The Relationship Between Mindfulness and Conflict Resolution Styles Among Nurse Managers: A Cross-Sectional Study

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Abstract

Introduction: Mindfulness might help nurse managers in dealing with conflicts. However, the relationship between mindfulness and conflict resolution styles were still not clearly understood.

Objective: To identify the relationship between mindfulness and conflict resolution and to predict the conflict resolution styles of nurse managers through mindfulness.

Methods: A descriptive correlational cross-sectional design was employed. A convenience sample of 197 nurse managers was recruited from five public and two university hospitals. Data about nurse managers’ mindfulness and conflict management styles were collected through self-reported scales. The data was collected between January and March 2020.

Results: Mindfulness was significantly associated with integrating (r = 0.31, p < .001) and obliging (r = 0.14, p = .045) conflict resolution styles. Mindfulness was able to uniquely predict using the integrating conflict resolution style (χ² = 4.65, p = .031).

Conclusions: Mindfulness is uniquely related to integrating conflict resolution among nurse managers. The findings encourage stakeholders in health care organizations to develop training programs to improve managers’ conflict resolution skills and to invest in managers’ mindfulness.

Keywords

conflict resolution style, mindfulness, nurse managers

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Introduction

Several conflicts arise as a result of workplace rivalry, and managers must deal with these conflicts on a regular basis. Workplace conflict is an interactive process that occurs when people, entities, or organizations experience incompatibility or disagreement (Al-Hamdan et al., 2016). In health care organizations, conflicts can emerge from structural problems, inconsistent personalities or differences of opinions, and are exacerbated by demanding employment, long working hours, limited resources, and many other social determinants (Jones et al., 2019). The unresolved conflict has a negative impact on the work setting, leading to job discontent, turnover, low patient’s satisfaction, and reduced productivity (Lahana et al., 2019). It was estimated that 20% of nurse managers’ time is spent in resolving daily conflicts (Kaitelidou et al., 2012).

A nurse manager is responsible for a group of nurses, a hospital unit, supervising the performance of staff, and the care of patients (Othman & Khrais, 2022). Nurse manager should have good interpersonal skills and employ the most suitable techniques for managing such conflicts (Badwan et al., 2022; Mageda et al., 2018).

Conflict management is a significant responsibility of all administrators. Thus, nurse managers must have conflict management competencies that help them to be able to facilitate interpersonal relationships in their units (Johansen, 2012). Efficient and effective handling of disputes enhances the quality of care, patient safety, and morale of the employees and reduces caregivers’ job stress (Rani, 2015). Rahim (2002) proposed his five-style model for conflict resolution, which is adopted in this study. The five conflict resolution

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styles according to him are: integrating, obliging, dominating, avoiding, and compromising. Integrating conflict resolution style is a problem-solving style in which the person demonstrates a high level of concern for self and others. In obliging or accommodating conflict resolution style, the person demonstrates a high level of concern for self and high for others. In dominating or competing conflict resolution style, the person has great concern for self and low for others. In avoiding conflict resolution style, there is a low concern for self and others. The person following the compromising style is at a moderate level of concern for self and others. These conflict resolution styles are measured by The Rahim five-style model for resolving conflicts which is commonly used among nurses in Jordanian (Al-Hamdan et al., 2016; Al-Hamdan et al., 2019).

Mindfulness is defined as the awareness that arises from paying attention on purpose, in the present moment without being judgmental (Kabat-Zinn, 2003). Since mindfulness reduces symptoms of stress and has an essential role in improving personal relationships (Janovsky et al., 2019; Somohano, 2013).

Significance of the Study

Limited studies examined the role of mindfulness in conflict resolution among nurse managers. Furthermore, the role of mindfulness in conflict resolution was rarely explored in a single study. Thus, a noticeable gap is still available about the nature of the relationship between mindfulness and conflict resolution and their role in conflict resolution among Jordanian nurse managers. The findings of this study might help to understand the role of mindfulness in conflict resolution among Jordanian nurse managers, and consequently build future intervention to enhance their abilities to deal with conflicts in the workplace. Additionally, the current study would shed light on a new area that can benefit from applying mindfulness in nursing management.

