S. nurses used the compromise mode second, and the accommodation mode third (Figure 10).

Results of the chi-square analysis revealed a $p > .25$, showing that there was no relationship between
Table 4
Means and Standard Deviations by Class
in Conflict Management

<table>
<thead>
<tr>
<th>Class No.</th>
<th>Com-</th>
<th>Colla-</th>
<th>Compro-</th>
<th>Avoid-</th>
<th>Accommo-</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>peting</td>
<td>boration</td>
<td>mise</td>
<td>ance</td>
<td>dation</td>
</tr>
<tr>
<td>Yes 36</td>
<td>4.16</td>
<td>5.11</td>
<td>7.55</td>
<td>7.08</td>
<td>6.08</td>
</tr>
<tr>
<td></td>
<td>2.74</td>
<td>2.92</td>
<td>2.06</td>
<td>2.35</td>
<td>2.63</td>
</tr>
<tr>
<td>No 137</td>
<td>3.16</td>
<td>5.30</td>
<td>6.72</td>
<td>7.78</td>
<td>7.01</td>
</tr>
<tr>
<td></td>
<td>2.34</td>
<td>2.21</td>
<td>2.11</td>
<td>2.10</td>
<td>2.34</td>
</tr>
</tbody>
</table>
Figure 7. Means versus behavior by class in conflict management.
Table 5
Means and Standard Deviations
by Age of Subjects

<table>
<thead>
<tr>
<th>Age Group</th>
<th>No.</th>
<th>Competing</th>
<th>Collaboration</th>
<th>Compromise</th>
<th>Avoidance</th>
<th>Accommodation</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;31</td>
<td>68</td>
<td>3.5</td>
<td>5.10</td>
<td>6.97</td>
<td>7.33</td>
<td>7.08</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.69</td>
<td>2.16</td>
<td>2.02</td>
<td>2.26</td>
<td>2.24</td>
</tr>
<tr>
<td>31-45</td>
<td>73</td>
<td>3.47</td>
<td>5.30</td>
<td>7.05</td>
<td>7.56</td>
<td>6.60</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.46</td>
<td>2.49</td>
<td>2.14</td>
<td>2.12</td>
<td>2.51</td>
</tr>
<tr>
<td>&gt;45</td>
<td>32</td>
<td>2.87</td>
<td>5.53</td>
<td>6.40</td>
<td>8.43</td>
<td>6.75</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.82</td>
<td>2.56</td>
<td>2.29</td>
<td>1.94</td>
<td>2.61</td>
</tr>
</tbody>
</table>
Figure 8. Choice of mode by age of respondents.

X- 31 years of age; O- 31-45 years of age;
* - 45 years of age.
<table>
<thead>
<tr>
<th>Age</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>[30] [.33]</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 31</td>
<td>3.5</td>
<td>5.1</td>
<td>7</td>
<td>7.3</td>
<td>7.1</td>
<td>30</td>
</tr>
<tr>
<td>31-45</td>
<td>3.5</td>
<td>5.3</td>
<td>7.1</td>
<td>7.6</td>
<td>6.6</td>
<td>30.1</td>
</tr>
<tr>
<td>&gt; 45</td>
<td>2.9</td>
<td>5.5</td>
<td>6.4</td>
<td>8.4</td>
<td>6.8</td>
<td>30</td>
</tr>
</tbody>
</table>

9.9 15.9 20.5 23.3 20.5 90.1

\[((F_o-F_e) \times 2)/Fe \ (C,R)\]

\[df = 8; \ p > .25\]

1) Competing;
2) Collaborating;
3) Compromising;
4) Avoiding;
5) Accommodating.

