Conflict Management Styles in the Health Professions

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The purpose of the study was to determine prevalent conflict management styles chosen by students in nursing and to contrast these styles with those chosen by students in allied health professions. The associations among the level of professional health care education and the style chosen were also determined. A convenience sample of 126 students in a comprehensive university completed the Thomas–Kilmann Conflict Mode Instrument (TKI), which requires respondents to choose behaviors most characteristic of their response to conflict and classifies these behaviors as one of five styles.

There was no significant difference between the prevalent conflict management styles chosen by graduate and undergraduate nursing students and those in allied health. Some of the students were already licensed in their discipline; others had not yet taken a licensing exam. Licensure and educational level were not associated with choice of styles. Women and men had similar preferences. The prevalent style for nursing students was compromise, followed by avoidance. In contrast, avoidance, followed by compromise and accommodation, was the prevalent style for allied health students. When compared to the TKI norms, slightly more than one half of all participants chose two or more conflict management styles, commonly avoidance and accommodation at the 75th percentile or above. Only 9.8% of the participants chose collaboration at that level. Implications for nurse educators, researchers, and administrators are discussed. (Index words: Conflict management styles; Nurses; Allied health professionals; Collaboration; Compromise; TKI) J Prof Nurs 23:157–66, 2007. © *2007 Elsevier Inc. All rights reserved.*

Background

THE U.S. HEALTH care delivery system is vulnerable to the negative effects of conflict. The system is complex and patient care is dependent upon multiple disciplines working together. Yet working together is often difficult because of miscommunication, compounded by competing interests of various stakeholders. A large national study of health care providers and administrators found that the prevalent culture of poor communication and collaboration among health professionals relates significantly to continued medical errors and staff turnover. In addition, a lack of adequate support systems, skills, and personal accountability results in communication gaps that can cause harm to patients (Maxfield, Grenny, McMillan, Patterson, & Switzier, 2005).

The Joint Commission on the Accreditation of Health Care Organizations (JCAHO) suggests that poor communication is a top contributor to sentinel events reported to the JCAHO database (JCAHO, 2005). In contrast, Bartol, Parrish, and McSweeney (2001) suggest that increased positive interaction among health care disciplines may positively influence patient outcomes. Recently, "Silence Kills: The Seven Crucial Conversations for Health Care" reported that fewer than 10% of approximately 17,000 nurses, physicians, clinical care staff, and administrators surveyed addressed problems they see in behavior of colleagues. These behaviors include trouble following directions, poor clinical judgment, or taking dangerous shortcuts (Maxfield et al., 2005).

A first step in encouraging positive interaction among health care providers, particularly in high-risk situations, is to support constructive conflict management as part of a healthy working environment. For example, the American Association of Critical Care Nurses

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Table 1. Conflict Management Styles, Definitions, and Use

Style	Definition	Use
Competing	Pursuit of own concerns at the other person's expense, using whatever power seems appropriate to win. Assertive and uncooperative.	Use of competition might mean standing up for your rights, defending a position you believe is correct, or trying to win.
Collaborating	Attempting to work with the other person to find a solution that fully satisfies the concerns of both. Assertive and cooperative.	Use of collaboration might involve digging into an issue to identify the underlying concerns of the two individuals to find an alternative that meets both sets of concerns.
Compromising	The object is to find an expedient, mutually acceptable solution that partially satisfies both parties. Intermediate in both assertiveness and cooperativeness.	Compromise might mean splitting the difference, exchanging concessions, or seeking a quick middle-ground position.
Avoiding	One does not immediately pursue own concerns or those of the other person or address the conflict. Unassertive and uncooperative.	Avoidance might take the form of diplomatically sidestepping an issue, postponing an issue until a better time, or simply withdrawing from a threatening situation.
Accommodating	Neglecting own concerns to satisfy concerns of the other person. Unassertive and cooperative.	Use of accommodation might take the form of selfless generosity or charity, obeying another person's order when you would prefer not to, or yielding to another's point of view.

Note: Data from Thomas and Kilmann, 1978.

(AACN) has recently released standards for establishing and sustaining healthy work environments (AACN, 2005). First among these standards is "Nurses must be as proficient in communication skills as they are in clinical skills." Inherent in effective communication skills in health care is the ability to positively manage conflict, not only within a single discipline, but also across disciplines.

This article describes a study designed to determine prevalent conflict management styles of licensed and unlicensed nursing students and other professionals who must work together to deliver health care. Understanding the way providers respond to conflict is an important first step in being able to identify effective strategies to help nurses constructively manage inevitable conflicts in health care.

Purpose of the Study

The purpose of the study was to determine (1) prevalent conflict management styles chosen by students in nursing and to contrast these styles with those of students in radiologic science and respiratory care and (2) whether the level of professional health care education or gender was associated with style. The following research questions were used to direct the study:

1. What are the prevalent conflict management styles chosen by undergraduate and graduate students in nursing, radiologic science, and respiratory care?
2. Are there differences in the choice of prevalent conflict management styles among undergraduate and graduate nursing, radiologic science, and respiratory care students?
3. Are there differences in the choice of prevalent conflict management styles among associate degree, baccalaureate, and master's students in designated health professions programs?
4. Are there differences in the choice of prevalent conflict management styles between men and women in the designated health professions?

Conceptual Framework

Conflict can be defined as an expressed struggle between at least two interdependent parties who perceive that incompatible goals, scarce resources, and interference from others are preventing them from achieving their goals (Wilmot & Hocker, 2001, p. 41). The behavioral approaches used to resolve conflict are referred to as conflict management styles. Used together over time, these behaviors become a patterned response. These behaviors are a result of both external conditions and the person's own approach to people and problems (Friedman, Tidd, Currall, & Tsai, 2000) and are chosen depending upon the relative importance of one's concern for self versus concern for others.

People tend to use the same patterns over and over again in a wide range of conflicts. In some situations, the patterned responses may effectively resolve the conflict. However, in other circumstances, the same pattern of behavior may only escalate it. To be effective in conflict management, one must be able to consciously choose the behaviors that best fit the circumstances, rather than automatically using one style consistently regardless of the situation (Sportsman, in press).

Three groups of researchers, Blake and Mouton (1974), Thomas and Kilmann (1978), and Rahin and Bonoma (1979) have described five behavioral patterns or management styles that might be used in a conflict. Despite multiple changes in individuals and organizational environments, these five styles are still used to

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