Volume 2 | Number 2 Article 5

1987

# Conflict-Handling Modes of Vocational Health Occupations Teachers, Nursing Supervisors and Staff Development Personnel

Lou J. Ebrite Ph.D.
*Central State University*

CONFLICT-HANDLING MODES OF VOCATIONAL HEALTH OCCUPATIONS TEACHERS,

NURSING SUPERVISORS AND STAFF DEVELOPMENT PERSONNEL

Lou J. Ebrite[1]

Abstract:   Conflict may be inevitable between teachers and students
in practical nursing and allied health programs.  Conflict is also
a reality in health agencies.  The purpose of this study was to
determine the conflict-handling mode of vocational health occupations
teachers, health agency staff development personnel, and nursing
supervisors.  The sample was 87 practical nursing instructors, allied
health instructors, nursing supervisors, and staff development
personnel who attended inservice activities in Nebraska and Oklahoma.
The Thomas-Kilmann Conflict Mode Instrument which contains 30 pairs
of statements for a forced-choice, self-assessment rating of conflict-
handling was used.  The predominant conflict-handling modes of this
sample were avoiding and compromising.  Subjects scored lowest on
the competing mode.  Preference for the avoiding mode is considered
unassertive, therefore the conclusion was drawn that assertiveness
training could help health occupations personnel to deal with student
or personnel conflicts more to their satisfaction.

[1]Lou J. Ebrite, Ph.D., is Assistant Professor and Health Occupations Teacher
Educator at Central State University, Edmond, Oklahoma.

Conflict Mode

Conflict may be inevitable between some teachers in practical nursing and allied health programs and their students. Established policies deal with students who do not meet cognitive, affective, and psychomotor expectations. However, when vocational health occupations teachers described current problems for use in problem solving groups during inservice activities conducted by this author, they most frequently cited problems with students who were not conforming to expectations. Many problems concerned students who had excessive tardies or absences or who were not meeting clinical objectives. Nursing supervisors and hospital staff development personnel attending these workshops described similar problems with health care providers with whom they worked. This observation raised the question of conflict handling modes of vocational health occupations teachers, nursing supervisors, and staff development personnel. An understanding of their predominant mode of handling conflict could help determine activities for inservice programs resolving the problems they described.

Purpose

The purpose of this study was to determine conflict handling modes of vocational health occupations teachers, nursing supervisors, and staff development personnel for use in designing inservice activities. For this study, conflict was defined as a condition in situations in which the health occupations personnel find their wishes differing from those of another person (Thomas & Kilmann, 1986).

Review of the Literature

Literature dealing with conflict experienced by nurses in health agencies is prevalent. Much of this literature consists of guidelines

Conflict Mode

for dealing with conflict in the worksetting as opposed to research studies. This review was limited to studies which utilized the **Thomas-Kilmann** Conflict Mode Instrument and the **Myers-Briggs** Type Indicator instrument with health occupations personnel.

The **Thomas-Kilmann** Conflict Mode Instrument yields scores on five categories of conflict-handling modes:  (a) **competing,** (b) accommodating, (c) avoiding, (d) collaborating, and (e) compromising as shown in Figure 1.  The following descriptions of the modes are derived from the work of Thomas and **Kilmann** (1986):

1.  Competing is described as assertive and uncooperative and is characterized by situations such as "standing up for your rights," in which the individual tries to win.

2.  When persons are more concerned with satisfying the concerns of another they are identified as unassertive and cooperative and categorized as  accommodating.

3.  Avoiding is described as unassertive and uncooperative and occurs when persons withdraw from a situation, not pursuing their own or the other person's  concerns.

4.  Collaborating is both assertive and cooperative, the opposite of avoiding.  In this mode, the individual attempts to satisfy the concerns of both parties.

