

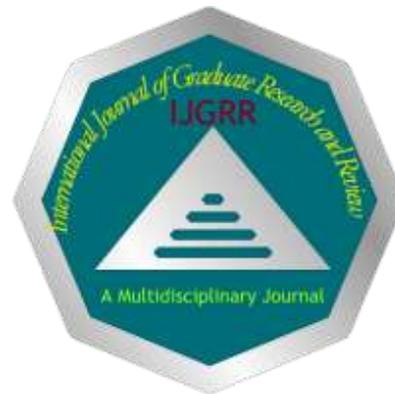


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## Nurses Perception of Conflict as Constructive or Destructive

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### Abstract

**Aim:** The purpose of study is to know how nurses perceive conflict, whether constructive or destructive, and how they manage it on their daily based interactions at their work place. **Background :** Conflict among nursing professionals is very common ,and underlying reasons most of the time are communication gap, work overload ,and obstreperous behavior .Furthermore ,health care system is changing rapidly ,and becoming more demanding day-by-day .Nurses not only have to look after patients ,safety measures of patients ,holistic care approaches ,cost constrains concerns ,and safety measures of themselves as well as of their related personnel with increased work load .Nursing workplace have become unpredictable these days .Hence ,all these circumstances can easily precipitate conflicts . But unfortunately, positive perspectives of conflict are scarce in nursing unlike other social sciences. Conflict can be positive as well as negative; depending upon its management. The purpose of this study is how nurses take conflict positive or negative and what types of strategies they use while interacting with conflict. **Methodology:** This is quantitative descriptive study. Data was collected from one hundred nurses of Jinnah Hospital Lahore. An adopted scale having 24 items was used to collect data on Likert Scale. **Conclusion:** The outcomes of the study indicated positive results. Most participants were agreed to resolve problems in a positive and good manner which gave sense that conflict is positive and constructive in its manner. The result indicated major portion participants answered that conflict is constructive as it increases improvement in patients' care, help in problem solving, innovation, brain storming, increase efficacy at work place and hence increase organizational output as well as organizational repute also. So, conflict is basically constructive in nature .

**Keyword:** Conflict Management; constructive conflict; destructive conflict

### Introduction

Conflict is one of the major issue which is found in many organizations as well as in hospitals too, where constant interaction among people is taking place. But potential of conflict arising in hospital setting is more frequent due to wide complexities of roles, interactions with other employees, patients, their families and effects of high authorities in hospitals. Although a limited amount of conflict is important to raise performance but conflict environment is exception, how conflict is addressed is of paramount importance. Conflict is any situation which involve disagreement between or among people in which they perceive scare regarding their necessities, temptations or concerns or resources. Conflict among nursing professionals is very common, and underlying reasons most

of the time are communication gap, work overload, and obstreperous behavior. Furthermore, health care system is changing rapidly, and becoming more demanding day-by-day. Nurses not only have to look after patients, safety measures of patients, holistic care approaches, cost constrains concerns, and safety measures of themselves as well as of their related personnel with increased work load. Nursing workplace have become unpredictable these days .Hence ,all these circumstances can easily precipitate conflicts .Conflict itself is neither positive or negative but its handling make it destructive or productive .Sociologists have proclaimed that conflict is a natural phenomenon ,can occur necessarily and, if its handling is done in a proper way, it can bring not only increased production but also a

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source of critical analysis of things ,good decision powers and novelty (Kim *et al.*, 2015).

Conflict can act as antagonist if is not handled properly and as a result it can destroy efforts as team ,lead towards unethical behaviors ,decreased outputs of organization ,increased psychological strain ,psychological exertion ,and as a result mistreatment of patients ,increased anxiety ,high turnover ratio ,and loss to organization .That is most effective a brief listing of negative results of poorly controlled conflict .Despite the fact that ,a few researchers argue that conflict, if treated with wisdom and creativity can bring about high-quality overall performance in the organization .In the end ,conflict influences medical decision-making as a good deal as collaboration and high-quality relationships do (Kim *et al.*, 2015) .

