Can brief training improve managers’ ability to deal with conflict?

The Thomas-Kilmann Conflict Mode Instrument for determining conflict management styles

Previous studies on the conflict management skills of nurses

Outcomes of a study on conflict management in nurse ward managers

In today’s complex healthcare organisations, conflict between staff is a regular occurrence so it is important to understand the nature of it and its causes (see Discussion, page 26). Behavioural changes among staff that can signal impending conflict include incivility, use of demeaning voice tone, implicit threats and ignoring colleagues. These subtle indicators should be early warning signs that something is amiss, but many organisations do not heed such signs and only intervene when conflict has already occurred (Pearson et al, 2001). NHS organisations often implement mandatory in-house training on conflict management, but mandatory training can be problematic, as staff might not approach it in a calm and open state in which they are ready to learn (Rew and Ferns, 2005).

This article discusses a study undertaken in a large Welsh university health board with around 14,500 staff providing primary, hospital, community and mental health services to a population of almost 300,000. It was conducted from January 2012 until January 2013 to help nurse ward managers investigate the wider organisational culture in which conflict may occur.

We evaluated the impact of a one-day skills-based conflict management training course on a group of ward managers. The overarching research question was: does a single training day on conflict management help ward managers to manage workplace conflict? The research objectives were to:

- Determine ward managers’ ratings of their ability to manage conflict in the workplace before and after the training;
- Ascertain what improvements, if any, were needed in the organisation to help ward managers manage conflict.

For this study, we used an operational definition formulated by De Dreu and Gel-
“Conflict begins when an individual or group perceives differences and opposition between itself and another individual or group about interests and resources, beliefs, values or practices that matter to them.”

This definition mentions both groups and individuals; healthcare systems largely depend on teams to deliver services, and conflicts between individuals can quickly escalate to teams.

**Background**

**Workplace conflict**

Conflict in the workplace has long been described as a multilevel phenomenon affecting individuals, groups, organisations and national contexts (Jehn, 1995; Coser, 1956). Many researchers view workplace conflict as inevitable, arguing that workplace harmony is a fantasy, and focus on the damaging effects of conflict (Al-Hamdan et al, 2011; Pavlakis et al, 2011; Pahl et al, 2008; Andersen, 2006; Newman, 1996).

The struggle between altruism and selfishness can influence individual behaviour (Ekestud and Fagerberg, 2004; Lee et al, 2003). De Dreu and Gelfand (2013) proposed a theoretical model of motivated information processing of strategic choice in conflict negotiation, in which the outcomes partly depend on the ability of individuals in the group to be pro-social, rather than pro-self, in their behavioural thinking.

De Dreu and Gelfand (2007) suggested that, to understand conflict, it can be helpful to consider antecedents (the early stages of conflict awareness), processes (the mechanisms or stages of conflict in the workplace) and outcomes (as organisations try to mitigate negative effects and facilitate positive outcomes).

**Conflict management**

Ward managers usually manage teams of 20-70 staff and are responsible for the quality of patient care, so their role is pivotal. Alongside team management and wider influencing skills, they need solid conflict management skills. Conflict management systems tend to hinge on the advancement of communication skills (Northam, 2009), so conflict management training tends to focus on developing communication skills.

Gilin Oore et al (2010) called for a more focused approach to conflict management – namely, working with a team experiencing conflict and enabling it to build mechanisms to manage disputes and address future conflict. This focused approach is favoured also by Weingart et al (2007), who noted that as the workplace is dominated by team-based working, trying to resolve a conflict through individuals misses the impact that conflict often has on teams and colleagues. Beersma and De Dreu (1999) suggested that understanding how individuals perceive their standing in the team influences the outcomes of any conflict management intervention.

Barbuto et al’s (2010) study of 126 managers and 624 employees used a personality inventory and a conflict inventory to determine whether certain personality types managed conflict better than others. In that study, participants with high conscientiousness appeared to be more effective at managing conflict than those with personality types characterised by neuroticism.

Murnighan et al (1999) outlined that poor communication skills and lack of trust have the potential to make situations worse. However, if managers are given the right level of information, they can, by using relatively basic conflict resolution skills, be very effective at enabling large organisations to manage conflict at its source in a timely manner.