5.  Compromising attempts to find a mutually acceptable solution which partially satisfies both parties and so is intermediate in both assertiveness and cooperativeness.  The usefulness of all five modes is stressed by the authors of the instrument.
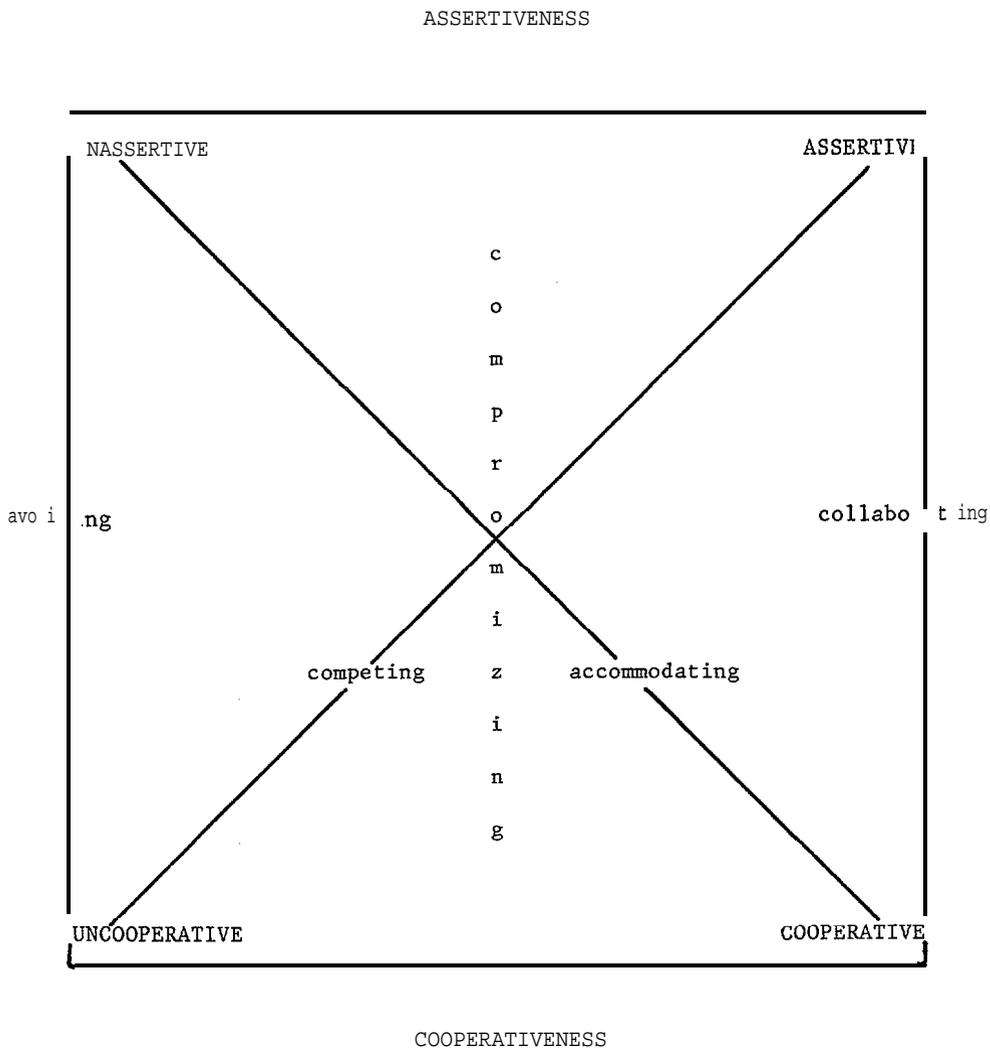
13

Conflict Mode

ASSERTIVENESS



Figure 1.  Schematic of 5 categories of conflict-handling modes defined by relationships between assertiveness and cooperativeness.

14

Conflict Mode

In a study by Kilmann and Thomas (1975), the Myers-Briggs, the Thomas-Kilmann Mode, and two other conflict handling mode instruments were used on the same population. Correlation results revealed that individuals who scored higher on <u>feeling</u> on the Myers-Briggs tended to be relatively less <u>taking</u> than <u>giving</u> and tended to be less assertive than those scoring higher on <u>thinking</u>. The authors suggested that "the value process of feeling may be more related to empathy, compassion, and identification than is the more analytic process of thinking" (p. 975).

The purpose of a study by Gable (1986) was to identify factors associated with information and decision-making preferences of 1,187 students enrolled in 15 selected health occupations in Indiana. On the Myers-Briggs Type Indicator, the scores of all occupational groupings indicated preferences for <u>feeling.</u> However, the scores of males in her study indicated a preference for <u>thinking</u> on the Thinking/Feeling scale.

