

# **Conflict Prevention and Management in Nursing**

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<p><b>Background.</b> Many nurses may experience contentious moments with a colleague that can escalate into conflicts in the workplace with various consequences. The outcome of conflicts depends on the strategy of conflict management. For proper conflict resolution, nurses need to know the causes of organizational conflicts because the consequences can negatively affect the health and emotional background of nurses, and even the entire team.</p> <p><b>Objective:</b> Find out if there are conflicts among Kazakh nurses who work in a hospital environment and find the causes of conflicts described by nurses to prevent conflicts in the future.</p> <p><b>Methods.</b> The qualitative study was conducted using semi-structured individual interviews with 27 nurses and 2 senior nurses.</p> <p><b>Results.</b> The findings showed the presence of conflicts among Kazakh nurses. Respondents described these conflicts in the workplace. Intrapersonal, interpersonal, intragroup, and intergroup conflicts were revealed. Almost all participants tried to resolve the conflict without assistance, through cooperation. Avoidance as a conflict management style was used mainly by young nurses with little experience.</p> <p><b>Conclusion.</b> These findings will help Kazakhstan's nursing administration to prevent the negative consequences of conflicts. The relationships of colleagues in the workplace are based on interpersonal relationships, so it is not surprising that interpersonal conflicts were more common. An important component when communicating with colleagues is respect for each other, rapport, despite the fact that it is a nurse without qualifications or a nurse manager.</p>		
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## 1 Introduction

Currently, Kazakhstan is actively reforming the health care system. The transition to the system of compulsory social health insurance since 2017 (Isimbergenova & Gumarova 2017) has led to an increase in the competitiveness of commercial and public health institutions, which has a beneficial effect on the quality of medical services. Therefore, the problem of increasing the effectiveness of professional activities, including nursing personnel, comes to the fore, as the professional team is one of the factors determining the economic situation in medical organizations. For the provision of quality medical services, a favorable social and psychological climate in the team is needed (Avdeenko 2017).

The problem of conflicts and stress among health workers has been widely discussed and studied (Almost 2006; Attri, Sandhu, Mohan, Bala & Bansal 2015; Manal 2015). Healthcare organizations have different professions, and every day there is a close interaction of different views and opinions. Such relationships sometimes generate conflicts, positive or negative, and can affect the entire team (Akpabio, John, Akpan, Akpabio & Uyanah 2016).

A conflict is a lack of agreement between two or more parties that may be specific individuals or groups of individuals. In healthcare organizations where a large number of nurses' work, the emergence of conflicts is inevitable (Arvekle, Berg, Wigert, Morrison-Helme & Lepp 2018). When people think about conflict, they most often associate it with aggression, threats, disputes, hostility (Maslyakov 2011). As a result, there is an opinion, especially in our mentality that conflict is always an undesirable phenomenon, that it should be avoided, if possible. But such behavior does not always lead to conflict resolution. Therefore, inadequate management of conflicts in health organizations causes unhealthy working conditions, worsening of working capacity, dissatisfaction of patients, and a decline in the quality of medical care. (Kantek & Kavla 2007.) The causes of conflicts in most cases are the individual characteristics of each nurse (character, education, disrespect, poor communication skills) and organizational factors (Almost 2006). As a result of conflicts, there will be an outflow of personnel, and while they will find a replacement, there may be an acute shortage of nurses in the workplace, which can lead to increased levels of

stress, stress on other employees, and disagreement with the Matron (Basiogul & Genul 2015; Bar-Tal, Halperin & De Rivera 2007).

The ability to properly exit the conflict provides favorable working conditions for the team, and in such an environment, labor productivity will be greater, outflow of personnel is reduced, patient safety is preserved, and the quality of healthcare services will improve. Many nurses do not know how to get out of conflict situations and as a result there are misunderstandings, quarrels, and stress. And what does conflict mean in the healthcare community, considering that the daily stress of health workers is perceived as a norm of life? Conflict is disagreement and not always a negative phenomenon. Under the guidance of a competent head of nursing, it is possible to achieve a favorable microclimate in the team, where everyone respects leadership and each other. All this prevents the outflow of personnel, and most importantly, it allows new employees to quickly join the team. (Ellis & Abbott 2011.) Moreover, if the conflict is not effectively managed, it reduces the level and quality of service, which affects the competitiveness of this organization and affects the prestige of the profession of the nurse in general (Nursing and Midwifery Council NMC 2015).

In Kazakhstan, there have been no studies examining conflicts between nurses; therefore, the purpose of this study is to investigate conflict situations, identify the causes, and to reveal the essence of conflicts among nurses in medical organizations. Knowing the causes of conflict situations, a program or training on effective and constructive conflict resolution among the medical team can be created. After receiving the results of the study, it would be easier to understand how nurses experience the possible conflict situations. The findings will help nurses to have more information about conflicts, to properly resolve conflicts without causing too much emotional stress, which can later affect the performance of the nurse. The results will also be useful for nursing managers who will be able to resolve conflicts without negative consequences, improving the productivity of the team and the quality of medical services.

## 2 Background

Nursing is a profession in which you need to show communication skills and develop interpersonal relationships. Mininel, Baptista, and Felli's study (2011) conducted among nurses and auxiliary nurses, showed that the care of seriously ill people has less of an impact on the quality of life of nurses, while emotional stress at work and interpersonal relationships are a trigger for mental burnout. Organizational conflicts can be positive if they contribute to personal growth and increase productivity. However, in most cases conflicts have negative consequences and can include irresponsible behavior, unfair treatment, and disagreement in work. (Wright, Mohr, & Sinclair 2014.)

The prevalence of stress among health care workers is very high (Johnston, Bell, Jones, Farquharson, Allan, Schofield, Ricketts, & Johnston 2016). Health care workers, such as doctors, nurses, and health care assistants in the hospital environment, represent a risk group for the development of anxiety and depressive disorders (Romanov, Nikolaev, & Golenkov 2012), and this affects not only the work but also the quality of life of workers. Dissatisfied and disinterested in their work, a nurse provides poor quality care (Davey, Cummings, & Newburn-Cook 2009), and as a result of this, there may be conflicts. Interest in conflicts is explained by the fact that they are unavoidable, and they play a weighty, complex, and often negative role in the lives of the group and intergroup relations (Brown, Lewis, Ellis, Stewart, Freeman, & Kasperski 2011).

According to the Center for health Development of the Republic of Kazakhstan in 2018, the number of practical nurses was more than 245,000, which two and a half times over the total number of doctors. Nurses receive a lot of attention from both management and patients, as they are a large staff and the main link between patients and healthcare organizations. (Ivanchenko, Pavlova, Martynova, Yusupova, Kasieva 2014.) The Ministry of Health of the Republic of Kazakhstan is currently conducting active reforms on the development of nursing, and state programs are being implemented to improve not only the health of the population but also the health care system as a whole. This is the State program of health development "Densaulyk" for 2016–2019 (currently in operation) and "Comprehensive plan for the

development of nursing in the Republic of Kazakhstan until 2019". The overall goal of these programs is to improve the health of the population, improve the quality of medical services, improve the image of nurses, and expand the powers of nurses.

A whole team of specialists is involved in the provision of healthcare: doctors, nurses, pharmacists, managers. This is a large professional team in which there are different opinions and approaches to the provision of medical care, and the occurrence of conflict can reduce the effective work of the team, which leads to a decrease in the quality of medical services. (Brown et al. 2011.) The main criteria for the provision of quality medical care, according to the recommendations of the working group of the World Health Organization (WHO 2009), are: the safety and accessibility of medical care and patient satisfaction.

Conflict is a complex phenomenon, and its consequences can be constructive and destructive. For the management of the clinic, it is necessary to create an action sequence that will help reduce the negative consequences of the conflict in the workplace and direct it in a positive direction. This is important in the health care team, where conflicts can help to relieve tensions between colleagues, resulting in conflict being used as a tool to solve problems, thereby improving interpersonal and intergroup relations. (Kim, Nicotera & McNulty 2015).

