An Empirical Analysis of Effects of Workplace Conflict Management on Performance of Nurses in Public Hospitals in Kenya: A Case of Thika Level 5 Hospital in Kiambu County

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Abstract
Hospital managers and nurses are partners in the delivery of optimal health care; they share the responsibility of creating a healthy workplace for all members of the health care team. However, the issue of conflict management tends to be overlooked in many organizations and government hospitals in Kenya are not an exception. The study used a descriptive research design. The target population of this study consisted of the 210 nurses working at Thika Level 5 Hospital. The study had a sample size of 63 nurses. The study used stratified random sampling procedure to select the study sample. Primary data was collected using questionnaire. The reliability of the instrument was high at a Cronbach’s Alpha Coefficient of 0.75. Content and constructed validity of the research instrument were tested. The data was analyzed using descriptive, inferential statistics and content analysis. The study established that personality conflicts, intergroup conflicts and cross-cultural conflicts were the main types of conflicts experienced in Thika Level 5 Hospital; majority of the hospital’s nurses lacked adequate conflict management skills. The workplace conflict management significantly affected the performance of nurses in Thika Level 5 Hospital. The study recommends that the management of Thika Level 5 Hospital implement frequent staff training programmes tailored towards enhancing their workplace conflict management skills and also adopt more effective conflict handling styles such as cooperativeness, compromise and collaborative conflict management styles. Similar studies should be done in other public hospitals in the Kenya for comparison purposes and to allow for the generalization of findings.

Keywords: Workplace Conflict, Performance of Nurses, Public Hospitals, Thika Level 5 Hospital, Kiambu County

Introduction
Workplace conflict has recently become a growing trend among employees in an establishment. While teamwork and unity at work is considered a driving force to great performance of employees, conflicts often occur among the employees resulting from personal, departmental or organizational disputes. The human resource managers are therefore charged with the responsibility of ensuring a conflict free work environment and settling such disputes that may occur in line of one’s duty. This paper is a report based on an analysis of various studies on the effects of workplace conflict management on performance of nurses in public hospitals in Kenya. The authors base their study on Thika Level 5 Hospital in Kiambu County.
Background of the Study
According to Fadipe (2006), workplace conflict is a form of disagreement in an establishment between two individuals or groups who have cause to interact formally or informally. Similarly, Miller and King (2005) see it as basically a disagreement between two or more individuals or groups over compatible goals. Conflict therefore is a process of incompatible behaviours. It may involve the interference or disruption by one person or group of persons, or in some way or ways which make another action less likely to be effective. In this study, conflict refers to a situation where employees are working against each other, in such a manner that what one wants is incompatible with that which another wants. Workplace conflict management develops a strategy for managing conflict in consultation with managers and employees (Miller & King, 2005). This should cover how one can prevent conflict based on sound policies and procedures, good communication and consultation. How you will manage conflict including: procedures for handling individual grievances and conflict with groups of employees. In addition, the strategy should be clear about when a dispute should be referred to a higher authority.

Statement of the Problem
Workplace conflict is a situation that can bring about competition in the pursuit of goals. It is a situation that could be counter-productive, disruptive, unnatural, and produce a deviation from the free flow of events. A major factor that can throw parties into a state of incompatibility is their perception of the issue at hand or issue of interest. Hospital managers and nurses are partners in the delivery of optimal health care; they share the responsibility of creating a healthy workplace for all members of the health care team. This responsibility involves ensuring that conflicts do not negatively affect client health outcomes or relationships among colleagues. A healthy workplace is an environment in which nurses can safely identify conflict and implement systems for its management. However, the issue of conflict management tends to be overlooked in many organizations and government hospitals in Kenya are no exception. To be a successful advocate of conflict resolution, human resource professionals must understand conflict, recognize how employees deal with conflict, and educate front line managers and supervisors on the types of conflict management techniques that can be used. The nurses’ turnover in Kiambu County has been on the rise over the last five years. Currently it stands at 7% from 3% in 2009 (Thika Level 5 Hospital HR Statistics, 2014). On the other hand, the mortality rate in the Hospital has not significantly reduced as envisaged in the Hospital’s 5-year plan which points to low quality health care offered to the patients. It would therefore be important to investigate the contribution of nurses’ work-related conflicts and how it has impacted on their performance.