Hightower (1986) used the Thomas-Kilmann Conflict Mode Instrument in a study of 160 predominantly female (98%) nurses in managerial and administrative positions. The highest mean score of this group was for the avoiding mode (7.26), followed by the compromising mode (6.86).

Method

<u>Sample</u>

Participants in university sponsored health occupations inservice programs in Nebraska (NE) and Oklahoma (OK) were the subjects for this study . The sample provided state-wide representation of the population of vocational health occupations teachers. In some instances, entire faculties were in attendance. The sample was 98% female.

Conflict Mode

The sample consisted of 47 practical nursing instructors, 10 health agency nursing supervisors, 8 staff development personnel from health agencies, and 22 other vocational allied health instructors from the areas of medical laboratory, human services, respiratory care, radiological technology, medical assisting, nurse's aide, dental assisting, dental hygiene, and secondary allied health careers.  Table 1 presents the sample by category and state.  The data were collected over a three year period of time but no instructor attended more than one inservice program where the instrument was used.

Table 1

Breakdown of Sample by Health Occupations Category and State

| Category | State | Number | % by State |
|---|---|---|---|
| Practical Nursing Instructors | NE | 16 | 42 |
| | OK | 31 | 63 |
| Allied Health Instructors | NE | 8 | 21 |
| | OK | 14 | 29 |
| Staff Development Instructors | NE | 6 | 16 |
| | OK | 2 | 4 |
| Nursing Supervisors | NE | 8 | 21 |
| | OK | 2 | 4 |

Instrumentation

The Thomas-Kilmann Conflict Mode Instrument containing 30 pairs of statements for a forced-choice, self-assessment of conflict handling was the instrument of choice.  The scores are graphed in relation to norms

16

for 339 managers who responded to the instrument.  The five scores (competing, collaborating, compromising, avoiding, and accommodating) for each individual provide a profile of conflict-handling modes.

The authors of the instrument (Thomas & Kilmann) contend:  (a) that it has been used with hundreds of thousands of individuals worldwide; (b) that it compares favorably in technical qualities (reliability, freedom from bias) to other available measures of the conflict modes; and (c) that the scores of several different groups of people differ in expected ways (e.g., by sex role, situational power, training, personality). These contentions are supported by other studies which have tested the correlations between the Thomas-Kilmann Conflict Mode Instrument and the Nyers-Briggs Type Indicator, Lawrence-Lorsch and Hall Instruments, the Bern Sex-Role Inventory, and the Fleishman Leadership Opinion Questionnaire (Kilmann & Thomas, 1975 and Yarnold, 1981).

Another concern in selecting this instrument was its limited use with females in previous studies.  Nevertheless, this instrument was deemed useful for pursuing the purpose of this study.

Procedure

The Thomas-Kilmann Conflict Mode Instrument was administered at the beginning of the inservice activities so that discussions would not influence responses.  Participants scored their own answers and provided their results voluntarily.  The respondents' scores were recorded for each of the five modes.  The percentages of respondents scoring highest and lowest in each mode were calculated.

Results and Discussions

Table 2 shows the number and percentage of respondents scoring highest

17

Conflict Mode

in each of the five modes.  These results are consistent with a study of
160 members of a professional nursing organization in the western United
States measured with the Thomas-Kilmann Conflict Mode Instrument (Hightower,
1986).  That study revealed that the most frequently used conflict-handling
mode for nurses employed in managerial or administrative positions was
avoiding, followed by compromising.  The Hightower results are noteworthy
since 65 (75%) of the respondents in the present study were nurses.

Table 2

Breakdown of Highest Scores by Conflict Handling Modes

| Mode | NE | | OK | | Total | |
|---|---|---|---|---|---|---|
| | n | % | n | % | n | % |
| Competing | 1 | 3 | 4 | 8 | 5 | 6 |
| Collaborating | 8 | 21 | 8 | 16 | 16 | 18.3 |
| Compromising | 15 | 39 | 13 | 27 | 28 | 32.1 |
| Avoiding | 12 | 32 | 17 | 35 | 29 | 33.3 |
| Accommodating | 2 | 5 | 7 | 14 | 9 | 10.3 |
| Total | 38 | 100 | 49 | 100 | 87 | 100.0 |

However, of the small number of nursing supervisors (10) in this study,
the majority (8) scored highest in the compromising mode.  This finding
is not inconsistent with that of Hightower since there was less than one
point different (.4) in the mean scores on the avoiding and compromising
modes in his study.