One of the founders of the theory of conflict in society is Morton Deutsch. It was he who first studied the constructive and destructive consequences of social conflicts (Deutsch 1973). He proposed a definition of "social conflict", proposed a typology of conflicts and studied the consequences of conflicts. According to Deutsch, to resolve a conflict, the following factors need to be determined:

- characteristics of the conflicting parties (motives and goals);
- relations with each other before the conflict (their attitudes, beliefs, and expectations about each other);
- essence of the problem that gave rise to the conflict;
- in which society the conflict is;
- stakeholders in the conflict (their relationship with the parties);
- conflict management strategy; and
- Consequences of the conflict.



Deutsch divided conflicts into two types: destructive and constructive. Its main objective is not to eliminate or prevent conflict but to make it productive. (Deutsch 1973, 351-400.) This information was useful to many practitioners, the foundations of this theory are used to this day (Cohen & Insko 2008), and a conflict in the workplace is no exception.

## 2.1 Types of conflicts

The lack of agreement between colleagues due to different opinions and the divergence of interests and views is a violation of the interpersonal relations within the team (group). This process does not always turn into conflicts and contradictions. The conflict is triggered when the existing contradictions violate the normal interaction of people, prevent the achievement of goals. As a result of the conflict, the participants can find a solution to the problem, and as a result, correctly and constructively resolve the conflict. (Omisore & Abiodun 2014). To properly manage conflict, you need to understand the causes of its occurrence, be able to analyze the typology of conflicts and possible consequences. To do this, consider the typology of conflicts in the healthcare team.

### 2.1.1 Intrapersonal conflict

Intrapersonal conflict is a complex process associated with the individual experiences and mental state of each person. Failure to solve the problem, a decrease in internal resources, unwillingness to change anything, doubts—all this can be a consequence of intrapersonal conflict (Tymofieva 2016). Such emotional experiences can hurt a working person's ability to make serious decisions, especially nurses with a high level of responsibility at work. Fear, self-doubt, and unsatisfied desire is relevant to intrapersonal conflict. People experiencing such emotions tend to be anxious all the time, they can feel that colleagues are making fun of and talking about them, comparing themselves with other colleagues and feeling worse, thinking that others have more knowledge and skills in their work. As a result, such people become closed and vulnerable; they are not interested in career growth, considering themselves "losers". But intrapersonal conflict can have opposite consequences,

when a person will prove his superiority over others, showing everyone that he/she is better than others. This can lead to internal exhaustion and psychological dependence on other people's opinions. It is difficult for a person to trace the intrapersonal conflict in himself/herself, emotions, and feelings, moral values. They go from childhood and interact and complement each other so that it becomes the norm of life; only outside observers can see such changes. (Tymofieva 2016.)

### 2.1.2 Interpersonal conflict

One of the types of conflicts that often occurs in the work collective according to the scheme is "individual-individual." People often conflict with different characters, world views, goals (Petrova, Dodonova & Polyukova 2015, 191). This may be due to the fact that the team employs people of different ages and generations and with different levels of education. Furthermore, interpersonal conflicts can arise in the nurse when interacting with the patient, the management, the doctor, due to undeveloped communication skills of the nurse (Marquis & Huston 2015, 486). Kelly (2006) describes in her article that many nurses often use avoidance to break out of interpersonal conflicts. But this style of conflict management, avoidance, leads to a break in the links between the parties to the conflict and to the stress of nurses (Sportsman & Hamilton 2007). Therefore, it is important for the nurse to develop interpersonal skills to be successful in the team, quickly find a common language with patients, and quickly resolve difficult situations. Such people are perceived as optimistic and attractive, and they create a successful career. Employers are looking for people with strong interpersonal skills to build a strong, cohesive team. (Boyd & Dare 2014.)

### 2.1.3 Intragroup conflict

Intragroup conflict affects the entire team or teams, and as a result, all team members suffer. Only a cohesive team can provide quality medical services. Therefore, it is important that there is no intragroup conflict. Intragroup conflicts can be classified by nature (Jehn & Mannix 2001) into conflicts associated with a misunderstanding of each other's ideas and opinions; interpersonal incompatibility as discord; conflicts in solving problems, for example, how a procedure is performed,

disagreement with the care plan. Managing such conflicts is a difficult task and requires experience from the manager and knowledge of the team members. Perhaps to resolve such conflicts, nursing managers need to understand "what people want in their group", because the psychological needs of each member of the group are different. (Chun & Choi 2014.)

#### 2.1.4 Intergroup conflict

This type includes conflicts that arise between departments, for example, admission and surgery, or between the therapeutic department and the resuscitation department. So, intergroup conflicts include conflicts between men and women, between older and younger nurses (Bar-Tal, Halperin & de Rivera 2007). As described by Manal (2015), among the nurses, there are intragroup conflicts that arise between different departments or in one department, a competitive conflict that arises between nurses as a result of injustice by the nurses' managers, and a conflict between a nurse and a doctor, followed by a devastating conflict. Intragroup and competitive conflicts are related to each other as they arise among nurses due to competition, and the unfair attitude of some nursing managers towards all nurses. There are also conflicts with the attending physician because of close interaction between nurses and doctors during care of patients. Such conflicts can be called interprofessional, as they are of great importance for the coordinated work of the team. (Wright, Mohr, & Sinclair 2014.)

All of the above types of conflicts can occur in different healthcare organizations, both together and separately. But many researchers (Aberese-Ako, Agyepong, Gerrits, & Van Dijk 2015; Kelly 2006; Obakpolo 2015) note the frequent occurrence of intrapersonal and interpersonal conflicts in organizations. The consequences of intrapersonal conflicts affect self-esteem, opinions, and worldview and can cause emotional exhaustion as well as reduction of physical health (Aberese-Ako et al. 2015). Interpersonal relationships are the basis of relationships between colleagues and can cause pleasant feelings, but they can sometimes be a source of quarrels and resentment. Therefore, the consequences of interpersonal conflicts can be serious for the whole team and transform into group and intergroup conflicts. (Obakpolo 2015.) Examples could be a decrease in group cohesion (Brewer, Kovner, Obeidat &

Budin 2013), ignoring the requests and orders (Kelly 2006), lack of respect (Rosenstein & O'Daniel 2008), including dismissal of personnel. It is especially important for the manager to recognize the causes and types of conflicts in order to prevent negative consequences and solve the problem constructively.

### **3 Purpose, objectives and research questions**

**The purpose** of this thesis study is to obtain information about conflict situation and conflict management in nursing from Kazakh nurses' perspective. The information will be valuable for nursing leaders and educators for developing tools to prevent conflicts in their organizations.

**The objective** is to describe how conflict can be prevented and managed in a healthcare environment and its impact on nurses.

#### **Research questions:**

1. How nurses define conflicts between colleagues?
2. Are there conflicts between nurses in the hospital from nurses' point of view?
3. What kinds of conflicts occur and what are the causes of conflicts from nurses' point of view?
4. How to manage conflicts between nurses from nurses' point of view?
5. How do conflicts affect nurses, her/his work and the quality of patient care from nurses' point of view?

### **4 Methodology**

#### **4.1 Qualitative Research**

The design of the study was chosen as a qualitative study. In qualitative research, the main attention is paid to understanding the world of people, interpreting their experience and realizing it in a subjective form. Behavior of participants is based on the situation and interpretation of the context. (Basu 2015, 69–70). Qualitative

research examines the lives and situations of real people in real time and places (Austin & Sutton 2014). The wealth and complexity of human relationships in conflict situations can only be described if a qualitative study is chosen because it is based on experience. This is the main difference from quantitative methods, as human life cannot be standardized and analyzed statistically (Seamon & Gill 2015, 116).

Qualitative research was the most suitable design for a more in-depth study of the nature and cause of individual attitudes toward conflict, conflict situations, and conflict management and solutions. The basis for this qualitative method, based on semi-structured interviews, was a cyclical process of continuous sampling and analyzing of qualitative data, such as interviewing, which would lead to the theory of conflict (Pidgeon 1996). Individual answers to questions are important for understanding the experiences of others, so these answers are not lost in the aggregate of results or in the development of the focus of the research team (Sullivan & Sargeant 2011).

