

**THE ABILITY OF NURSE UNIT MANAGERS TO MANAGE CONFLICT IN
THE NELSON MANDELA BAY PUBLIC HOSPITALS**

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**THE ABILITY OF NURSE UNIT MANAGERS TO MANAGE CONFLICT IN
THE NELSON MANDELA BAY PUBLIC HOSPITALS**

By

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DECLARATION

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In accordance with Rule G5.6.3, I hereby declare that the above-mentioned treatise/
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05 JANUARY 2017

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LIST OF ABBREVIATIONS

CIPD - Chartered Institute for Professional Development

EAP - Employee Assistance Programme

NMBM - Nelson Mandela Bay Municipality

NUM - Nurse Unit Manager

SANC - South African Nursing Council

REC-H - Research Ethics Committee – Human

ABSTRACT

Conflict exists in all health care settings across the world. In a profession such as nursing, where there is constant interaction among staff, conflict is a common and often unavoidable challenge. Conflict represents a state where two parties have differing views on issues considered important to each of them. There are various forms of conflict such as intrapersonal, interpersonal, inter-group and/or inter-organisational conflict. While not all conflict can be managed or requires the need to be managed, learning how to manage it, may reduce the chances of it recurring or producing negative consequences. The inappropriate management of conflict has been reported to contribute to decreased productivity, poor morale and financial loss in and for healthcare organisations. The goal of this study was to make recommendations regarding how to optimise conflict management by Nurse Unit Managers (NUMs).

A qualitative, explorative, descriptive and contextual research study was conducted to explore and describe the ability of NUMs to manage conflict in the nursing units of the Nelson Mandela Bay public hospitals. NUMs working in the three (3) public hospitals of the Nelson Mandela Bay Municipality situated in the Eastern Cape Province of South Africa were interviewed using unstructured individual interviews to collect meaningful data on how the NUMs would manage conflict based on a conflict scenario presented to them.

Data was directly collected from the participants. The researcher developed a conflict scenario and the model answer in consultation with experts in both nursing management and human resource management. This was done to relate the responses and themes from the data collected with what literature suggest as the appropriate management of conflict. Tesch's method of thematic synthesis was utilised to analyse this data. Recommendations were developed for nursing practice, nursing education and nursing research.

Data was collected from eleven NUMs with each of the participating hospitals represented in the interviews. Unstructured interviews were conducted. The unstructured interview

consisted of one central question and probing questions. This was done for all the interviews until data saturation was reached. The data collected was then transcribed and coded yielding the themes and sub-themes for this study. The model answer was then used to gauge the responses of the participants in comparison to what literature suggests regarding effective conflict resolution and management.

The three themes that emerged from the data were Nurse Unit Managers managed the conflict in an appropriate manner, Nurse Unit Managers avoided the conflict and Nurse Unit managers did not apply the accepted process to manage the conflict. Thereafter the ability of NUMs to manage conflict in a nursing unit was described based on the findings.

The researcher ensured trustworthiness by using Guba and Lincoln's criteria, namely credibility, dependability, conformability, transferability. The participants' rights and dignity were protected and the integrity of the study safeguarded by complying with the following ethical principles: autonomy, beneficence and non-maleficence, justice, privacy and confidentiality as well as authenticity.

The limitations of the study were that only NUMs from the general hospitals in the public sector participated in the study and therefore the ability of NUMs in other types of hospitals and the private sector are not known. Other levels of nursing management were not included in the study. The findings in this study could be integrated into the orientation, training and preparation of nurse managers by health care organisations and educational institutions as well as Human Resource Management practices.

KEY WORDS

Avoidance

Conflict resolution

Discord/disharmony

Staff disagreement/hostility

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CHAPTER 1

OVERVIEW OF THE STUDY

1.1 INTRODUCTION AND BACKGROUND

Conflict is a common and often unavoidable challenge in all organisations (Nayeri and Negarandeh, 2009:01). It can occur at any time and place within any organisation and may provide an opportunity for change and growth or result in ruined, toxic relations if it is not managed or managed inappropriately. It is a well-known occurrence that in the healthcare environment, where there is constant interaction between health care personnel, there is no shortage of issues from which conflict can arise (DeBel, 2003:32). This is especially true in a profession such as nursing which is based on collective and cooperative relationships between nurses and other stakeholders involved in the provision of healthcare services. While not all conflict can be resolved, learning how to manage it can reduce the negative results of the conflict and therefore reduce the chances of it recurring.

The College of Registered Nurses of Nova Scotia (2007:02) reported an escalation in the frequency and severity of conflict among nurses in the hospitals of Canada. The CPP Global Human Capital Report (2008:03) stated that in the United States of America and Brazil, about 85% of employees at all levels experience conflict to some extent. They further discovered that in the United States of America approximately \$359 billion, which is equivalent to 2.8 hours per employee per week, is spent resolving conflict in the workplace. Salem, Zakari and Al-Khamis (2009:218) also noted that the average nurse manager spends 20 to 50% of their work time resolving conflict in their workplaces.

In South Africa, high levels of conflict have been reported to exist among nurses in public hospitals (von Holdt and Murphy, 2006:10). Interestingly, it has been stated that 77.8% of South African employees feel bullied in the workplace (Mostert and Cunniff, 2012:03). Furthermore 61% of health workers in South Africa, predominantly nurses, reported to have experienced some form of physical or psychological violence in their workplace

(International Council of Nurses, 2007:06). There are also reports of conflict among nurses in some public hospitals of the Eastern Cape Province which has shown an association to the high levels of personnel vacancies (Mathumbu and Dodd, 2013:87).

Literature and the media in South Africa have extensively reported the presence of poor management in public health facilities (Cullinan, 2016:01; Doherty, 2014:23; news24, 2012:01; Mail & Guardian, 2009:01). Inadequate managerial skills among managers in the South African public health facilities has been identified as a contributing factor to the declining standards of care and quality of work life for employees and thus interfering with the efficient operation of these health facilities (von Holdt and Murphy, 2006:05; Development Bank of Southern Africa, 2008). The Health Systems Trust, funded by the National Department of Health conducted an audit on all public sector hospitals in 2012 and their findings concurred with results in a study by von Holdt and Murphy (2006:03), where it was reported that public hospitals in South Africa experience severe pressure when attempting to deliver appropriate and efficient healthcare services as a result of staff shortages, heavy workloads and management failures. Such management failures included the inability of line managers to effectively resolve and manage conflicts that arose in the workplace.

According to Jooste (2003:22), conflict management is one of the essential attributes all nurse managers should possess to ensure effective and efficient management of the nursing unit under their supervision. Organisational preparation to manage conflict has been associated with positive outcomes (Momborg, 2011:96). As such, leading and managing nurses requires skilled and capable Nurse Unit Managers who will ensure operational efficiency in the nursing units (Muller, 2009:189). NUMs are identified as vital role players in conflict management because they represent the first level of management in a hospital and provide a direct link between the mission, vision and philosophy of the organisation with the frontline nurses (Cipriano, 2011:01). They also have a direct impact on human resource management and therefore their ability to deal with conflict should be well-developed.

There is paucity in South African literature regarding the ability of NUMs in conflict management situations. International quantitative studies on conflict management suggest that qualitative research needs to be undertaken on conflict management, with specific emphasis on the capability of managers (Thomas and Kilmann, 2008; Nayeri and Negarandeh, 2009). Studies undertaken internationally and locally on conflict management in health organisations reported the existence of workplace conflict, its consequences and the preferred approaches of how to resolve the conflict by those involved. They did not however reflect on the actual capabilities of the NUMs to manage these conflicts (Sportsman and Hamilton, 2007:164). Previous approaches to the topic of conflict management have predominantly been based on self-assessment questionnaires whereby participants rated themselves on their abilities as opposed to engaging in real-life conflict situations (Thomas and Kilmann, 2008; Kaimenyi, 2014: 54).

1.1.1 Definition of workplace conflict

There appears to be various descriptions among authors and researchers regarding the definition of conflict. Kelly (2008:285) defines this type of conflict as a disagreement at work where the individuals involved believe that there is a threat to their needs, interests or concerns. Conflict represents a state where two parties have differing views on issues considered important to each of the parties involved. It is evident in a situation where two or more parties realise the incompatibility of each other's desires (Booyens, 2014:369). According to Daft, Kendrick and Vershinina (2010:705), conflict represents a rival interaction between two parties where one party blocks the plans of the other. It characterises an increase in daily battles that may escalate into emotional and aggressive interactions (Yoder-Wise, 2007:460). A conflict situation is also characterised by an interaction between at least two people with the aim of defeating or suppressing the desires and needs of the opponent (Jooste, 2013:216).

1.1.2 Types of conflict situations in the workplace

According to Huber (2014:172), conflict in the workplace can be categorised into three types, the first being relationship conflict which entails personal issues such as hatred and resentment among team members. The second type is task conflict which pertains

to differences in ideas and opinions about how a task should be executed in the workplace. A situation wherein staff members depend on each other to complete tasks often results in conflict when expectations from team members are not met. This may be due to a lack of commitment from one party, or a general culture of tardiness that may prevail in the work environment (Spagnol, Santiago, de Oliveira Campos, Badaró, Vieira and de Oliveira Silveira, 2009:796). The third type of conflict is process conflict which relates to work-related issues such as inadequate delegation of duties in the work environment (Huber, 2014:172; Booyens, 2014:370). Another condition related to process conflict which breeds strife may include role ambiguity where there are no clear job descriptions about who should perform what duties and to what extent (Muller, 2009:185).

Conflict can be either intrapersonal, interpersonal, inter-group or inter-organisational. Muller (2009:185) explains that intrapersonal conflict arises within a person when he/she is uncertain about their unmet needs or expectations such as when a person is not competent when performing a given task. According to Rahim (2001:23), intrapersonal conflict arises when an individual is expected to carry out duties that are not in line with his/her expertise and goals. Alternatively, interpersonal conflict occurs between two individuals within an organisation or unit (Beheshtifar and Zare, 2013:401). When two groups of nurses working within the same unit on different shifts have matters that go unresolved, the resultant conflict is referred to as being inter-group. Finally, Lumineau, Eckerd and Handley (2015:44) define inter-organisational conflict as conflict that occurs at an institutional level between two or more organisations typically involved in contractual or agreement disputes where one organisation fails to meet the expectations of the other. The scope of this study is limited to interpersonal conflict that exists between two individuals within the same team in a nursing unit.

1.1.3 Sources of conflict in an organisation

Conflict is an inherent part of all relationships and can be caused by a variety of both personal and organisational factors. Common sources of interpersonal conflict include individualistic characteristics and behaviour (Huber, 2014:172). Whilst carrying out their

daily tasks, nurses display varying personalities which make it challenging for nursing staff to get along (Booyens, 2014:370). According to the CPP Global Human Capital Report (2008:03), personality clashes are reportedly the primary source of conflict among workers, resulting in 49% of the overall causes of conflict in the workplace. Perceived differences in values and goals is often evident in conflict situations and these differences in values and attitudes, where the desire to command and control surpasses efforts to evenly distribute decision-making powers, can result in conflict (College of Nurses of Ontario, 2009:05; Daft *et al.*, 2010:707; Booyens, 2014:370).

Cultural differences, multigenerational diversity and age differences have also been associated with interpersonal conflict. Related to this is the constant interaction between diverse groups of people in the workplace (Kupperschmidt, 2006:01; Mokoka, Oosthuizen and Ehlers, 2010:02; Muller, 2009:186). The diversity in these dimensions can be seen for example where older generations, who are committed to an organisation, feel the younger generation is not as committed and are merely using the organisation as a launching pad for their career ladder or purely as a source of income. Huber (2014:173) also described gender differences and discrepancies in educational training as possible sources of incompatibility in the work environment.

Poor communication has further been noted by Kelly (2008:285) as a cause for conflict. This can happen when staff members are not adequately informed about decisions and there is an absence of feedback on matters affecting their work conditions. Communication breakdown results in errors and misunderstandings which also have the potential to ruin relationships amongst nurses (Daft *et al.*, 2010:707). Feelings of uncertainty eventually develop, especially where there is a lack of trust, honesty and respect. Such conditions create feelings of resentment and may result in long-term conflicts (Thomas and Kilmann, 2008:03). When information is withheld from staff deliberately or by default, discontent and unhealthy competition between individual nurses manifests as conflict (Al-Sawai, 2013:286).

Dissatisfaction with conditions of employment is a renowned source of conflict among workers, including nurses (Yoder-Wise, 2007:460). A study by Van Tonder, Havenga and Visagie (2008:384) revealed that organisations with limited and ineffective resources are repeatedly confronted with conflict as a result of the reallocation of and competition for such resources.

The leadership and style of management adopted by the NUMs could also contribute to conflict situations as stated by Muller (2009:186). For example, managers who are autocratic and demanding are more likely to experience some form of resistance from their subordinates which may inevitably escalate to interpersonal conflict. As stated by Moisoglou, Panagiotis, Galanis, Siskou, Maniadakis and Kaitelidou (2014:78), conflict is common in the workplace where there is lack of managerial support and where managers exhibit bullying behaviours. The lack of recognition and conversely, favouritism, can further increase the rate of conflict incidents (College of Nurses of Ontario, 2009:07).

NUMs should be aware of all possible sources of conflict which may interfere with the work environment (Ramsay, 2001:139). The NUMs must therefore be objective and possess the insight to handle conflict effectively (Jooste, 2003:24). An awareness and understanding of how conflict arises in the workplace, as well as its impact and consequences are significant factors in determining the most efficient approaches of managing conflict.

1.1.4 The impact of conflict

Conflict should be resolved or managed at the lowest possible level, in a swift manner to ensure minimal “damage” and mitigation. Huber (2014:169) points out that it is important to note that conflict can be positive as well as negative. Positive conflict is constructive in its outcome and may bring about change in people’s values and perceptions whilst encouraging growth (Yoder-Wise, 2007:461). As a result, important problems and issues are resolved and clarified. According to Booyens (2013:369), a conflict is sometimes necessary for the continued development and growth of individuals. Through conflict, NUMs can identify potential leaders among their staff members who may be groomed to

help improve solidarity in the nursing team (Muller, 2009:189). Conflict situations provide individuals and the entire nursing staff the opportunity to assess their ability to bring about change as well as avoid a lack of progress (Subramanian, 2015:01). Staff commitment is enhanced when everyone is involved in decision-making through the engagement of constructive communication (College of Nurses of Ontario, 2009:06). Due to the potential benefits, managers should thus develop strategies to effectively resolve and manage conflict rather than suppress it.