Faragher (2015) noted that mediation can be a ‘grown-up’ means of handling conflict and that early management is imperative – especially if senior staff are involved – because, if conflict is allowed to continue, it can impede decision making and damage the organisation.

Jones (2016) found that managers viewed conflict differently, depending on their level of responsibility. Ward managers favoured avoidance as a means of managing conflict and required support from senior managers, while senior managers favoured acting and used conflict to get decisions through.

**Study methods**

**Training day**

The in-house training day focused on developing participants’:

- Awareness of their own conflict management style;
- Awareness of their mediation skills;
- Ability to view conflict from another’s perspective.

It was delivered by a team of trainers, including a senior nurse, to a sample of ward managers using learning methods such as self-assessment questionnaires and skills-based observations following demonstrations.
Clinical Practice

Research

The taught day used various teaching methods based on skills, knowledge and personal experiences. Trainers outlined mediation skills and conflict management styles, as well as perceptual positions that enable people to view the world from others’ perspectives. The training was designed by the research team at the health board based on the literature and on experience within the organisation.

The team believed the training should raise participants’ awareness of their own style of conflict management so decided to use a validated and insightful tool – the Thomas-Kilmann Conflict Mode Instrument (TKI) (Thomas and Kilmann, 1974) - from which participants would hopefully gain such self-awareness. Participants completed the TKI during the training day, together with an exercise on perceptual positions that allows individuals to explore their own impact on conflict situations and look at raising self-awareness. Meier and Boivin (2011) described an activity called the ‘empty chair’, which allows people to explore their own impact on conflict situations and that all five modes are needed.

Thomas-Kilmann Conflict Mode Instrument

The TKI is a self-assessment questionnaire that gauges an individual’s mode of managing conflict according to two basic dimensions of behaviour:

- Assertiveness;
- Cooperativeness.

These dimensions are used to define five modes of dealing with conflict:

- Competing;
- Accommodating;
- Avoiding;
- Collaborating;
- Compromising.

Each mode has benefits and pitfalls in practice. The purpose of using the TKI model (summarised in Fig 1) is to outline to staff that there are many ways of dealing with conflict and that all five modes are needed.

Questionnaires

We gathered data before the start of the training and four weeks afterwards using questionnaires that incorporated factors included in the TKI. In both questionnaires, participants were asked to rate their confidence on a five-point Likert scale (1 indicating ‘not confident’ and 5 indicating ‘very confident’) in five areas:

- Skill to manage conflict in their teams;
- Knowledge of conflict management styles;
- Ability to see conflict from other people’s perspectives;
- Knowledge of mediation skills;
- Understanding of early warning signs of conflict.

Both questionnaires also asked participants whether they saw the benefit of managing conflict early.

The post-intervention questionnaire included three questions that did not feature in the pre-intervention questionnaire: two pertaining to conflict management styles and one asking participants to rate their confidence in dealing with workplace conflict in the future.

Sample

A sample of 36 ward managers participated in the training day; only 30 returned the post-intervention questionnaire. Data analysis was undertaken using the 30 participants who completed both questionnaires.

All participants were band 7 nurses acting as ward managers; depending on the setting, these were called ward sisters, charge nurses, supervisors and senior managers. Of the initial 36 participants, 21 described themselves as middle managers and eight as senior managers. All participants nominated themselves by booking to attend a conflict management day that was advertised through regular professional development channels.

Table 1. Participants’ characteristics (n=36)

<table>
<thead>
<tr>
<th>Age, yrs</th>
<th>Women, n</th>
<th>Men, n</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-30</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>31-40</td>
<td>6</td>
<td>5</td>
<td>11</td>
</tr>
<tr>
<td>41-50</td>
<td>7</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>&gt;50</td>
<td>14</td>
<td>0</td>
<td>14</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>28</strong></td>
<td><strong>8</strong></td>
<td><strong>36</strong></td>
</tr>
</tbody>
</table>

Table 2. Statistically significant changes in participants’ (n=30) confidence

<table>
<thead>
<tr>
<th>Knowledge/skill</th>
<th>Median rating before intervention</th>
<th>Median rating after intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skill to manage conflict in the team</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Knowledge of conflict management styles</td>
<td>2.5</td>
<td>4</td>
</tr>
<tr>
<td>Ability to see conflict from other people’s perspectives</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Knowledge of mediation skills</td>
<td>2.5</td>
<td>4</td>
</tr>
</tbody>
</table>
Table 1 shows the age and gender of participants. Each participant managed an average (mean) of 19.8 staff. One participant managed 160 staff so, if that number is discounted, the average drops to 15.8. Thirty-four participants said they had experienced workplace conflict.