In this thesis, through a quality interview, we study the phenomenon of conflict among nurses, as nurses explain this phenomenon in their own words. The researcher tries to learn opinions, feelings and experience in conflict situations from nurses. Having received unique information about conflicts among Kazakhstani nurses, it is possible to create a tool for effective management of the health care team.

## 4.2 Participants

The most important factors for participation were: 1) Nurse practitioner or head nurse and 2) Voluntary and written agreement to the interview. The informed consent was distributed to the senior nurses, after obtaining the consent of the hospital Director. The head nurse distributed the agreement to her subordinate nurses for review. In the following days, the researcher came to the departments and conducted interviews at a convenient time for nurses, mostly at lunchtime. Since the topic of conflicts in the healthcare team is sensitive, many nurses immediately refused, some refused to be interviewed and recording them on tape. Possible reasons for refusing to participate was distrust of the researcher or unwillingness to

share negative experiences and bad memories. The target group included nurses from surgical, therapeutic, and emergency departments and emergency rooms from one hospital in Kazakhstan. These are departments where patients are provided with emergency medical care, where nurses are required to have a lot of dedication, stress resistance, and courage. As a result, 27 nurses and two senior nurses were interviewed. All 29 nurses were women of different ages and with different work experience. Only practicing nurses and Head nurses with Postsecondary certificate were included in the sample. The youngest respondent was 20 years old; the oldest was 55 years old. Table 1 shows the main characteristics of the participants, level of education and age.

Table 1. Participants' characteristics

PARTICIPANTS	QUANTITY	AGE	LEVEL OF EDUCATION
HEAD NURSES	2	37 (median) 34–40 (range)	POSTSECONDARY CERTIFICATE
NURSES	27	32 (median) 20–55 (range)	POSTSECONDARY CERTIFICATE

### 4.3 Data Collection

A qualitative study was conducted using semi-structured individual interviews. An individual interview is a conversation between two people, in which the interviewer asks questions to gain information on research questions. Individual interviewing is well suited for studying the feelings, experiences, and beliefs of each interlocutor. (Austin & Sutton 2014.) Semi-structured interviews were chosen because sensitive questions concerning the personal life of respondents were studied. Such sensitive questions need to be asked with caution and slowly and take previous answers into account (DeJonckheere & Vaughn 2019). Using a structured interview method, it would be quite difficult to collect data from the personal lives of respondents (Barriball 1994).

After receiving permission from the Director of the hospital to conduct the study, the researcher came with a letter to the Head nurse of the hospital. Before the interview,

the researcher told the purpose and objectives of the study, asked for permission to interview and record the interviews on tape by written informed consent. Then the nurse signed a letter of agreement (see Appendix 1), the interviewer included a voice recorder and asked questions (see Appendix 2). Interview questions were created by the researcher based on research questions. For instance, a research question was: What kinds of conflicts occur and what are the causes of conflicts from nurses' point of view? To find out the main causes of conflicts, the researcher asked the participants of the interview: What is the reason for such conflicts in the workplace? How often do conflicts occur at work? What do you do when you come into conflict with other nurses? Have you changed your behavior or lifestyle? What do you do to avoid conflict?

Interviewing began in September 2018 and ended in November 2018, the time period was two months and one week. Each nurse was interviewed from 30 to 45 minutes. Researcher assured that all information was confidential and each participant could refuse at any time. Since conflicts are a very sensitive topic and personal for each nurse, not everyone was ready to talk about their experiences. The topic of the interview was a possible conflict situation in the life of nurses. Knowledge of the causes of conflicts in the workplace will help heads of nurses to eliminate conflicts peacefully and constructively.

After the interview of 29 participants, the audio files were transcribed by the researcher using the Express Scribe program on Windows. The transcription resulted in a 19-page document in Word, Calibri font 12, line spacing 1.0. Only 19 sheets were transcribed as the researcher skipped some unimportant words like "hello, how are you", "next question" and others, writing down only the main words related to the topic.

#### 4.4 Data analysis

The qualitative content analysis was used for the analysis. This method is frequently used in qualitative research, especially for analyzing the results of health and nursing (Graneheim & Lundman 2004). The interview was analyzed using an inductive approach. The inductive content analysis gives an in-depth description and

characterization of the conflicts taking place among nurses. Choosing this method, the researcher wanted to describe the concept of conflicts as well as the causes and outcomes of conflicts. In the process of analysis, the researcher looked for similar patterns of words, which were then described as categories and subcategories. As a result, the researcher was able to gain in-depth knowledge about conflicts among nurses, their causes and methods of conflict resolution. (Graneheim, Lindgren, & Lundman 2017.) The audio files were saved on a computer, then transcribed to form a text document. The next step was analyzing the data. Table 2 below provides a brief example of the analysis.



Table 2. Excerpt from the table of content analysis

MEANING UNITS	CONDENSED CODES	SUBCATEGORIES	MAIN CATEGORIES
...Here is the example. Recently I had a conflict with a colleague, I'm 50 and she's 34, of course, we solved the conflict among ourselves then without the help of the head nurse.	A nurse has an experience of a conflict situation with her/his colleague  Nurses solved the conflict by themselves	Conflicts among nurses exist  Nurses solved the conflict	<b>Conflicts in the workplace</b>  <b>Conflict management strategy</b>
... I didn't like the way management treated its staff. Manager did not listen to their subordinates. Yeah, I wanted to quit, but I have a lot of friends here, and I don't want to break up with them. This is my first job especially. I expected her to apologize, but she didn't.	Manager did not listen to their subordinates.  I wanted to quit because of the conflict.  The colleague not apologized.	Dismissal  Communication disorders	<b>Impact of conflicts on nurses</b>
... I've been working for 10	No conflict		<b>Conflicts</b>

<p>years in the therapy Department. We have no conflicts.</p> <p>Salary all the same and overtime and loads do not happen much. Everyone works the same way.</p> <p>Everyone has a certain job and no one cares about others, everyone is busy with their work.</p> <p>- Let's say you are the head nurse as you will resolve the conflict of two nurses. I would accept the answers of two nurses and would try to understand where the truth is and explain to them all the circumstances of the conflict. I would do anything to keep both nurses in their seats.</p> <p>... Recently, for the first time in my life, I had a conflict with a colleague older than my age, she is more than 50 years old and she presses me with her authority.</p> <p>She tells everyone about our conflict and I hate it, because when she tells everyone the feeling that she protects, to her regret.</p>	<p>All specialists have the same job</p> <p>Everyone is busy in their workplace</p> <p>When conflicts do not have to leave the frames</p> <p>Conflict with a colleague and she enjoys her authority</p> <p>A colleague tells everyone about our conflict and</p>	<p>There are no conflicts</p> <p>Labor task</p> <p>Dismissal should not be</p> <p>Conflicts surgery has</p> <p>Colleague uses his official position</p>	<p><b>Impact of conflicts on nurses</b></p> <p><b>Conflict</b></p> <p><b>Conflict management</b></p>
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I am a very calm person, transferred to this Department 2 year ago and since then she presses me with her authority. I don't like her. Of course at first I was silent and didn't react even though it was unpleasant.	protects himself in this way For the first time in a conflict situation, I kept silent	Avoids conflict	<b>strategy</b>
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All collected transcribed documents were placed in Table 1 in meaning units. The next step was to define the condensed codes as a general definition of conflicts. These are keywords from research questions. Codes should not completely repeat the text or be large and fractional. After the codes were formed, a sub-category was distinguished: A sub-category is a compressed semantic unit derived from the codes through the condensation process. Then the sub-categories were sorted into the main categories. This is the highest level of categorization, where the main values of the analysis are collected and derived. Category names are short and answer the questions Who? What? When? Main categories are the final stage of coding, which depend on the output (Erlingsson & Brysiewicz 2017, 93-99).

At this stage, when the codes were formed, all recorded data was read several times carefully. Table 2 shows an example of code development. It can be seen as a category derived from several units, and it used words from the text. The categories were interpreted with the entire text in mind, meaning the text was read several times before the category was created. The obtained main categories were written out separately and answers to research questions were found.