Extreme conflict is regarded as negative and a state that should be avoided by all means. Negative conflict can be destructive and interfere with the healthy exchange of ideas in the workplace (Daft *et al.*, 2010:706). Conflict is negative when it encourages feelings of resentment, mistrust, defeat and resistance to change among nursing staff (El Dashan and Keshk, 2014:132). Persistent conflict gives rise to longstanding negative work environments where discord, disharmony, friction, strife, antagonism and clashes become the accepted culture in the unit (Gendron, 2015:01; van Tonder *et al.*, 2008:396). This can result in a status quo which inevitably breeds more conflict and escalates the already strained relationships. The quality of nursing care eventually suffers due to the negative attitude of the staff and results in the poor performance of tasks (Muller, 2014:189).

The inappropriate management of conflict in the workplace has been noted to result in decreased productivity, poor morale and poor communication which can intensify to physical violence and psychological abuse which in turn has an extremely negative effect on employees (CPP Global Human Capital Report, 2008:06).

Hostile work environments and unpleasant working conditions associated with workplace conflict can also lead to an increase in employee turnover (McCarthy and Fitzpatrick, 2009:346). Staff turnover can be costly in any organisation irrespective of the level of expertise where it occurs (El Dashan and Keshk, 2014:134). Replacement costs, whether direct or indirect, have financial implications for any organisation. Momberg (2011:96) reported that turnover costs can be estimated at between 75% and 150% of an employee's annual salary. The recruiting and employing new staff members who may

take more time to train and adjust to the working conditions, is likely to further escalate the costs. This is particularly true where the staff member who left the organisation was experienced and he/she possessed specialised skills. The turnover among nurses therefore has a direct impact on the staffing in an organisation. When there is shortage of nursing personnel, nurses may at times be required to perform duties beyond their scope of practice and level of expertise, resulting in unmanageable workloads and work related stress (Mokoka *et al.*, 2010:04). The quality of the nursing care provided to the patient ultimately deteriorates as a result of persistent conflict (von Holdt and Murphy, 2006:21; Muller, 2009:189).

Conflict in the workplace affects both the personal and work life of an employee (van Tonder *et al.*, 2008:388). Good relations among nurses have been reported as contributing positively to job satisfaction (Horwitz and Pundit, 2008:37). Individual effects such as decreased job satisfaction, psychosomatic symptoms, poor family life and increased incidents of grievances have been described in literature as contributing to conflict in the workplace (Huber, 2014:174; Nayeri and Negarandeh, 2009:05). Some reports highlight the association between conflict in the workplace with sickness or absenteeism from work, escalating to physical attacks and in extreme cases depression and hospitalisation (CPP Global Human Capital Report, 2008:03).

1.1.5 Approaches to conflict management

A lack of management capacity and varying approaches available to manage conflict can be an obstacle in any organisation and may impede policy implementation (Mokoka *et al.*, 2010:02). The inability of managers to successfully manage conflict in organisations creates an environment that makes it challenging for desired goals to be obtained (Daft, 2012:282). Spagnol *et al.* (2010:798) reported that nurses felt uncertain and unprepared when confronted with situations requiring conflict management. This finding was further apparent in the desire to avoid confrontation by professional nurses when faced with conflicts situations. In their study, Thomas and Kilmann (2008:04) reported that the participants felt their managers handled the conflict inappropriately in their workplaces.

There are various strategies that can be applied in conflict management. Strategies such as avoidance, competing, compromising, accommodating and collaboration have been identified by Daft *et al.* (2008:709). Avoidance is a strategy wherein parties in the dispute ignore the conflict or do not confront the conflict directly (Booyens, 2014:374). A study in Egypt revealed that the most used conflict management strategy by nurses participating in the study was avoidance (El Dahshan and Keshk, 2014:138). The avoidance strategy is considered to be the least effective approach to conflict management (Moisoglou *et al.*, 2014:80). It must however be noted that avoiding conflict may be appropriate when tensions have escalated and further discussion related to the conflict is unproductive (Booyens, 2014:374). This style is also identified by Muller (2009:186) as “the turtle” where the conflict is completely avoided and no effort is made to address the conflict. Similarly the “teddy bear” style follows an avoidance approach to ensure harmony in the unit (Muller, 2009:187).

The competing strategy is described by Daft *et al.* (2008:709) as an aggressive strategy to attain a person’s individual goals at the cost of the other party. According to Muller (2009:187), the person who follows the competing style (“the shark”) is highly competitive and always putting their own needs and interests ahead of others. The strategy follows a win-lose approach to conflict management and decisions are often based on rules (Rahim, 2001:29). Booyens (2014:374) alternatively describes an accommodating strategy as a co-operative encounter where one party gives up their needs in order to preserve relationships. It ultimately means that one agrees to disagree about certain issues. This strategy is used when continued differences may result in less productivity amongst nursing staff (Huber, 2014:176).

The compromising strategy, also known as “the fox”, represents a win-win approach whereby both parties try to find common a ground and consequently sacrifice to some extent, just to keep the peace (Muller, 2009:187). Hendel, Fish and Galon (2005:143) reported that Nurse Managers preferred a compromising approach to conflict management which is not consistent with the study by El Dahshan and Keshk (2014:138) who reported avoidance as the preferred approach to conflict resolution by NUMs. This

finding may reflect that nurse managers prefer a less assertive or confrontational approach and don't prioritise conflict. The actual root cause of the conflict is never addressed in this approach which may be influenced by a variety of factors such as culture, gender and age.

The collaborating strategy is a win-win approach where the aim is to satisfy the needs of both parties (Booyens, 2014:375). This strategy may be useful when needs and goals of both parties are regarded as equally important by both parties involved (Yoder-Wise, 2007:471). Muller describes this conflict management style as "the owl", whereby the conflict is dealt with in a confrontational manner by the way of a problem solving approach.

It must however be noted that no single strategy is more effective than the other and each may be useful in any given situation or context. Thomas and Kilmann (2008:03) recommend conflict management training for all line managers. Training in conflict management has been seen to have positive outcomes, whereas as a lack of training has proved to result in undesirable effects.

1.2 PROBLEM STATEMENT

For many years the researcher has observed NUMs having difficulty with conflict resolution in practice. The researcher worked in Limpopo provincial hospitals for a number of years and at times witnessed NUMs avoiding the confrontation of disgruntled nurses as a means of keeping the peace in the workplace. In the nursing units where he worked, high levels of conflict prevailed due to power struggles and the display of favouritism towards some nurses by NUMs. This conduct resulted in the hospital management introducing a rotation system where nurses were allocated to different units on a monthly basis to avoid hostilities that existed among specific nurses. In some cases NUMs attempted to intervene in the conflict situations, but they did so inappropriately, by threatening staff members or intimidating them with warnings of possible disciplinary actions or merely "shifting them to more labour intensive units".

By having informal dialogues with colleagues in the researcher's current workplace and nurses working in public hospitals made it apparent that high levels of conflict exist in public hospitals of the Eastern Cape Province. The researcher was also exposed to conflict situations during student clinical accompaniment, with instances where students indicated that they experienced conflict with staff members who often did not want to work with students. It was noted that NUMs would often take sides or not intervene at all in these situations. Such incidents left students and staff aggrieved, demotivated and frustrated. The lack of concern and need to intervene by NUMs validated the researcher's assertion that there could be a lack of managerial competency regarding conflict management among NUMs in the public hospitals in Port Elizabeth.

This study was therefore designed to explore and describe the ability of NUMs to manage conflict in nursing units in public hospitals in the Nelson Mandela Bay Municipality.

1.3 RESEARCH QUESTIONS

The following research questions were posed after having identified the problem:

- 1.3.1 How capable are Nurse Unit Managers in public hospitals in the NMBM to manage conflict?
- 1.3.2 What can be done to optimise conflict management by Nurse Unit Managers in public hospitals?

1.4 GOAL OF THE STUDY

The goal of the study was to explore and describe the ability of NUMs to manage conflict in the public hospitals in the Nelson Mandela Bay Municipality in order to make recommendations regarding the optimisation of conflict management by Nurse Unit Managers, in these healthcare institutions.

1.5 OBJECTIVES OF THE STUDY

The following objectives were therefore set for the study:

1.5.1 To explore and describe the ability of Nurse Unit Managers to manage conflict;

1.5.2 To make recommendations from the findings on how to optimise conflict management by Nurse Unit Managers.

1.6 EXPLANATION OF KEY CONCEPTS

Concepts are the building blocks of theory (Neuman, 2011:62). Concepts are a means of classifying and pointing out the unique characteristics or qualities of whatever is being defined by the researcher (Welman, Kruger and Mitchell, 2005:20).

1.6.1 Nurse unit managers (NUMs)

The South African Nursing Council (Act 33 of 2005:06) defines a nurse as a person who is registered in a category under section 31(1) of the Nursing Act (2005) in order to practise nursing or midwifery. In this study the nurse unit manager is a professional nurse registered with SANC and holds the position of a unit manager (managerial position) in a public sector hospital and is responsible for the day to day management of the nursing unit and the supervision of nursing personnel.

1.6.2 Ability

Ability is defined by the Cambridge Advanced Learners Dictionary (2005:02) as the physical or mental power or skill to do something. Ability relates to the competence in an activity or occupation because of one's skill, training or other qualification. The Oxford Online dictionary (2016) defines ability as being in the possession of the means or skills to do something. In this study, ability refers to the level of knowledge and skill that enables the Nurse Unit Manager to manage or resolve conflict in a nursing unit of public hospital.

1.6.3 Conflict management

The Foundation Coalition (n.d:01) defines conflict management as activities that involve the acquiring of skills associated with the resolution of conflict, being aware of how conflict manifests, conflict communication skills and creating a structure for the management of conflict in the workplace. Conflict management involves the designing of effective strategies to reduce the causes of conflict and in so doing, improve the methods to reduce conflict. Furthermore, conflict management involves all measures implemented to reduce the negative aspects of conflict and to increase the positive aspects of conflict (Huber, 2014:174). For the purpose of this study, the concept refers to the practice of identifying, preventing and dealing with workplace differences in a rational, balanced and effective manner by utilising established institutional platforms to moderate the impact of conflict on the staff and nursing unit.

1.6.4 Conflict resolution

Wolff and Nagy (2006:01) define conflict resolution as an approach adopted by two or more parties to find an acceptable result to a disagreement between them. Conflict resolution involves the mitigation, reduction, elimination or termination of all forms and types of conflict. For the purpose of this study, conflict resolution refers to the interventions and actions verbalised or implemented by the NUM to resolve conflict between two individuals in a nursing unit. More specifically it refers to the verbal response, during confrontation, given by the NUM regarding the behaviour and conduct of the person who has to intervene in a conflict situation. This concept forms part of the conflict management process however, at an interpersonal level, and may be used interchangeably with conflict management.

1.6.5 Public hospitals

The Oxford Online Dictionary (2017) states that public means open to or shared by all the people of an area or a country. The term public refers to a service being provided by the state, rather than an independent commercial company, funded by the taxes which are available to everyone (Cambridge Advanced Learners Dictionary, 2005:1020). Public hospitals in this study refer to general public sector, government-owned hospitals located

within the boundaries of the Nelson Mandela Bay Municipality in the Eastern Cape Province of South Africa.

1.7 RESEARCH DESIGN AND METHOD

In this study, a qualitative, exploratory, descriptive and contextual research design was used. Data collection took place in two phases namely development of conflict scenario and model answer as well as one on one semi structured interviews. Tesch's method of data analysis was used to analyse and code the data. The researcher adhered to the principles of trustworthiness and ethical research. The research design and methods are discussed in detail in chapter 2.

1.8 SUMMARY OF THE CHAPTER

In the above discussion, the researcher provided an overview of the study by outlining the background, rationale and problem statement as well as the goal of the study. Furthermore, the research questions which the study aimed at answering were stated and the objectives were outlined. In chapter 2, the research methodology will be discussed in detail.

CHAPTER 2

RESEARCH DESIGN AND METHODS

2.1 INTRODUCTION

The researcher introduced the topic of the study in chapter 1, identified the problem and stated the goals as well as the objectives. A detailed description of the research design and the methods will be provided in this chapter.

2.2 RESEARCH DESIGN

According to Burns and Grove (2009:362), a research design is the blueprint for the research that guides the researcher on how the study should be conducted and provides a framework that ensures that any factors that may interfere with the validity of the findings, are controlled for. It is a thorough plan detailing how an investigation or the research will be carried out. The research design includes and outlines the methods that will be utilised to collect the data as well as the techniques to analyse it (Wagner, Kaluwich and Garner, 2012:21). For the purpose of this study, a qualitative, exploratory, descriptive and contextual study was used with the aim of exploring and describing the ability of NUMs regarding conflict management.

2.2.1 Qualitative

Qualitative research is an approach to data collection that is carried out in a natural setting for the subjects and is accompanied by the analysis of the data that is non-numerical (Cresswell, 2013:44). Qualitative research is mostly associated with words, language and experiences rather than measurements, statistics and numerical figures. In qualitative research, data is created in the form of words that are related to a particular phenomenon and may include feelings, behaviours, thoughts, insights and actions as compared to numbers (Botma, Greeff, Mulaudzi and Wright, 2010:182). In qualitative research, a comprehensive examination of the characteristics or qualities of an

occurrence or phenomenon is explored and provided through in-depth interviews which aim to clarify and help better understand it as explained by the participants (Botma, *et al.*, 201:182).

A qualitative approach was selected in this study as the researcher sought to gain insight into and describe the ability of NUMs in their natural environment. Qualitative research was chosen due to the fact that the nature and extent of the problem or phenomenon being investigated was not clear and had to be thoroughly examined (Polit and Beck, 2012:488). Practical, in-depth questions were asked regarding how NUMs would manage the conflict in their nursing unit as described in the scenario provided to the participants. Qualitative research allowed the researcher to collect meaningful data as the participants were at ease in their own environment which was less threatening.

2.2.2 Explorative

The aim of exploratory studies is to develop an understanding of a phenomenon where not much is known about the phenomenon (Botma *et al.*, 2010:50). According to Rubin and Babbie (2005:54), an exploratory study is undertaken to gain an initial understanding of a phenomenon that is relatively unknown. An exploratory approach in qualitative research is used when there is paucity in the literature (Gray, 2009:36). Therefore, this study intended to explore the phenomenon in order to gain a thorough understanding of the ability of NUMs with regards to conflict management by using semi-structured, in-depth, individual interviews. The participants were all given the same scenario to ensure the standardisation of the responses. This was also done due to the fact that each NUM may have experienced conflict differently from the other. A model answer was also developed and utilised to relate the responses of the NUMs, thereby exploring their ability to manage and resolve conflict in the nursing unit.