Objectives
The study sought to look into the effect of workplace conflict management on nurses’ performance at the Thika Level 5 Hospital in Kenya. Indicators of performance in this study were quality of health care, productivity levels, efficiency, patients’ health outcome and motivation levels. The specific objectives of the study included:

i. To establish the effect of work-related conflict on performance of nurses of Thika Level 5 Hospital.
ii. To assess the effect of conflict management training on performance of nurses of Thika Level 5 Hospital.
iii. To determine the influence of conflict handling styles on performance among nurses of Thika Level 5 Hospital.
iv. To assess the influence of nature of conflict on the performance of nurses of Thika Level 5 Hospital.
Significance of the Study
The findings of this study would help the policy makers in the health sector in coming up with a framework that embraces best practices in implementation of conflict management strategies. Effective conflict resolution in the health sector would help in reducing fatalities and poor health outcomes in the public hospitals attributed to poor performance of nurses as a result of never-ending conflicts in their work place. The study identified ways of implementing the conflict management strategies to increase nurses’ performance through enhancement of their better work relationship as well as ensuring better institutions’ functioning towards reducing institution instigated conflicts.

Conflict between individuals is an unavoidable part of working life. However, how conflicts are managed determines whether there is positive resolution or damaging fallout for both employees and the organization. The study would act as a guide on how public hospital management should handle and implement best practices in conflict management. The study findings would assist hospital management in planning for any requisite improvements in hospital service delivery charter in order to enhance nurses’ job performance as well as establishing a culture where nurses prevent the occurrence of conflict.

The findings will also be useful to researchers and scholars since it may form a basis for further research; for example, on other factors affecting performance which were included in this research as moderating variables (professional qualification of nurses and work experience).

Literature Review
Theoretical Framework
The study was based on the contingency theory, theory of task conflict and theory of relationship conflict. The contingency theory was used in this study to predict the major sources of conflicts in the hospital work place. It was also useful in proposing the best approaches in conflict management in the hospital set up. This is through its stipulation that job performance and satisfaction is unaffected by differing levels of task conflict when individuals perceive their organizations to be high on support orientation. On the other hand, job performance and satisfaction are negatively related to task conflict when the organization is perceived to be low on support orientation (Guerra et al., 2005).

The theory of task conflict helped to explain influence of nature of conflict on the performance of nurses. Carnevale and Probst (1998) note that depending on the nature of conflict, intensification of task conflict leads to reduced performance of employees. On the other hand, the theory of relationship conflict was good in explaining the effect of training on performance of nurses as the theory argues that employee training in conflict management helps them in mitigating interpersonal threats and coercive behavior in an effort to keep the team viable, consequently enhancing their performance.

Empirical Review
On work related conflict, Tidstrom (2008) posited that the causes of conflict in organizations is as a result of competition for scarce resources, autonomy clamors which are related to relationships and interactions such as uncooperativeness and opportunity seeking behaviors. Similarly, Deutsch (2005) concurs with Tidstrom such that training on conflicts; found a direct relationship between training on conflicts management and performance. Chiaburu and Teklab, 2005 also affirm that training on conflicts can enhance individual job performance.

There are many styles of conflict handling styles. Gordon (2003) argues that there are many styles of handling conflicts but the style chosen should have the capability of managing conflicts...
efficiently. On the other hand, Folger, Poole and Stutman (2009) argues that appeasement or smoothing is self-sacrificing approach that enhances collaborative conflict management.