Purpose of the Study

The purpose of this study is to identify the relationship between mindfulness and conflict resolution among Jordanian nurse managers. Specifically, the study aims to assess levels of mindfulness among Jordanian nurse managers, describe the conflict resolution styles they use, and examine the link between mindfulness and conflict resolution styles of nurse managers. The following research questions are answered in this study:

1. What are the levels of mindfulness among Jordanian nurse managers?
2. What are the most common conflict resolution styles that are used by Jordanian nurse managers?
3. Is there a relationship between mindfulness and different conflict resolution styles among Jordanian nurse managers?

4. Can the nurse managers’ mindfulness levels predict their conflict resolution styles?

Literature Review

Mindfulness, its Components, and Benefits for Health and Well-Being

The interest in the concept of mindfulness increased during the past three decades (Al-Ghabesh et al., 2022; Rayan, 2017; Rayan & Ahmad, 2017). Mindfulness reflects engaging in practices that focus on the relationship between mind and body, thoughts, and feelings. Kabat-Zinn also suggested that mindfulness involves: self-regulation of one’s awareness, focusing on internal and external stimuli, introspection and metacognitive awareness of the processes of one’s thoughts and nonjudgmental behaviors (Kabat-Zinn, 2003). Mindfulness has five elements: Observation (inclination to note internal and external stimuli, description (capacity to verbally mark experiences), acting with awareness (bearing in mind the events of the moment), nonjudgment of internal experience (capacity to take non-evaluative perspective thoughts and feelings), and non-reactivity to inner experience (capacity to enable the appearance and start of thoughts or feelings without being stuck in them) (Baer et al., 2006).

Several studies found that mindfulness has a positive effect on self-efficacy, well-being and life satisfaction (Agarwal & Dixit, 2017; Rayan & Ahmad, 2018; Rayan, 2019) Studies indicated that people with high mindfulness and low anxiety may have better conflict control, and results predicted that the higher behavioral efficiency after exposure to conflicts is mediated by mindfulness which increases control over the motor system (Jaiswal et al., 2019; Jo et al., 2017). The neural evidence in mindfulness-based intervention (MBI) suggests that mindfulness improves cognitive control in socio-emotional contexts, particularly for those with greater opportunities for change (Quaglia et al., 2019). A literature review study that included six studies that used mindfulness-based stress reduction (MBSR), reported that MBSR is more effective in reducing depression in older adults than the wait-list control group.

Mindfulness in Workplace

Studies also found that MBIs had positive effects on workplace compassion fatigue, burnout and improved well-being through reduce perceived stress in high-stress environments, increased awareness of stress stimuli, increased ability to disconnect from stressors, increased calmness, and increased ability to work (Bostock et al., 2019; Vella & McIver, 2019). Moreover, several other studies have documented that mindfulness has positive effects on increasing personal achievement, self-compassion, quality of sleep and relaxation among nurses, nurse managers, and other health professionals. 

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workers (Ceravolo & Raines, 2019; Grover et al., 2017; Janssen et al., 2018).

Studies have examined the effect of mindfulness on certain activities in the workplace that can help stabilize the work environment and manage and resolve conflicts. Findings supported the employment of mindfulness, in particular the non-judging dimension, as a protective factor against sensitivity to rejection and its impact (Peters et al., 2016). The nonjudgmental dimension of mindfulness was correlated with flexibility and efficient orienting attention and conflict detection (Sørensen et al., 2018).

Other studies showed mindfulness as a predictor of personality traits and had a positive effect on personality traits by reducing hostile effects, and documented negative association with both job-hostile and counterproductive work behaviors (Krishnakumar & Robinson, 2015). The higher levels of mindfulness improve the effects of polychronicity, and enhance work and home life satisfaction, and conflict control (Weintraub et al., 2019).

