

Self-evaluation of Conflict Management Skills: A Cross-Sectional Study Among Vietnamese Nurses in 2021

Abstract

Background: Effective conflict management requires various skills. However, evidence suggests that nurses are unprepared to deal with conflicts at work. Accordingly, this study aimed to examine nurses' evaluations of their conflict management skills. **Materials and Methods:** This cross-sectional descriptive study involved 202 nurses who were enrolled in short professional training courses at the Faculty of Nursing, Thai Nguyen University of Medicine and Pharmacy (TUMP). From March to June 2021, they completed self-administered questionnaires which included evaluations of ten common conflict management skills. The four-point rating scale ranged from very bad (0 points) to very good (3 points). Descriptive statistics, Mann-Whitney U, Kruskal-Wallis, and Spearman's rho tests were used for data analysis. **Results:** The nurses ranked their ability to identify their and others' emotions and feelings as the highest [mean (SD): 1.99 (0.42)]. Their ability to self-manage conflict-induced stress was rated as the lowest [1.86 (0.56)], with managing own feelings and emotions [1.88 (0.56)], and negotiation [1.90 (0.53)] rated as second and third lowest, respectively. There were no differences in skills between nurses based on gender (Mann-Whitney U = 2814.50, $p = 0.720$), department (Kruskal-Wallis = 5.89, $df = 3$, $p = 0.117$), job position (Mann-Whitney U = 1502.50, $p = 0.522$), and education (Mann-Whitney U = 3304.00, $p = 0.394$). Additionally, nurses who demonstrated better skills reported higher effectiveness in previous conflict management ($r = 0.45$, $p < 0.001$). **Conclusions:** Conflict management skills varied and seemed suboptimal. Important areas that require proper attention include emotional intelligence and negotiations.

Keywords: Conflict, psychological, workplace, health workforce, nurses

Introduction

Conflict occurs when goals, expectations, and interests among individuals or groups are incompatible, causing difficulties for one or more involved parties.^[1,2] This seems inevitable in every institution. However, healthcare institutions, where the nature of work is highly demanding, interdependent, and stressful, are perfect places for conflicts to arise.^[2,3] Among healthcare professionals, it is evident that conflict is highly prevalent among nursing staff. A survey by Dewitty and colleagues^[1] indicated that more than 53.00% of nurses asserted that conflict was "common" or "very common." Therefore, conflicts occur most often between nurses and physicians, as well as among the nurses themselves.^[4] Sadly, reports indicate that conflicts are increasing in the nursing profession.^[3,5] Although conflicts could be constructive, which trigger innovation and creativity, they negatively affect

nurses' personal and professional lives. Kim and colleagues^[2] conducted a review of research studies on conflicts among healthcare professionals. Most articles have focused on the conflicts among nurses. The authors identified various psychological and physiological consequences of conflicts, such as burnout, fear, emotional exhaustion, damaged self-image, anxiety, depression, loss of empowerment, sleep deprivation, weight loss, and headache. These lead to reduced work effectiveness, job satisfaction, and increased turnover and absenteeism.^[6] More importantly, poorly managed and persistent conflicts among healthcare workers, including nurses, create a toxic working environment which may cause adverse events in patients.^[4] To date, conflict studies have mainly focused on the conflict management styles of nurses—especially nurse managers.^[6] The findings indicate that nurses employ different

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approaches to manage their conflicts. For example, a survey of Turkish nurse managers reported that they preferred collaborating the most, followed by compromising, avoiding, competing, and accommodating.^[7] Another study in Jordan found that the integrating style was the most common while the dominating style was the least common among nurses.^[8] However, there is no general agreement on whether a certain management style is good or bad. No individual style fits all situations, and the utilization of conflict management style should be aligned with various factors, such as the nature of the conflict, the involved individuals, and the context.^[9,10] Regardless of the resolution style, the outcomes of the conflict management approach seem to be the most important thing. Therefore, not only the nurses' style but also its implementation is crucial. For instance, two nurses who use the compromising style for conflict resolution may receive completely different outcomes depending on how they utilize it. Nurses need various interpersonal and emotional skills to effectively manage conflicts.^[8,11-14] However, evidence suggests that nurses and other healthcare professionals are ill-equipped with the skills and knowledge of conflict management.^[10,15] Since most published studies have focused on conflict management styles,^[6] little is known about the essential skills required for effective conflict management, although the two are equally important. This study aimed to examine nurses' evaluations of their conflict management skills. The findings, hopefully, would help identify the areas that nurses may need to improve for successful management of their conflicts at work.