McShane and Glinow (2008) argue that the nature of conflicts depends on structural factors such as resource scarcity and pursuit of individual goals. Becker & Gerhard (1996) identified eight structural aspects of an organization that are recognized as the causes of conflict and which include: specialization, common resources, goal differences, interdependence, authority relationships, status differences, jurisdictional ambiguities, and roles and expectations. Bowling (2007), opines that employees have a tendency to pass unwanted responsibilities to another person when responsibilities are not clearly stated. On their part, Whetten & Cameron (2012) noted that manager-subordinate conflict can result when the subordinate’s role is not clearly determined that each party has a different understanding of that role.

In this study therefore, workplace conflict management that entails work related conflicts, training on conflict management skills, nature conflict and conflict handling styles have been considered the independent variable against which performance of nurses, the dependent variable is measured.

Methodology
The study used a descriptive research design which was considered appropriate for the study as it helped to describe the state of affairs on conflict management in the work place as it existed without manipulation of variables (Kothari, 2004). The target population of this study consisted of the 210 nurses working at Thika Level 5 Hospital (Human Resource statistics, 2014), from which the sample size was obtained through stratified random sampling procedure. This is because the technique produces estimates of overall population parameters with great precision (Nsubuga, 2000). From the target population of 210 nurses therefore, the study sampled 30% of the nurses from each stratum of hospital management where nurses are working under obtaining a desired sample size of 63 nurses. From each stratum the study used simple random sampling to proportionately select 30% of the nurses making up management level. This conformed to Mugenda and Mugenda (2008) on having at least 10-30% of the target population as an appropriate sample. Table 1 presents the sampling frame.

<table>
<thead>
<tr>
<th>Cadre of Management</th>
<th>Population</th>
<th>Sample</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Top management</td>
<td>10</td>
<td>3</td>
<td>30</td>
</tr>
<tr>
<td>Middle level</td>
<td>50</td>
<td>15</td>
<td>30</td>
</tr>
<tr>
<td>Lower level management</td>
<td>150</td>
<td>45</td>
<td>30</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>210</strong></td>
<td><strong>63</strong></td>
<td><strong>30</strong></td>
</tr>
</tbody>
</table>

Source: Field Data (2014)

The study was based on primary data which was collected using a questionnaire. The reason for choosing questionnaire as the data collection instruments was primarily due to its practicability, applicability to the research problem and the size of the population. It was also cost effective (Denscombe, 2008). A self–administered questionnaire with both open and closed ended questions was developed and administered to obtain information from the 63 respondents. The study also used a key informant’s interview guide to collect information from the ten key informants.

The validity and reliability of the research instruments was ensured through experts in the Department of Business Administration, Kenyatta University who established its content and
construct validity and pilot study respectively. The construct validity was also verified based on empirical review as valid for the study. The reliability of the instrument was estimated using Cronbach’s Alpha Coefficient which is a measure of internal coefficient. A reliability of at least 0.75 at α=0.05 significance level of confidence was accepted.

The study used primary data consisting of both quantitative and qualitative data. In analyzing the quantitative data, the study used descriptive statistics using Statistical Package for Social Sciences. Measures of central tendency (mean), measures of dispersion (standard deviation), frequencies and percentage were applied for the quantitative variables (Kothari, 2004). Frequency distribution tables were used to present the study findings. Qualitative data was analysed using content analysis, through developing a thematic framework from the key issues, concepts and themes emanating from the open-ended questions (Nsubuga, 2000). The multiple linear regression model and t-statistic were used to determine the relative importance (sensitivity) of each independent variable in affecting the performance of nurses in Thika Level 5 Hospital.

Results and Discussion

Work-Related Conflict and Performance

The study established that the main types of conflicts experienced in Thika Level 5 Hospital were; personality conflicts, intergroup conflicts and cross-cultural conflicts. This implies that there are diverse types of conflicts that exist among the Thika Level 5 Hospital nurses which adversely affected their performance.