To understand the process of conflicts among Kazakhstani nurses an inductive approach was chosen; by analyzing the interview data, the researcher was able to develop a general theory about what Kazakh nurses think about conflicts, and how conflicts affect nurses. Analyzing the data, the researcher goes from the personal experience of each nurse to the generalization of this experience among the nurses of the entire clinic. If a hypothesis was put forward about the presence of conflicts

among Kazakh nurses and it was then proven, this would be a deductive approach. But the aim of this research was to understand the perception and impact of conflicts from the perspective of nurses themselves in the workplace; this required an inductive approach to analysis.

## **5 Ethical Issues**

The aim of this research was to study the possible conflicts among nurses in a hospital in Kazakhstan. This study is part of the double-diploma master's degree of nursing University of KAZMUCE and JAMK University of Applied Sciences. Therefore, the ethical principles of this study were verified by the ethical Committee of the University of KAZMUCE. The results of the audit were included in the Protocol No. 1 of April 20, 2018. After the positive response of the ethics Committee, the informed consent form was sent to the head of one of the hospitals in Kazakhstan, with a request to conduct this study in this hospital. The head of the hospital gave permission and notified the senior nurses.

All ethical principles were observed according to the Declaration of Helsinki: Medical Research Involving Human Subjects 2013. Prior to the interview, each respondent was informed of the purpose of the study, anonymity, voluntary participation, and the possibility to terminate the interview at any time at any stage of the study. The researcher adhered to five basic ethical principles: minimizing the risk of harm, obtaining informed consent, protecting anonymity and confidentiality, avoiding deceptive practices, and providing the right to withdraw (Vanclay, Baines, & Taylor 2013). This is confirmed by the fact that all participants were voluntarily interviewed and signed an informed consent, stating complete anonymity and confidentiality of the participants and their words. Each participant could opt out of the study at any time. Each respondent received informed consent and signed a letter via interviewer. This was verbally agreed between the researcher/interviewer and the participant about the anonymity and confidentiality of the material. For example, in a personal interview, the respondent did not say their name, in which department they worked and told their age only at will. All interview records are stored in the researcher's computer under a password. All collected data was stored in the researcher's home computer. Access is limited to a password that only the researcher knows.

Interviewing was held confidentially, at the workplace of a nurse and recorded on a tape recorder. All precautions were taken to protect the privacy of personal information; participation in the study was voluntary. (Declaration of Helsinki 2017.) Participants were aware of the purpose of the study, about the time it takes to conduct interviews and the use of the results to draw conclusions (i.e. the study was related to the master's thesis of the researcher). Instead of names, coding was used and each participant was encrypted under a certain number. Anonymity of participants was confirmed by the fact that neither the name nor the place of work was disclosed anywhere. Also, this thesis did not disclose the name of the hospital. Before the start of the study, participants were informed about the purpose and objectives of the study: 46 nurses were offered, 29 of them agreed to be interviewed, and 17 refused. Twenty-nine participants signed informed consent (see Appendix 2) and were interviewed.

## **6 Trustworthiness**

The purpose of this study was to obtain information about conflict situation and conflict management in nursing from Kazakh nurses' perspective. Conflicts can be a negative phenomenon in the team and disrupt the work process, so not all respondents could openly speak their opinions. The study was conducted in one city hospital; it is not known whether it is possible to apply the results of the study to other rural and urban hospitals.

Due to the sensitive topic of this study, it was challenging to have departments with nurses and head nurses to be willing to share their experiences about possible conflicts and conflict management. For this reason, the number of respondents was limited to 29. Perhaps a survey of more nurses would give more detailed answers.

Five nurses, mostly young nurses, were more silent and said there was no conflict and gave incomplete answers. For more accurate information, when the nurse was more laconic or gave incomplete answers, the researcher presented some cases to them to understand how the nurse would behave in conflicts. "Imagine Jane working in your department. This is how she described the conflict that recently occurred in your department. Describe a conflict that occurs with any employee or describe a

typical conflict that often occurs”. These kinds of issues (Alexander & Becker 1978) help the interlocutor to engage in open dialogue and give detailed answers.

## 7 Results

The objective of this study was to describe how conflict impacts nurses, and how it can be prevented and managed in a healthcare environment. The main categories of this study were; conflict, causes of conflict, conflict management strategies, and the impact of conflict on nurses. In the area of conflict, the following subcategories were identified: there are conflicts, and there are no conflicts. The causes of conflicts were the subcategories: nurses' working relationships, work task, communication, and organizational factors. Conflict management strategies include the following subcategories: avoidance, compromise, and compliance. In the last category, the impact of conflicts on nurses, identified subcategories were: communication disorders, poor health, and dismissal.

### 7.1 Is there a conflict between the nurses in the hospital?

This study showed that there are conflicts in a hospital in Kazakhstan. Almost half of the participants said that they did not participate in the conflict, some were only witnesses. Other participants described a variety of conflicts, mostly interpersonal conflicts, and a small portion of intergroup conflicts. Intergroup conflicts arose between different agencies mainly due to competition. A few participants did not deny the existence of conflicts, but neither of them described any. One of the participants described their experience:

*“We can say there are no conflicts; there are grievances, but no conflicts.”* (Nurse 8)

This participant experienced resentment related to intrapersonal conflict. The respondent was not able to openly talk about their dissatisfaction, hiding their feelings. They decided to choose the path of avoiding conflicts and denying the presence of pre-conflict situations.

Participants described the following:

*“... conflicts are not common, young people are a little bolder than the older ones here conflicts sometimes occur with them, because we already know our work and work on the machine, and young nurses who have just graduated from medical colleges, they want to work less and get more money.” (Nurse 1)*

Only one respondent said that there are lots of conflicts, other participants were of the opinion that conflicts are a rare phenomenon in their team. Based on the results of the analysis, we can think that conflicts occur, but are rare in Kazakhstan’s nursing culture.

## 7.2 How nurses define conflicts between colleagues

Some participating nurses and head nurses described conflict as a misunderstanding or unwillingness to understand the colleague.

*“Conflicts arise when people misunderstand each other; conflicts also arise when unscrupulous people substitute each other. I’m the youngest and so many swearing at me and take offense very often.” (Nurse 3)*

Misunderstanding colleagues often arose as a result of professional problems: distribution of medicines, due to the schedule of duties, problems with medical equipment. Personal dislike of a colleague, as a result of different character, temperament, and behavior, occurred less frequently.

By summarizing the participants' experiences, conflicts can be defined as disagreement or opposition between two parties. The starting mechanisms are triggers—words or actions that lead to conflict. In addition to the conditions of conflicts, there are conflicts in the workplace: negative events in the personal life of the nurse, overload at work, fatigue, illness. Participants noted that these factors strongly affect the emotional background and are the basis for the emergence of conflicts.

The lack of agreement and mutual understanding between colleagues within the organization leads mainly to interpersonal conflict. Because of the different opinions of the conflicting parties, the opponents perceive each other negatively, so that they deny each other's interests.

### 7.3 What conflicts arise and what are the causes of conflicts?

Participants described four sources of conflict: nurses' working relationships, work tasks, communication, organizational factors. At the heart of the working relationship is interpersonal relationships and individual characteristics of each person.

One of the participants said that:

*"The nurse in this Department started criticizing me for what I'm doing wrong; I think it's disrespectful to my colleagues. So I believe conflicts occur from-for misunderstandings and disrespectful relations to each other."* (Nurse 14)

Interpersonal conflicts were manifested in the form of struggle for working material, medical equipment, for the shift—who worked more, who processed more.

Interpersonal conflicts arose between the head nurse and other nurses, when a nurse thought that they were required to do too many impossible tasks, and the head nurse believed that the nurse just did not want to work to the full. In some cases, the head nurse used their position to get what they wanted. Poor communication skills of nurses led to interpersonal conflicts, and many were afraid to express their opinions, fearing the condemnation of colleagues. As a result, the nurse will begin to hide their feelings and remains dissatisfied with them and others, completes the work of colleagues while unwanted feelings accumulate in the memory, finally finding a way out in the form of aggression or health problems.