Materials and Methods

This cross-sectional descriptive study was conducted from March 2021 to June 2021 at Thai Nguyen University of Medicine and Pharmacy, Vietnam (TUMP). The university is the largest health training center in the northern mountainous area of the country. The authors recruited a convenience sample of registered nurses from various provinces of North Vietnam; in particular, they were attending different short training courses on professional development at the TUMP Faculty of Nursing. As required by the Vietnam Ministry of Health, nurses need to complete a certain number of learning hours for professional development. Accordingly, TUMP offered diverse courses to its learners, such as clinical practice, research methodology, leadership, and management. All of the attendants ($n = 288$) of the courses organized during the data collection period (March 2021 to June 2021) were invited to participate in the study. Consequently, 202 gave consent and completed the survey, indicating a response rate of 70.00%. Data were collected using self-administered questionnaires. Consenting participants were asked to complete their surveys in study rooms after their class sessions. The demographic form gathered participants' information related to age, gender, work experience, and professional education levels. The

last question of the general information form was about the nurses' self-evaluation of the effectiveness of conflict management strategies they had previously employed (from 0 to 10). The researchers developed a questionnaire surveying conflict management skills based on literature reviews. It was described that conflict management started with an assessment of the conflict to determine suitable solutions.^[16] Interpersonal and emotional skills were also essential in conflict management.^[8,11-14] Informed by the literature, the survey consisted of ten items, mentioning ten important skills that nurses may need for effective conflict management. Examples included identifying one's own and others' feelings and emotions, identifying the causes of conflict, and negotiating with the encountered person. Respondents were asked to rate their skills on a four-point Likert scale (0 = very bad, 3 = very good). The total score for conflict management skills was the summed score of all ten items (from 0 to 30). The content validity of the scale was checked by five nursing experts, and its index of items ranged from 0.80 to 1.00. A pilot study with a sample of 30 nurses was conducted to examine the scale's reliability. The Cronbach's alpha coefficient was 0.91. Data were analyzed via the IBM Statistical Package for the Social Sciences IBM SPSS Statistics version 20.0. Descriptive statistics were used to describe sample characteristics. Since the scores for conflict management skills were not normally distributed, Mann-Whitney U and Kruskal-Wallis tests were performed to compare the differences between groups. Correlations between variables were examined using Spearman's rho test. Finally, the significance level for all tests was 0.05.

Ethical considerations

Provide more details about ethical considerations like confidentiality, informed consent, the study was approved by the Ethical Review Committee of Thai Nguyen Centre Hospital Vietnam (IRB-VN01048), decision no. 234/HDDD-BVTWTN on 25 March 2021.

Results

Data from 202 respondents indicates that most participants were aged between 30 and 40 years old (77.20%), were female (82.70%), and had completed a bachelor's degree or higher (77.20%). Nearly 95% of the participants had more than 5 years of experience, and only 9.40% held administrative positions at work. Nurses who worked in inpatient departments accounted for 61.90% of the sample. The last question of the general information form was about the nurses' self-evaluation of the effectiveness of conflict management strategies they had previously employed. The average score (SD) was 7.72 (1.24) on a scale of 1 (not effective) to 10 (completely effective; Table 1). Table 2 presents the self-rating scores for different conflict management skills among the participants, ranked from highest to lowest. The top three skills with the highest scores included: identifying own feelings and emotions [mean (SD): 1.99 (0.42)], recognizing causes [1.99 (0.45)], and

identifying suitable solutions for the conflict [1.98 (0.49)]. The skills with the lowest scores included negotiations [1.90 (0.53)], management of their own emotions [1.88 (0.56)], and management of stress caused by the conflict [1.86 (0.56)]. The grand mean score (SD) was 19.34 (3.31) and the median was 20.00. Further analyses were performed to examine associations between the selected factors and conflict management skills. There were no significant differences in the evaluation of skills based on gender (Mann–Whitney $U = 2814.50, p = 0.720$), job position (Mann–Whitney $U = 1502.50, p = 0.522$), department (Kruskal–Wallis = 5.89, $df = 3, P = 0.117$), and professional education degrees (Mann–Whitney $U = 3304.00, p = 0.394$). In addition, the skills were mildly and positively associated with age ($r = 0.19, p = 0.006$) and years of work experience ($r = 0.16, p = 0.025$). Notably, there was a moderate positive relationship between skills and the perceived effectiveness of management of previous conflicts ($r = 0.45, p < 0.001$).