The study found out that the main sources of conflicts experienced in Thika Level 5 Hospital were differences in; expertise, personal goals, nationalities and personalities. Other causes of conflicts identified by the respondents include: previous failed interactions, unfamiliar behaviours or misguided communications, competition for scarce resources and seeking more autonomy. This depicts that differences in personality, expertise, personal goals, nationalities and behaviours among the nurses were the main sources that led to conflicts among them in Thika Level 5 Hospital. This further shows that there are different sources of conflicts among the nurses working in Thika Level 5 Hospital which were likely to have a negative influence on the performance of the nurses.

The study revealed that individual differences influenced conflict in Thika Level 5 Hospital by individuals intentionally or unintentionally blocking each other’s goals, gossiping, unnecessary criticism, intimidation, passive aggression, withholding information, insubordination and bullying or when they have mutually exclusive aspirations. This infers that individual differences among the nurses in Thika Level 5 Hospital were likely to lead to conflicts that affected the nurses’ performance.

The study further established that social culture influenced conflict in Thika Level 5 Hospital by some people seeing their culture as being superior to that of others or by some people behaving in ways that others dislike by virtue of their cultural background occasioning conflicts. This implies that cultural differences among the nurses in Thika Level 5 Hospital led to conflicts among them which negatively affected the nurses’ performance.

The study also showed that majority (70%) of the respondents was in agreement that there was weak communication among staff in Thika Level 5 Hospital to a great extent. Thus, a weak communication system in Thika Level 5 Hospital was a major cause/source of work-related conflicts among the nurses in the hospital.
The study also established that majority of the respondents were in agreement that; major causes of conflict are competition for scarce resources, seeking of autonomy and divergence of goals (Mean=4.614); weak communication and low knowledge of others causes more interpersonal conflicts (Mean=4.592) and certain behaviors and interpersonal relations do cause interpersonal conflict (Mean=4.374). Thus, there are numerous work-related conflicts such as competition for scarce resources, seeking of autonomy and divergence of goals, weak communication and low knowledge of others, certain behaviors and interpersonal relations as well as different ethnicities among the nurses that affected nurses working at Thika Level 5 Hospital and which could be contributing to their poor performance.

**Conflict Management Training and Performance of Nurses**
The study found out that majority (66%) of the respondents were in agreement that Thika Level 5 Hospital’s conflict management system assisted in resolving conflicts to a small extent. This depicts that Thika Level 5 Hospital’s conflict management system is fundamentally weak hence its minimal contribution to resolving conflicts among the nurses in the hospital. The study also established that majority (76%) of the respondents indicated that they had never been trained on conflict management skills during their nursing profession. Thus, majority of the nurses lacked adequate conflict management skills.

The study also established that majority (68%) of the respondents were in agreement that workers’ training about conflict management skills offered in Thika Level 5 Hospital was useful to the staff to a great extent. This implies that workers’ training about conflict management skills offered in Thika Level 5 Hospital was very useful to the Hospital’s staff.

The study further established that majority of the respondents were in agreement that; failure to provide training on conflict management by the organization results in conflict between employer and employee (Mean=4.904); training on conflict management and education has a significant positive effect on job involvement, job satisfaction and job performance (Mean=4.881) and poor performance, employee dissatisfaction and conflicts indicate inadequate job training on conflict management (Mean=4.837), respectively. This depicts that training nurses about conflict management skills has a significant positive influence on their performance with benefits such as reduced conflicts between the employer and employee, enhanced employee job satisfaction and job performance, reduced workplace conflicts, better handling of anxiety and frustrations by the employee and providing a forum for the nurses to develop talent.

**Conflict Handling Styles and Performance of Nurses**
The study established that the conflict handling styles adopted at Thika Level 5 Hospital included; dominance and avoidance. This implies that the hospital applied ineffective conflict handling styles in addressing the numerous conflicts among the nurses. The kinds of conflict handling styles adopted in Thika Level 5 Hospital have significant influence on the performance of the hospital’s nurses.

