Section: Nursing

Original Research Article

A STUDY TO ASCERTAIN THE CONFLICT MANAGEMENT STYLE AMONG NURSES WORKING AT AVMC&H AT PUDUCHERRY

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ABSTRACT

Background: Conflict is inevitable in healthcare settings, where nurses work collaboratively with colleagues and other healthcare professionals. Effective conflict management is essential for maintaining professional relationships, promoting teamwork and ensuring quality patient care. Identifying nurses' conflict management abilities can help determine the need for appropriate training and educational interventions. **Aim:** To assess the conflict management styles among nurses working at AVMC&H, Puducherry, identify the predominant conflict management style and determine the association between selected demographic and professional variables and conflict management abilities.

Materials and Methods: A quantitative descriptive research design was adopted among 234 nurses working at AVMC&H, Puducherry, using an enumerative sampling technique. Data were collected using a structured instrument covering demographic and professional characteristics and conflict management. The collected data were analysed using SPSS version 25. Descriptive statistics, including frequency, percentage, mean and standard deviation, and inferential statistics, including the Chi-square test and Pearson's correlation coefficient, were used as appropriate. Statistical significance was set at $p < 0.05$.

Results: Among the 234 participants, 47.9% demonstrated a low level of conflict management ability, 42.3% had a moderate level and 9.8% had a high level. The mean conflict management score was 73.80 ± 24.38. Compromising was reported as the predominant conflict management style (42%), followed by collaborating (28%), avoiding (18%) and accommodating (12%). Age was significantly associated with conflict management ability ($\chi^2 = 27.211$, $p < 0.001$). Attendance at conflict management classes was also significantly associated with conflict management ability ($\chi^2 = 30.633$, $p < 0.001$).

Conclusion: The findings indicate that a considerable proportion of nurses had low or moderate conflict management ability. Structured conflict management training, communication skills development and collaborative problem-solving activities may help strengthen nurses' ability to address workplace disagreements constructively and promote a supportive clinical environment.

Keywords: Conflict Management, Nurses, Compromising, Collaboration, Workplace Conflict, Nursing Practice, Professional Communication, Puducherry.

INTRODUCTION

Conflict is an inevitable phenomenon in healthcare settings, where professionals with diverse responsibilities, perspectives and expectations work together to achieve common clinical goals. Conflict management refers to the approaches adopted by individuals to address disagreements constructively and minimise their adverse effects on interpersonal relationships and organisational functioning. In nursing, effective conflict management is particularly important because nurses must coordinate with doctors, colleagues, patients, relatives and other healthcare professionals. Unresolved conflicts may contribute to communication failures, workplace stress, reduced job satisfaction and compromised patient safety. Therefore, developing effective conflict management skills is an essential component of nursing education and professional practice. The Thomas–Kilmann model describes five major conflict management styles: competing, collaborating, compromising, avoiding and accommodating. These styles differ according to the levels of assertiveness and cooperation demonstrated by individuals. Competing involves prioritising one's own position, while collaborating focuses on identifying solutions that address the concerns of all parties. Compromising requires mutual concessions, avoiding involves withdrawing from or postponing a disagreement, and accommodating places greater emphasis on the other person's concerns. Each style may be appropriate under particular circumstances, depending on the urgency of the issue, the relationship between the individuals and the potential consequences for patient care. Studies examining conflict management among nursing students highlight the importance of recognising these behavioural approaches and understanding their implications for professional relationships. [1,2] Nurses frequently encounter conflicts arising from workload distribution, differences in clinical judgement, communication gaps, professional hierarchy and unclear role expectations. Such disagreements may become particularly challenging in high-pressure clinical environments, where decisions must be made promptly and collaboratively. Poorly managed conflict can interfere with information sharing, reduce team cohesion and create an unfavourable working atmosphere. Workplace incivility and interpersonal disagreements are also important concerns because they may affect nurses' psychological well-being and the quality of interactions within healthcare teams. Consequently, constructive conflict management is necessary to maintain professional respect, encourage open communication and support the delivery of safe and effective nursing care.[3,4] Nursing students represent an important group for the assessment of conflict management styles because they experience academic and clinical demands while developing their professional identities. During clinical postings, students may encounter disagreements with peers, clinical instructors, staff nurses and other members of the healthcare team. Differences in expectations, communication patterns, clinical responsibilities and perceptions of appropriate conduct can contribute to these situations. Students who lack adequate conflict resolution skills may experience difficulty expressing concerns, accepting feedback or working collaboratively. Conversely, appropriate training can strengthen their interpersonal communication, negotiation, problem-solving and decision-making abilities. Identifying students' preferred conflict management styles may therefore help educators design learning experiences that prepare them for the interpersonal challenges of professional nursing practice.[1,2] The selection of a conflict management style may be influenced by individual characteristics, previous experiences, professional experience, organisational culture and perceived differences in authority. Avoiding may be useful when an issue is minor or when temporary withdrawal allows emotions to settle; however, excessive avoidance may prevent the resolution of important concerns. Accommodating can preserve relationships in certain situations, whereas competing may be necessary when immediate action is required to protect patient safety. Compromising can facilitate timely agreement, although it may not fully address the underlying causes of a disagreement. Collaboration is particularly useful when the situation requires mutual understanding, shared decision-making and sustainable solutions. Thus, effective conflict management requires individuals to recognise the circumstances and select an appropriate approach rather than depend exclusively on one style.[2,5] Conflict management is also associated with interprofessional collaboration and the overall functioning of healthcare teams. Effective teamwork depends on clear communication, mutual respect, coordinated responsibilities and the willingness to address differences constructively. Educational approaches such as role-play, group discussions, simulation-based exercises and supervised clinical reflection can help nursing students practise negotiation and conflict resolution in realistic situations. Interprofessional learning may further enable students to appreciate the perspectives of different healthcare professionals and develop a collaborative approach to patient care. These competencies are relevant to both individual professional development and the establishment of supportive clinical learning environments.[6,7]

