

EVALUATION OF WORKPLACE INTERPERSONAL CONFLICT AMONG  
NURSES: FINAL REPORT

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Additional results of the larger Oregon Nurse Retention Project can be viewed at  
[www.onrp.webnode.com](http://www.onrp.webnode.com)

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# Evaluation of Workplace Interpersonal Conflict Among Nurses: Executive Summary

## Overview

Interpersonal conflicts between coworkers at the workplace are often cited as the most stressful events for nurses and lead to a variety of detrimental outcomes for nurse and organization alike including depression, burnout, and employee turnover. Conflicts with peers at the workplace are escalating in both rate of occurrence and intensity among nurses (referred to as horizontal violence), especially among new nurses. Conflict with nurse peers seems to have more detrimental effects on nurses than conflicts with others because nurses cannot simply withdraw from interaction with 'difficult' colleagues. As such, conflicts with other nurses are a substantial source of conflict in the workplace for nurses and are a major contributor to negative workplace environments.

Despite the apparent importance of addressing conflict among nurses in the workplace, very little research has attempted to identify what typically constitutes these conflicts, thus limiting our ability to design and implement effective interventions. Moreover, conflicts between nurses may also differ significantly due to the nature (i.e., objective aspects) as well as the individual nurse's appraisal (i.e., subjective assessment) of the interaction. This requires in-depth exploration to determine which conflicts may be the most detrimental and, therefore, the best targets for intervention. However, this remains an unexplored area of research, particularly among nurses. Thus, the purpose of this project was to address this lack of knowledge regarding conflict among nursing peers in the healthcare context by:

- *Identifying prominent themes in nurse descriptions of conflicts with other nurses.*
- *Using these themes to examine how nurses' appraisals (i.e., how undesirable, how serious, how meaningful, how controllable, how predictable, how stressful) of conflict with other nurses vary.*

## Design & Methods

The non-random sample comprised 148 practicing registered nurses who were diverse in their years of experience and represented a cross-section of rural, suburban, and urban institutions across Oregon. Participants completed up to 12 weeks of a weekly work experience survey in which they completed both quantitative and qualitative assessments of their work experiences. Specifically, in their own words, participants provided 1057 descriptions of the most negative conflict during the past week, identified who the conflict was with (e.g., coworker, physician), appraisal ratings of the interaction, and indicated whether the conflict was the most negative event that week at work. Using a representative subset of 150 conflict descriptions involving nurse coworker conflicts, two coders independently analyzed and coded the conflict descriptions for recurring themes.

## Findings

**General Descriptive Findings:** Overall, nurse-peer conflicts were the most commonly reported (37%) of all conflicts, compared to conflicts with patient/family (34%), nurse manager (14%), and physician (14%) across the twelve weeks in the data. An average of 3.19 nurse-peer conflicts were reported per nurse ( $SD = 1.91$ ). More than half of the coworker conflicts (52%) were also indicated as the most negative event occurring for the nurse that week at work.

**Research Aim #1: Identify themes of conflict with other nurses.** We identified eight general themes of conflict with other nurses: *feeling unfairly treated, feelings of dislike or animosity, insufficient or lack of communication, others' incompetence, others' irresponsibility, unsolicited/unneeded instruction or advice, work disagreement, and difficult work structure* (see Table 1 for descriptions).

Table 1: Coder-generated Workplace Interpersonal Conflict Emergent Themes

Code	Description (each characterized by at least one of the criteria)
Feeling Unfairly Treated	1) an overall lack of respect 2) interpersonal justice violations 3) social comparisons with others (e.g., feeling that others were treated better) 4) feeling underappreciated
Feelings of Dislike or Animosity	1) forms of rudeness 2) describing feelings of negative emotion 3) hostility
Insufficient or Lack of Communication	1) missing information 2) incomplete information 3) false/inaccurate information
Others' Incompetence	1) insufficient training 2) inability due to lack of knowledge 3) inability due to lack of skill
Others' Irresponsibility	1) conscious choice 2) choosing not to perform the duty or obligation that they could do 3) careless or intentional choice 4) lack of interest/desire
Unsolicited/Unneeded Instruction or Advice	1) telling one how to do one's job without proper authority or appropriate timing (i.e. in front of patient's family) 2) communications on how to perform one's job 3) telling one what to do or how to manage their time
Work Disagreement	1) work-related difference of opinion - may involve specific task or task processes
Difficult Work Structure	1) influences of the specific structure of work (e.g., work overload, schedule conflicts, patient acuity, rapidly changing numbers of patients)

As an initial step in the analysis, the conflict themes were examined for acceptable agreement between the coders (i.e., when coders agreed on a theme for a particular conflict description). Six of the eight themes were reliable, but *insufficient or lack of communication* and *unsolicited/unneeded instruction or advice* were not (see Table 2 for more details). Feeling unfairly treated, feelings of dislike or animosity, and others' irresponsibility were the three most frequent themes of nurse peer conflict. Two themes (others' incompetence and others' irresponsibility, respectively) emerged from conflicts involving coworkers not performing a task primarily due to either a failure on the part of the organization (e.g., lack of training) or failure on the part of the individual coworker (e.g., choosing to not do the job, being careless). Situational pressures also contribute to conflict, often in the form of work disagreements or difficult work structures (e.g., insufficient staffing).