The cooperativeness conflict management style was inadequately applied in the hospital in conflict resolution. The Thika Level 5 Hospital inadequately applied the compromise conflict management style in its conflict resolution. The Thika Level 5 Hospital applied the dominance conflict management style to resolve the various conflicts that affected nurses’ performance to a moderate extent. The Thika Level 5 Hospital applied the avoidance conflict management style to resolve the various conflicts that affected nurses’ performance to a moderate extent. The Thika Level 5 Hospital applied the collaborative conflict management style to resolve the various conflicts that affected nurses’ performance to a little extent.
The findings agreed with Gordon (2003) argues that there are many styles of handling conflicts but the style chosen should have the capability of managing conflicts efficiently. The findings also agree with Whetten and Cameron (2012) who noted that manager-subordinate conflict can result when the subordinate’s role is not clearly determined and each party has a different understanding of that role. The findings also concurred with Folger, Poole and Stutman (2009) that appeasement or smoothing is self-sacrificing approach that enhances collaborative conflict management. The findings also agree with Becker & Gerhard (1996) who identified eight structural aspects of an organization that are recognized as the causes of conflict and which include: specialization, common resources, goal differences, interdependence, authority relationships, status differences, jurisdictional ambiguities, and roles and expectations.

Nature of Conflict and Performance of Nurses
The study established that the different natures of conflict prevalent among the nurses of Thika Level 5 Hospital included: structural related and personal related. This implies that there are two major natures of conflicts that affected the nurses working in Thika Level 5 Hospital which were structural and personal related.

Majority of the nurses agreed that various structural factors such as resource scarcity, lack of clear job description for the subordinates, incompatible departmental goals, high level of task interdependence and most employees being experts/specialists and hence having little knowledge of other’s job responsibilities are a major cause of conflicts which greatly affected their performance in Thika Level 5 Hospital. The findings concurred with. McShane and Glinow (2008) who opine that the nature of conflicts depends on structural factors such as resource scarcity and pursuit of individual goals.

The findings agree with Becker & Gerhard (1996) who identified eight structural aspects of an organization that are recognized as the causes of conflict and which include: specialization, common resources, goal differences, interdependence, authority relationships, status differences, jurisdictional ambiguities, and roles and expectations. The findings are also supported by Bowling (2007), who argued that employees have a tendency to pass unwanted responsibilities to another person when responsibilities are not clearly stated on their part.

The study findings further established that majority of the respondents were in agreement that; personality conflict results as a consequence of differences in personality, attitudes and beliefs in that some people simply do not get along or do not view things similarly or just have different perceptions of situations (Mean=4.577); personality elements of conscientiousness, agreeableness, neuroticism, openness to experience, extroversion and diversity greatly affect work-related behavior and job performance (Mean=4.481); diversity is a variety of individual differences and similarities which exist among people (3.854) and social aspects such as age, cultural background, ethics and values can also be a source of conflict (Mean=3.715), respectively.

The study also established that, the various personal factors such as age, cultural background, ethics and values. Other personal factors include: different levels of skills and abilities, personality conflicts, perceptions, diversity and personal problems are a major cause of conflicts which greatly affected their performance in Thika Level 5 Hospital. The findings are consistent with Chiaburu and Teklab, (2005) who noted that the personal factors that can lead to organizational conflict are different levels of skills and abilities, personality conflicts, perceptions, diversity and personal problems. The findings are also supported by Whetten & Cameron (2012) who noted that a personality conflict can also be a consequence of differences in personality, attitudes and beliefs. They also argued that the source of conflict among
employees can be differences in age, cultural background, ethics and values. Bowling (2007) observed that there are five personality dimensions that affect work-related behavior and job performance which include conscientiousness, agreeableness, neuroticism, and openness to experience, extraversion and diversity.