Mindfulness as a Managerial Competency

The effects of mindfulness can extend to the team and organization levels. Organizational mindfulness training in the workplace affects leadership capacities such as mindful task management, self-care, and self-reflection, which are linked together and lead up change adaption (Rupprecht et al., 2019). Previous studies proposed that mindfulness could provide managers with an additional way to handle stress between employees (Duggan & Julliard, 2018).

Conflict Resolution Styles

Several studies explored the conflict management styles used by managers and, leaders when dealing with conflicts. An integrative review included 25 studies to examine the conflict management styles used by nurse professionals, noted that integration style, followed by accommodation, are the most common styles used by nursing practitioners when handling conflicts, and avoiding and competing were the least frequently used styles (Labrague et al., 2018). In another study; the integrative style was the first preference of nurse managers to deal with conflict and the last choice was a dominant style. Demographic variables such as gender, age, and years of experience have an influence on the style of conflict management (Al-Hamdan et al., 2016). Managerial experience, however, was effective in determining the conflict resolution style (Özkan Tuncay et al., 2018). In addition, the nurse expectations of leadership skills of nurse administrators were a significant indicator of conflict management (Grubaugh & Flynn, 2018; Othman & Khrais, 2022). A study conducted on nurse managers in Jordan found that integrating style was the most used conflict resolution style among Jordanian nurse managers (Al-Hamdan et al., 2019). On the contrary, another study found that avoiding is the most used conflict management style by nurses, the dominating, and obliging styles were moderately used, whereas compromising and integration were minimally used (Başoğlu & Özgür, 2016).

Literature Summary

In previous studies, the role of mindfulness in individual’s behavior was discussed, especially in the work environment. However, in this review, there is a scarcity of studies that directly address the role of mindfulness in conflict resolution in the work environment, specifically among nurse managers. Therefore, the nature of the relationship between mindfulness and conflict resolution is still unclear. The current study aims to understand the relationship between mindfulness and conflict resolution among Jordanian nurse managers and to identify the style of conflict resolution that was used by them.

Methodology

Study Design

A correlational design was used.

Sample and Settings

The participants were recruited from five of the largest governmental hospitals located in the middle and northern parts of Jordan, as well as the two university hospitals. The elements of this study are Jordanian nurse managers from all departments or units in the selected hospitals. The study sample included nurse managers who met the following criteria: (a) hold a managerial position for at least 1 year and (b) assigned to the administrative title of nurse director, head nurse, nurse supervisor, or unit manager, to ensure that nurse manager practiced his/her role for a duration that enables him/her to face different types of conflicts.

Eligible managers were recruited through a convenience sampling technique, and the required sample size was calculated using the G*Power program, by setting and $\alpha=0.05$, medium effect size for correlation test $\rho=0.30$, and power $\beta=0.95$, the minimum required sample size was 138 participants. In the current study, the sample size was 197 participants. Therefore, the sample size was reasonably adequate.

Measurements

Demographic Data. The demographic data survey provided data about age, gender, marital status, education level, type of hospital, job title, years of experience in nursing, years of experience in administration, years of experience in the hospital, and monthly income.

The Five Facet Mindfulness Questionnaire (FFMQ)

The FFMQ is a self-report questionnaire, which was developed by Baer and her team in 2006 (Baer et al., 2006). The
questionnaire consists of 39 items categorized under five dimensions of mindfulness: observation, description, aware actions, nonjudgmental inner experience, and non-reactivity. The response on each item ranged between 1 (never or very rarely true) and 5 (very often or always true). The higher overall score reflects higher mindfulness (Baer et al., 2006). Previous studies supported scale’s construct validity, as well as its internal consistency reliability, which ranged from 0.75 to 0.91 (Baer et al., 2006; Choi, 2015; Taylor & Millear, 2016). The internal consistency reliability of the questionnaire in this study was assessed by Cronbach’s alpha, and it was 0.67. The English version of the FFMQ was used in this study.