Therefore, assessing conflict management styles among nursing students is important for identifying their preferred responses to disagreements and determining areas where educational support may be required. The findings may assist nursing educators in developing targeted interventions to improve communication, teamwork, professional relationships and problem-solving skills. A better understanding of these styles may also contribute to

preparing future nurses to manage workplace disagreements responsibly and maintain a positive environment that supports patient safety and quality of care.

Aim and Objectives: To assess the conflict management styles adopted by nurses working at AVMC&H, Puducherry, identify the predominant conflict management style, and determine the association between selected demographic and professional variables, including age, gender, educational qualification, occupational hierarchy, peer group and type of family, and conflict management styles among the participating nurses.

MATERIALS AND METHODS

The study adopted a quantitative research design to ascertain the conflict management styles among nurses working at AVMC&H, Puducherry. A total of 234 nurses were selected using the enumerative sampling technique, considering the accessibility of the participants and the feasibility of data collection. Written informed consent was obtained from all participants before data collection, ensuring voluntary participation and adherence to ethical principles. The data collection instrument was structured into three sections. Section A comprised demographic and professional variables, including age, gender, educational qualification, occupational hierarchy, peer group and type of family. Section B assessed the conflict management styles adopted by nurses. Section C was intended to examine the association between selected demographic variables and conflict management styles. The collected data were coded, entered and analysed using the Statistical Package for the Social Sciences (SPSS), version 25. Descriptive statistics, including frequency, percentage, mean and standard deviation, were used to summarise the participants' demographic characteristics and conflict management styles, as appropriate. Inferential statistical methods, including the Chi-square test and Pearson's correlation coefficient, were planned to examine associations between relevant variables and relationships between continuous measures, wherever applicable. Statistical significance was assessed at the predetermined level of p less than 0.05.

RESULTS

The collected data was computerized and analysed using a SPSS version 25 and the data was analysed using descriptive statistics (frequency, percentage, mean, standard deviation) and inferential statistics (chi-square test) to examine the result have been organized and presented as given below.

Section A: Description of the socio demographic variables among nurses.