Research also showed that lateral violence ,bullying and disruptive behaviors are commonly observed in health care system .The obstreperous behavior causes the communication gap ,hence put negative impacts on performance and causes adverse outcomes (Kim *et al.*, 2015) .

The work-place environments directly link to appointments ,retention and turnover of the employs .But ,main matter is not conflict but its handling matters a lots .Researches has proved conflict ,if managed properly is productive even a mild amount of conflict is compulsory for progress (Kim *et al.*, 2015) .It may be positive or negative .The success of conflict management majorly depend upon two factors : perception of conflict as a chance of growth ,productivity and innovation ,and potential to face social issues in a constructive and worthwhile way . (Gross *et al.*, 2004). But diverse from other broad social sciences, positive perspective is still scanty in nursing literature. As there are many functions of conflict but there is high tendency of conflict mismanagement noticed in nursing, so here is need to scrutinize what are nursing officer's perception regarding conflicts, either constructive or destructive.

### **Problem Statement**

Conflict is one of the major issue found these days in all organizations as well as in hospitals. Hospital is a place where constant interaction is taking place between or among people all the time, belonging from different cultures and believes. This diversity of cultures and believes precipitate conflict conditions. Furthermore, conflict among nursing professionals is very common, and underlying reasons most of the time are communication gap, work overload, and obstreperous behavior. Moreover, health care system is changing rapidly, and becoming more demanding day-by-day. All these circumstances can easily precipitate conflicts. But at the same time there are many functions of conflict. It may be constructive when it provides solution through provision of quality care and cooperative

communication for solution of problems. It may be destructive when causes disruptive behavior, power and role disparities etc. Furthermore, there is high tendency of conflict mismanagement noticed in nursing, so here is need to scrutinize what are nursing officers perception regarding conflicts, either constructive or destructive.

### **Objective of the Study**

The purpose of the study is to check nursing officer's perception about conflict, as constructive or destructive.

### **Significance of the Study**

This study will help to understand nurse's perception of constructive and destructive conflicts. It will also identify complexities which nurse's face while interacting with other nurses, doctors, patients and their families too. It will guide that if conflict will have managed properly, how it can be fruitful and constructive. This study will also help nurses to understand problems related to communication, problem solving and collaboration among nurses. This article provides worthwhile information how nurses can integrate and enhance communicate skills, examine and convey problems in an effective way and find out ways how to control conflict with effective collaborative processes. Consequently, it may additionally be in a position to impact a way of life alternate that enable nurses to understand that conflict can be wholesome or even useful while handled appropriately.

### **Literature Review**

Conflict is an inevitable phenomenon which can occur in any organization ,at any workplace or at any place where interdependent interactions take place between or among individuals .Many social scientists have given ideas conflict is unavoidable phenomenon and but still ,if managed properly ,can yield productive and innovative results .It can also help in good decision making with positive approach(Kim *et al.*, 2015) .But on the other side ,if its management get neglected ,it results with negative behavior and damaging effects (Folger, *et al.*, 2005), proclaimed that participants in organizations can address conflict through communication and fulfill their obligations through conflict. And if conflicts are controlled at once and constructively, it make contributions to employees' capability to fulfill responsibilities in a good and productive manner (Nicotera & Dorsey, 2006) .

It is also observed that, in an organizational environment, a small amount of conflict, handled in a positive way, is important for reaching and preserving premiere stage of organizational effectiveness. When no longer handled constructively, it can boom pressure and decrease productivity for personnel and lower the first-rate of services provision (Afzalur *et al.*, 2001).

If talk about conflict among Nurses Officers, it come to know nursing experts face several troubles, such as cost constraints worries, patients, group of workers, protection concerns, an extensive conflict regarding role performance and work over-load in the hospital environment. The nurse's administrative center is erratic, exceedingly potent and complex by way of the reality that a nurses frequently juggles numerous roles simultaneously. Nursing officers must reply as all of those elements bring toward conflicts inside and among other professionals (Mahon & Nicotera, 2011).