*"I even got sick I had depression, dyspepsia, I constantly twirled in the stomach and I had to issue a sick leave."* (Nurse 2)

The reason for the intragroup conflicts that the participants considered a violation of the norms of behavior in the team were irresponsibility, laziness, and disrespect to each other. Older nurses expected young nurses to be obedient, because they considered themselves experienced, and young nurses perceived such cases negatively. These disagreements lead to the disintegration of the team into different groups and aggravated relations in the workplace.



## 7.4 How to manage conflicts between nurses?

The results showed that the participants faced conflicts, three avoid conflicts, and the rest tried to resolve conflicts on the ground, mainly through cooperation. This is the most effective and constructive way out of the conflict situation, and is a position held by senior nurses. Most participants noted that they try to resolve conflicts without leaders, and only if the conflict cannot be resolved, ask for help from a senior nurse. The head nurse told about their experience:

*"I listen to both sides and conduct a constructive discussion of the situation. The conflicting parties can come to a common solution and their interests will be partially or fully satisfied. If the nurse is not satisfied with the outcome and the conflict is not resolved, the head nurse may change the schedule of work of the conflicting or transfer to another department."* (Nurse 7)

The most destructive outcome is considered to be the dismissal of a nurse, as the conflict is not resolved and the management has not coped with its task, which led to the dismissal of employees. In order to avoid such cases, the chief nurse should be engaged in conflict prevention, taking measures to reduce the number of destructive conflicts.

The consequences of conflict depended on the type of conflict participants had, for example, interpersonal conflicts led to individual experiences—different emotions such as fear, frustration, and indifference. Participants felt:

*"I saw a lot of things and survived, underwent a heavy operation. I avoid conflict situations because my health and psyche are more important to me."* (Nurse 6)

This emotional state leads to health problems in this situation, absenteeism and sick leave. Conflicts can lead to dismissal from work.

Participants told about their experience:

*"I'm young, and all my senior colleagues asked me to do something. I helped everyone. When the head of the Department praised me, oldest colleagues began to find fault with me, perhaps, envied, but when oldest colleagues discussed me - it is*

*very unpleasant. I cried and eventually, I left. I asked the head nurse to move me to another Department, but she didn't.*" (Nurse 10)

Interpersonal conflicts can affect the nursing medical staff; such conflicts can develop into intergroup conflicts, for example, between different departments. After intergroup conflicts, the respect and trust for colleagues from other departments may decrease, which leads to poor cooperation, and therefore, to lower quality of medical services.

### 7.5 How do conflicts affect nurses and nursing staff?

Many participant nurses and head nurses experienced that a friendly atmosphere in the workplace provides support for the provision of quality healthcare services. After the conflicts, some nurses noted that they feel sluggish, apathetic, do not want to communicate with each other or the patients. Some participants even wanted to quit their jobs. Many participants noted that nurses need the help and support of experienced colleagues.

*"Nurses need psychological support; previously there were trainings, but now they are not conducted."* (Nurse 7)

The strategy of avoidance was chosen mainly by nurses of young or pre-retirement age; perhaps this is due to fear of the consequences of the conflict. According to young nurses, they do not have enough experience to resolve difficult situations, so they try to ignore some problems, and the older generation is afraid of being left without a job and are reluctant to look for another job.

## 8 Discussion

The main objective of this thesis was to determine whether there in fact are conflicts in one of the hospitals in Kazakhstan. The results show that there are conflicts among nurses, and there are different causes and conditions of their occurrence. Conflicts were mostly organizational and arose in the workplace, due to different interests, opinions, goals, or unmet needs. Nurses and senior nurses were subject to conflict, mainly interpersonal conflicts; between departments, between adults and younger

generation—it is intergroup conflicts, within the Department—intragroup conflicts. As a result of conflicts, friendly relations between colleagues were disrupted, or on the contrary, new groups with common goals were formed, which indicates a positive or negative impact of conflicts on nurses.

Conflicts in nursing practice are well studied and presented in many international studies (Attri et al. 2015; Fassier & Azoulay 2010; Paul Olson, Brasel, Redmann, Alexander, & Schwarze 2013), but in Kazakhstan, no one has described the experience of nurses. Therefore, the researcher tried to reveal the topic of conflicts in a Kazakh hospital.

Conflicts have proved to be a real problem, sometimes with negative consequences. Healthcare organizations need to accept this fact, to prevent conflicts in the workplace now rather than to deal with the consequences in the future. The main approach may be the education of nurses and psychological support of the medical team. A supportive work environment is a common mission of employees and management and is the basis for quality patient care.

As a result of this study, conflicts between nurses were identified as well as the causes of conflicts, ways to manage conflicts nurses, and the impact of conflicts on the nurse. Nurses from Kazakhstan, as well as nurses from other countries, faced conflicts in the workplace (Akpabio et al. 2016). Of course, the presence of conflicts in the Kazakh hospital was not unexpected, but nevertheless, almost half of the participants were subject to conflicts.

### 8.1 Cause of conflict

According to other studies from the same field (Clark & Greenawald 2013; Zwarenstein, Goldman, & Reeves 2009), the causes of conflicts are poor communication skills, misunderstandings, irresponsibility, ignorance of their duties, and errors in the workplace.

Developed communication skills are the main tool for effective interpersonal communication (Bramhall 2014). Courses on communication skills are taught in Kazakhstan both in bachelor's degree and in college. The level of communication

skills shows the professionalism of a nurse, so it is very important for a nurse to work on themselves and have good interprofessional connections with colleagues.

Professional responsibility is one of the important standards that every nurse must adhere to. According to the ICN (2012) code of ethics for nurses, in violation of rules and standards, the nurse can lose their license. In the study, some nurses noted the irresponsible behavior of nurses. In Kazakhstan, unfortunately, there are no such strict rules, but there is an Ethical code, which refers to mutual respect for colleagues and patients. Every nurse should be flexible, wise, and moral and respect the morality of colleagues and patients. In such a team where the whole team strives to comply with ethical standards, will be mutual respect and success.

Workplace errors are one of the causes of conflicts. Incorrect distribution of drugs, errors on the operating table, and errors in medical procedures can be fatal when leaving, so it is important for the nurse to recheck their work several times. Thanks to the study by Crigger (2007), one can understand error theory and apply it in practice. The errors described in this paper are suitable for our study.

Stressful situations in the workplace were discussed by colleagues, some supported the nurse, and others, on the contrary, ignored and condemned the actions of the conflicting nurse, which provoked the deterioration of the emotional state of the nurse and even dismissal. When comparing the results of this study with the results of older studies of other countries, such as Australia, Canada, Colombia, New Zealand, Japan (Bloom 2014), the causes of conflicts were similar. Conflicts arose from competition, organizational conflicts in the workplace, bullying, resentment and misunderstanding. Although the studies (Bloom 2014) were conducted in different countries and in different years, the nature of conflicts and contradictions was similar.

## 8.2 Conflict management strategies

Nurses chose to avoid conflict in fear of peer condemnation and leadership, some avoided conflict for fear that the conflict will worsen and spoil relations with management. In-line with a previous study by Johansen and Cadmus (2016), the results of this study also show that many choose this path of avoidance, trying to

muffle the situation and resolve the conflict peacefully. Perhaps this is due to the social culture of Kazakh society, because a small Kazakh child from an early age is taught to respect elders, as arguing with elders is considered bad behavior. Sometimes this approach is chosen by people with low self-esteem, who do not defend their point of view, and there is an intrapersonal conflict. This may be the best solution in some situations, but in most cases, it has led to conflict and negative emotions. (Sportsman & Hamilton 2007; Kelly 2006). Cooperation is considered the best way out of the conflict for the development of good interprofessional relations. This was stated in a study conducted in Finland (Ylitörmänen 2015). The conflicting parties are ready to resolve the conflict in a constructive and mutually beneficial way through cooperation. Thanks to this approach, the team can create a favorable relationship after the conflict, where each side is ready to listen to the opponent and to respect each other. But this study in Kazakhstan showed that the conflicting parties are not always able to cooperate and are not ready to look for a solution. Leadership plays an important role in collaboration, the head nurse must have authority and offer the best way out of the conflict, so that the conflicting parties listen to the opinion of the leadership. This study showed that senior nurses practice a separate and individual approach to conflict situations, taking into account family circumstances, age, and the nature of the conflicting nurses; senior nurses try to resolve conflicts on the spot and without negative consequences.