**Inferential Statistics**

A multiple linear regression was conducted on the independent variables against the dependent variable (performance). The regression model specification used in this study was as follows;

\[
Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \epsilon
\]

Where

- \(Y\) = performance of nurses,
- \(X_1\) = work-related conflicts,
- \(X_2\) = training nurses on conflict management skills,
- \(X_3\) = conflict handling styles and
- \(X_4\) = natures of conflict,
- \(\alpha\) = constant,
- \(\varepsilon\) = error term,
- \(\beta\) = coefficient of the independent variable.

**Table 2: Coefficient of Determination**

<table>
<thead>
<tr>
<th>Model</th>
<th>R</th>
<th>R Square</th>
<th>Adjusted R Square</th>
<th>R Std. Error of the Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.898a</td>
<td>.8064</td>
<td>.792</td>
<td>0.0104</td>
</tr>
</tbody>
</table>

a. Predictors: (Constant), work-related conflicts, training nurses on conflict management skills, conflict handling styles and natures of conflict.
b. Dependent Variable: performance of nurses

Source: Field Data (2014)

Coefficient of determination explains the extent to which changes in the dependent variable can be explained by the change in the independent variables or the percentage of variation in the dependent variable (performance of nurses) that is explained by all the four independent variables (work-related conflicts, training nurses on conflict management skills, conflict handling styles and natures of conflict).

The four independent variables that were studied, explain 80.64% of variance in performance of nurses as represented by the \( R^2 = .8064 \). This therefore means that other factors not studied in this research contribute 19.36% of variance in the dependent variable. Therefore, further research should be conducted to investigate the other factors that affect the performance of nurses in Thika Level 5 Hospital.

**Table 3: Multiple Regression Analysis**

<table>
<thead>
<tr>
<th>Model</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>T</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>Std. Error</td>
<td>Beta</td>
<td></td>
</tr>
<tr>
<td>(Constant)</td>
<td>3.276</td>
<td>.826</td>
<td>3.61</td>
<td>.000</td>
</tr>
<tr>
<td>Work related conflicts</td>
<td>-0.722</td>
<td>.0312</td>
<td>0.218</td>
<td>1.81</td>
</tr>
<tr>
<td>Training nurses on conflict</td>
<td>0.685</td>
<td>.864</td>
<td>0.359</td>
<td>8.41</td>
</tr>
<tr>
<td>management skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conflict handling styles</td>
<td>0.878</td>
<td>.682</td>
<td>0.142</td>
<td>4.56</td>
</tr>
<tr>
<td>Natures of conflict</td>
<td>0.786</td>
<td>.721</td>
<td>0.256</td>
<td>6.12</td>
</tr>
</tbody>
</table>

Source: Field Data (2014)
From the regression findings, the substitution of the equation
\[ Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \varepsilon \]
becomes:
\[ Y = 3.276 + 0.722 X_1 + 0.685 X_2 + 0.878 X_3 + 0.786 X_4 + \varepsilon \]

Where 
Y is the dependent variable (performance of nurses), \( X_1 \) is the work-related conflicts variable, \( X_2 \) is the training nurses on conflict management skills variable, \( X_3 \) is the conflict handling styles variable and \( X_4 \) is the natures of conflict variable.

According to the regression equation, taking all the factors (work related conflicts, training nurses on conflict management skills, conflict handling styles and natures of conflict) constant at zero, performance of nurses will be 3.276. The data findings also show that a unit increase in work related conflicts will lead to a 0.722 decrease in performance of nurses; a unit increase in training nurses on conflict management skills will lead to a 0.685 increase in their performance; a unit increase in conflict handling styles will lead to a 0.878 increase in performance of nurses while a unit increase in natures of conflict will lead to a 0.786 increase in performance of nurses. This means that the most significant workplace conflict management aspect was conflict handling styles followed by natures of conflict, work related conflicts and training nurses on conflict management skills, respectively. At 5% level of significance and 95% level of confidence, work related conflicts had a 0.0014 level of significance; training nurses on conflict management skills had a 0.0018 level of significance, conflict handling styles had a 0.0008 level of significance while natures of conflict had a 0.0012 level of significance, implying that the most significant workplace conflict management aspect is conflict handling styles followed by natures of conflict, work related conflicts and training nurses on conflict management skills, respectively.