Conflict itself have no good or bad contributions, but its handling make it tremendous or bad in its consequences .Positive effects consist of innovation and boom, advanced decision-making, but mishandling of conflict have potential to lead toward drastic outcomes like stress ,strain ,tension and anxiety .These all perspective decreases employees efficiency ,hence quality of service provision also become lower (Afzalur et al., 2001).

Furthermore, conflict itself is typically considered as poor in nursing. Negative conflict results is regularly a critical issue in any healthcare setting but the admixture of conflict itself with negative conflict effects, is in all likelihood linked with ineffective conflict handling, critically make limited our expertise of conflict in nurses. During this study among nurses, conflict mostly discussed as hostile because of increased variations, relationships between control/team of workers and nurse/circle of relatives. Furthermore, it is also considered as personality trait or internal ability of a person. These are all aspects that collectively hinders to consider conflict as constructive ,opportunity for development ,innovation ,and resolution of critical and vital issues in a good constructive manner (Kim et al., 2015).

McKenna and Smith found that mostly clear interpersonal conflict among registered nurses are seen in their year of practice ,which are almost 34 % and among them 38% are reported as stress related conflicts (McKenna et al., 2003). It is seen that among other conflict resolution strategies, the most commonly used by nurses is avoidance or withdrawal. Avoidance directly illustrate that conflict is negative in its nature. Unlike ,many communication theorists and sociologists considered avoidance as most inappropriate strategy which have potential for damaging interpersonal relationships (Kim, Nicotera et al., 2015).

## Methodology

### Study Design

A descriptive quantitative research design will be used for this study to assess the nurse's perception of conflict either constructive or destructive.

### Setting

Setting of the study will be The Superior University, Nursing Campus, Kalma Chowk Lahore.

### Target population

My target population will be the charge nurses of Jinnah Hospital, Lahore. The participants will be belonging to different socioeconomic level and different demographical background, Female Nurses.

### Sample size and sampling techniques

Data will be taken through self-administered questionnaire and the sample will be selected by using convenient sampling method. The sample size is 100 for this study, which is calculated by Slovincs formula of sampling, mentioned below.

Total number of nurses in Jinnah Hospital Lahore: 130

As if,

$N$  = Total population,

$n$  = Sample size,

$E$  = Margin of error

$$n = N / 1 + (N) (E)^2$$

$$n = 130 / 1 + (130) (0.05)^2$$

$$n = 130 / 1 + (130) (0.0025)$$

$$n = 130 / 1 + 0.325$$

$$n = 130 / 1.325$$

$$n = 98.11 \text{ OR } 98$$

### Research Tool

The questionnaire was adopted, modified and used from the article, Infante and Wigley III (1986) to collect data from the participants. Questionnaire have two major constituent (Segment A), it have information regarding demographic of the participant like age, sex ,name ,gender ,education etc. (Segment B), which have information regarding their perception of conflict, having of 20 questions .All the contributors can answer the questions by using Likert Scale containing five components as strongly disagree , disagree ,neutral ,agree and strongly agree .

### Data Collection Plan

Data collection plan is one of the main sources to collect data. An adopted modified questionnaire will be used to collect data from the study participants. There will be given a free hand to complete it and return it.

### Data Analysis

Data analysis will be done by SPSS version 20. Statistical computer software for data analysis. This is a descriptive study and all the descriptive statistics will be obtained through the SPSS software.



**Including Criteria**

- Charge nurses from all departments of Jinnah Hospital, Lahore
- Have faced different times conflict during job
- Willing to participate
- Those who understands English

**Excluding Criteria**

All students of Pharmacy, DPT, Nursing, and IMBB mentioned departments Students other than DPT 8<sup>th</sup> semester, Nursing BScN Generic semester 8<sup>th</sup> and 5<sup>th</sup> and Post RN semester 4<sup>th</sup> Students who are already graduated from Jinnah Hospital, Lahore.