Table 2: Agreement on the Workplace Interpersonal Conflict Emergent Themes between Coders

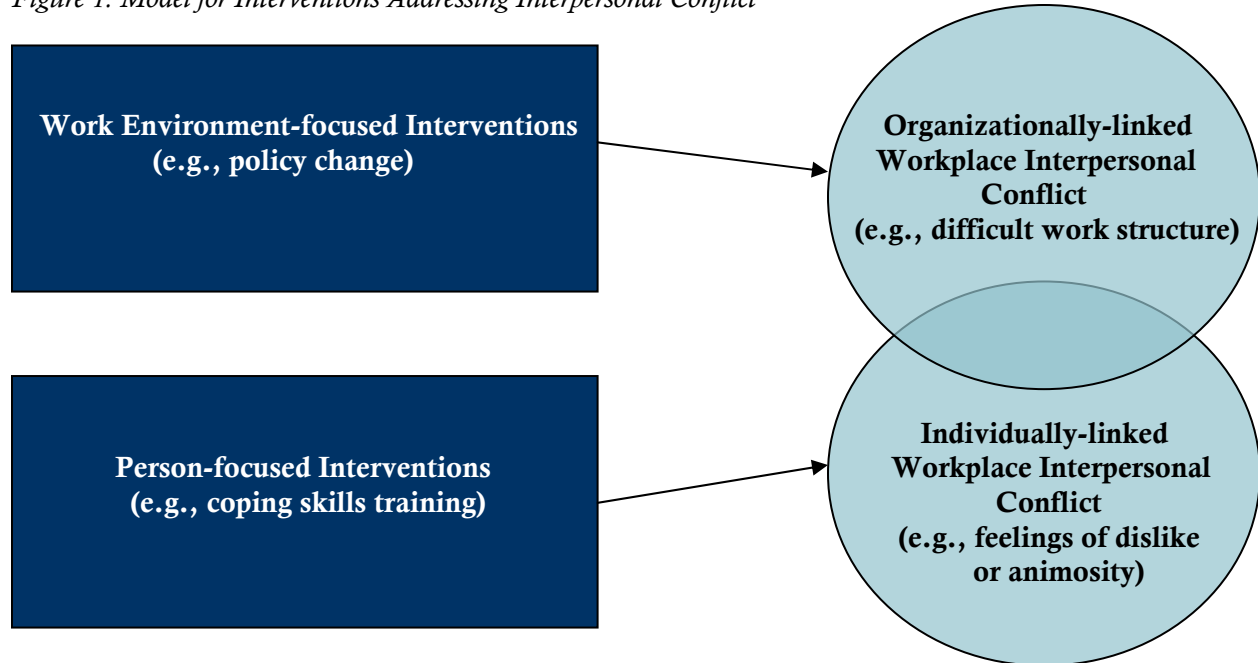
<i>Workplace Interpersonal Conflict Emergent Theme</i>	<i>Total % Agreement</i>	<i>Kappa Statistic</i>	<i>Total Cases</i>
Feeling Unfairly Treated	75%	.42	53 (35%)
Feelings of Dislike or Animosity	82%	.55	50 (33%)
Insufficient or Lack of Communication	65%	.17	31 (21%)
Others' Incompetence	87%	.60	29 (19%)
Others' Irresponsibility	81%	.53	40 (27%)
Unsolicited/Unneeded Instruction or Advice	87%	.07	12 (8%)
Work Disagreement	85%	.40	25 (17%)
Difficult Work Structure	85%	.53	26 (17%)

**Research Aim #2: Using these themes, examine nurses' appraisals of conflict.** Overall, conflicts involving feeling unfairly treated were consistently appraised as the most undesirable, the most serious, the most meaningful, unpredictable, uncontrollable, and most stressful. Additionally, although not as extreme, the themes of feelings of dislike or animosity and others' incompetence were also appraised quite negative across all the appraisal categories. Furthermore, two statistically significant differences between the conflict themes emerged. First, conflicts with feelings of dislike or animosity were significantly more undesirable than all other conflicts and second, conflicts concerning others' irresponsibility were appraised as significantly more meaningful than all other conflicts.

### **Implications & Conclusion**

- Results reveal nurse coworkers as the most frequent source of conflict and these conflicts are often the most negative event at work.
- A distinction between organizational and employee factors in interpersonal conflict may provide a proper way to address these conflicts. Although typically conceptualized at the individual-level, this study highlighted the work context as a potential source of conflict as disagreements over work-related issues (e.g., how to perform a task) or difficult work structures (e.g., staffing) can become significant aspects of conflict between nurses. Thus, interpersonal conflicts seem to be primarily individually-based, organizationally-based, or a combination of the two.
- Due to the number of distinct conflict themes and the differential sources of these aspects (i.e., individual, work environment) this study suggests that interventions focused on the work environment and the individual person used concurrently should be more effective in decreasing occupational stress than any one type alone.
- Policies could be implemented to improve understanding of health care protocol and decrease work disagreements through combined training or sufficient staffing schedules, thus targeting conflicts stemming from organizational factors. Furthermore, individual-focused interventions such as coping skills training or conflict management could be implemented to provide nurses with increased hardiness and improved ways to deal with conflicts, including conflict prevention strategies. Thus, each aspect of nurse conflict could be addressed through interventions targeted at multiple levels of implementation (see Figure 1 for a model).

Figure 1: Model for Interventions Addressing Interpersonal Conflict



- The large proportion of interpersonal conflicts involving feeling unfairly treated suggests that interpersonal justice violations and uncivil behaviors should be a focus of interventions. By eliminating or reducing perceived interpersonal injustices and uncivil behaviors occurring in the workplace, a substantial portion of conflicts, including the most negative, may be prevented.
- Similar to previous research, this study supports the promotion of respectful treatment among coworkers, the establishment of civil behavior as a norm, teaching civil behavior through exemplary models, and investing in post-departure interviews as appropriate ways to address conflict between nurses and prevent other conflicts from occurring, especially the most negative.