2.2.3 Descriptive

Descriptive research is aimed at observing and describing a situation as it naturally occurs (Polit and Beck, 2012:226). This study aimed to describe the phenomenon and report factual data based on existing reality rather than how reality should be (Botma *et al.*,

2010:185). A descriptive design is suitable when little is known about a phenomenon (Botma *et al.*, 2010:110). A descriptive study is therefore used to provide a picture of a phenomenon as it develops and to justify the current practice or make judgements about it. Hence the ability of NUMs in managing conflict in the public hospitals of the Nelson Mandela Bay Municipality was thoroughly described. Data obtained from the NUMs during the interviews was described to provide a detailed explanation of the problem. Descriptive research allowed the researcher to relate with the participants in order to get a better understanding of how they managed the conflict in the scenario provided.

Descriptive research provides other researchers with information on how the study was conducted in order to enable the duplication thereof or to allow them make informed decisions about using the data as well as applying the findings in their own contexts. In this study, a descriptive approach provided in-depth information about the responses of the participants and provided the necessary nuances to make the interpretation of the data more trustworthy and useful.

2.2.4 Contextual

Context in qualitative research, is important in ensuring that the meaning of an event or action is not distorted due to the fact that the interpretation of any meaning relies heavily on the context under which that action occurred or the particular statement was made (Neuman, 2011:175). The social context includes time context, spatial context, emotional context and socio-cultural context. When describing qualitative research, a thorough and dense description of the context under which the research data was collected must be given to allow other researchers to transfer the findings to their context (Botma *et al.*, 2010:195). According to Mason and Dale (2011: 31), requesting participants to perform certain duties in the immediate scenery in which they find themselves, provides context for a study. Creswell (2013:48) stated that qualitative research is conducted to understand the contexts in which the participants address a problem or subject. There is paucity of the research in the context of public hospitals regarding the ability of NUMs to manage conflict.

The study focused on NUMs in the public sector hospitals in the Nelson Mandela Bay Municipality of the Eastern Cape Province of South Africa. The research was conducted in a natural work setting of the NUMs in three public hospitals of the Nelson Mandela Bay Municipality. The units in which the NUMs were based were general units for acute and chronic patients with an average of 35 beds. Nurses employed in all the units were divided into three categories registered by SANC, namely a Registered Nurse, a Staff Nurse and an Enrolled Nursing Assistant. The average number of nurses in each unit for both the day and night shift varied per unit and relied on the type of the unit, but ranged between 16 and 40. The nursing units in the participating hospitals operate on a 24 hour basis.

The NUMs in the public sector setting where the study was conducted were based in the nursing units as the first line of management. They reported to the area manager who then reported directly to the Nursing Service Manager also known as the Deputy Manager. Part of their job description is to oversee operations, supervise the provision of nursing care and they are the ones that have to deal with the issues of conflict on a daily basis in the unit that they manage. The scenario was drafted with the context under which the NUMs work, in mind, due to the fact that the NUMs are expected to be the first to intervene in any matter or challenge that arises in the units.

2.3 RESEARCH METHODS

The research method refers to the way data is collected in a research study (Botma *et al.*, 2010:204). The research method also denotes the technique adopted by the researcher to collect and analyse data provided by participants regarding the research questions (Polit and Beck, 2012:12). According to Wagner *et al.* (2012:134), an interview schedule or guide is used in semi-structured interviews. The technique makes use of a guide with basic questions to begin the interview, but is flexible enough to allow the researcher to examine and explore deeper to get clarity on issues that arise during the course of the interview.

Once ethical permission was granted from both the Nelson Mandela Metropolitan University's Research Ethics Committee (Human) and the Eastern Cape Health Research Committee, the researcher approached the identified hospitals to request permission to conduct research at an institutional level. Permission was sought and received from the hospital Chief Executive Officers who act as the gatekeepers. The administrative process of getting permission to access the hospitals was however a difficult and lengthy process. The researcher was referred from one level of management to the other for prolonged periods of time and the research documents had to be submitted and resubmitted repeatedly as they were either misplaced or the person who accepted them, was no longer working in that section or at the institution. There seemed to be some measure of fear and distrust, perhaps due to the discomfort regarding research or gatekeepers perceiving the activity as the researcher "checking" on them. The processes of getting permission varied however between institutions as in institutions, where an individual in a senior management position, may have understood the process of research, the process of getting permission was less frustrating although still lengthy.

2.3.1 Research population

The research population is the study elements from which the researcher aims to gather information and they may be individuals, groups, organisations or conditions to which they are exposed (Welman, Kruger and Mitchell, 2005:52). According to Grove, Burns and Grey (2013:44), the research population consists of all the elements that meet the criteria for inclusion in a given population. The population for this study was made up of NUMs in three of the public hospitals of the Nelson Mandela Bay Municipality in the Eastern Cape Province of South Africa. Each of the three participating hospitals has approximately 8 (eight) units, with one NUM in each unit. This equated to a total population of 24(twenty-four) unit managers available for this study.

2.3.2 Sampling

Botma *et al.* (2010:124) define sampling as the method of selecting the subset of the population to represent the accessible population. A convenience sampling method was used to collect data from the NUMs across the three participating public hospitals. The

researcher approached the Nursing Service Managers of the three participating hospitals and requested a list of NUMs in each unit. The researcher was then invited to a recruitment meeting where the participants were present. The researcher explained the criteria that should be met to qualify NUMs for participation in the study. Based on the set criteria, a list with the names of all the NUMs who were interested in participating in the study was compiled. This was the case in all the participating hospitals. The overall expected number of NUMs to who met the criteria to participate in the study was 24, representing the total number of Units in all the three participating hospitals. The sample size was determined by sufficiency and saturation of the gathered information. When additional information did not produce new ideas, the researcher knew that the data was saturated and no further interviews were conducted (Braun and Clarke, 2013:55).

2.3.3 Inclusion criteria

Polit and Beck (2008: 338) define the inclusion criteria as the specific criteria that defines who should be included in the population. Participants had to meet the following criteria to be included in the study:

- Be in a position of a Nurse Unit Manager;
- Be present at an operational level of the health care service and oversee or manage the nursing services;
- Participants must have been employed as nurse unit managers in the public service hospital in the Nelson Mandela Bay Municipality for at least 1 year or more;
- Participants of both genders were eligible for participation;

It was assumed that all participants were registered with the South African Nursing Council and were licenced to practice nursing, as it is a prerequisite for the employment of nurses in South Africa.

2.3.4 Exclusion criteria

Exclusion criteria are a set of characteristics that a specific population does not possess (Polit and Beck, 2008:338). The following criteria rendered the participants ineligible for participation in the study:

- Nurse unit managers employed for less than 1 year in the public sector or private sector;
- Nurse unit managers outside the borders of the Nelson Mandela Bay Municipality;
- Non-operational nurse managers, for example top level managers.

2.3.5 Pilot study

A pilot study is a small version of a full study (Botma *et al.*, 2010:275). The pilot study is valuable in testing the feasibility of the study and undertaking a pilot study entails the testing of an instrument on a small number of participants from the same population (Welman *et al.*, 2005:148). According to Polit and Beck (2012:195), the functions of a pilot study are to assess how adequate the procedures used in the study are and to test if the research question produces satisfactory results. The procedure for the pilot study was similar to the main study where permission and consent was obtained prior to data collection.

Two participants who matched the inclusion criteria were sampled from potential participants for the pilot study. The NUMs were sampled from the list obtained from the Nursing Service Managers working at the participating hospitals. Convenience sampling was deemed by the researcher to be a quicker technique for gathering participants because the characteristics of the suitable participants were known to the researcher. Appointments were arranged to meet the pilot NUMs and to obtain their consent for participation in the study. Data collection during the pilot study was audio recorded of which the participants were informed. The researcher ensured privacy and confidentiality during data collection by ensuring that the interviews took place in a private, noise-free area and that interruptions were minimised.

The conflict scenario was tested by giving it to the participants in the pilot study. Participants were asked at the end of the interviews about the difficulties they experienced in understanding what was required of them. This was done to ensure that any possible errors were detected in the instructions, and due to the time limit to identify unclear sections in the scenario. The research supervisor was given a copy of the two pilot

interviews as well as the field notes to assess. A consensus between the researcher and supervisor, on the themes from the pilot study, were verified and the strength of the instruments confirmed.

2.3.6 Data collection

The process of data collection took place in two phases. In phase one, the conflict scenario and the model answer were developed. After developing the scenario and the model answer, the researcher embarked on a literature search to ascertain what is regarded as an acceptable approach to conflict management. The input of experts from human resources and academics with a qualification in nursing administration and nurse managers with years of experience, was sought to verify the scenario and model answer. The experts were requested to indicate if the model answer was valid, comprehensive, logical and practical given the circumstances within the public hospital setting. The experts were asked to indicate if the steps given in the model answer did in fact indicate the competence of a person managing conflict in the scenario provided. It was important that the scenario was generic enough to be used in any type of nursing unit (for example surgical, medical, obstetric etc.). The model answer was then used to interpret, assess and relate what each of the participants said about how they intended to manage the conflict in the scenario.

Phase two involved the actual data collection from the participants. After obtaining permission from the participating institutions, the researcher approached the Nursing Service Managers from the participating institutions and requested the list of the NUMs employed in the participating public hospitals who met the criteria for inclusion. The researcher was invited to a meeting of the NUMs where information about the study was shared, eligibility for study explained and those interested were recruited. A similar recruitment procedure for attending the NUMs' meetings was followed for all the three participating hospitals. In the meetings with the NUMs, the information regarding the process to be followed in the study as indicated in Appendix 3, was shared. Those who were interested and willing to participate indicated by raising their hands during the meeting. Nursing Service Managers were given the contact details of the researcher to

allow those interested, even after the researcher had left, to contact the researcher should they require any clarity regarding the study or want to take part. The researcher was furnished with a list of the NUMs who were willing to participate in the study with a schedule that had information regarding when the NUMs felt they would be available for the interview. The researcher did not have control over the compilation of the list.

After receiving the list, the researcher made appointments with participants based on their availability for interviews. The researcher confirmed with the participants regarding their availability a day before the interview date. The data was collected by means of a face-to-face, semi-structured interview. The interview took place in a quiet, private and secluded place as preferred by the participant, away from the public and staff. The participants were informed about the use of the audio recorder and the importance thereof.

On the day of the interview, the researcher re-introduced himself and engaged in small talk to assist the participants to relax. The printed practical conflict-related scenario was then presented to the participants. The participants were given time to read the scenario and to clarify any misunderstandings. Once they indicated that they understood the scenario, they were then asked to explain their intervention and how they would manage the conflict in the scenario (see Appendix 1(A) for the scenario). Clarification and explanation was carefully sought from the participants without leading them. Follow-up questions were utilised to further probe and clarify responses, when it was deemed necessary. The interviews were digitally recorded. They lasted approximately 45 minutes. After the completion of the interview, the participants were thanked for their participation.

2.3.7 Data analysis

In qualitative research, data analysis involves the construction of meaning and a thorough understanding of the data (Botma *et al.*, 2010:220). Qualitative data is not concerned with numbers but consist of words and observations (Taylor-Powell and Renner, 2003:01). In qualitative research, data analysis takes place at the same time as data

collection (Grove *et al.*, 2013:280). The data was transcribed verbatim by the researcher. Coding was also conducted by the researcher as well as by an independent coder who is an experienced researcher and coder. The researcher provided the independent coder with the printed transcripts and the voice recordings. Tesch's method of data analysis was used to analyse and code the data. The following steps were followed (Creswell, 2009:186):

- Get a sense of the whole. Read all the transcriptions carefully and make summaries. Write thoughts in the margin;
- Pick one document at a time and go through it in search of the underlying meaning;
- When this task has been completed for several informants, make a list of all the topics and cluster similar topics together, forming these topics into columns that might be arranged as major topics, unique topics and left-overs;
- Take this list and go back to your data. Abbreviate the topics as codes and write the codes next to the appropriate segments of the text. Try this preliminary organising scheme to see if new categories will emerge;
- Find the most descriptive wording for the topics and turn them into categories. Find ways of reducing the total list of categories by grouping topics that relate to each other and draw lines between the categories to show interrelationships;
- Make a final decision on the abbreviation for each category and use alphabets for the codes;
- Assemble the data material for each category in one place and perform a preliminary analysis;
- Re-code the existing data if necessary.

The researcher listened to the recordings repeatedly to capture similar ideas that emerged from the data. This was also done to obtain an explanation and the responses of the participants regarding how they intended to manage the conflict given the scenario provided to them. The coding was conducted independently by both the researcher and the coder. The themes emerged from the trends in the data, where the participants' responses indicated that some of them did not do or only did some of the things

recommended in the model answer. The model answer was used to relate and analyse the responses of the participants. A meeting was arranged between the researcher and the independent coder where findings were discussed and a consensus reached regarding the themes. Tesch was then used to synthesise the themes in order to describe the findings. The themes helped the researcher to determine where the gaps were in the participant's abilities or knowledge regarding conflict management and to develop recommendations.

2.4 TRUSTWORTHINESS

Botma *et al.* (2010:230) defines trustworthiness as the degree of confidence researchers have in their research design, research method, informant's responses and context. To ensure trustworthiness of the data to be collected, the following strategies are employed as suggested by Lincoln and Guba (1985):

2.4.1 Credibility

The strategy of credibility, also known as internal validity, can yield the true value of the data and seeks to ensure that the study measures or tests what is actually intended to (Shenton, 2004:64). Prolonged engagement with participants was utilised by the researcher to ensure collection of rich data. Triangulation was also applied, where different data sources (participants) and different hospitals took part in the research to ensure the credibility of the findings. During data collection, data was audio recorded and field notes were taken. The credibility of the study was also ensured through member checking by allowing the participants to clarify information with the researcher after the interview sessions regarding the interview, to confirm if what was on record is what was intended or stated. Opportunities for scrutiny from experts, colleagues and academics was created (Botma *et al.*, 2010:234).

2.4.2 Transferability

Transferability, also known as external validity, refers to the extent to which research results can be applicable in other settings or groups (Polit and Beck, 2012:585). A dense

description of the contextual information which includes the research method, sampling, the setting and the findings was provided to enable other researchers to utilise the data in their context and if possible to replicate the study or evaluate its applicability to other contexts (Polit and Beck, 2012:585). A thorough description of the phenomenon was ensured and data was collected until saturation was reached (Shenton, 2004:70).

2.4.3 Dependability

Dependability refers to techniques used to demonstrate that if the study was to be replicated using similar data collection methods, subjects and contexts, similar results would be obtained (Shenton, 2004:71). This strategy was ensured by thoroughly describing how the data was collected (Krefting, 1991:216). A thick and dense description of the methodology was provided to ensure consistency if the study was to be conducted at a different time in the same context with the same participants. Triangulation was done by interviewing participants from the three public hospitals. During data collection interviews, data was audio recorded and field notes taken.