Charge Nurses outside from Jinnah Hospital, Lahore.

**Time Framework**

This study will take approximately within 2-3 months.

**Informed Consent**

Consents will be taken from all the participants and free hand will be given to the participants to take part in the study or refused to participate. Participants will have also be the right to mentioned name or not.

**Ethical Consideration**

All basic and enough information will be given to all contributors regarding this research work and consent will

be taken by using consent form, attached to the provided questionnaire. Confidentiality will be taken into prime consideration and all contributors will be informed regarding it. The rights of the participants will be reserved by using Nuremberg Code of Ethics.

**Results and Discussions**

**Profile of Respondents**

**Question 1-4: Regarding Demographic Status**

Table 1 shows that out of 100 respondents, 97 were female and only 3 were male. Among them, only 21% were married. Age group of 25-35 were maximum (62%); however minimum of 18-25 (22%). Educational qualification data can be seen in Table1.

**Conflict Scale**

**Question 5: I am extremely careful to avoid attacking individual's intelligence when I attack their ideas.**

Table 2 gives explanation about frequency distribution regarding Q-5 .The result showed 9(9%) respondents were strongly disagree ,17 (17%) were disagree ,30 (30%) were neutral ,29 (29%) were agree ,and 15(15%) were strongly agree out of 100 respondents .

**Table 1:** Demographic data of respondents

		Number	Percentage (%)
<b>1) Gender</b>	Females	97	97
	Males	3	3
<b>2) Marital status</b>	Married	21	21
	Unmarried	79	79
<b>3) Age group</b>	18-25	22	22
	25-35	62	62
	35-50	16	16
<b>4) Qualification</b>	Matric	25	25
	FA /Fsc	22	22
	Others	33	33

**Table 2:** Data showing the answers of question 5

	Frequency	Percent	Valid percent	Cumulative percent
SD	9	9.0	9.0	9.0
DA	17	17.0	17.0	26.0
valid N	30	30.0	30.0	56.0
A	29	29.0	29.0	85.0
SA	15	15.0	15.0	100.0
Total #	100	100.0	100.0	



**Question 6: When individuals are very stubborn, I use to insult to soften their stubbornness.**

The result showed frequency distribution toward question 6. The results showed 18(18%) were strongly disagree, 45(45%) were disagree, 19(19%) were neutral, 17(17%) were agree and 1(1%) were strongly agree out of 100 respondents (Table 3).

**Question 7: I try very hard to avoid having other people feel bad about themselves when I try to influence them.**

The result of question-7 showed 14(14%) respondents were strongly disagree, 16(16%) were disagree, 13(13%) were neutral, 42(42%) were agree and, 15(15%) out of 100 respondents (Table 4).

**Question 8: When people refuse to do a task I know is important, without good reason, I tell them they are unreasonable**

Table 5 is description of frequency regarding question-8. The response rate were as 6(6%) were strongly disagree, 11(11%) were disagree, 21 (21%) were neutral, 50(50%) were agree, 12(12%) were agree .

**Question 9: When other do things I regard as stupid, I try to be extremely gentle with them.**

The Table 6 explain frequency distribution of question number 09. The results shows 11(11%) were strongly disagree, 24(24%) were disagree, 22(22%) were neutral, 28(28%) agree and 15(15%) were strongly agree .

**Table 3:** Data showing the answers of question 6

	Frequency	Percent	Valid percent	Cumulative percent
SD	18	18.0	18.0	18.0
DA	45	45.0	45.0	63.0
Valid N	19	19.0	19.0	82.0
A	17	17.0	17.0	99.0
SA	1	1.0	1.0	100
Total #	100	100.0	100.0	

**Table 4:** Data showing the answers of question 7

	Frequency	Percent	Valid percent	Cumulative percent
SD	14	14.0	14.0	14.0
DA	16	16.0	16.0	30.0
Valid N	13	13.0	13.0	43.0
A	42	42.0	42.0	85.0
SA	15	15.0	15.0	100.0
Total	100	100.0	100.0	