Figure 9. Breakdown by age.
Table 6
Means and Standard Deviations
by Educational Level

<table>
<thead>
<tr>
<th>Basic Education</th>
<th>No.</th>
<th>Competing</th>
<th>Collaboration</th>
<th>Compromise</th>
<th>Avoidance</th>
<th>Accommodation</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.D.</td>
<td>94</td>
<td>3.29</td>
<td>5.13</td>
<td>6.74</td>
<td>7.57</td>
<td>7.24</td>
</tr>
<tr>
<td>Mean</td>
<td></td>
<td>2.45</td>
<td>2.41</td>
<td>2.18</td>
<td>2.27</td>
<td>2.19</td>
</tr>
<tr>
<td>S.D.</td>
<td></td>
<td>2.19</td>
<td>2.23</td>
<td>2.01</td>
<td>1.77</td>
<td>2.75</td>
</tr>
<tr>
<td>Diploma</td>
<td>36</td>
<td>2.63</td>
<td>5.72</td>
<td>6.86</td>
<td>8</td>
<td>6.77</td>
</tr>
<tr>
<td>Mean</td>
<td></td>
<td>2.19</td>
<td>2.23</td>
<td>2.01</td>
<td>1.77</td>
<td>2.75</td>
</tr>
<tr>
<td>S.D.</td>
<td></td>
<td>2.19</td>
<td>2.23</td>
<td>2.01</td>
<td>1.77</td>
<td>2.75</td>
</tr>
<tr>
<td>B.S.</td>
<td>43</td>
<td>4.16</td>
<td>5.16</td>
<td>7.27</td>
<td>7.46</td>
<td>5.93</td>
</tr>
<tr>
<td>Mean</td>
<td></td>
<td>2.48</td>
<td>2.40</td>
<td>2.08</td>
<td>2.26</td>
<td>2.42</td>
</tr>
<tr>
<td>S.D.</td>
<td></td>
<td>2.48</td>
<td>2.40</td>
<td>2.08</td>
<td>2.26</td>
<td>2.42</td>
</tr>
</tbody>
</table>
A- Associate Degree; D- Diploma; B- Baccalaureate Degree.

Figure 10. Choice of mode by educational level.
the basic educational preparation and the behavior mode selected most frequently (Figure 11).

Behavior mode preference was also examined by dividing the subjects into groups on the basis of highest educational level achieved. The categories and the number in each are A.D. program--85, B.S.N.--46, Diploma graduates--33, and B.S. in a field other than nursing--8. One respondent had completed the Master's degree program (M.S.), but was eliminated from the chi-square analysis since this was only a single entry.

Mean and standard deviation score results are presented in Table 7 for all five educational levels. As with the other groups, the examination of highest educational level group scores shows that the avoidance mode was used most often. The accommodation mode was used second and the competing mode less frequently than the other modes. The exception in this group is the B.S.N. educated nurses who chose the compromise mode second and the accommodation mode third. The one M.S. participant had a mean score of 10 in both the collaboration and compromise modes. This nurse chose the competing mode third, and more often than did the other four groups, and chose the avoidance and accommodation modes less frequently than did the other groups (Figure 12). The additional education, both B.S.N. and M.S., may give these nurses more insight into problem analysis and
<table>
<thead>
<tr>
<th>Education</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>df</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.D.</td>
<td>3.3</td>
<td>5.1</td>
<td>6.7</td>
<td>7.8</td>
<td>7.2</td>
<td>30.1</td>
<td>.33</td>
</tr>
<tr>
<td>Diploma</td>
<td>2.6</td>
<td>5.7</td>
<td>6.9</td>
<td>8</td>
<td>6.8</td>
<td>30</td>
<td>.33</td>
</tr>
<tr>
<td>B.S.</td>
<td>4.2</td>
<td>5.2</td>
<td>7.3</td>
<td>7.5</td>
<td>5.9</td>
<td>30.1</td>
<td>.33</td>
</tr>
<tr>
<td></td>
<td>10.1</td>
<td>16</td>
<td>20.9</td>
<td>23.3</td>
<td>19.9</td>
<td>90.2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>.11</td>
<td>.18</td>
<td>.23</td>
<td>.26</td>
<td>.22</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\[ \frac{(\text{Fo-Fe})^2}{\text{Fe}} \] (C,R) = \[ \frac{(\text{Fo-Fe})^2}{\text{Fe}} \] (C,R) \[ \text{df} = 8; \ p > .25 \]

1) Competing;
2) Collaborating;
3) Compromising;
4) Avoiding;
5) Accommodating.