2.4.4 Confirmability

Neutrality refers to the degree to which the findings are not a function of bias or motives of the researcher but rather represent the data collected from the participants (Botma *et al.*, 2010:234). Member checking took place and quotations from the interviews were used in the research report to ensure that the participants' voice was heard. The researcher used samples of the participants' actual words when reporting the research findings. The independent coder and experts in nursing management were consulted to assess the researcher's interpretation of the findings.

2.5 RESEARCH ETHICS

Research ethics should be seen as an important part of all phases and aspects of research (Botma *et al.*, 2010:01). The researcher undertook to consider and uphold the ethical principles entrenched in the study and to protect the participants. Approval and permission to conduct the study was sought from the following:

- Departmental research committee in Nursing Science at the NMMU
- NMMU Faculty Postgraduate Studies Committee (FPGSC)
- Research Ethics Committee (Human) of the NMMU
- Department of Health in the Eastern Cape
- CEO's from participating institutions
- Research participants

The following ethical principles were upheld in the study:

2.5.1 Beneficence and non-maleficence

The principle of beneficence stipulates that participants should be protected from harm and discomfort (Botma *et al.*, 2010:20). Knowledge gained from the study will enhance the planning and implementation of educational programmes for NUMs regarding conflict management thereby benefitting them professionally and personally. It was also of benefit to the NUMs to speak to the researcher regarding their fears and inabilities regarding conflict management thereby addressing various stressors or anxiety about the process. No potential harm was anticipated for participants or arose in this study. The study findings will be made available to the wider population of NUMs who may also benefit from the recommendations.

2.5.2 Autonomy

Respect for the participants as individuals capable of making informed and independent decisions is an important aspect of research involving human subjects (Botma *et al.*, 2010:20). The researcher approached the participants and asked them to participate in the study. They were informed about the aim of the research and the processes entailed in order that they could make an informed decision on whether or not to participate in the study. The participants were given an opportunity to ask questions and then indicate their willingness to participate. The participants were not compensated or coerced into taking part in the study. They were informed that they could withdraw at any time without fear of prejudice.

2.5.3 Justice

The principle of justice requires that the participants be treated fairly by being offered an equal chance to participate in the study (Botma *et al.*, 2010:10). All the participants who met the criteria for inclusion were invited to take part in the study at the first meeting, and the nature of any potential benefits entrenched in participating in the study was discussed with the participants. Contact numbers for the research supervisor were provided to the participants whereby they could request more information or lodge a complaint if they felt their rights had been violated.

2.5.4 Privacy and confidentiality

Participants in a study maintain the right to keep personal information to themselves. Failure to ascertain safety of information may result in unintended harm for subjects with potential embarrassment or damage (University Of Minnesota, Centre for Bioethics, 2003:35). To uphold the principle of privacy and confidentiality, the interviews were conducted in a private and comfortable place to ensure that the information was not shared with anyone. Anonymity was ensured by not including information that specifically identified the participants in the research study. Random codes were given to the participants without identifying them by names. This was also applied when sending the transcripts and voice recordings to the independent coder. The independent coder was also requested to sign a confidentiality agreement. During the data collection no names were used to identify participants and rather numbers were assigned to the participants (Wiles, Crow, Heath and Charles, 2006:04). Any names or identifiable characteristics were excluded in the research report. The participants were reassured about the security of the data and assured that the data collected would be kept in a safe and secure facility for a minimum of five years, by the researcher, and then be destroyed as soon as its usefulness was expended.

2.5.5 Veracity

The principle of veracity requires that researchers represent facts and responses of the participants truthfully and as explained by the participants, not as the researcher's opinion or preferences (Shenton, 2004:72). The participants were informed about the aims of the

study and not mislead on any issue pertaining to the research. A thorough explanation relating to any new changes was discussed with the participants throughout the study.

2.5.6 Authenticity

Authenticity means something that is genuine and that represents the essence of an idea or phenomenon. Authenticity is important for establishing trustworthiness in qualitative research to ensure that the research benefits the society (James, 2012:02). Accurate and honest reporting of research findings are essential element of research to be fulfilled by all researchers. The researcher ensured authenticity in this study by involving all the eligible participants and reported on both the positive and negative findings that emanated from the interviews.

2.6. SUMMARY OF THE CHAPTER

An in-depth discussion of the research design and the methodology was provided in chapter 2. Strategies to employ trustworthiness and to ensure adherence to ethical principles were explained in detail. In chapter 3, the researcher will report on the results of the study and place the findings in present literature by utilising a literature control.

CHAPTER 3

DISCUSSION OF FINDINGS AND LITERATURE CONTROL

3.1 INTRODUCTION

Chapter 2 provided a full description of the research design and method. In this chapter, the researcher will discuss the identified themes and report on the findings from the data collected during the interviews in phase two of the study. The verbatim quotes from the Nurse Unit Managers (NUMs) were included to safeguard trustworthiness of the study. After the recorded voice notes were transcribed verbatim and the data coded, the researcher assessed the responses of the participants in terms of the model answer and existing literature to evaluate what is regarded as effective or ineffective practices in workplace conflict situations. The themes were then identified.

3.2 RESEARCH PARTICIPANTS

The inclusion criteria was clearly outlined in chapter 2 and all the participants who met the criteria, participated in the study. The researcher assigned codes to each participant to ensure that the names of the participants are only known to the researcher. This was done in line with the ethics section as outlined in chapter 2 regarding maintaining the privacy and confidentiality of the participants. During the interviews, the participants mentioned names of hospitals and actual people. The researcher excluded the names mentioned in the interviews in both the verbatim transcripts and quotes presented in this chapter.

Eleven participants agreed to participate in the study. Majority of the participants were females and the average age was 52 years. The day prior to the interview, the researcher called the participants to remind them and confirm if they were still willing to participate in an interview. All the participants were interviewed in their offices at their respective

workplaces as requested by the participants. A detailed, contextual description of the participants was provided in chapter 2.

Table 3.1 hereunder summarises the details of the participants.

Table 3.1: Details of the participants

| Participant number | Participant code | Gender | Age |
|--------------------|------------------|--------|-----------------|
| 01 | NMA1 | Female | 53 |
| 02 | NMB2 | Female | 51 |
| 03 | NMC3 | Female | 57 |
| 04 | NMD4 | Female | 56 |
| 05 | NMCA1 | Male | 49 |
| 06 | NMCB2 | Female | 54 |
| 07 | NMCC3 | Female | 56 |
| 08 | NMCD4 | Female | 53 |
| 09 | NMCE5 | Female | 49 |
| 10 | NMCF6 | Female | 54 |
| 11 | NMCG7 | Female | 37 |
| | | | Average age: 52 |

3.3 RESEARCH FINDINGS

The data collected was transcribed verbatim and coded by the researcher as well as the independent coder. Tesch's method of data analysis was followed as outlined in chapter 2. A meeting was held between the researcher and the independent coder and a consensus was reached on the mutual themes that emerged from the interviews. The identified themes that were agreed upon are discussed below.

3.3.1. Identified themes

There are distinctions regarding the themes, which should be made to ensure a clearer understanding by the reader. The distinction relates to the positive and negative

interventions verbalised by the participants that may possibly contribute to the effective management of the conflict or result in the escalation thereof. A positive or appropriate response and intervention, as used in the themes, referred to all verbal interview responses from the participants that are likely to contribute to effective conflict management. Conversely, a negative and inappropriate intervention referred to all the verbal responses implemented by the participants that the model answer and literature regarded as ineffective in a conflict situation.

Each theme addressed the positive and negative responses separately and has been discussed as such. The researcher supported the identification of themes and sub-themes by providing verbatim quotes from participants and by relating the responses to existing literature. This was done for all three themes. The positive and negative responses may have been verbalised by the participants in the same interview.

The first identified theme (theme one), related to the positive interventions that could be regarded as appropriate for conflict management. The two sub-themes that emerged within theme one were that the NUMs resolved conflict appropriately between individuals (sub-theme 1.1) and that the NUMs managed conflict appropriately in the nursing unit (sub-theme 1.2).

Theme two outlined the verbal responses from the NUMs which could be regarded as avoidance of the conflict or at least being reluctant to intervene in conflict when the situation required the NUMs to do so. The researcher provided a thorough description of the verbal responses and interventions that qualified as avoidance of conflict by the NUMs based on the interview responses. Quotes were provided to support and validate the identified theme. The model answer was also used to assess the responses for apropos. Theme three outlines the interventions or interview responses that the literature and the model answer regarded as inappropriate in resolving conflict between individuals or as negative when managing conflict in the unit. Two sub-themes emerged in theme three. Sub-theme 3.1 related to the interventions that were inappropriate and that could be regarded as negative when intervening in conflict between individuals. These

interventions may not have contributed to the resolution of the conflict between the individuals involved. Sub-theme 3.2 addressed the negative conflict management processes that the NUMs relied upon to manage the conflict in the nursing unit. Table 3.2 summarises the themes and sub-themes that were identified in the study. A thorough discussion regarding each theme and sub-theme has been provided.

Table 3.2: The ability of NUMs to manage conflict

| Themes | Sub-theme |
|---|---|
| Theme one: Nurse Unit Managers managed the conflict in an appropriate manner | 1.1 Nurse Unit Managers resolved the conflict between individuals |
| | 1.2 Nurse Unit Managers managed the conflict appropriately in their units |
| Theme two: Nurse Unit Managers avoided the conflict | |
| Theme three: Nurse Unit Managers did not apply the accepted process to manage the conflict | 3.1 Nurse Unit Managers did not resolve the conflict between individuals in an appropriate manner |
| | 3.2 Nurse unit managers did not manage the conflict in the unit in an appropriate manner |

3.4 DISCUSSION OF THE THEMES AND SUB-THEMES

This section of the research document elaborates on the themes and sub-themes identified during the data collection. The model answer (Appendix 1(B)) was consulted to compare the responses of the NUMs with that which literature suggests as effective conflict management.

3.4.1 General findings from the study

Throughout the study it emerged that some of the participants could identify what was required of them as well as their responsibilities in a conflict situation. Responses from some participants revealed that the NUMs were aware of the social and psychological environment which needed to be created and could therefore be regarded as conducive to effective management of the conflict. The researcher was made aware that some of the participants preferred harmony in the nursing unit as opposed to confronting the issues. More often than not it appeared as if the participants were avoiding the conflict by disowning it.

Alternatively, some of the participants appeared to have difficulty dealing with the conflict either between individuals or generally in the unit. They intervened inappropriately and referred people to various platforms prematurely for further interventions. The interventions that some of the participants suggested they would implement in relation to the model answer and as per the suggestions from literature, could be regarded as inappropriate. To a large extent most of the participants were challenged by the logic in terms of which issues needed to be dealt with first and as such became haphazard in their interventions. It also appeared that participants could not differentiate between the grievance procedure and the conflict management process.

It was evident that some of the participants lacked the relevant skills and knowledge to manage the conflict based on the scenario that was given to them. This was supported by the fact that most of the participants highlighted the importance of training to improve their conflict management competencies in the discussions after the interviews. Majority of the participants verbalised that the conflict scenario reflected a typical conflict situation that they have had to deal with in the units where they work, however some became distracted by wanting to share how they managed conflict in their units as compared to how they would manage the conflict in the provided scenario.

3.4.2 Theme one: Nurse Unit Managers (NUMs) managed the conflict in an appropriate manner

Theme one reflects the positive actions that a number of the participants verbalised they would implement in the process of managing the conflict. This theme mostly highlighted the responses that were regarded as contributing to effective management of conflict in a workplace setting, in relation to the model answer. The researcher noted that some of the participants were aware of the measures that should be implemented to manage the conflict as and when it became necessary.

3.4.2.1 Nurse Unit Managers (NUMs) resolved the conflict between individuals

In this sub-theme the researcher focused on the verbal responses and actions that some of the participants described they would undertake when confronted with the conflict situation given to them in the scenario. A number of the participants initially expressed positive interventions to effectively resolve the conflict. Some of the participants indicated that as soon as they become aware of a commotion in their unit as stated in the conflict scenario, they would approach the nurses and summon them to their office. In this instance, both the nurses who are involved in the conflict would be called in separately. By doing so, the participants verbalised that they will be ensuring privacy for nurses during conflict resolution.

Some of the participants believe that the conflict should be addressed and not be allowed to continue in the presence of the public. One of the participant's response was that it is wrong to shout at each other in front of the patient. The participant went on to say that the nurses are not supposed to shout at each other in the passages and that she will separate them and call them into their office. Some of the participants indicated that they believed that the conflict should be resolved as soon as it becomes apparent. The participants also indicated that they would inform the nurses on the code of conduct and explain to them the expectations of the organisation.

“So I will tell them that that is not the way to address things because you cannot just shout in the passages. If there is anything that someone is really not in uhm agreement with the other, they must do as I have done.. like calling them and seat down and talk. That’s the way they need to address the... This thing. So uhm I think that’s the way I would go” (NMCF6, 3:23).

“First of all they are not supposed to shout in the passages, that is wrong in front of the patient but it was in the passage so it was in front of the patient. Firstly that is wrong...” (NMCC3, 3:12).

The successful resolution of conflict relies on where and when the conflict is handled. According to Cherry and Jacobs (2014:343), addressing conflict timeously requires immediate intervention before the conflict escalates to intolerable levels. The CPP Global Human Capital Report (2008:11) revealed that 54% of the subordinates participating in the study believed that for managers to resolve conflict effectively, they should identify and address underlying tensions timeously before things go wrong. Removing the involved parties from either the conflict or an audience also reduces the risk of the conflict escalating, being “contagious” and/or spreading to the entire unit.

The participants’ approach to calling both the nurses into their offices varied. While a number of the participants indicated that they will call both nurses in at the same time, others indicated that they will call them in separately. The reasons were that calling the one nurse in and leaving the other outside may create suspicion that the NUM is biased and favours the other nurse. Other participants were of the opinion that if both nurses were called in at the same time, while the conflict was still at its peak, it could trigger more conflict.

“I believe that in any, in any conflict, there are two sides of the story. So I will call both in and get their sides of the story, from both of them at the same time...” (NMCA1, 5:6).

According to Delbel (2003:24), provision of privacy creates a safe environment for confrontation and limits the possibilities of embarrassment, disruption of nursing care and potentially physical violence. When intervening in a conflict situation, the manager should not meet the parties separately, as this may interfere with objectivity and create a win-lose approach to conflict resolution (Heathfield, 2013:01). This also creates room for debate and may breed mistrust among staff members.

A number of the participants acknowledged that creating a safe atmosphere for conflict resolution was important. A number of the participants described a safe atmosphere conducive to conflict resolution as one in which the nurses feel free to express their views without fearing that the issues being discussed will be held against them. One of the participant stated during the interview that she will inform the nurses that whatever happens in the meeting will end there, and that the issues will not be held against them in future.