**Table 5:** Data showing the answers of question 8

	Frequency	Percent	Valid percent	Cumulative percent
SD	6	6.0	6.0	6.0
DA	11	11.0	11.0	17.0
Valid N	21	21.0	21.0	38.0
A	50	50.0	50.0	88.0
SA	12	12.0	12.0	100.0
Total	100	100.0	100.0	

**Table 6:** Data showing the answers of question 9

	Frequency	Percent	Valid Percent	Cumulative Percent
SD	11	11.0	11.0	11.0
DA	24	24.0	24.0	35.0
Valid N	22	22.0	22.0	57.0
A	28	28.0	28.0	85.0
SA	15	15.0	15.0	100.0
Total	100	100.0	100.0	



**Question 10 : If individuals I am trying to influence really deserve it ,I attack their character**

The Table 7 describes frequency distribution regarding question # 10 . The result showed 31(31%) were strongly disagree, 37(37%) dis-agree , 20 (20%) neutral, 5(5%) agree, and 7(7%) strongly agree.

**Question 11: When people behave in some ways that are in very poor taste, I insult them in order to shock them into proper behaviour**

The Table 8 reveal frequency distribution regarding question no 11. The result showed 26(26%) were strongly disagree, 40(40%) respondents were disagree, 17(17%) were neutral, 14(14%) were agree and 3(3%) were strongly agree out of one hundred respondents.

**Question 12: I try to make people feel good about themselves even when their ideas are stupid.**

The Table 9 describe frequency distribution toward question 12 .The results shows that 9(9%) participants were strongly disagree, 22(22%) were disagree, 23(23%) were neutral ,34(34%) were agree and 12(12%) were strongly agree out of 100 participants .

**Question 13: When people simply will not budge on a matter of importance I lose my temper and say rather strong things to them**

The results show frequency distribution of respondents toward question number 13 as 10(10%) were strongly disagree, 29(29%) were disagree, 18(18%) were neutral, 29(29%) were agree and 14(14%) were strongly agree out of 100 respondents (Table 10)

Table 7: Data showing the answers of question 10

	frequency	percent	Valid percent	Cumulative percent
SD	31	31.0	31.0	31.0
DA	37	37.0	37.0	68.0
N	20	20.0	20.0	88.0
A	5	5.0	5.0	93.0
SA	7	7.0	7.0	100.0
Total	100	100.0	100.0	

Table 8: Data showing the answers of question 11

	Frequency	Percent	Valid percent	Cumulative percent
SD	26	26.0	26.0	26.0
DA	40	40.0	40.0	66.0
N	17	17.0	17.0	83.0
A	14	14.0	14.0	97.0
SA	3	3.0	3.0	100.0
Total	100	100.0	100.0	

Table 9: Data showing the answers of question 12

	Frequency	Percent	Valid Percent	Cumulative Percent
SD	9	9.0	9.0	9.0
DA	22	22.0	22.0	31.0
N	23	23.0	23.0	54.0
A	34	34.0	34.0	88.0
SA	12	12.0	12.0	100.0
Total	100	100.0	100.0	

Table 10: Data showing the answers of question 13

	Frequency	Percent	Valid Percent	Cumulative Percent
SD	10	10.0	10.0	10.0
DA	29	29.0	29.0	39.0
N	18	18.0	18.0	57.0
A	29	29.0	29.0	86.0
SA	14	14.0	14.0	100.0
Total	100	100.0	100.0	



**Question 14: When people criticize my shortcomings, I take it in good humor and do not try to get back at them**

The Table 11 describe frequency distribution of response toward question no 14. the results showed 10 (10%) respondents were strongly disagree, 16(16%) were disagree, 21(21%) were neutral, 36(36%) were agree and 17(%) were strongly agree on Likert scale.