### 8.3 Impact of conflicts on the nurse

Naturally, each conflict has its impact on the lives of nurses, but in some cases, conflicts have led to the dismissal of nurses and the loss of personnel in medical organizations. Of the 29 participants, only one nurse quit their job due to the conflict, while two were willing to look for a new job but for various reasons remained to work. Undoubtedly, conflicts affect the emotional background of nurses; one nurse had to take sick leave to survive the conflict. Unfortunately, conflicts have led to a decrease in the efficiency of the nurse's work, the inability to fully provide medical services. These phenomena indicate a negative impact of the conflict on the work of the nurse, as well as a negative impact on the family life of the nurse. Other

researchers (e.g. Lorber & Skela Savič 2012) have also noted this relationship between interprofessional relationships and job satisfaction.

According to the results of this study, conflicts can have a positive impact: in a conflict, nurses can get to know each other better, understand the psychological characteristics of the opponent, and with the proper resolution of the conflict, relations improve. In conflicts, unresolved issues are raised, existing contradictions are discussed, and such emotional discussions lead to solving problems, improving the quality of care (Tint 2008). It is very important to give the conflict a constructive direction, since perhaps as a result of conflicts, there will be new ideas and ways to solve problems. In any case, this push stimulates the development of the team.

This thesis research was conducted in one of the city hospitals of Kazakhstan, and although the researcher noted the high level of conflict, it is impossible to say for sure about the high frequency of conflicts in other urban and rural hospitals. Finally, the issue of conflict resolution was not considered because the main focus of this study was to identify conflicts and their causes, the experience of nurses who have experienced conflicts. Therefore, in the future, the researcher plans to study ways to resolve conflicts and the relationship of conflicts between the quality of healthcare services.

Based on the results of this thesis study, it might be good if nurses focus on properly managing workplace conflicts in order to work in a productive, friendly, and supportive team. The quality of the procedure performed by the nurse is the quality of nursing care. In a hospital, where many people communicate with each other, there will be differences, so the task of nurses is to support each other and together find solutions to problems to provide professional care to patients.

## **9 Conclusions**

Almost all participants faced interpersonal conflicts. An important component in the resolution of interpersonal conflicts is respect for each other. In medical colleges and universities of Kazakhstan students take a course of Ethics and deontology. This course is designed to teach future nurses respect for their profession, to colleagues, to patients, the psychology of mutual relations, in a word, studying moral values,

morality, and professional ethics. In medical colleges, students take this course in the second year, for a period of two days, while undergraduate students take it in the first year for three days and pass this topic again in the course of Psychology. Many participants noted that they were trained in the correct mutual relations between colleagues in the medical College, but at the same time not everyone knows the correct way out of conflict situations between colleagues. Increasing the number of hours and practical skills devoted to relationships in the workplace can lead to constructive conflict resolution, as reported by one of the participants with a bachelor's degree.

The results showed the presence of conflicts among Kazakh nurses in a hospital environment, and conflicts were of an organizational nature. Conflicts developed as a result of professional problems: distribution of medicines, due to duty schedule, problems with medical equipment. Participants described conflicts as disagreement or opposition between the two sides. Participants noted that negative events in personal life, fatigue, and illness strongly affect the emotional background and are the basis for conflicts.

The researcher was able to identify as a result of the study intrapersonal, interpersonal, intragroup, and intergroup conflicts among Kazakh nurses. Interpersonal conflicts between nurses dominated in frequency, intergroup conflicts were less common. Nurses could not identify intrapersonal conflicts, although when interviewing some nurses, it was obvious that they were experiencing an intrapersonal conflict where one of the participants reproached and accused them and others of different problems, and in addition they had domestic problems in the family. Reduced self-esteem, constant emotional stress at work with colleagues, and the loss of enthusiasm for work could be seen in this respondent. This leads to the psycho-emotional stress of the nurse, reduced work activity, and reduced quality of care. The reason for intragroup conflicts, participants believed, is a violation of the norms of behavior in the team through irresponsibility, laziness, and disrespect for each other. These differences lead to the disintegration of the team into different groups and aggravate relations in the workplace.

The results of the study showed that nurses might need to develop self-reflection skills for more effective conflict management. These conclusions will help the nursing

management of Kazakhstan. Many nurses resolved conflicts in a constructive way; some did not have enough experience in resolving conflict situations, which led to the dismissal of the employee, some adapted in different situations. Although many participants tried to resolve conflicts on their own, the study found that the senior nurse plays a key role. The senior nurse as a link between the administration and the staff should be labile, have different approaches to conflict resolution, have good communication, and be a support for nurses. To do this, both nurses and the head nurse would benefit if they improved their knowledge of constructive problem solving. The need for training and team building was noted by many participants, as it helps to unite the team, increases communication skills, enhances trust in each other and, of course, improves interpersonal and intergroup relations.

### **Recommendations:**

The recommendations for conflict prevention are presented here. These suggestions are based on the findings of this thesis study.

1. If nurses read their job description carefully (which describes all the rights and responsibilities of the nurse), it would help them to understand their duties and responsibilities at work better. Responsibilities may vary depending on the profession, but the General rules must be followed by all. In case of conflicts, especially organizational ones, one can read these rules and work on the mistakes.
2. Conducting training sessions and team building to strengthen the emotional background of employees affects the cohesion of the team. Training sessions on conflict management and stress resistance formation should be included in the mandatory program of professional development of employees. Training could give employees the correct and independent way out of difficult situations at work.
3. Creation of favorable working conditions takes into account the interests of employees, identifying the needs of nurses.
5. Each employee needs to know the mission, purpose of the organizations in which they work and naturally adhere to them. The goals, objectives, and missions of the organization should be made clearly visible to all. Common goals and objectives attract people and make the team cohesive.



## References

- Aberese-Ako, M., Agyepong, I., Gerrits, T., Van Dijk, H. 2015. "I Used to Fight with Them but Now I Have Stopped!" Conflict and doctor-nurse-anaesthetists' motivation in maternal and neonatal care provision in a specialist referral hospital. *Public Library of Science (PLOS) ONE*, Volume 10 (8). doi:10.1371/journal.pone.0135129
- Avdeenko, A. S. 2017. Socio-psychological portrait of the labor collective of a medical institution. *Vestnik SMUS74*, Volume 1 (16), 12-15. Retrieved 18.01.2019 <https://cyberleninka.ru/article/n/sotsialno-psiologicheskii-portret-trudovogo-kollektiva-meditsinskogo-uchrezhdeniya>
- Alexander, C., Becker, H. 1978. The Use of Vignettes in Survey Research. *The Public Opinion Quarterly*, Volume 42 (1), 93-100. Retrieved 16.10.2018 <http://www.jstor.org/stable/2748094>
- Almost, J. 2006. Conflict within nursing work environments: concept analysis. *Journal of Advanced Nursing*, Volume 53, 444-453. doi:10.1111/j.1365-2648.2006.03738.x
- Akpabio, I., John, M., Akpan, M., Akpabio, F., Uyanah, D. 2016. Work-related conflict and nurses' role performance in a tertiary hospital in South-south Nigeria. *Journal of Nursing Education and Practice*, Volume 6 (2), 107. Retrieved 25.01.2019 <http://dx.doi.org/10.5430/jnep.v6n2p106>
- Arveklev, S., Berg, L., Wigert, H., Morrison-Helme, M. & Lepp M. 2018. Learning About Conflict and Conflict Management Through Drama in Nursing Education. *Journal of Nursing Education*, Volume 57 (4), 209-216. doi: 10.3928/01484834-20180322-04
- Attri, J. P., Sandhu, G. K., Mohan, B., Bala, N., Sandhu, K. S. & Bansal, L. 2015. Conflicts in operating room: Focus on causes and resolution. *Saudi Journal of Anaesthesia*, Volume 9 (4), 457-463. <http://doi.org/10.4103/1658-354X.159476>
- Austin, Z., Sutton, J. 2014. Qualitative research: getting started. *The Canadian journal of hospital pharmacy*, Volume 67(6), 436-440. doi:10.4212/cjhp.v67i6.1406
- Barriball K. L. 1994. Collecting data using a semi-structured interview: a discussion paper. *Journal of Advanced Nursing*, Volume 19, 328-335
- Bar-Tal, D., Halperin, E., De Rivera, J. 2007. Collective Emotions in Conflict Situations: Societal Implications. *Journal of Social Issues*, Volume 63, 441-460. doi:10.1111/j.1540-4560.2007.00518.x
- Basiogul, C., Genul, O. 2015. Role of Emotional Intelligence in Conflict Management Strategies of Nurses. *Asian Nursing Research*, Volume 10 (3), 228 – 232
- Basu, T. 2015. Phenomenology: Qualitative Research – An Odyssey of Discovery. In Awasthy, R. & Gupta, R. (Eds.) *Qualitative research in management: Methods and Experiences*. 1<sup>st</sup> edition. New Delhi: SAGE. 69-80.
- Bloom, E. M. (2014). Horizontal violence among nurses: Experiences, responses and job performance (Doctoral dissertation). Retrieved from ProQuest Dissertations and Theses. 20.05.2019 (Accession Order No. UMI 3619428)