“They mustn’t think I will hold this against them, or it’s something personal...”
(NMCD8, 5:18).

Booyens (2010:540) supports this approach to conflict resolution. In the guidelines for constructive conflict management, the author suggests that a supportive environment that allows employees to express their views and feelings should be created during conflict resolution. According to Johansen (2012:53), trust, openness and effective conflict resolution relies on a non-punitive environment with staff. This in turn encourages learning and removes the frustration. Giving people the time and space to express their feelings and concerns can often help to clear the air (Advisory, Conciliation and Arbitration Service (ACAS), 2009:11). Emotions and mood also play an important role in creating a safe environment and influence the choice of the conflict resolution strategy and should be considered when engaging in conflict resolution (Montes, Rodriguez and Serrano, 2012:13). Wachs (2008:39) recommended and supported the creation of an environment in the workplace wherein people feel safe to open up and discuss issues. This is further supported by Hempel *et al.*, (2009:55) who discovered that trust within a team is

enhanced when teams offer a constructive and cooperative approach to manage conflict. Accordingly, when a leader takes the needs and aspirations of subordinates into consideration, the level of relational conflict may be reduced (Doucet, Poitras and Chenevert, 2009:344).

It is also evident from the interviews that some of the participants preferred an approach to conflict resolution where both nurses participate in the discussion. Some of the participants indicated that they will give both nurses a fair and equal chance to state their case. One of the participants stated that she will ensure that the nurses give each other a chance to talk and raise their concerns. During the interviews, the participants were probed about the questions they would ask the parties involved in the conflict as they tried to understand the origin and nature of the conflict. Some of the participants asked questions that would help them to better understand the conflict. Most of the questions the participants asked the nurses involved in the conflict were based on gaining a better understanding of what the problem is and why the nurses engaged in the conflict. Another question that most of the participants addressed included why the conflict was taking place in front of the patients or in public. According to one of the participants, these questions should be asked in private and not in public. Some of the participants indicated that they would correct and address the public outburst and condemn the behaviour. Some of the participants said that they will consider taking time to understand the employee's background which could help the NUMs to intervene effectively in the conflict situation.

“So then I’ll listen to both of them and you know give each, they must give each other a chance to talk and a fair amount of time to raise their concerns...” (NMCD4, 2:7).

“...I will tell them that... that is not the way to address things because you cannot just shout in the passages. If there is anything that someone is really not in uhm agreement with the other, they must do as I have done... like calling them and sit down and talk...”
(NMFC6, 3:20).

The above responses are in line with what the model answer stated (Muller, 2009:187) wherein it is recommended that the free exchange of ideas and feelings between the parties should be encouraged. Thomas and Kilmann (2008:19) regard a participative approach to conflict as important and suggest that the managers should help the individuals in the dispute to identify what is the cause of their disagreement. The approach by the NUMs is consistent with a study by Kinnander (2011:42) where it was reported that the participants wished for a fair process in conflict resolution where everyone was allowed to have their say.

It emerged that some of the participants perceived their role as that of a mediator and felt that their responses must remain neutral and impartial. A number of the participants indicated during the interviews that they must not display any form of favouritism. When asked to clarify the meaning and interpretation of favouritism in this context, the responses from participant (NMCE5, 2:7) was that the NUMs must not be “friendly” towards one nurse and accepting of anything from them, such as lunch and gifts.

“I would say I mustn’t be biased in the first place neh... I must listen to both sides and I must be honest when I am ruling the... you know... and I think honesty, being honest and not taking sides I think is the most important thing to do when I am talking to both of them” (NMCB2, 6:9).

Research findings from a study by Spagnol *et al.* (2010:797) are consistent with this finding where they reported that nurses regarded their role as that of a mediator when faced with a situation of conflict in the work place. Similar findings are reported by Doucet *et al.* (2008:344) who found that neutrality in a conflict situation is more likely to have satisfactory outcomes and results in de-escalation of conflicts. On the contrary, Van Gramberg and Teicher (2005:11) stated that taking a neutral position in conflict resolution has short-term benefits for the organisation, whereas fairness and a just resolution process have long term benefits. Jooste (2003:24) reported that participants in the study believed that one attribute of the nurse manager is that of an effective conflict handler wherein the manager is objective and is able to diffuse the conflict by not taking sides.

This finding is further supported by Wachs (2008:39) who clearly explained that the mediation role in a conflict situation requires objectivity and fairness which can be achieved when the parties are given equal and sufficient time to express themselves.

Some participants stated that when intervening in conflict, one has to be aware of their own body language and to lead by example. Other participants reported that the NUM should display professionalism and demonstrate good behaviours towards nurses. Behaviours and conduct that were reported in the interviews by some NUMs on appropriate body language included maintaining both eye contact and a body posture that may be interpreted as lack of interest by the parties involved in the conflict.

“I am not gonna, uh you know uh pull my face you know sometimes when you pull your face or make your eyes fixed eh it can also show that you are cross with this one or you are leaning more towards that one” (NMCD8, 2:10).

Overcoming communication challenges requires an awareness of what messages the body language and tone of voice may be sending to others (Brower and Darrington, 2012:01). Delbel (2003:32) stated that managers need to be aware of their body language which could be either threatening or serve as a source of aggression to the parties involved. According to Hung (2002:49) being aware of one’s own ethical values and assumptions and of those of others is important for individuals assuming a mediator role. The conduct of the manager during conflict resolution is thus considered as an important recipe in the process.

From the interviews it emerged that the participants felt that the conflict required that the parties be willing to compromise to some extent to ensure that both parties are content with the outcome. Some of NUMs also emphasised that the nurses have to accommodate each other for the “sake of patient care”. What also became evident in the other interviews is that some NUMs (NMA1 and NMCC3) emphasised that the core business of the organisation, which is patient care, must be kept in mind. Some respondents verbalised that they will encourage the nurses to discuss issues among themselves and agree that what happened was wrong before the NUM can intervene.

“...That is not acceptable in nursing situation because whatever agreement they did not have is... uhm we need to tolerate each other and we need to accommodate each other to avoid conflict...” (NMA1, 4:8).

The compromising approach suggested by participants is in line with the findings of Liu, Fu and Liu (2009:246) who in their study discovered that this approach is effective in reducing the negative effect of relationship conflict. The above finding is further supported in a study by Iglesias and de Bengoa Vallejo (2012:76) where it was reported that the most frequently used approach by nurses in conflict situations overall were compromising (27.7%). Samantara (2004:313) also found problem-solving to be the most effective mode of resolving conflicts where the managers must strive to get the involved parties to see issues eye to eye.

The researcher found that some of the participants, in their verbal responses, followed the process of conflict resolution logically until they reached the solution as suggested by the model answer. Some of the participants were able to explain how they were intending to get both nurses to arrive at an acceptable solution. The respondents pointed out that some of the participants shared the responsibility to identify the solutions with the staff members. As part of coming to a solution, some of the participants suggested the development of a plan of action with dates and commitments from both parties. The suggested agreement should be documented and an apology must be exchanged.

“Having listened to the younger nurse, having listened to the older and experienced nurse, we need to come to the solution, how are we going to accommodate each other? The nurse is going to come with decisions, solutions and the other one is going to come up with solutions as well. And we have to pick up the best solution that is suitable for both nurses...” (NMB2, 3:21).

The involvement of staff members in decision making has been associated with positive outcomes and successful conflict resolution. A study by Irawanto (2015:168) reported that respondents felt motivated, emotionally secure and were willing to commit to the

solution when decisions taken are done so through consultation. The involvement in decision making also allows staff and management to work as a team. It was recommended that managers should try to avoid forcing and pressurising participants to reach consensus but rather suggest a shared responsibility for the outcome (Muller, 2009:188).

The participants said that they would refer the conflict to their superior if after the intervention, there is no improvement. The researcher found that most of the participants preferred harmony as an outcome of the conflict resolution process and recommended removing the disruptive, uncooperative team member if the situation didn't improve. Harmony was also to be achieved by "*accommodating the different personalities in the unit to benefit service delivery*", as stated by participant NMA1 (7:10).

"...The only thing I can just say is that uhm we are as people and employees in general we are different in terms... We are different, we have different personalities and when we are in this institution, at the end of the day we want to make sure that we meet that person's need. So our personalities they define who we are so if there is anything that we are not agreeing about, we must just have come closer and talk things out and then move on..." (NMCF6:6:4).

"I am trying to achieve team work, I am trying to achieve harmony... I want to retain the current staff members in my unit. Team work I want to have harmony in my unit. I want to retain the nurses that were initially allocated in my unit so that patient care is not compromised" (NMB2, 5:3).

The cooperative approach to conflict resolution expressed by some of the NUMs is in line with the findings by Hempel, Zhang and Tjosvold (2009:56) who reported that resolving conflict cooperatively is an important contributor for team building in the workplace. The College of Nurses of Ontario (2009:09) recommended that appropriate follow-up procedures should be in place to ensure harmony and compliance with agreement.

3.4.2.2 Nurse unit managers managed the conflict appropriately in their units

This sub-theme represents the positive verbal responses in the processes that the NUMs allegedly would put in place or implement in their units, to manage the conflict in the given scenario. The appropriate management of conflict in this context refers to all the management processes, structures and strategies employed by the NUMs in the nursing units and more widely in the institution.

From the interviews, the researcher discovered that some of the participants managed conflict appropriately in their nursing units. Most of the participants were aware of the institutional platforms or structures and verbalised that they will use the management processes to reduce the impact of the conflict and to ensure fairness in their management of the conflict situations. One of the leading management processes highlighted by most of the participants was the use of policies as a fair avenue to manage the conflict. The interview responses revealed that the participants could find a basis in the policies that would make it easier to identify any unwarranted demands or complains from the two nurses. When asked to see the policy, the participants could not show them.

The various policies that were identified and referred to by the participants as part of their management of the conflict, included orientation and training policies. Majority of the participants mentioned the training policy which specifies who is eligible for training or an in-service workshop, and under which conditions they are eligible. Other participants mentioned the use of policies that stipulates the lines of communication. As such, the involvement of a senior staff member, such as the Area Manager, was mentioned. One participant said that:

“...If now this new nurse does not know where the policies are and does not know what the policies are then you are going to have a problem because during orientation you need to tell her about the policies, she needs to know what the policies are in your institution and of your unit because we do have policies of the institution and we do have our unit policies, how things go...” (NMA1, 3:34).

According to Thomas and Kilmann (2008:20), communicating the available workplace procedures and policies to employees may contribute positively to effective conflict management in the workplace. The recommendation from Thomas and Kilmann (2008:19) is in line with the findings from the current study where some of the NUMs revealed that policies should be communicated during orientation of all the new staff members and on an ongoing basis. The College of Nurses of Ontario (2009:08) also suggested that managers should explain the institutional policies as well as the possible consequences for employees who transgress such policies. From this report, it is clear that the availability of policies plays a pivotal role in the management of the conflict as it provides managers with the basis for a fair decision-making process.

Some of the participants believed that sometimes the managers have to take control and implement formal steps to ensure service delivery. To maintain relationships according to some participants, it must be acknowledged that conflict needs to be dealt with. The outcome of the conflict according to responses from some of the participants, should focus on maintaining relationships where all feel they are fairly treated.

“We can sit down and try to solve the problem. But at the end of the day I want this problem to be solved and for both nurses to be fairly treated” (NMB2, 5:15).

Some of the participants indicated in their responses that they would refer the matter to the Employee Assistance Programmes (EAP). According to some of the participants, the referral of employees would be done in line with the problems identified during the process of conflict resolution. One participant cited the presence of social and financial problems as an indication of the need for referral.

“...It’s then now [that] I will, I will take it further by taking the young one. Let’s say I can refer her to the EAP you know. Employee’s practitioner neh, maybe there is a problem somewhere somehow...” (NMD4, 5:16).

“Some have social problems at home. That is why she is behaving like this. So you counsel and refer if maybe really there is a social problem. Like another nurse of mine, she was not coming to on duty only to find out she had financial problems. So I had to sit with her and say the group is not happy because you are always absent”

(NMA1, 7:30).

Farrell (2015:01) recommended that line manager who notice any indicative behaviour in subordinates, should initiate referral to the EAP immediately after discussing the matter with the employee concerned. According to Warnich, Carrell, Elbert and Hatfield (2015:457), the EAPs offer broad and comprehensive approaches to employers by helping employees identify and solve personal and work-related conflict irrespective of the cause. Successful conflict management involves the utilisation of all support structures when necessary and the actions of some of the NUMs, by referring the employees to the EAPs, can therefore be regarded as appropriate in this instance.

Several of the participants indicated that they would initiate a disciplinary process should the measures being taken to assist the employee fail or result in minimum improvement. Disciplinary processed in this regard made special reference to the violation of the code of conduct which stipulates the acceptable expected behaviour from staff members. Part of the responses from the participants also highlighted the involvement of the labour union in the disciplinary process.

“...If I heard a noise it means that they were both fighting, so they must sign a warning for fighting in the unit, number one neh... and then I must put that in their files but also... I must also notify labour because, when they leave my unit for sure they will both go to their unions so by the time they go to labour to their unions, labour must also know there was like this...” (NMCE5, 2:28).

The goal of a disciplinary process should be based on encouraging employees to comply with expected organisational standards as well as maintaining trust and respect between the employee and the supervisor (Warnich, Carrell, Elbert and Hatfield, 2015:524). It is

from this premise that it would be justified for some of the NUMs to have indicated their intentions for initiating a disciplinary process.

3.4.3 Theme two: Nurse Unit Managers avoided the conflict

One of the major findings of this study is that most of the participants avoided the conflict. This finding is based on the responses by the participants, especially during the confrontation with the nurses in conflict. Although avoiding conflict can be suitable at times, in this scenario it wouldn't have been productive and helpful to avoid the conflict. In general some of the participants shied away from taking responsibility for resolving the conflict when required to do so. Some of the interventions from the participants, as highlighted in this theme, nonetheless were referred to as positive in theme one. The participants' immediate response when they became aware of the conflict, however cannot be regarded as avoidance. This is so due to the fact that most of the participants' immediate responses to the conflict was to diffuse the conflict situation. However, those who avoided the conflict seemed more concerned about maintaining relationships than resolving the problems. It could therefore be possible that they don't want to be the "bad guy" or to be "unpopular", or they might not want to create the impression that they are "too strict".

Avoidance of the conflict in the context of this theme became apparent during the process of resolving the conflict and through the management structures that the participants suggested they would utilise when dealing with the conflict. The interventions may be regarded as positive in other contexts as they rely heavily on situational factors such as when in the process of conflict resolution the intervention was effected. This theme therefore provides reference specifically to the response of the participants that supports the assertion that they avoided taking ownership of the resolution of the conflict and deferred their responsibility to third parties or other structures prematurely.