**Question 15: When individual insult me, I get a lot of pleasure out of really telling them off.**

The result shows frequency distribution of response toward question no 15. The result shows 13(13%) were strongly disagree, 30(30%) were disagree, 29(29%) showed neutral response, 20(20%) were agree and 8(8%) were strongly agree on Likert scale (Table 12).

**Question 16: When I dislike individuals greatly, I try not to show it in what I say or how I say it.**

The Table 13 describe frequency distribution of response rate toward question no 16. The results showed 8(8%) were strongly disagree, 23(23%) disagree, 30(30%) neutral, 31(31%) agree and 8(8%) were strongly agree with the above mentioned statement.

**Question 17: I like poking fun at people who do things which are very stupid in order to stimulate their intelligence.**

The Table 14 shows frequency distribution of response toward question no 17. The results were as 11(11%) respondents were strongly disagree, 34(34%) were disagree, 32(32%) were neutral, 20 (20%) were agree and 3(3%) were strongly agree on Likert scale.

Table 11: Data showing the answers of question 14

	Frequency	Percent	Valid Percent	Cumulative Percent
SD	10	10.0	10.0	10.0
DA	16	16.0	16.0	26.0
N	21	21.0	21.0	47.0
A	36	36.0	36.0	83.0
SA	17	17.0	17.0	100.0
Total	100	100.0	100.0	

Table 12: Data showing the answers of question 15

	Frequency	Percent	Valid Percent	Cumulative Percent
SD	13	13.0	13.0	13.0
DA	30	30.0	30.0	43.0
N	29	29.0	29.0	72.0
A	20	20.0	20.0	92.0
SA	8	8.0	8.0	100.0
Total	100	100.0	100.0	

Table 13: Data showing the answers of question 16

	Frequency	Percent	Valid Percent	Cumulative Percent
SD	8	8.0	8.0	8.0
DA	23	23.0	23.0	31.0
N	30	30.0	30.0	61.0
A	31	31.0	31.0	92.0
SA	8	8.0	8.0	100.0
Total	100	100.0	100.0	

Table 14: Data showing the answers of question 17

	Frequency	Percent	Valid Percent	Cumulative Percent
SD	11	11.0	11.0	11.0
DA	34	34.0	34.0	45.0
N	32	32.0	32.0	77.0
A	20	20.0	20.0	97.0
SA	3	3.0	3.0	100.0
Total	100	100.0	100.0	



**Question 18: When I attack person’s idea, I try not to damage their self-concepts**

Table 15 describe frequency distribution of response rate toward question no 18. the result showed 13(13%) respondents were strongly disagree, 21(21%) were disagree, 7(7%) were neutral, 44(44%) were agree and 15 (15%) were strongly agree on Likert scale.

**Question 19: When I try to influence people, I make great effort not to offend them.**

The Table 16 describes response rate of frequency distribution toward question number 19. There were 4 (4%) respondents strongly disagree ,16(16%) were disagree, 21(21%) were neutral, 42(42%) were agree and 17 (17%) were strongly agree on Likert scale.

**Question 20: When people do things which are mean or cruel, I attack their character in order to help correct their behavior.**

Table 17 shows the description of frequency distribution toward question number 20. Out of 100 participants, 20(20%) were strongly disagree, 22(22%) were disagree, 25(25%) were neutral, 22(22%) were agree and 11(11%) were strongly agree on Likert scale (Table 16).

**Question 21: I refuse to participate in arguments when they involve personal attacks**

The Table 18 is the frequency distribution of response toward question no 20 on Likert scale. Out of 100 respondents, 15(15%) were strongly agree, 10(10%) were disagree, 15(15%) were neutral, 41 (41%) were agree and 19 (19%) remained strongly agree.