- Boyd, C., Dare, J. 2014. *Communication skills for nurses*. First Edition, 48-49. John Wiley & Sons, Incorporated. Retrieved 27.01.2019 <https://ebookcentral-proquest-com.ezproxy.jamk.fi:2443>
- Bramhall E. 2014. Effective communication skills in nursing practice. *Nursing Standard*, Volume 29(14), 53-59. doi: 10.7748/ns.29.14.53.e9355.
- Brewer, C., Kovner, C., Obeidat, R., & Budin, W. 2013. Positive work environments of early-career registered nurses and the correlation with physician verbal abuse. *Nursing Outlook*, Volume 61(6), 408–416. doi:10.1016/j.outlook.2013.01.004
- Brinkmann, S. 2007. The good qualitative researcher. *Qualitative Research in Psychology*, Volume 4, 127–144. Doi: 10.1080/14780880701473516
- Brown, J., Lewis, L., Ellis, K., Stewart, M., Freeman, T., & Kasperski, M. 2011. Conflict on Interprofessional Primary Healthcare Teams, can it be resolved. *Journal of Interprofessional Care*, Volume 25, 4-10.
- Crigger, N. J. 2007. Toward a Theory of Self-Reconciliation Following Mistakes in Nursing Practice. *Journal of Nursing Scholarship*, Volume 39(2), 177-183. doi:10.1111/j.1547-5069.2007.00164.x.
- Chun, J. S., Choi, J. N. 2014. Members' needs, intragroup conflict, and group performance. *Journal of Applied Psychology*, 99 (3), 437-50. doi: 10.1037/a0036363
- Clark, R. C., Greenawald, M. 2013. Nurse-physical leadership insights into interprofessional collaboration. *Journal of Nursing Administration*, Volume 43, 653-659.
- Cohen, T., Insko, C. 2008. War and Peace: Possible Approaches to Reducing Intergroup Conflict. *Perspectives on Psychological Science*, Volume 3, 87-93. Doi:10.1111/j.1745-6916.2008.00066.x.
- Davey, M. M., Cummings, G., Newburn-Cook, C. V. & LO, E. A. 2009. Predictors of nurse absenteeism in hospitals: a systematic review. *Journal of Nursing Management*, Volume 17, 312-330. doi:[10.1111/j.1365-2834.2008.00958.x](https://doi.org/10.1111/j.1365-2834.2008.00958.x)
- Declaration of Helsinki: Medical Research Involving Human Subjects 2013. Retrieved 11.10.2017: <https://www.wma.net/what-we-do/medical-ethics/declaration-of-helsinki>
- DeJonckheere, M., Vaughn, L. M. 2019. Semistructured interviewing in primary care research: a balance of relationship and rigour. *Family Medicine and Community Health*, Volume 7 (2). doi: 10.1136/fmch-2018-000057
- Deutsch, M. 1973. *The Resolution of Conflict: Constructive and Destructive Processes*. New Haven, CT: Yale University Press, 351-400.
- Deutsch, M. 1973. The Resolution of Conflict: Constructive and Destructive Processes. *American Behavioral Scientist*, Volume 17(2), 248–248. <https://doi.org/10.1177/000276427301700206>

- Ellis, P., & Abbott, J. 2011. Strategies for managing the conflict within the team. *Journal of Renal Nursing*. Volume 3 (1), 40-43.  
Doi:<http://dx.doi.org/10.12968/jorn.2011.3.1.40>
- Erlingsson C., Brysiewicz P. 2017 A hands –on guide to doing content analysis. *African Journal of Emergency Medicine* , Volume 7, 93-99.
- Elmir, R., Schmied, V., Jackson, D., Wilkes, L. 2011. Interviewing people about potentially sensitive topics. *Nurse Researcher*, Volume 19(1), 12–16.
- Fassier, T., Azoulay, E. 2010. Conflicts and communication gaps in the intensive care unit. *Current Opinion in Critical Care*: Volume 16 (6), 654-665.
- Graneheim, U.H., Lundman, B. 2004. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse Education Today*, Volume 24 (2), 105-112.
- Graneheim, U. H., Lindgren, B.-M., & Lundman, B. 2017. Methodological challenges in qualitative content analysis: A discussion paper. *Nurse Education Today*, Volume 56, 29–34.doi:10.1016/j.nedt.2017.06.002
- International Council of nurses. 2012. The ICN code of ethics for nurses. 3, place Jean-Marteau 1201 Geneva, Switzerland
- Ivanchenko, N. N, Pavlova, A. P., Martynova, D. S., Yusupova, N. S., Kasieva B. S. 2014. Analysis of nursing reform in the Republic of Kazakhstan. *Bulletin of the Kazakh National medical University*, Volume 2 (4), 135-137.  
<https://cyberleninka.ru/article/n/analiz-reformirovaniya-sestrinskogo-dela-v-respublike-kazahstan>
- Isimbergenova, G., Gumarova, G. 2017. Introduction of mandatory social medical insurance in the republic of Kazakhstan. *Medical Journal of Western Kazakhstan*. Volume 1 (53), 13-14. Retrieved 18.01.2019  
<https://cyberleninka.ru/article/n/vnedrenie-obязatel'nogo-sotsialnogo-meditsinskogo-strahovaniya-v-respublike-kazahstan>
- Jehn, K. A. & Mannix, E. A. 2001. The dynamic nature of conflict: a longitudinal study of intragroup conflict and group performance. *The Academy of Management Journal*. Volume 44, 238–251. doi:10.2307/3069453
- Johansen, M. L., & Cadmus, E. 2016. Conflict management style, supportive work environments and the experience of work stress in emergency nurses. *Journal of Nursing Management*, Volume 24(2), 211–218.
- Johnston, D., Bell C., Jones, M., Farquharson, B., Allan, J., Schofield, P., Ricketts, I., Johnston, M. 2016. Stressors, Appraisal of Stressors, Experienced Stress and Cardiac Response: A Real-Time, Real-Life Investigation of Work Stress in Nurses. *Annals of Behavioral Medicine*, Volume 50 (2), 187–197, <https://doi.org/10.1007/s12160-015-9746-8>
- Kantek, F., & Kavla, I. 2007. Nurse manager conflict how do nurse managers manage it? *The Health Care Manager*, Volume 26 (2).  
[Http://dx.doi.org/10.1097/01.HCM.0000268618.33491.84](http://dx.doi.org/10.1097/01.HCM.0000268618.33491.84)