Outcomes
Confidence in managing conflict
Statistical analysis showed that, overall, participants’ confidence was higher after the training. There were statistically significant increases in participants’ confidence in four out of five areas (Table 2):

- Skills to manage conflict in their teams: 15 participants rated themselves 3 before the training, 15 rated themselves 4 afterwards;
- Knowledge of conflict management styles: 17 participants rated themselves 3 before the training, 17 rated themselves 4 and one rated themselves 5 afterwards;
- Ability to see conflict from other people’s perspectives: 16 gave themselves a score of 4 before the training and 24 did so afterwards; two rated themselves 5 before the training but none did so afterwards;
- Knowledge of mediation skills: 16 participants gave themselves a rating of 3 before the training and 24 did so afterwards.

The area where participants’ increase in confidence was not statistically significant was their understanding of early warning signs of conflict. When asked whether they saw the benefit of managing conflict early, all participants (36 pre-intervention and 30 post-intervention) answered ‘yes’.

Modes of conflict management
From the TKI completed on the training day, it appeared that conflict management styles used were predominantly ‘avoiding’ and ‘compromising’. In the post-intervention questionnaire, participants were asked to indicate their dominant conflict management style. The styles most frequently selected as the sole mode of conflict management were ‘compromising’ (n=10) and ‘avoiding’ (n=8). ‘Accommodating’ was chosen as sole conflict management style by two participants; ‘collaborating’ and ‘competing’ were each chosen as sole style of conflict management by one participant. The remaining eight
participants selected more than one style. Table 3 sums up participants’ conflict management styles.

Of the 30 participants who completed both questionnaires, 26 indicated that it was useful to understand their dominant styles of managing conflict. All rated their confidence in dealing with future workplace conflict between 3 and 5.

Discussion
Conflict management styles were predominantly ‘avoiding’ and ‘compromising’, both in the TKI completed before training and in the post-intervention questionnaire. The fact that participants often steered towards compromise or avoidance highlights that they were, in general, not at ease with addressing conflict.

This finding is similar to that of Morrison (2008) who, using the TKI, found that 43.5% of a sample of 92 ward nurses used avoidance as their primary strategy to manage conflict. Similar results were also noted by Hendel et al (2007), whose research investigated the Thomas-Kilmann Conflict Mode Instrument in a sample of 54 nurse managers. Both Morrison (2008) and Hendel et al (2007) called for improved training on managing workplace conflict. Vivar’s (2006) research noted how training and awareness could reduce the occurrence of conflict. Morrison (2008) suggested assessing the organisational climate before any training takes place, thereby putting conflict in the wider context of the workplace culture.

Does a single day of training on conflict management help ward managers to manage workplace conflict? Our data suggests that it does, at least to some extent, as it shows participants’ awareness and confidence increased. Our study also infers that awareness of their dominant conflict management style made participants think they could act differently in future.

A single training day may not be enough to help ward managers deal with future occurrences of conflict. Improved awareness and confidence alone are unlikely to be sufficient for them to change their management style; inexperienced managers may need additional support, such as shadowing and/or supervised practice. Emphasising that training alone does not work, Mahon and Nicotera (2011) argued that nurses need to be shown in practice – for example, through role-modelling or shadowing – that avoiding conflict is not an effective way to deal with a problem.

More in-depth data is warranted, especially pertaining to the recognition of early warning signs, how managers actually deal with conflict and with what effects. Real-life accounts would also be useful.

Conflict management framework
The study outcomes have broadly confirmed the literature in that training is helpful but not necessarily sufficient to help nurse managers deal with the complexity of workplace conflict. To provide them with additional support, we designed a brief conflict management interventions framework (Fig 2). This enables ward managers to see, at a glance, who to contact and what training to undertake to improve their ability to manage conflict in the future; it is now used by the Welsh university health board. NT

See page 26 for an article discussing why workplace conflict occurs and how to deal with it.

References