It emerged from the interviews that some of the participants avoided the conflict by accepting the incorrect and unwarranted demands of the nurses. The context of the conflict scenario provided to the participants was drafted in such a manner that the participant should be able to, after exploring the conflict variables, identify any unreasonable requests or demands. Responses also revealed that the participants were not interested in taking ownership of the resolution of the conflict. This is evident in the responses from several of the participants where they referred the conflict prematurely to a senior level of management or other institutional platforms without and before going through the entire process of conflict resolution in the unit. Some of the participants stated that they will call a witness to sit in while others said they will call their superior or the area manager as they attempt to intervene. The researchers' impression was that the participants did not have the confidence to deal with the conflict properly, either due to a lack of capacity and the uncertainty about the process or not being trained in conflict management, or they just didn't have the people skills to deal with the staff.

“...uhm if possible I can get my area manager to come and join us. So that I can have a witness when I talk to both of them...” (NMCD4, 2:2).

According to Booyens (2014:374), the avoidance approach to conflict resolution is evident in situations wherein the parties ignore or allude confronting the conflict because they are concerned about maintaining both relationships and a harmonious situation. This is commonly influenced by variables such as culture, gender and a lack of awareness of the negative impact using the avoiding conflict management style (Kaimenyi, 2014:58). A study in Egypt also reported the use of the avoidance strategy to resolve conflict which was related to a concerted effort by managers to maintain relationships and curb turnover (El Dahshan and Keshk, 2014:138). The use of avoidance was also reported in a study by Moisoglou, Panagiotis, Galanis, Siskou, Maniadakis, Kaitelidou (2014:80) where 62% of the nurses reportedly used the avoidance approach for conflict resolution. Obied and Sayed Ahmed (2016:44) reported that one third of the nurses in their study also used the avoidance style possibly attributed to a lack of experience, self-confidence, and mistrust in their professional abilities; in addition to lack of organisational support. Okhakhu,

Okhakhu and Okhakhu (2014:04) reported a strong preference not to confront conflict directly with nurses which was attributed to cultural socialisation and a position of authority within an organisation.

The avoidance strategy is considered to be the least effective approach to conflict management as it creates conditions where both parties lose (Moisoglou *et al.*, 2014:80). The findings from Bazogul and Ozgur (2016:05) also reported that the nurses in their study used the avoidance strategy more often than the other conflict resolution strategies. Referring of conflict to the area manager is consistent with findings by Pavlakis, Kaitelidou, Theodorou, Galanis, Sourtzi and Siskou (2011:247) where majority of the respondents stated that they would refer conflict to a colleague or their superior in their department to resolve.

Some of the participants reported that they would refer the employees to other institutional structures such as the Employee Assistance Programs (EAP), while other participants indicated that they would involve labour unions in the conflict. From the interviews in the current study it became apparent that some of the participants referred and made the conflict official before they resolved it with the involved parties within the unit. This finding could possibly suggest that the participants, did not want to be involved in the processes of conflict management until the end of the process. The point during the conflict resolution process that some of the participants stated that they would refer the matter, is questionable. The participant said:

“...In that case there are different labour union in my institution. So that we can sit down and try to solve the problem.” (NMB2, 5:15).

Dijkstra, Beersma and van Leeuwen (2014:448) also warned that when leaders avoid confronting conflict themselves, they are seen as unfair by their subordinates and as such this perception contributes negatively by reducing the chance of effective conflict resolution and by weakening their own authority. The avoidance of conflict by some of the NUMs is consistent with the findings by Thomas and Kilmann (2008:02) who revealed that line managers avoided confronting disputes and relied on their human resource

departments to manage conflicts. Referring conflicts prematurely is a negative manager intervention which is unlikely to contribute to conflict resolution. The avoidance of conflict, according to Booyens (2010:533), does not usually result in the resolution of problems but rather in escalations.

3.4.4 Theme three: Nurse Unit Managers did not apply the accepted process to manage the conflict

What emerged from the interviews related to theme three was that some of the participants did not manage the conflict in an appropriate manner at all. In this theme the participants' responses were regarded as ineffective and counterproductive in a conflict situation. However, some responses regarded as negative in this theme may be effective under other circumstances such as those reported in theme one. The context under which responses were said, for example when an intervention was effected in the conflict management process, was taken into consideration to classify some responses as negative.

3.4.4.1. Nurse Unit Managers did not resolve the conflict between individuals in an appropriate manner

It emerged from the interviews that some participants attempted to intervene in the conflict without understanding the issues involved. When asked how they would deal with the conflict presented in the scenario, some participants' responses to the issues concerning the conflict was unsystematic and haphazard. The recommended step-by-step process for problem-solving and conflict resolution, as stipulated in the model answer and in literature, was not adhered to. As a result, the approach to resolving the issues was disorganised. One participant stated that educating nurses is the first important thing to be addressed when resolving the conflict situation. This could be due to the fact that the participant may have already assumed who is right or wrong without going into more details regarding the possible sources of the conflict. Such an autocratic approach to the conflict may be influenced by the participant's personality, which may override the conflict resolution process.

“I would just call them and sit them in the office. And tell them how things are in this organisation or in this hospital setting... For instance, I will tell them... for instance this young, as much as she is so interested and she is so eager to learn new things but also she needs to have time and get a balance.” (NMFC6, 1:25).

The above findings are contrary to what the model answer recommends on the steps that should be followed to ensure effective conflict resolution (please see Appendix 1(B)). The model answer (Muller, 2009: 187) outlines the desirable logic to be followed in resolving issues which were not adhered to by participants when intervening in the conflict. Being haphazard has a direct impact on the process and may distort facts or result in prolonged conflicts. When the logic and process of conflict management is disregarded, the results are that authority is overlooked and opinions may become the standard practice of management. This also encourages the NUM to hide behind policy or shy away from confronting the real issues. A study by Spagnol *et al.* (2010:797) reported the use of intimidation and threats, by nurses, of staff members to avoid facing the nurses or having to deal with the difficult conflict situations at work. At times, older and more experienced managers also may rely on past experiences and tend to assume they “know better”.

Another important observation from the current study is that some of the participants intervened without exploring the root causes of the conflict. This means that a thorough interrogation on the differences or arguments between the two nurses engaged in conflict, was not done. Some of the participants said that they will only ask the parties in conflict what the problem is or why they are arguing, however when asked what other issues they would want to understand regarding the conflict, no further responses were verbalised. The participants seemed unsure if there were other issues regarding the conflict that required further exploration and interrogation.

“I am going to be straight, straight to them. No crooked ways, this is how things are done and we work strictly according to the policies and procedures...” (NMCD4, 5:3).

The diagnosing and resolving of conflicts requires a clear understanding of all the differences between the concerns of the parties involved (Booyens, 2010:542). When confronting or dealing with issues, the model answer recommends determining the scope and extent of the problem. Furthermore, exploring if there are other parties involved or if the current conflict is the first encounter, is recommended in the model answer (Muller, 2009:187).

While some of the participants insisted on separating the two nurses to work on different shifts or in a different unit, other participants did not mention whether they would remove the disruptive team member from the team. The context of the conflict scenario, however, did not exhibit previous encounters that portrayed any of the nurses involved in the conflict, as being disruptive, and therefore be used by some of the participants to decide whether or not to remove the disruptive member. It would then be justified as to why some of the participants stated that they would prefer to keep them both in the unit.

“...I have to tell them same time, I don't have to... to separate them with this according to this scenario. I'll just tell the younger one, you are wrong...” (NMCC3, 3:1).

It is sometimes necessary for managers to confront and intervene in a conflict by removing a disruptive team member when applicable as recommended by Thomas and Kilmann (2008:20). Huber (2010:283) recommended that managers must adopt a defensive approach to conflict resolution when dealing with a disruptive member by separating the contending parties to different teams, shifts or days of work.

Some of the participants stated that they will have the final say in the decision making and on how to address or finalise the issue. The authoritarian approach to the conflict was evident in the responses where a few of the participants said that there is no need to even debate because it was evident who is wrong in this particular conflict situation.

“I have to tell them same time, I don't have to separate them with this according to this scenario. I'll just tell the younger one, you are wrong. First of all who told you that you

are going to the in-service training? Because that one is arranged last week which is good for somebody who is... who knows how to arrange her things. So I'll tell this one, don't go. This one arranged and is going that's all..." (NMCC3, 5:3).

The findings by Kinnander (2011:42) reported that the participants wished for a fair process wherein everyone is allowed to have their say in the process of conflict resolution and all are involved in the decision making. Coming up with a conducive and favourable solution requires engagement through dialogue and negotiation to enhance trust among the parties (Kohlrieser, 2007:03).

While some of the participants dealt with the issues logically until a solution was reached, most of the participants did not assess the situation after conflict resolution. When the participants were probed as to what they would do after reaching the solution, only a few responded by saying that they will keep record of the incident as well as monitor the efficacy of the plan of action agreed upon. Other participants verbalised that they will initiate a disciplinary process instead.

"...I must make sure that once after I've done the correction, let them sign a verbal warning because it's not just the fighting in the unit, they must both sign. If I heard a noise it means that they were both fighting so they must sign a warning for fighting in the unit, number one neh... and then I must put that in their files but also... I must also notify labour..." (NMCF6, 2:7).

According to the College of Nurses of Ontario (2009:09), the responsibility of the nurses in leadership positions is to ensure that appropriate follow-up procedures are in place to support nurses who have been through a conflict situation. This is contrary to what some of the NUMs did in the study by not assessing the effectiveness of the solution agreed upon. Reaching an amicable solution requires the selection and documenting of the plan of actions and timelines (Graham and Mollenhauer, 2011:49).

3.4.4.2 Nurse Unit Managers did not manage the conflict in the unit in an appropriate manner

The researcher found that the participants had difficulty implementing measures to mitigate and curb the conflict in their units. Some of the interventions and processes the participants said they will follow were unlikely to result in the resolution of the conflict. From the responses it was evident that some of the participants believed that using such processes will eventually result in the de-escalation of the conflict in their units. However, it is important to note that such platforms and processes which the participants used in this study, are not necessarily inappropriate. However it is when and how in the process of conflict resolution, such processes were referred to by the participants.

It emerged in the interviews that some of the participants did not regard the conflict between the two nurses as an issue that should be kept private. No confidentiality was assured or ensured because some of the participants indicated that they will also discuss the issue with the rest of the staff during meetings in the unit.

“...And then after that every, I have to alert the other ones also because every morning we’ve got reviews in the morning every day. So if I noticed that there’s something that people don’t understand, I have to also raise to other people to make them alert and correct that thing that happened yesterday...” (NMCC3, 3:9).

Effective conflict management requires that managers keep issues regarding the conflict private and confidential which includes not disclosing where the complaints have originated from (Thomas and Kilmann, 2008:20). This is contrary to what some of the participants said they were going to do as indicated above. Discussing the details of the conflict situation with workplace colleagues may lead to misinterpretations or heightened conflict and the conflict might resurface (Ford, 2001:01).

Evident also was that most of the participants found it important to rely on and enforce policies and procedures of the institution as the basis for managing conflict. It was stated by some of the participants that they assume that all the nurses have gone through some

form of orientation and have some knowledge on how issues are dealt with in the institution. Amongst other policies referred to by the participants, most referred to the training policy. One of the participants indicated that reliance on policies helps her manage conflict situations.

“No crooked ways, this is how things are done and we work strictly according to the policies and procedures...” (NMCD4, 5:5).

The approach employed by the participants in this instance can be regarded as the competing style of conflict management. Huber (2010:287) explained that the competing strategy in conflict is evident when policies and rules are used to adjudicate on a matter and usually result in the satisfaction of one party's needs at the expense of the others. The competing strategy has been proven to be ineffective as it causes intimidation and interferes with communication, discussion of alternative ideas and attempts at problem solving. The competing strategy was in fact found to be the least used strategy by nurses in a study by Baddar, Salem and Villagrancia (2016:96).

Some of the processes that the participants said they would follow, which are also regarded as inappropriate in this theme, such as referral to the EAPs, labour unions and to senior management prematurely were all discussed under theme two as avoidance of conflict, and will therefore not be discussed further under this theme. The participants who chose to refer the conflict to such platforms did so prematurely, without having tried to intervene and thereby deferring the responsibilities to a third party. Such platforms are recommended once the issues that are being dealt with cannot be resolved or managed locally.

3.5 SUMMARY OF THE CHAPTER

In this chapter, the researcher described the findings of the study after conducting in-depth interviews of the eleven Nurse Unit Managers on how they intended to resolve and manage the conflict in their unit based on the scenario given to them during the interviews. The researcher also placed the findings in the contemporary body of knowledge using the

literature control. In chapter 4, the recommendations will be made on how to optimise conflict management by Nurse Unit Managers in public hospitals.

CHAPTER 4

RECOMMENDATIONS, LIMITATIONS AND CONCLUSION

4.1 INTRODUCTION

Chapter 1 of this research study presented an overview of the study and provided an overview of the present literature regarding conflict resolution and management. In addition in chapter 1, the researcher discussed the problem statement, goals and objectives of the study. A detailed discussion on the research design and methods was given in chapter 2. In chapter 3, the data from the interview responses was dealt with and analysed as themes and sub-themes regarding the ability of nurse unit managers to manage conflict in the nursing units. Chapter 4 outlines the summary of the findings, the limitations, the recommendations and the conclusion of the study.

4.2 SUMMARY OF THE FINDINGS

The researcher observed that high levels of conflict existed in nursing units where he was previously employed. The same trend was noticed where he was conducting accompaniment with undergraduate and postgraduate students. During those encounters in practice, the researcher noted that the NUMs either avoided managing the conflict as it arose or had difficulty dealing with the conflict between the nurses or themselves or other staff members. The researcher therefore aimed to explore and describe the ability of Nurse Unit Managers (NUMs) to manage conflict in the nursing units. This was done through individual in-depth semi-structured interviews where the NUMs were given a conflict related scenario and asked how they would deal with the conflict as described in the scenario. From the interviews, the following three themes emerged as discussed in chapter 3:

- **Theme one: Nurse Unit Managers (NUMs) managed the conflict in an appropriate manner**

A few of the NUMs effectively dealt with the conflict by following the recommended process for conflict management as supported by the model answer prepared in advance using literature which was peer reviewed by experts in nursing management. From the interviews it emerged that some of the NUMs were aware of their role in the conflict and could explain what is acceptable or unacceptable behaviour as well as the conduct of a person who must intervene in the conflict. Some of the NUMs reported that they would refer the conflict to senior managers should they fail to resolve it at a unit level. Several of the NUMs demonstrated an awareness of the correct platforms and structures that could be used to assist in managing the conflict in the units. Some NUMs demonstrated the willingness to take responsibility for resolving the conflict as well as monitoring compliance and ensuring harmony in their nursing unit. It is important to note that not everything was done correctly and appropriately by all the NUMs. Some of the NUMs intervened correctly only where they were comfortable to and overlooked other resources that could have assisted them or the employees, in the management of the conflict.