- Kelly, J. 2006. An Overview of Conflict. *Dimensions of Critical Care Nursing*, Volume 25 (1), 22-28.
- Kim, W., Nicotera, A.M. & McNulty, J. 2015. Nurses' perceptions of conflict as constructive or destructive. *Journal of Advanced Nursing*, Volume 71( 9), 2073– 2083. doi: [10.1111/jan.12672](https://doi.org/10.1111/jan.12672)
- Lorber, M., Skela Savič, B. 2012. Job satisfaction of nurses and identifying factors of job satisfaction in Slovenian Hospitals. *Croatian medical journal*, Volume 53(3), 263– 270. doi:10.3325/cmj.2012.53.263
- Manal Zeinhom, A., 2015. Types and Levels of Conflicts Experienced by Nurses in the Hospital Settings. *Health Science Journal*, Volume 9 (6:7).
- Marquis, B.L., Huston, C.J. 2009. *Leadership roles and management functions in nursing: Theory and application*, p.486. Seventh, North American Edition. Lippincott Williams & Wilkins.
- Maslyakov, V.V. 2011. Conflict and stress management in nursing personnel: sociomedical aspects. *Modern problems of science and education*, Volume 11 (part 2), 333-336
- Mininel,V.A., Baptista, P. & Felli, V. 2011. Psychic workloads and strain processes in nursing workers of brazilian university hospitals. *Revista Latino-Americana de Enfermagem*, Volume 19(2), 340-347. <https://dx.doi.org/10.1590/S0104-11692011000200016>
- Nursing and Midwifery Council (NMC) 2015. The Code: Professional Standards for Practice and Behavior for Nurses and Midwives <http://tinyurl.com/zy7syuo> (accessed on 12 January 2018)
- Obakpolo P. 2015. Improving Interpersonal Relationship in Workplaces. *Journal of Research & Method in Education*, Volume 5 (6), 115-125 DOI: 10.9790/7388-0562115125
- Omisore, O. B., Abiodun, A.R. 2014. Organizational Conflicts: Causes, Effects and Remedies. *International Journal of Academic Research in Economics and Management Sciences*, Volume 3(6). DOI: 10.6007/IJAREMS/v3-i6/1351
- Paul Olson, T. J., Brasel, K. J., Redmann, A. J., Alexander, G. C., & Schwarze, M. L. 2013. Surgeon-reported conflict with intensivists about postoperative goals of care. *JAMA Surgery*. Volume 148 (1), 29–35. <http://doi.org/10.1001/jamasurgery.2013.403>
- Petrova, N., Dodonova, I., Polyukova M. 2015. Foundations of economic theory. Economics and health management, p.191. Tutorial. SpecLit in Russian.
- Pidgeon, N. 1996. *Grounded Theory: Theoretical background*. In *Handbook of Qualitative Research Methods*; pp. 75-85. Richardson, J.T.E., Ed.; the British Psychological Society: Leicester, UK;
- Romanov, S., Niikolaev, E., Golenkov, A. 2012. Comparative study of personality adaptive traits in medical students and doctors. *Herald of the Chuvash University*. Volume 3.

- Rosenstein, A., O'Daniel, M. 2008. Invited article: Managing disruptive physician behavior: Impact on staff relationships and patient care. *Neurology*, Volume 70(17), 1564–1570. doi:10.1212/01.wnl.0000310641.26223.82
- Seamon, D. & Gill, H. K. 2015. Qualitative Approaches to Environment–Behavior Research: Understanding Environmental and Place Experiences, Meanings, and Actions. In Gifford, R. (Eds.) *Research Methods for Environmental Psychology*. Hoboken: Wiley-Blackwell. 116. eBook Collection (EBSCOhost), EBSCOhost, Retrieved: 30 August 2018.
- Sullivan, G.M., Sargeant, J. 2011. Qualities of Qualitative Research: Part I. *Journal of Graduate Medical Education*., Voume 3(4), 449-452. doi:10.4300/JGME-D-11-00221.1.
- Sportsman, S., Hamilton, P. 2007. *Conflict Management Styles in the Health Professions*. *Journal of Professional Nursing*, Volume 23 (3), 157 – 166  
<https://doi.org/10.1016/j.profnurs.2007.01.010>
- Tymofieva M.P. 2016. Basic conceptions of intrapersonal conflict. Theoretical and methodological research. *Studia Humanitatis*, Volume 4 (4). DOI: 159.964.21:316.47.4 pp 1-3)
- Tint, B. 2008. Constructive Conflicts: From Escalation to Resolution by Louis Kriesberg. *Peace & Change*, 33(4), 614-617. doi:10.1111/j.1468-0130.2008.00525.x
- Vanclay, F., Baines, J.T., Taylor, C. N. 2013 Principles for ethical research involving humans: ethical professional practice in impact assessment Part I, *Impact Assessment and Project Appraisal*, Volume 31(4), 246 -247, DOI: [10.1080/14615517.2013.850307](https://doi.org/10.1080/14615517.2013.850307)
- Ylitörmänen, T. 2015. A web-based survey of Finnish nurses' perceptions of conflict management in nurse-nurse collaboration. *International Journal of Caring Sciences*, Volume 8(2), 263–273.
- Wright, R. R., Mohr, C. D., Sinclair, R. R. 2014. Conflict on the treatment floor: an investigation of interpersonal conflict experienced by nurses. *Journal of Research in Nursing*, Volume 19(1), 26–37. <https://doi.org/10.1177/1744987113485577>
- World Health Organization. 2009. Global standards for the initial education of professional nurses and midwives. <https://apps.who.int/iris/handle/10665/44100>
- Zwarenstein, M., Goldman, J., & Reeves, S. 2009. Interprofessional collaboration: Effects of practice-based interventions on professional practice and healthcare outcomes (review). *Cochrane Database of Systematic Reviews*, 3. Art. No.: CD000072. DOI: 10.1002/14651858.CD000072.pub2.

## Appendices

### Appendix 1. Interview questions

1. Gender: male, female? Age?
2. In which department do you work?
3. How long have you been working here?
4. How does a normal working day? What problems often occur?
5. How would you define conflicted situations or conflict among professionals in healthcare?
  - a. Did you have conflicts with other health professionals?
6. What is the reason for such conflicts in the workplace?
7. How often do conflicts occur at work?
8. Conflicts affect you? What do you feel after the quarrel?
9. To those who had a conflict:
  - a. What do you do when you are in conflict with other nurses?
  - b. Have you changed something in yourself?
  - c. Have you had contact with the administration because of the conflict?
  - d. Have you changed your behavior or lifestyle?
10. What do you do to avoid conflict?
11. To those who had no conflict with anyone:
  - a. You do not experience any problems at work, but others often quarrel.  
Why do you think that some of your departments often conflict?
12. How do you feel about the idea that in the office some employees do not talk to each other after the quarrel?
13. Do you think that conflicts affect the value of the profession of a nurse?
14. Is there something that worries you about conflicts?
15. How do you feel when you think about ... (what's bothering you)?

## Appendix 2. Informed consent letter

«ҚАЗАҚ МЕДИЦИНАЛЫҚ ҰЗДІКСІЗ  
БІЛІМ БЕРУ УНИВЕРСИТЕТІ»  
АКЦИОНЕРЛІК ҚОҒАМЫ



АКЦИОНЕРНОЕ  
ОБЩЕСТВО «КАЗАХСКИЙ  
МЕДИЦИНСКИЙ УНИВЕРСИТЕТ  
НЕПРЕРЫВНОГО ОБРАЗОВАНИЯ»

Dear Nurses

The purpose of this study is to find out if there are conflicts between nurses in one hospital and if any what kind of conflicts, described by nurses themselves, in terms of preventing conflicts in future. The aim of the study is to help nurse managers to understand leading factors and possible solutions for conflicted situations among nurses

I would kindly ask for your consent to participate in the conflict resolution study in the hospital.

The research material will be supplemented by an interview to select a small part of the participants. In the interview, we want to get information on the experiences of conflicts on the workplace. The choice of interviewed nurses is made on volunteer. The interview takes place as an individual interview, and it lasts about one hour. The interview situation is recorded. Contactst

The study material collected from an interview with nurses is classified by codes, so that the information of a single nurse is not visible at any time, and nurses can not be identified. The research material is kept in a locked closet, only the researcher has the key. The researcher undertakes to comply with the existing guidelines for retention of research material and data protection legislation. The results of the research will be master dissertations and article will be published in international scientific journals. The research material will be destroyed appropriately after the study has been completed.

Sincerely,

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Tel: 87479329932