Discussion

Effective management of conflicts at work is difficult. However, evidence demonstrates that nurses are not properly equipped with the necessary skills to deal

with conflict at work, even though they face conflicts frequently.^[10,15,17] The current study adds to the literature as it describes how nurses perceive the skills which are essential for effective conflict management. The early steps of the conflict management process require skills to examine the situation, find the causes of the conflict, and select the most suitable solution for the conflicting situation. In the current study, the three skills ranked high by nurses were identifying causes of the conflict, analyzing situations, and selecting the most suitable solution. This set of skills focuses on conflicts, which significantly determines the success of conflict management. According to Sportsman,^[16] the analysis of the conflict situation covers five factors: persons (attitudes, interests, background, etc.); event (triggering factors, context, causes, etc.); power (control, communication, expertise); regulations (limiting factors, previous solutions,

Table 1: Participant Characteristics (n=202)

Characteristics	Mean (SD) (min-max)	n (%)
Age	34.63 (4.77) (23-53)	
Under 30 years old		19 (9.40)
From 30 to under 40 years old		156 (77.20)
From 40 to under 50 years old		23 (11.40)
50 years old and above		4 (2.00)
Gender		
Male		35 (17.30)
Female		167 (82.70)
Education		
Vocational degree		46 (22.80)
Bachelor of nursing and higher degrees		156 (77.20)
Work experience (years)	11.07 (4.46) (1-32)	
Under 5 years		12 (5.90)
From 5 to 10 years		88 (43.60)
10 years and above		102 (50.50)
Job position		
Clinical nurse		183 (90.60)
Nurse administrator		19 (9.40)
Department		
Inpatient department		125 (61.90)
Outpatient department		18 (8.90)
Emergency department		16 (7.90)
Nonclinical department and clinics		33 (21.30)
Effectiveness of conflict management strategies employed in the past	7.72 (1.24) (1-10)	

Table 2: Nurses' self-evaluation of essential conflict management skills (n=202)

No.	Items	Evaluation	n (%)	Mean (SD) (Min-Max)
1	Identify one's own feelings and emotions	Bad/Very bad Good/Very good	17 (8.40) 185 (91.60)	1.99 (0.42) (0-3)
2	Identify causes of the conflict	Bad/Very bad Good/Very good	18 (8.90) 184 (91.10)	1.99 (0.45) (0-3)
3	Analyze the situations and identify suitable solutions	Bad/Very bad Good/Very good	21 (10.40) 181 (89.60)	1.98 (0.49) (0-3)
4	Respond appropriately to feelings and emotions of the encountered person	Bad/Very bad Good/Very good	27 (13.40) 175 (86.60)	1.95 (0.46) (1-3)
5	Identify feelings and emotions of the encountered person	Bad/Very bad Good/Very good	23 (11.40) 179 (88.60)	1.95 (0.44) (0-3)
6	Express disagreement with the encountered person's proposals	Bad/Very bad Good/Very good	23 (11.40) 179 (88.60)	1.94 (0.42) (0-3)
7	Manage one's own feelings and emotions	Bad/Very bad Good/Very good	38 (18.80) 164 (81.20)	1.88 (0.56) (0-3)
8	Seek external help to solve the conflict when needed	Bad/Very bad Good/Very good	29 (14.40) 173 (95.60)	1.94 (0.49) (0-3)
9	Negotiate with the encountered person	Bad/Very bad Good/Very good	36 (17.80) 156 (82.20)	1.90 (0.53) (0-3)
10	Self-manage stress caused by the conflict	Bad/Very bad Good/Very good	42 (21.80) 160 (78.20)	1.86 (0.56) (0-3)
Total score				19.34 (3.31) (9-30)
				Median: 20.00