**Table 15:** Data showing the answers of question 18

	Frequency	Percent	Valid Percent	Cumulative Percent
SD	13	13.0	13.0	13.0
DA	21	21.0	21.0	34.0
N	7	7.0	7.0	41.0
A	44	44.0	44.0	85.0
SA	15	15.0	15.0	100.0
Total	100	100.0	100.0	

**Table 16:** Data showing the answers of question 19

	Frequency	Percent	Valid Percent	Cumulative Percent
SD	4	4.0	4.0	4.0
DA	16	16.0	16.0	20.0
N	21	21.0	21.0	41.0
A	42	42.0	42.0	83.0
SA	17	17.0	17.0	100.0
Total	100	100.0	100.0	

**Table 17:** Data showing the answers of question 20

	Frequency	Percent	Valid Percent	Cumulative Percent
SD	20	20.0	20.0	20.0
DA	22	22.0	22.0	42.0
N	25	25.0	25.0	67.0
A	22	22.0	22.0	89.0
SA	11	11.0	11.0	100.0
Total	100	100.0	100.0	

**Table 18:** Data showing the answers of question 21

	Frequency	Percent	Valid Percent	Cumulative Percent
SD	15	15.0	15.0	15.0
DA	10	10.0	10.0	25.0
N	15	15.0	15.0	40.0
A	41	41.0	41.0	81.0
SA	19	19.0	19.0	100.0
Total	100	100.0	100.0	



**Question 22: When nothing seems to work in trying to influence others, I yell and scream in order to get some movement from them.**

The Table 19 shows frequency distribution of response toward question no 22. The results showed 8(8%) were strongly disagree, 32(32%) were disagree, 31(31%) were neutral, 22(22%) were agree and 7(7%) were strongly agree on Likert scale.

**Question 23: When I am not able to refute others' positions, I try to make them feel defensive in order to weaken their positions.**

The Table 20 is the description of frequency of response toward question 23 on Likert scale. the results showed 10(10%) were strongly disagree, 26(26%) were disagree, 29(29%) were neutral, 32(32%) were agree and 3(3%) were strongly agree.

**Question 24: When an argument shifts to personal attack, I try very hard to change the subject.**

The Table 21 shows the frequency distribution toward question 24 on Likert scale. The response showed 9(9%) were strongly disagree, 16(16%) were disagree, 16(16%) were neutral, 37(37%) were agree and 22(22%) were strongly agree.

## Discussion

The present study is conducted in Jinnah Hospital, Lahore, Pakistan. The study is conducted on staff nurses and the purpose of study was to check their perception regarding conflict as constructive or destructive. There are many reasons mentioned above causing conflict like work over

load, continue interaction with multicultural people, highly demanding responsibilities upon nursing officers, role conflict, power differences and moreover complex work environment etc. These factors play pivotal role in conflict creation. Furthermore, poor collaboration, loose tempered behaviors and communication gaps make conflict as negative in its nature (Joint Commission Resources, 2002). A destructive conflict can cause lack of confidence on others, individual try to compete, defeat and ultimately attain his/her interest. But at the same time, if conflict handled positively, it brings collaboration, individuals come up with problem solving strategies, reduce misunderstandings and confusions regarding matter, enhance communication to solve any critical issues through proper and good communication, it depicts conflict as positive and even fruitful phenomenon (Deutsch, 1973). This study also predicts there is still need to develop strategies which psychologically train employees how to resolve conflict in a positive manner. Collaboration and increased positive communication can play dramatic role in any situation. Hence, to solve problems, to reduce work place anxiety, stress, to discourage perception of conflict as destructive, there is need to enhance good collaboration and positive and effective communication among nursing officers. For quality conflict management in nursing, there must be emphasis on nursing communication theory in practice setting areas, so there must be culture development that consider conflict as positive, way of innovation, raising patients care and quality provision, and it increases outcomes.