Summary of Findings

The Effect of Work-Related Conflict on Performance of Nurses

The study concludes that there are diverse types of conflicts ranging from personality conflicts, intergroup conflicts to cross-cultural conflicts that exist among the Thika Level 5 Hospital nurses which adversely affected their performance. The study further concludes that the main sources of conflicts experienced in Thika Level 5 Hospital were differences in; expertise, personal goals, nationalities and personalities. Other causes of conflicts identified by the respondents include: previous failed interactions, unfamiliar behaviors or misguided communications, competition for scarce resources and seeking more autonomy.

The Effect of Conflict Management Training on Performance of Nurses

The study concludes that majority of the nurses in Thika Level 5 Hospital lacked adequate conflict management skills given the low level of training they had undergone. The study further concludes that there was a general inadequacy in the number of trainings about conflict management skills in Thika Level 5 Hospital offered to the nurses. The study also draws attention to some of the areas of conflict management the nurses were trained in which included; effective communication skills, effective decision making and problem solving, job performance, dealing with anxiety and frustrations, customer satisfaction and personal motivation. This implies that training of the nurses was critical in enhancing their job performance, improving inter-personal relationships and enhancing their problem-solving abilities.
The Influence of Conflict Handling Styles on Performance among Nurses

The study concludes that Thika Level 5 Hospital adopted dominance and avoidance as their conflict handling styles. Thus, the hospital applied ineffective conflict handling styles in addressing the numerous conflicts among the nurses and these different kinds of conflict handling styles affected the performance of nurses to a great extent. The study concludes that there was inadequate application of cooperativeness, compromise and collaborative conflict management styles in Thika Level 5 Hospital in conflict resolution and this was likely to adversely affect the performance of nurses working in the hospital.

The Influence of Nature of Conflict on the Performance of Nurses

The study concludes that the two major natures of conflicts that affected nurses working in Thika Level 5 Hospital were structural and personal related and they affected the nurses’ performance to a great extent. The study further concludes that various structural factors such as resource scarcity, lack of clear job description for the subordinates, incompatible departmental goals, high level of task interdependence and most employees being experts/specialists and other personal factors such as different levels of skills and abilities, personality conflicts, perceptions, diversity and personal problems are major cause of conflicts which greatly affected the performance of nurses working in Thika Level 5 Hospital.

Conclusion and Recommendations

Conclusion

The study shows that all the variables had a significant effect on performance but, the most significant workplace conflict management aspect is conflict handling styles \( \beta=0.878 \) followed by natures of conflict \( \beta=0.786 \), work related conflicts \( \beta= -0.722 \) and training nurses on conflict management skills \( \beta=0.685 \), respectively. Thus, workplace conflict management has a significant influence on the performance of nurses working in Thika Level 5 Hospital. All the factors except for work related conflict had a positive effect on performance shown by their various positive directions in their coefficients. The study also indicated that the performance of nurses in Thika Level 5 Hospital has been on the decline over the last 5 years.

Recommendations

The study recommends that the management of Thika Level 5 Hospital should institute a proper organizational structure to streamline organizational tasks among the staff so as to reduce the work-related conflicts. The study recommends that the management of Thika Level 5 Hospital should implement frequent staff training programmes tailored towards enhancing their workplace conflict management skills to achieve harmony and cooperativeness among them.

The study further recommends that the management of Thika Level 5 Hospital should adopt more effective conflict handling styles such as cooperativeness, compromise and collaborative conflict management styles instead of relying on the less effective styles such as dominance or the avoidance conflict management styles.

The study also recommends that the management of Thika Level 5 Hospital should institute proper internal control systems that constitute elaborate operational procedures to address the structural and personal factors that lead to conflicts in the facility.
References