Figure 11. Breakdown by basic education.
### Table 7
Behavior Mode Preference by Highest Educational Level

<table>
<thead>
<tr>
<th>Highest Educational Level</th>
<th>Behavior Modes</th>
<th>No.</th>
<th>Competing</th>
<th>Collaboration</th>
<th>Compromise</th>
<th>Avoidance</th>
<th>Accommodation</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.D.</td>
<td></td>
<td>85</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td></td>
<td></td>
<td>3.25</td>
<td>5.36</td>
<td>6.70</td>
<td>7.49</td>
<td>7.17</td>
</tr>
<tr>
<td>S.D.</td>
<td></td>
<td></td>
<td>2.42</td>
<td>2.36</td>
<td>2.22</td>
<td>2.32</td>
<td>2.24</td>
</tr>
<tr>
<td>B.S.N.</td>
<td></td>
<td>46</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td></td>
<td></td>
<td>3.89</td>
<td>4.93</td>
<td>7.34</td>
<td>7.69</td>
<td>6.13</td>
</tr>
<tr>
<td>S.D.</td>
<td></td>
<td></td>
<td>2.44</td>
<td>2.35</td>
<td>2.08</td>
<td>2.07</td>
<td>2.35</td>
</tr>
<tr>
<td>Diploma</td>
<td></td>
<td>33</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td></td>
<td></td>
<td>2.66</td>
<td>5.69</td>
<td>6.69</td>
<td>8</td>
<td>6.93</td>
</tr>
<tr>
<td>S.D.</td>
<td></td>
<td></td>
<td>2.25</td>
<td>2.28</td>
<td>2.00</td>
<td>1.80</td>
<td>2.69</td>
</tr>
<tr>
<td>B.S.</td>
<td></td>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td></td>
<td></td>
<td>4.25</td>
<td>3.75</td>
<td>6.87</td>
<td>8</td>
<td>7.12</td>
</tr>
<tr>
<td>S.D.</td>
<td></td>
<td></td>
<td>3.15</td>
<td>2.05</td>
<td>1.45</td>
<td>1.85</td>
<td>2.69</td>
</tr>
<tr>
<td>M.S.</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td></td>
<td></td>
<td>6</td>
<td>10</td>
<td>10</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>S.D.</td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Figure 12. Choice of behavior mode by highest educational level.

A- Associate degree; B- Baccalaureate degree nursing; C- Baccalaureate degree another field; D- Diploma; E- Master's in nursing (single response).
they are, therefore, more willing to take a risk and work toward the management of conflict by using other behavior modes rather than constantly relying upon the avoidance method.

The chi-square analysis (Figure 13) provided a $p \leq .25$ which means there is no significant statistical relationship between the behavior mode chosen and the level of education completed.

The data were also comparatively graphed (Table 8) in relation to the scores, as reported by Marriner (1982) of male managers in business and government organizations and to nurses, most of whom were females in management positions and who had previously participated in a similar study. The percentage figures in the table represent percentiles. A statistical measure expressing individuals' standings in terms of the percentage of individuals falling below them are referred to as percentiles. Column A shows the scores of the nurse managers, column B represents the scores of the male managers, and column C plots the scores of the registered staff nurses in this study. The median constitutes the middle value in a distribution. The median scores of the nurses in this study for each of the behavior modes are: competing--2, collaboration--4, compromise--6, avoidance--7, and accommodation--6.
<table>
<thead>
<tr>
<th>High Ed</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>14.2</th>
<th>19.8</th>
<th>27.6</th>
<th>31.2</th>
<th>27.3</th>
<th>120.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.D.</td>
<td>3.3</td>
<td>5.4</td>
<td>6.7</td>
<td>7.5</td>
<td>7.2</td>
<td>30.1</td>
<td>.25</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BS-Nurs.</td>
<td>3.9</td>
<td>4.9</td>
<td>7.3</td>
<td>7.7</td>
<td>6.1</td>
<td>29.9</td>
<td>.25</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diploma</td>
<td>2.7</td>
<td>5.7</td>
<td>6.7</td>
<td>8</td>
<td>6.9</td>
<td>30</td>
<td>.25</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BS-Other</td>
<td>4.3</td>
<td>3.8</td>
<td>6.9</td>
<td>8</td>
<td>7.1</td>
<td>30.1</td>
<td>.25</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\[ ((F_0 - F_1)/F_1)^2 / (C, R) \]