- **Theme two: Nurse Unit Managers avoided the conflict**

The most significant finding of this study was that the majority of the NUMs avoided taking responsibility for the management of the conflict. Some of the NUMs ignored or negated the conflict and/or referred the conflicting parties to other resources such as labour unions and Employee Assistance Programmes. In other instances they involved senior managers for further interventions before completing the process of resolving the conflict. An additional observation was that some NUMs relied heavily upon the hospital policies to resolve matters and did not consider the individual circumstances that had led to the conflict such as that given in the conflict scenario.

- **Theme three: Nurse Unit managers did not apply the accepted process to manage the conflict**

NUMs were unsure of the process to follow as well as what was required of them in a conflict between the nurses in their unit. As a result, some of the NUMs were unsystematic and dealt with issues in a disorderly, disorganised manner. The conflict resolution process initiated by some of the NUMs was in direct contravention of what the model answer stated and what the literature on conflict management recommended in terms of the steps to be followed. Although literature suggests that there is no one single way of dealing with conflict, the basic principles of conflict management should apply to all conflict situations. Issues which the NUMs did not properly attend to when managing the conflict included a lack of consideration for confidentiality and not exploring the conflict thoroughly enough to gain a broader understanding of the issues involved. Some of the NUMs did not follow up on the solution to determine if the conflict had been resolved.

4.3 LIMITATIONS OF THE STUDY

The limitations encountered throughout the study are as follows:

- The present study did not consider the age, gender and work experience of the participants, which may have influenced the participants' approach to the conflict management and future studies should deliberate on such variables.

4.4 RECOMMENDATIONS

The objectives of the study were as follows:

- To explore and describe the ability of nurse unit managers to manage conflict;
- To make recommendations from the findings on how to optimise conflict management by nurse unit managers.

The first objective as stated above was achieved during two phases. In phase one the study, the conflict scenario and model answer was developed in consultation with experts from nursing management as well as human resource management practitioners. In phase two the researcher recruited participants and conducted face to face, in-depth,

semi-structured interviews to obtain the information as well as the emerging themes and sub-themes.

The second objective was accomplished in phase three of the study by making recommendations regarding how to optimise conflict management by the NUMs (please see information below). Once the themes that emerged from the data were discussed, inferences were made regarding the shortcomings on the NUMs' abilities. Literature was also consulted to substantiate the recommendations that were made given the context and findings. The following recommendations were therefore proposed:

4.4.1 Recommendations for Nursing Practice

The researcher suggests that management in public hospitals:

- Invest in capacitating nurses in supervisory roles, by offering continuous professional development or training in the form of Short Learning Programmes or in-service training workshops, on conflict management. Compulsory upskilling should also take place every five years related to new developments, practices and legislation in terms of conflict management. Daud, Mohd Isa, Mohd Nor and Zainol (2013:132) reported a significant improvement in behaviour, confidence and skills for handling conflict in the workplace following training on conflict management.
- Develop and enforce policies and standard protocols for resolving and managing conflict. Having guidelines for managers when faced with conflict by using the conflict resolution model and adapting it to different circumstances, will help NUMs to build their confidence and ensure that an amicable process is followed. Brown, Lewis, Ellis, Stewart¹, Freeman and Kasperski (2011:09) suggested that the development and active use of conflict resolution protocols is an important team strategy in addressing conflict.
- Establish a nurse managers' peer group or forum so that the NUMs can discuss cases and learn from each other. It will assist them deal with conflict situations in hospitals proactively and more effectively.

- Pronounce conflict management as a key performance area (KPA) for all nurse managers and have their teams assess their behaviour using a rubric or other assessment tool on a regular basis. This could also be achieved by utilising staff satisfaction surveys in which conflict management is stipulated.

4.4.2 Recommendations for Nursing Education

The most successful denominator for conflict resolution is formal training (CPP Global Human Capital Report, 2008:02). The following is therefore recommended:

- All nurses, in their basic training, should receive skill orientated education and training so that they can manage conflict appropriately, not only between staff members, but also between their superiors and themselves, between multidisciplinary team members, and in general (for example how to deal with difficult family members). Training could include a few case studies and a portfolio of evidence on conflict management by students.
- More specialised training on conflict management should form part of all postgraduate courses for nurses especially those involved in supervising subordinates. For instance, clinical team leaders and nurse managers are expected to be role models for the other staff members, and therefore also actively resolve conflict in the workplace.
- Multi-disciplinary and inter-professional education should be part of all managers' training in which human resource managers participate, to ensure that nurse managers have the necessary knowledge and skills to deal with conflict in a lawful and appropriate manner to ensure that peoples' rights are not infringed.

4.4.3 Recommendations for research

The researcher suggests that:

- Further quantitative research on the reasons, types and extent of conflict among nurses in both public and private sector health care institutions should be conducted in South Africa due to the paucity of research regarding this topic. The evidence can then be utilised to improve training regarding conflict management.

- Additional research on the topic should be conducted by assessing and including other variables (age, gender and hospital setting) which influence the choice of the approach to the conflict management that a NUM can adopt.
- The implementation of competency-based research or assessment on management competencies regarding conflict management should be introduced, which allows for more authentic results as opposed to self-assessment techniques which could be biased by participants.

The objectives of this study have therefore been reached.

4.5 SUMMARY OF THE CHAPTER

In chapter 4 of this study, the researcher made recommendations regarding how to optimise conflict management by NUMs in the nursing units. The recommendations are also aimed at providing the nursing education institutions and NUMs with a framework for referral when dealing with conflict situations during the course of their supervisory role. It is envisaged that the successful implementation and embracing of these recommendations by policy makers will assist in both closing the skills gap and mitigating the high of costs associated with unresolved conflict in health care institutions. The recommendations will also assist educational institutions regarding programme development and reviews and practical implementation during the training of nurses for management positions.

4.6 CONCLUSION OF THE STUDY

Conflict is an inherent and inevitable occurrence in all workplace settings. With the high costs and consequences unresolved conflict has on the provision of nursing care, it is imperative that policy makers acknowledge the phenomenon and invest resources to mitigate the impact. This research study provided information about how the NUMs approach conflict situations in the nursing units. It was confirmed in the study that while some of the NUMs managed conflict appropriately, others still lacked the capacity to do

so and require additional training. Recommendations were made and guidance provided on best practice guidelines for effective conflict resolution and management.

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APPENDICES

APPENDIX 1(A)

Conflict scenario

Please read the following conflict scenario and answer the question that follow:

There are two nurses in the ward. One is a newly appointed young professional and the other an experienced nurse in her 40's, and is a very good nurse practitioner. The young nurse is confident and demanding, she wants to go to training even when the topic does not relate to her functions in the ward because she thinks she has a right to go for training. She offers to go to any meetings that the nurse unit manager has to attend, because she likes to socialise and be seen with the nurse managers. She demands weekends off and also requests days off before every long weekend to extend the time with her family. Her rationale for her behaviour is that her children are young and she should be able to spend time with her growing children.

The older nurse is not married, she has no children. She works hard and is always prepared to stay late and to help out when there is a crisis. She does not demand special off duties and is not an attention seeker.

The older nurse indicated a week ago that she was going to the in-service training session today, because she is busy with her Masters and the session will be very valuable for her study. When she walked out of the department, the young nurse shouted at her and said that she was going to the training session and that the older nurse had to stay behind, because there were not enough nurses to see to all the patients.

A verbal argument followed and the two of them became verbally abusive in the passage. You (the nurse unit manager) were sitting in your office and heard the commotion.

How would you deal with this situation?

Model Answer**Principles of conflict management (Muller, 2009:187)**

| Steps | Application |
|--|--|
| <p>1. Identify the conflict</p> | <p>Determine the scope, nature and complexity of the conflict</p> <p>Identify and acknowledge that there is a problem</p> <p>Analyse the nature and extent of conflict</p> <ul style="list-style-type: none"> • What is the problem? • What are the causes of the problem and conflict? • Is there conflict between two persons or are groups involved? • For how long has the conflict existed? |
| <p>2. Confrontation</p> | <p>Interest groups or persons confront each other</p> <p>Rules for confrontation:</p> <ul style="list-style-type: none"> • Use personal statements such as “I, my” • Encourage the free exchange of feelings, ideas, values and attitudes between two parties • Use statements openly in respect of personal relations and share your feelings about the other person’s conduct openly with her or him • Be specific in respect of the other person’s observable conduct and the feelings such conduct creates in you • Be absolute with regards to accusations (specify) • Concentrate on the here and now incidents • Avoid the hit-and-run approach, give the other person time to react to the accusations and state their case • Avoid personal judgements |

| | |
|----------------------|---|
| | <ul style="list-style-type: none"> • Show mutual respect for each other • Use positive interpersonal communication skills |
| 3. Solution | <ul style="list-style-type: none"> • List possible alternatives during the confrontation • Select the best possible solution • Both parties agree to implement the solution • A plan of action is drawn up and both parties commit themselves to its implementation • The plan should promote harmony in the workplace • A written record of the agreement should be kept |
| 4. Assessment | <ul style="list-style-type: none"> • Assess the degree of peace and harmony as well as the fulfilment of the peace plan by both parties • Confrontation may be necessary once again |

Conflict Management Competency Framework for Line Managers (Chartered Institute Of Personnel and Development (CIPD), 2008)

| Competency | Positive | Negative |
|----------------------------|---|---|
| Dealing with issues | <ul style="list-style-type: none"> • Intervening quickly in cases of conflict • Dealing with conflict head on • Protecting employees by removing them from conflict situations • Removing a disruptive team member when necessary • Following up on conflicts after resolution | <ul style="list-style-type: none"> • Avoiding confrontation • Leaving conflicts between team members to sort themselves out • Not addressing bullying • Allowing a situation to develop before intervening • Stepping in to intervene in conflicts without understanding the issues • Allowing a disruptive team member to return to the team |

| | | |
|---|---|---|
| <p>Use of official processes</p> | <ul style="list-style-type: none"> • Communicating procedures and policies available to each employee • Use all available procedures to investigate incidents of abuse • Using official procedures to set an example of how seriously complaints are taken • Escalating issues to senior management where appropriate | <ul style="list-style-type: none"> • Making a complaint official before seeking to resolve locally • Making a complaint official against the complainant's wishes • Not following the correct procedure in dealing with a conflict • Using 'red tape' associated with procedure to discourage employees from making official complaints |
| <p>Participative approach</p> | <ul style="list-style-type: none"> • Acting as a mediator in conflict situations • Speaking to each party individually • Bringing both sides together to communicate • Supporting both sides in a complaints procedure • Gather ideas of how to address the issue with the team | <ul style="list-style-type: none"> • Taking sides • Not giving equal time to each side of the conflict • Speaking to employees in a parent-child manner • Not listening to employee complaints |
| <p>Monitoring team relationships</p> | <ul style="list-style-type: none"> • Being aware of tensions and keeping it at a low level • Picking up on squabbles before they lead to conflict • Acknowledging when a team member is causing stress to others | <p>N/A</p> |

| | | |
|--------------------------------------|--|---|
| <p>Acting as a role model</p> | <ul style="list-style-type: none"> • Maintaining professionalism • Being clear about expectations of team conduct • Not tolerating backbiting in the team • Showing no interest in office politics or gossip | <ul style="list-style-type: none"> • Losing temper within discussions • Deliberately creating conflict in the team • Engaging in conflict with other managers • Engaging in conflict with employees |
| <p>Integrity</p> | <ul style="list-style-type: none"> • Keeps employee issues private and confidential • Treating all employees with the same importance | <ul style="list-style-type: none"> • Making public where complaints have come from • Bullying employees • Threatening employees unfairly with disciplinary action |

Consent form

The ability of nurse unit managers to manage conflict in the Nelson Mandela Bay Municipality public hospitals

Please Initial Box

1. I confirm that I have read and understand the information sheet regarding the above study and have had the opportunity to ask questions.

2. My participation is voluntary and I have not been coerced to participate and understand that I am free to withdraw at any time, without giving a reason.

3. I agree to take part in the above study.

4. I agree to the interview being audio recorded and notes taken during the interview.

5. I agree to the use of anonymised quotes in any publication or report that come from the study.

6. I am willing to clarify information after the session regarding my interview, with the researcher and am therefore willing to provide my contact details for his use only.

Name of Participant Date Signature

Name of Researcher Date Signature

Date of interview.....

Place of interview.....

Contact details.....

Information regarding participation in a study

Nelson Mandela Metropolitan University

Title of study: The ability of nurse unit managers to manage conflict in the Nelson Mandela Bay public hospitals

Description of the research and your participation

You are invited to participate in a research study conducted by Mr ME Moeta. The purpose of the study is to explore and describe the ability of nurse unit managers to manage conflict in the Nelson Mandela Bay public hospitals. Findings will be used to make recommendations for optimising conflict management among nurse unit managers in the Nelson Mandela Bay public hospitals.

Participation in this study will involve a one-on-one interview. The interview will be conducted by the researcher in a private, comfortable and convenient location. You will be asked questions related to conflict management in public hospitals. Your responses will be captured using an audio recorder and notes will be written by the researcher during the interview. The highest levels of confidentiality will be strictly adhered to as your right to privacy is privileged. For example, your name or personal details will not be made available to anyone other than the researcher. No names will be used to identify you as a participant; rather each participant will be assigned a reference number to ensure anonymity. The data collected will be kept in a safe and secure facility for a minimum of five years before it is destroyed. The data collected may be published in any publication or report that comes from the study.

Voluntary participation

Your participation in this research study is entirely voluntary. Thus, you may choose to participate or not to participate. If you choose to participate, you also have the option of withdrawing your consent or participation at any time in the process. You will not be penalised in any way should you decide not to participate or to withdraw from this study. There will be no compensation for participating in the study. You will be given an opportunity to ask any questions regarding the study and satisfactory answers will be provided.

Contact information

If you have any questions or concerns about your rights as a research participant, please contact the Nelson Mandela Metropolitan University Research Ethics Committee (Human) at 041 504 2114 or the supervisor of the study, Dr S M du Rand at 041 504 2615.