etc.); and style (avoidance, accommodation, collaboration, etc.). Analyzing situations is a complex and difficult activity; however, the surveyed nurses were confident in their ability to implement these skills. In addition to skills that focus on conflicts, interpersonal skills are equally important. These skills include negotiations, disagreement expressions, and appropriate responses to others' reactions. The participants in this study did not rate these skills high. Negotiation was ranked ninth, seeking external help was ranked eighth, and expressing disagreement was ranked sixth among the ten surveyed skills. As effective negotiation is one of the keys to success, especially in conflicting situations, it being ranked as almost the weakest among the ten skills was concerning. The authors believe that negotiations can be learned. To develop such skills, not only formal professional training, but informal activities such as observing, reflection, peer, and supervisor support could be helpful.^[12] Therefore, these findings suggest that enhancing negotiation skills should be one of the highlights of conflict management training for nurses. Interestingly, the participants rated their ability to identify their own feelings and emotions with the highest score. However, the ability to manage such feelings and emotions was ranked seventh among the skills. Moreover, the ability to manage stress caused by conflict was ranked the lowest. This suggests that a nurse in a conflict situation might realize that they are angry but cannot calm down for a productive conversation with colleagues. Stress occurs as a consequence of the conflict; however, nurses might not know what to do to get over or get rid of it. The role of stress, stress management, and other psychological states in conflict management has been emphasized. A study by Başoğul and Özgür^[11] found that conflict management styles are related to nurses' stress management and general mood. For example, nurses with better stress management (emotional management and control) tended to use more obliging strategies and fewer avoidance strategies. These findings suggest that conflict management skills training should include components of stress management and emotional self-control. The training of stress and emotion management does not intend to direct nurses to any conflict management strategy. Instead, it aims to improve nurses' control of themselves. Consequently, they can find the best solutions for their situations. Various conflicts arise between nurse managers, nurses, and other medical staff.^[3,7,18,19] In fact, Doucette^[20] reported that nurse managers used nearly 20.00% of their time to manage conflicts. Therefore, this group was expected to be skilled in dealing with such events. However, the current study did not find a significant difference in evaluations of essential conflict management skills between nurse managers and staff nurses. Although this finding should be cautiously interpreted because only a small number of nurse managers were included in this study, it suggested that nurse managers should be better prepared to handle conflict at work. This is crucial because

the importance of effective conflict management among nurse managers has been strongly highlighted, which influences staff nurses' intention to stay.^[7,18,21] In general, this study highlights the need to enhance nurses' skills for conflict management. The literature shows that along with nurses, other healthcare providers also need such training. For instance, Kfour and Lee^[15] interviewed 303 healthcare workers, among whom 34.00% were nurses. The results showed that less than half (42.00%) of the respondents had formal training in conflict management in the past. Nearly one in every four respondents (23.00%) asserted that they felt unprepared to deal with conflicts at work, and 31.00% of the participants were not satisfied with the outcome of the conflict. Thus, training programs on conflict areas are urgent. Therefore, both nursing schools and healthcare institutions should contribute to reduce this gap. A review by Kim and colleagues^[2] summarized that a conflict resolution workshop was an effective intervention to help nurses enhance their readiness to deal with conflicts, manage stress and emotional reactions, communication skills, and empowerment. In addition, training should be organized for interprofessional teams, rather than only for nurses or single professionals. Although inter-professional training requires more resources, leadership, and coordination, it would create a stronger impact because a conflict may not be effectively resolved if only one party knows how to solve it, whereas the other does not. This study had several limitations. First, participants were recruited using a convenience sampling method. This may have hindered the generalization of our findings. In addition, although the skills surveyed in this study were selected based on an intensive literature review, the list might not have been exhaustive. There may be other necessary skills that were not included in the questionnaire. Lastly, the evaluations of the skills were based on the respondents' self-perceptions; therefore, the ratings might be subjective. Notably, objective evaluations of the skills could have improved the comprehensiveness of the study's results.

Conclusion

The current study depicted nurses' self-evaluations of their skills, which are essential for effective conflict management. In particular, this study highlighted nurses' ability to recognize the feelings and emotions of the persons involved in the conflicting situation, including themselves. However, they confessed that their ability to control emotions was modest, and the management of stress caused by the conflict was ranked as their weakest skill. In addition, although the nurses rated their ability to analyze the conflicting situation and to identify suitable solutions as relatively high, they ranked the decisive step of the conflict management process—negotiation—as the second-lowest among the ten skills. Furthermore, no significant differences in skills were found among nurses

based on gender, department, job position, and education level. Finally, nurses with more work experience and higher effectiveness in managing previous conflicts appeared to have better skills.

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Conflicts of interest

Nothing to declare.

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