**Table 19:** Data showing the answers of question 22

	Frequency	percent	Valid percent	Cumulative percent
SD	8	8.0	8.0	8.0
DA	32	32.0	32.0	40.0
N	31	31.0	31.0	71.0
A	22	22.0	22.0	93.0
SA	7	7.0	7.0	100.0
Total	100	100.0	100.0	

**Table 20:** Data showing the answers of question 23

	Frequency	Percent	Valid Percent	Cumulative Percent
SD	10	10.0	10.0	10.0
DA	26	26.0	26.0	36.0
N	29	29.0	29.0	65.0
A	32	32.0	32.0	97.0
SA	3	3.0	3.0	100.0
Total	100	100.0	100.0	



**Table 21:** Data showing the answers of question 24

	Frequency	Percent	Valid Percent	Cumulative Percent
SD	9	9.0	9.0	9.0
DA	16	16.0	16.0	25.0
N	16	16.0	16.0	41.0
A	37	37.0	37.0	78.0
SA	22	22.0	22.0	100.0
Total	100	100.0	100.0	

**Table 22:** Summary data of the study

S #	Statements	SD	DA	N	A	SA
1	I am extremely careful to avoid attacking individuals' intelligence when I attack their ideas.	9	17	30	29	15
2	When individuals are very stubborn, I use insults to soften their stubbornness.	18	45	19	17	1
3	I try very hard to avoid having other people feel bad about themselves when I try to influence them.	14	16	13	42	15
4	When people refuse to do a task I know is important, without good reason, I tell them they are unreasonable.	6	11	21	50	12
5	When other do things I regard as stupid, I try to be extremely gentle with them.	11	24	22	28	15
6	If individuals I am trying to influence really deserve it, I attack their character.	31	37	20	5	7
7	When people behave in ways that are in very poor taste, I insult them in order to shock them into proper behavior	26	40	17	14	3
8	I try to make people feel good about them even when their ideas are stupid.	9	22	23	34	12
9	When people simply will not budge on a matter of importance I lose my temper and say rather strong things to them.	10	29	18	29	14
10	When people criticize my shortcomings, I take it in good humor and do not try to get back at them.	10	16	21	36	17
11	When individuals insult me, I get a lot of pleasure out of really telling them off.	13	30	29	20	8
12	When I dislike individuals greatly, I try not to show it in what I say or how I say it.	8	23	30	31	8
13	I like poking fun at people who do things which are very stupid in order to stimulate their intelligence.	11	34	32	20	3
14	When I attack a person's ideas, I try not to damage their self concepts.	13	21	7	44	15
15	When I try to influence people, I make a great effort not to offend them.	4	16	21	42	17
16	When people do things which are mean or cruel, I attack their character in order to help correct their behavior.	20	22	25	22	11
17	I refuse to participate in arguments when they involve personal attacks.	15	10	15	41	19
18	When nothing seems to work in trying to influence others, I yell and scream in order to get some movement from them.	8	32	31	22	7
19	When I am not able to refute others' positions, I try to make them feel defensive in order to weaken their positions.	10	26	29	32	3
20	When an argument shifts to personal attacks, I try very hard to change the subject.	9	16	16	37	22

Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree

The outcomes of the present study indicated positive results (Table 22). Most participants were agreed to resolve problems in a positive and good manner which gave sense that conflict is positive and constructive in its manner. The result indicated major portion participants answered that

conflict is constructive as it increase improvement in patients care , help in problem solving ,innovation ,brain storming ,increase efficacy at work place and hence increase organizational output as well as organizational reputate also .So ,conflict is basically constructive in nature



.On the other hand ,work over load ,increased and consistent human interaction ,power indifferences and multiple tasks can make conflict negative and ,hence decrease output of employees as well as organization .

### Study Limitation

In spite the fact that I have gained much knowledge regarding conflict between and among nurses, doctors, patients and their families, the study has some limitations.

1. Sample was obtained through convenient sampling method, and before floating questionnaire, the respondents have informed and counselled regarding conflict.
2. Sample was only obtained from Jinnah Hospital, Lahore; it may not be representative of work Environment settings of other hospitals, and hence it is not representative of diverse working Settings.
3. So, finding may have not good generalizability.
4. Duration of research was very short.
5. Some of the respondents did not show cooperation while returning the questionnaire.

### Recommendations

1. The study duration must increase.
2. Sample must be gained from diverse work setting, so there may increased generalizability of outcomes.
3. The sample size must be more than this study.

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