\[ df = 12; \quad p = > .25 \]

1) Competing;
2) Collaborating;
3) Compromising;
4) Avoiding;
5) Accommodating.

Figure 13. Breakdown by highest education.
Table 8

Results of Present Study Compared to Results of Marriner (1982)

<table>
<thead>
<tr>
<th></th>
<th>Competing A</th>
<th>Competing B</th>
<th>Competing C</th>
<th>Collaborating A</th>
<th>Collaborating B</th>
<th>Collaborating C</th>
<th>Compromising A</th>
<th>Compromising B</th>
<th>Compromising C</th>
<th>Avoiding A</th>
<th>Avoiding B</th>
<th>Avoiding C</th>
<th>Accommodating A</th>
<th>Accommodating B</th>
<th>Accommodating C</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>80%</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>9</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>70%</td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>8</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>60%</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>50%</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>40%</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>30%</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>20%</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>10%</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>0%</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Middle 50%

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>4</th>
<th>2</th>
<th>3</th>
<th>3</th>
<th>2</th>
<th>3</th>
<th>3</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>20%</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>10%</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>0%</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

High 25%

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>11</th>
<th>11</th>
<th>11</th>
</tr>
</thead>
<tbody>
<tr>
<td>70%</td>
<td>6</td>
<td>5</td>
<td>7</td>
<td>7</td>
<td>9</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>8</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>60%</td>
<td>5</td>
<td>7</td>
<td>4</td>
<td>6</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>50%</td>
<td>4</td>
<td>6</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>40%</td>
<td>3</td>
<td>8</td>
<td>3</td>
<td>7</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>30%</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>20%</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>10%</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>0%</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
CHAPTER V

CONCLUSIONS

Analysis of conflict management behavior mode profiles of registered staff nurses at McKay-Dee and St. Mark's Hospitals in Utah revealed the following information. All of the five behavior modes were used to differing degrees. The avoidance mode was used with the greatest frequency (mean: 7.63), followed by the compromise mode (mean: 6.90). The accommodation mode was third and very close to the compromise mode (mean: 6.82); the collaboration mode was fourth choice (mean: 5.26); and receiving the least use was the competing mode (mean: 3.37). All individuals were capable of using the five conflict-handling modes; however, some individuals may use some modes better than others and may tend to rely upon these modes more heavily than the others. This may be a result of the requirements of the situation or of the individual's temperament.

Although the individual does not address the conflict, the avoidance mode, which is uncooperative and unassertive, can be useful if the issue is felt to be trivial or if the individual has low power and feels others can manage the conflict more easily. This mode
may be used more frequently by the staff nurses to reduce tension or to avoid giving their input on issues. Compromise may be useful in achieving temporary settlements to complex issues or in arriving at a solution when under time pressure. When harmony and avoiding disruption are very important to the individual, they may use the accommodation mode.

The chi-square statistic was used in determining if a relationship existed between the behavior mode selection and the age, sex, extent of basic and higher education, length of nursing experience, and experience in a conflict management class. Analysis in each of the areas revealed a probability level greater than .25 ($p \geq .25$) which leads to the conclusion that there was no significant relationship between the behavior mode selected and the group characteristics being examined. Possibly, use of a different tool, a larger sample, or examination of the characteristics in greater depth would reveal a significant relationship.