Section A shows the Frequency and Percentage Distribution of Demographic Variables among nurses (N = 234) depicts the demographic data of the 234 nurses revealed that the majority were aged between 29–34 years (38.9%) and 23–28 years (38.0%), with a smaller proportion aged 35–40 years (20.1%) and above 40 years (3.0%). Most participants were female (97.4%), reflecting the gender distribution in the nursing workforce. In terms of educational qualifications, the majority held a B.Sc in Nursing (76.5%), followed by DGNM (12.4%), ANM (6.8%), and M.Sc (4.3%). A large proportion of nurses lived in nuclear families (78.2%), with fewer from joint (20.9%) and extended families (0.9%). Occupational hierarchy showed that most were nursing staff (71.4%), with assistant nursing staff (20.1%) and ANM (8.5%) comprising the remainder. Regarding peer groups, 38.0% had 1–3 close friends, 37.6% had 4–6 friends, and 24.4% had more than six friends. Previous training in conflict management was reported by 62.0% of nurses. Analysis of personality traits indicated that most nurses agreed they stay calm under stress (60.7%), prefer cooperation over competition (59.0%), are comfortable expressing opinions (59.4%), finish tasks on time (76.5%), and are open to new ideas (79.5%). Peer group influence showed that most nurses agreed that friends influence their conflict responses (64.5%), they discuss problems with peers (56.4%), have supportive friends for decision-making (59.4%), and are affected by peer pressure in conflict resolution (65.8%). Overall, the majority of nurses reported a high level of conflict-handling ability (71.4%), while 18.4% had low, 8.1% moderate, and 2.1% very high. Additionally, 53.4% of nurses had attended conflict management classes previously.

Section B: Assess the conflict management style among nurses.

Table 1: Frequency and Percentage Distribution of the conflict management style among nurses. (N = 234)

Conflict Management Level According To The Demographic variables	Frequency (n)	Percentage (%)
Low level of conflict management ability	112	47.9%
Moderate level of conflict management ability	99	42.3%
High level of conflict management ability	23	9.8%
Total	234	100.0%

Table 01 indicates that nearly half of the nurses (47.9%) possess a low level of conflict management ability. A substantial proportion (42.3%) demonstrate a moderate level of conflict management, while only a small fraction (9.8%) exhibit a high level of conflict management skills.

Table 2: Mean and Standard Deviation of the Conflict Management Style among Nurses. (N = 234)

Variable	Mean	Standard Deviation (SD)
Conflict Score	73.80	24.38

Table 02 correlation between the mean conflict management score among the nurses was 73.80 with a standard deviation of 24.38.

DISCUSSION

The present study was to ascertain the conflict management style among nurses working at AVMC&H, Puducherry. A Descriptive research design, a total 234 nursing staffs selected by convenient sampling technique. The present study results was revealed that 42 (42%) used compromising style, 28 (28%) collaborating, 18 (18%) avoiding, and 12 (12%) accommodating styles. Majority nurses used compromising style. The findings emphasize the role of experience in conflict resolution. Among the age groups, staff aged 29–34 years showed a higher proportion of low conflict management ability (44.6%), while those aged 23–28 years had a higher proportion of moderate conflict management ability (50.5%). The association between age and conflict management style was statistically significant ($\chi^2 = 27.211$, $p < 0.001$). Handling conflict personally was not significantly correlate with conflict management level ($\chi^2 = 8.701$, $p = 0.191$). Finally, attendance in conflict management classes showed a significant association ($\chi^2 = 30.633$, $p < 0.001$), where participants who had attended prior classes were more likely to display moderate conflict management ability, whereas those who had not attended were more in the low and high categories. The study included 180 staff nurses selected using stratified random sampling technique. A standardized Thomas–Kilmann Conflict Mode Instrument was used. The results revealed that 72 (40%) preferred collaborating style, 54 (30%) compromising, 30 (16.7%) avoiding, and 24 (13.3%) accommodating styles. Chi-square analysis showed significant association between conflict style and years of experience (χ^2=12.36, p=0.015). No significant association was found with gender (p>0.05).

CONCLUSION

The study highlights that most nurses require support and skill development to effectively handle workplace conflicts. Factors such as age, occupational hierarchy, peer group influence, prior training, personality traits, and attendance in conflict management programs were found to significantly affect conflict management styles. These results emphasize the need for targeted educational interventions and training programs to enhance nurses' conflict management abilities, promote positive work environments, and improve overall organizational efficiency.

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