Name and contact address of researcher

Mr ME Moeta

MA Health & Welfare Management student

Nelson Mandela Metropolitan University, North Campus

Tel: +27 (0)41 504 3171

Fax: +27 (0)41 504 2616

Cell: +27 (0)73 824 3332

E-mail: Mabitja.Moeta@nmmu.ac.za

Institutional permission

TO: The Chief Executive Officer

Dear Sir/Madam

RE: REQUEST FOR CONSENT TO CONDUCT A RESEARCH STUDY IN A HOSPITAL

My name is Mabitja Moeta, and I am a Master's student at the Nelson Mandela Metropolitan University in Port Elizabeth. I wish to conduct a research project on my Master's treatise titled: *The ability of nurse unit managers to manage conflict in the Nelson Mandela Bay public hospitals*. The project will be conducted under the supervision of Dr S.M du Rand.

I am hereby seeking your consent to approach nurse unit managers for the purpose of recruitment and data collection for the study.

Problem identified

Through years of practice as a registered nurse in Limpopo Province, the researcher has observed nurse unit managers having difficulties managing conflict among their subordinates. The nurse unit managers avoided confronting disgruntled nurses as a means of keeping peace in the workplace. Having informal dialogues with colleagues in the university and those currently working in public hospitals made the researcher realize that high levels of conflicts similarly existed in public hospitals of the Eastern Cape. The researcher was also exposed to conflict situations during student clinical accompaniment. There were instances where students indicated that they experience conflicts with staff members who often do not want to work with students. Nurse unit managers would often take sides or not intervene at all. These circumstances validated the assertion that there could be a lack of awareness or gaps regarding conflict management among nurse unit managers.

Aim of the study

- To make recommendations regarding how to optimise conflict management by nurse unit managers

Objectives of the study

- Explore and describe the ability of nurse unit managers to manage conflict;
- Make recommendations from the findings on how to optimise conflict management by nurse unit managers.

Research ethics

The following ethical principles will be upheld in the study:

- **Beneficence and non-maleficence**

No potential harm is anticipated for participants in this study. Knowledge gained from the study will enhance the planning and implementation of educational programmes for nurse unit managers regarding conflict management thereby benefitting them professionally and personally. It might also be of benefit to the nurse unit managers to speak to the researcher regarding their fears and inabilities regarding conflict management thereby releasing some stress or anxiety about the process.

- **Autonomy**

The researcher will approach the participants and ask them to participate in the study. They will be informed about the aim of the research and the processes entailed. Participants will be given an opportunity to ask questions and then to indicate their willingness to participate or not. No participant will be compensated for or coerced into taking part in the study. They can withdraw at any time without fear of prejudice.

- **Justice**

All participants who meet the criteria for inclusion will be invited to take part in the study and the nature of potential benefits entrenched in participating in the study will be

discussed with participants. Study findings will be made available to the wider population of nurse unit managers who may also benefit from the recommendations. The Participants will be informed about the data collection methods. Contact numbers will be provided to participants where they can lodge a complaint if they feel their rights have been violated.

- **Privacy and confidentiality**

To uphold the principle, the interviews will be conducted in a private and comfortable place to ensure that the information is not shared with anyone. During data collection no names will be used to identify participants rather numbers will be assigned to participants. No names or identifiable characteristics will be included in the reports. Data collected will be kept in a safe and secured facility for a minimum of five years and then be destroyed as soon as its usefulness has expended.

- **Veracity**

Participants will be informed about the aims of the research and not mislead on any issue pertaining to the research. A thorough explanation related to any new changes will be discussed with participants throughout the study.

Dissemination of findings

Recommendations will be presented at a gathering of the public hospitals in the Nelson Mandela Bay Municipality and to the Department of Health, training institutions for nurses.

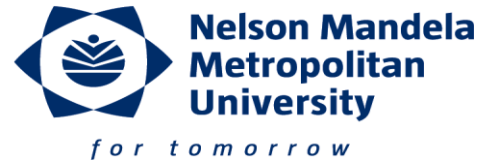
Thank you for your time and consideration in this matter.

Yours Sincerely,

Mr Mabitja Moeta

Nelson Mandela Metropolitan University

REC-H Permission



Copies to:
Supervisor: Dr S du Rand

Summerstrand South
Faculty of Health Sciences
Tel. +27 (0)41 504 2956 Fax. +27 (0)41 504 9324
marilyn.afrikaner@nmnu.ac.za

Student number: 212402080

7 July 2015

MR ME MOETA
619
ZONE 8
SESHEGO
0742

RE: OUTCOME OF PROPOSAL SUBMISSION

QUALIFICATION: MA HEALTH AND WELFARE MANAGEMENT
FINAL RESEARCH/PROJECT PROPOSAL:
THE ABILITY OF NURSE UNIT MANAGERS TO MANAGE CONFLICT IN THE NELSON MANDELA BAY PUBLIC HOSPITALS

Please be advised that your final research project was approved by the Faculty Postgraduate Studies Committee (FPGSC).

COMMENTS/RECOMMENDATIONS:

1. The proposal was well prepared and of a high standard.

Faculty Postgraduate Studies Committee (FPGSC) reference number: **H15-HEA-NUR-010**.

We wish you well with the project.

Kind regards,

A handwritten signature in black ink, appearing to read "M. Afrikaner", is written over a light blue horizontal line.

Marilyn Afrikaner
FPGSC SECRETARIAT

Approval from the Eastern Cape Department of Health**Eastern Cape Department of Health**

Enquiries: Zonwabele Merile
 Date: 27th August 2015
 e-mail address: zonwabele.merile@echealth.gov.za

Tel No: 040 608 0830
 Fax No: 043 642 1409

Dear Mr ME Moeta

RE: The ability of nurse unit managers to manage conflict in the Nelson Mandela Bay Metro public hospitals (EC_2015RP34_229)

The Department of Health would like to inform you that your application for conducting a research on the abovementioned topic has been approved based on the following conditions:

1. During your study, you will follow the submitted protocol with ethical approval and can only deviate from it after having a written approval from the Department of Health in writing.
2. You are advised to ensure, observe and respect the rights and culture of your research participants and maintain confidentiality of their identities and shall remove or not collect any information which can be used to link the participants.
3. The Department of Health expects you to provide a progress on your study every 3 months (from date you received this letter) in writing.
4. At the end of your study, you will be expected to send a full written report with your findings and implementable recommendations to the Epidemiological Research & Surveillance Management. You may be invited to the department to come and present your research findings with your implementable recommendations.
5. Your results on the Eastern Cape will not be presented anywhere unless you have shared them with the Department of Health as indicated above.

Your compliance in this regard will be highly appreciated.

SECRETARIAT: EASTERN CAPE HEALTH RESEARCH COMMITTEE



Ikamva eliqqambileyo!

Letter from the language editor

PO Box 5698
Walmer
6065

25 January 2017

To Whom It May Concern

RE: EDITING OF MASTERS TREATISE

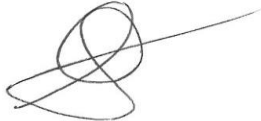
I, Andrea Alexa Waters, hereby confirm that I professionally edited the following Masters Treatise:

**The ability of nurse unit managers to manage conflict in
the Nelson Mandela Bay public hospitals**

submitted by Mr ME Moeta.

If you would like to contact me for confirmation hereof, please do not hesitate to.

Kind regards,



Mrs Andrea Waters
(082 338 2237)
Andrea.waters@nmmu.ac.za

Transcription: NMCA1

Date of interview: 10/05/2016

Interviewer: Moeta M.E

Interviewer: All the formalities were discussed with participant and consent was obtained and signed. The following scenario was read out to the participant as part of the interview:

There are two nurses in the ward. One is a newly appointed young professional and the other an experienced nurse in her 40s, and is a very good nurse practitioner. The young nurse is confident and demanding, she wants to go to training even when the topic does not relate to her functions in the ward because she thinks she has a right to go for training. She offers to go to any meetings that the nurse unit manager has to attend, because she likes to socialize and be seen with the nurse managers. She demands weekends off and also requests days off before every long weekend to extend the time with her family. Her rationale for her behaviour is that her children are young and she should be able to spend time with her growing children.

The older nurse is not married, she has no children. She works hard and is always prepared to stay late and to help out when there is a crisis. She does not demand special off duties and it not an attention seeker.

The older nurse indicated a week ago that she was going to the in-service training session today, because she is busy with her Masters and the session will be very valuable for her study. When she walked out of the department, the young nurse shouted at her, and said that she was going to the training session and that the older nurse had to stay behind, because there were not enough nurses to see to all the patients.

A verbal argument followed and the two of them became verbally abusive in the passage. You (the nurse unit manager) were sitting in your office and heard the commotion.

How will you deal with this situation?

Respondent: Okay Mr Moeta neh? This is *uhm...* what I will do:

I believe that in any, in any conflict, there are two sides of the story. So I will call both in and get their sides of the story from both of them at the same time. And they might have to control their emotions sort of and not allow them to talk whilst the other one is talking. And ill err make them to give each other chance to talk. And then now I err will also have to explain that we are about patient care. Our first priority is patient care. In as much as we would like to accommodate personal and social lives of employees, but our priority remains patient care.

So and also we try at all times to be fair to everybody and to treat all people the same. So we have to look at the.. at our register or our record of in-service err attendance and see who was the last one to attend in-service training and how relevant is the in-service to our duties and our unit.

Uhm... so based on that information, then we can decide now who deserves the opportunity to go to the next in-service. And also be careful not to make the other one to feel like a loser.

Uhm... explain that err next time she'll also get her turn. Ya... we need to give each other chances. And also our professional growth and development is also important. Seeing that the older nurse here is attending something that has to do with her Master's, *uhm...* with her Master's Degree. And that I think will be valuable because that contributes to her professional growth and development. And as this scenario mentions that the young nurse is always attending the in-service training. So I think in this case it will be time for the older nurse to attend the.. this session. But at the same time one has to make the young nurse to understand so that there would be no hard feelings towards the older nurse form the young nurse.

I think this is how I will deal with this.

Interviewer: Okay, so is there any other thing that you'll like to see now that you've gotten to discuss with them about what the problem might have been? Are there any other things that you'd do?

Respondent: For them?

Interviewer: Yes in that scenario, like you are sitting with them and you discovered what might have been the source of the problem, what are other things that you might want to do?

Respondent: I'll also at the same time use that opportunity to promote interpersonal relations. Maybe there might be problems with interpersonal relations. And also I would like to I prove good interpersonal relations between them. Ya.. By encouraging them to discuss amongst themselves every time when there are courses available. Before it comes to me they should be able to discuss amongst themselves and then come to me with a solution. They mustn't always look for a solution from me, they must be able to come up with a solution themselves. You see?

Interviewer: I heard you saying you'll talk to them about controlling emotions, do you want to tell me more about that?

Respondent: Ya... uhm... like maybe when a person feels like she is becoming angry, she should err rather stop talking and take a breather. And even if she leaves us for a moment, just to go outside and err you know? But *uhm* not allow anger to take over and control her, she should control anger.

Interviewer: Okay, do you want to tell me about the fairness that you indicated? You said we need to try and be fair, how would you be fair to everybody?

Respondent: Ya... fairness in the sense that people should be given equal opportunity for development. No person should be favoured more than the other. People should be given equal chances to develop themselves, and assist them equally wherever possible. Give equal assistance. Nobody should feel special to me. Everybody should feel welcome to come talk to me about anything.

Interviewer: Okay, do you want to add anything that you think might work in this situation?

Respondent: Uhm... I am not sure if there is anything but it is just to encourage them to open up more towards each other. And to be more open to each other and encourage the spirit of friendship. Not necessarily to become friends but a spirit of cooperation, working together, err team work you see.. and maybe *ke* if needs be and maybe possible, one might even consider team building sessions you see.. where maybe you see that interpersonal relations are not good. I think that's all I want to say on this scenario.

Interviewer: Now if you are saying you are going to see who deserves in this scenario, who in your opinion do you think deserves the opportunity?

Respondent: Like I said I think the older nurse deserves the opportunity for two reasons basically:

First reason because it is going to contribute to her growth and development and secondly I read here that the young nurse is always attending the in-service trainings and this one is always at work. So now at least which means that the young nurse has been getting more opportunities to attend the trainings than this older nurse. So now she should also give her a chance to attend.

Interviewer: Now after doing all this things, when do you say you are satisfied with the whole process?

Respondent: Well the process will have to be monitored closely and see if there will be no, there will be no ill feelings towards each other, especially from the young nurse to see if she would not be bitter afterwards. And start being negative towards the older nurse. And so you have to monitor her behaviour towards this one, without.. without asking this older nurse to be like an "informer" sort of to report. You have to, you have to observe yourself.

Interviewer: So you will use observation to monitor?

Respondent: Yes use observation to monitor behavioural change. If there is any improvement in their interpersonal *uhm* interactions you see? So you will have to.. You would have had the chance to promote that and really encourage them to work on their interpersonal interactions.

Interviewer: Initially you said you will call them in, what kind of questions will you be asking to them?

Respondent: Like.. I would like to know what is the commotion about. So that I can get to the root cause, sort of root cause analysis if I can say it. The main point is to understand it as they understand it. You see? So I'll allow each one of them to speak as much as possible about what is happening. Maybe you find that this has been brewing for quite some time you see. So, so, so now you'd like to get to the bottom, to where it started. Not what I heard now in the passage you see. So you'd like to go back as much as possible. Also that is the main thing to find out what is happening, when did it start.

Interviewer: So is that all that you would do in this situation?

Respondent: Ya... I think in this case that would be all.

Interviewer: In cases where the problem becomes more and you can't deal with it on your own, how do you deal with it?

Respondent: Well if the problem doesn't become solved, I have an area manager. I will, I will involve the area manager after I see that my attempts have failed, so the area manager must be involved. So I would call a meeting with two and myself and the area manager. And then I brief the area manager in their presence and then I would give the area manager chance to speak. Maybe she would like them to repeat to her the story again, I do not know.

Interviewer: Thank you very much for the information, is there any other thing that you would like to add before we wrap up the interview?

Respondent: No I have nothing else I would like to add. Unless maybe you can tell me maybe how about doing this, how about adding that.

Interviewer: No I wouldn't really add any other thing, it is up to you how you think you would deal with the situation. So for me it's just trying to get to understand how you will deal with the situation.

Respondent: Mr Moeta the thing is we are all in a learning situation. Maybe *wena* [you] as you go about interviewing different people, maybe there are things that I did not mention that you think from previous interviews that could be beneficial.

Interviewer: The whole thing would be actually indicated to you, as I am going to make recommendations and I'll submit some form of report and I will give you feedback definitely.

Respondent: Because in as much as this is a scenario, it is a possible situation... it could happen

Interviewer: Thank you very much for your time and for participating in the study. I really appreciate your time.

Respondent: Thank you very much.

END OF INTERVIEW