A comparison with the study by Gable (1986, p. 152), in which the
students in all of the health occupational groupings indicated a preference

18

Conflict Mode

for _feeling_ and the conclusion by **Kilmann** and Thomas (1975, p. 975), that the tendency to rely more strongly on feeling is highly correlated with the tendency to be less assertive and more cooperative would tend to be supported by the findings in this study.  However, validated support would have required administration of both instruments to the Nebraska and Oklahoma sample.  Four of the five individuals who scored highest in the competing mode were from the allied health group.  Because of the small numbers of the various allied health teachers in each area, the specific disciplines cannot be identified to protect anonymity.

The percentage of respondents scoring lowest in each of the five conflict-handling modes is presented in Table 3.  The majority of the respondents (62%) scored lowest on the competing mode.  It is concluded

Table 3

Breakdown of Lowest Scores by Mode

| Mode | NE | | OK | | Total | |
|------|-----|-----|-----|-----|-----|-----|
| | n | % | n | % | n | % |
| Competing | 31 | 82 | 23 | 47 | 54 | 62 |
| Collaborating | 3 | 8 | 12 | 25 | 15 | 17 |
| Compromising | 0 | 0 | 1 | 2 | 1 | 1 |
| Avoiding | 1 | 3 | 3 | 6 | 4 | 5 |
| Accommodating | 3 | 7 | 10 | 20 | 13 | 15 |
| Total | 38 | 100 | 49 | 100 | 87 | 100 |

19

Conflict Mode

by Thomas and **Kilmann** (1986, p. 10) that preference for the avoiding mode is unassertive and preference for competing is assertive.  The majority of individuals in this study tended to perceive themselves as unassertive. This is evidenced by both their high and low scores.

### Conclusions

The majority of the vocational health occupations teachers, nursing supervisors, and staff development personnel in this study scored highest on the avoiding and compromising modes and lowest on the competing mode of the Thomas-Kilmann Conflict Instrument.  This would indicate that they perceived themselves as unassertive.  These findings were consistent with other studies of health occupations personnel and students.

Inservice activities would **allow** this population to learn about specific situations in which each of the five modes of competing, collaborating, compromising, avoiding, and accommodating have been found to be most effective in maintaining policies.  Of primary importance would be activities which would enable these individuals to acquire information on assertive techniques and be given the opportunity to role play situations in order to become comfortable utilizing other modes of conflict-handling than their predominant ones.

This study potentially raises questions concerning a lack of assertiveness of health occupations personnel and provides limited supporting evidence for other studies conducted to provide a basis for improving vocational health occupations teacher education.  Research utilizing both the **Myers-Briggs** and the **Thomas-Kilmann** Conflict Mode Instrument on the same group of vocational health occupations teachers is needed to provide additional information on which to base activities.

20

Conflict Mode

While the literature contains numerous articles on how to deal with conflict, the research basis for determining which types of situations in health occupations education require which mode of dealing with conflict is limited. Also, research based information on methods of helping individuals utilize various conflict-handling modes is needed.

### References

Gable, K. (1986). Post-secondary health occupations students' preferences for accessing, processing, and judging information. In N.J. Walters (Ed.), <u>First National Health Occupations Education Research Conference Proceedings</u> (pp. 138-167). Report No. CE044743). Auburn, Alabama: Auburn University, Center for Vocational and Adult Education. (ERIC Document Reproduction Service No. ED 271 626).

Hightower, T. (1986, Fall). Subordinate choice of conflict-handling modes. <u>Nursing Administration Quarterly,</u> 29-34.

Kilmann, R. & Thomas, K. (1975). Interpersonal conflict-handling behavior as reflections of Jungian personality dimensions. <u>Psychological Reports.</u> <u>37,</u> 971-980.

Thomas , K. & Kilmann, R. (1986). <u>**Thomas-Kilmann conflict mode.**</u> New York: ICOM, Inc.

Yarnold, P. (1981). <u>Androgyny is known by many names.</u> (Report No. CG 015 633) Los Angeles, California: Paper presented at the Annual Convention of the American Psychological Association. (ERIC Document Reproduction Service No. ED 210 608).