Marriner (1982) reported that the nurse managers were less competitive and collaborative, more avoiding and about the same in compromising and accommodation, as compared with their male counterparts in business and government positions. The nurse subjects in this study have been found to be less competitive and collaborative, and more avoiding and accommodating than the previous
two groups. Perhaps the nurses participating in this study would have scored more closely to, or the same as Marriner's group, if they had had the supervisory experience. All groups had approximately the same score in use of the compromising mode.

The previous groups had received exposure to conflict management through a seminar conducted immediately prior to participating in the conflict behavior mode study. A possible limiting factor in this study was the absence of such a seminar. The nurses in this study did, however, compare to the subjects in Marriner's group as both chose to use the behavior modes in the same order of frequency: avoidance, compromise, accommodation, collaboration, and competing. This may indicate that although one group of respondents had participated in a conflict management seminar it made little or no difference in their responses. The results of this study indicate that the group with past exposure to conflict management chose the compromising mode more often than the avoidance mode, and more frequently than did the group without class experience. Perhaps the effects and benefits of a conflict management class and using the information received, over a period of time, is of more value than participation in a short seminar.
Recommendations and Suggestions for Further Study

Presently, research on human conflict is not complete and comprehensive. Additional theoretical and empirical research must be done with the focus on conflict as it relates to nursing, the complex interrelationships existing, and the process of conflict and conflict management. An intellectual framework is needed within which the various elements and variables can be identified and the critical relationships among them analyzed.

Specialty groups, such as nursing, can benefit and make use of the findings from conflict research since very little has been done in this area. More must be known about conflict and conflict management as it relates to nursing and this requires time, patience, understanding and practice.

The implications for further study are presented as follows:

1. Does the basic nursing education received "program" nurses to accept power-oriented relationships, in terms of accepting orders or not challenging authority? If so, does this result in the low use of the competing mode? Low use of the competing mode may be the result of feeling powerless in situations faced. Many individuals are unaware of the power they have and are uncomfortable and unskilled in its use. While the competing
mode is not to be used exclusively, it can be useful in dealing with vital issues, enforcing rules or implementing discipline.

2. Does the basic nursing education provide adequate experience in problem-solving as related to conflict management? Is self-esteem and learning of the participant enhanced? The majority of respondents were Associate Degree prepared nurses (94 basic education and 85 highest educational level). These nurses are well trained in patient care and technical areas, but perhaps do not receive the instruction necessary for decision-making and problem-solving when interacting with other individuals.

3. Is the low use of the competing mode the result of the hospital's or health worker's role in society? Do nurses, as compared with other work forces, take more pride in their roles as health-providers, thus competing less and avoiding more?

4. Perhaps a significant difference would be noticed, in conflict behavior modes used, if the sample consisted of B.S.N. or M.S. educated nurses who had received their higher education after a period of clinical experience between basic and higher educational degrees.

5. Would a larger sample size of male nurses compare more evenly with the male managers, as the males in this group did score higher in competition? It is
felt that this is a strong possibility since males appear to be more competitive and assertive than do females.

The scores made available from an instrument of this type are in relation to the behaviors or interpersonal processes used by an individual in conflict situations. Therefore, the behavior may be distinguished from the decisions reached in dealing with conflict.

The use of a psychological questionnaire, such as this, should be viewed as a means of acquiring more data about individuals and their management of conflict. This should then be compared with other data as it becomes available. Nurses must continue to explore and study theories and modes of conflict and conflict management.
APPENDIX A

COVER LETTER
Dear participant,

You are being invited to participate in this research project which concerns the field of nursing administration and will help fulfill the requirements for a Master's degree thesis at the University of Utah.

This research involves conflict and nursing. You are being asked to complete the demographical form and a short questionnaire. All responses are confidential and anonymous, but will be used as research data. Please answer all questions. Do not sign your name. Return the forms to the envelope and deposit envelope in the collection box on your nursing unit. They will be collected in two weeks.

Thank you.
REFERENCES