**The Rahim Organizational Conflict Inventory—II (ROCI-II)**

The ROCI-II is a self-report questionnaire used to reflect five independent styles of handling conflicts: Integrating, obliging, dominating, avoiding, and compromising. The questionnaire consists of 28 items in form of 5-point Likert scale (Rahim, 1983). The scores on each item ranged between 1 (strongly disagree) to 5 (strongly agree). The average for each style was calculated, and a higher score reflects a person’s tendency to use a certain conflict resolution style (Rahim, 1983). The scale has adequate construct validity, with internal consistency reliability ranging from 0.72 to 0.77 (Rahim, 1983). The internal consistency reliability in the current study was assessed by Cronbach’s alpha and it was 0.84. An English version of this questionnaire was used in this study.

**Data Collection and Ethical Considerations.** Formal ethical approvals were obtained from the Institutional Review Board (IRBs) in the selected hospitals. Additionally, permission from the creators of the study questionnaires (FFMQ and ROCI-II) was obtained. Researchers met the nurse directors of the selected hospitals and discussed with them the study purposes and the data collection plan. Then, the researchers met nurse managers individually, and assessed their eligibility to participate in the study. Once they satisfy the inclusion criteria, they were asked to sign the informed consent before completing the study questionnaires. Following that, participants were requested to complete the study questionnaires. All eligible nurse managers were informed about the study purposes, risks and benefits of participation, and that their participation was voluntary. Data were treated anonymously, and participants were informed that there were no direct benefits from participating in the study. The data was collected between January and March 2020.

**Data Analysis**

The IMB SPSS version 23 was used to analyze data. Descriptive statistics were used to describe the sample, and to answer the first research questions. Pearson’s correlation coefficient was used to assess the relationship between mindfulness and conflict resolution styles. Binary logistic regression analysis was used to predict conflict resolution styles from nurse managers’ mindfulness scores.

**Results**

A sample of 197 nurse managers completed the study, 69.5% (137) of them were female. The mean participant’s age (mean = 40.81, SD = 6.53), the participant’s mean years of experience in the nursing profession (mean = 18.06, SD = 6.60), their mean years of experience in the current hospitals (mean = 15.10, SD = 6.40), and the participant’s mean years of experience in nursing administration (mean = 7.54, SD = 5.75). The majority of the nurse managers had a bachelor’s degree in nursing (74.1%), worked in public hospitals (71.6%), worked as head nurses (69%), and their monthly income ranged between 700$ and 1,150$ (54.3%) (Table 1).

**The Scores of Mindfulness**

The nurse managers’ average mindfulness scores were (mean = 126.14, SD = 11.18), range = 63 (95–158). In which, the 50th percentile of manager’s mindfulness average total score was 125.

Regarding the subdimensions of mindfulness, the highest score was reported for acting with awareness (mean = 3.48, SD = 0.74), and the lowest score was for the non-judging dimension (mean = 2.97, SD = 0.54) (Table 2).

**Conflict Resolution Styles**

The most commonly used conflict resolution style among Jordanian nurse managers was the integrating style.

**Table 1. Demographic Characteristics of the Participants (n = 197).**

| Variables                  | % (n)     |
|----------------------------|-----------|
| Gender                     |           |
| Female                     | 69.5% (137)|
| Male                       | 30.5% (60 )|
| Married                    | 87.3% (172)|
| Single                     | 8.6% (17)  |
| Social status              |           |
| Bachelor’s degree          | 74.1% (146)|
| Diploma                    | 10.7% (21)|
| Another status             | 4.1% (8)  |
| Education level            |           |
| Postgraduate               | 15.2% (30)|
| University                 | 28.4% (56)|
| Monthly income             |           |
| Less than 700$             | 10.7% (21)|
| 701–1,150$                 | 54.3% (107)|
| > 1,150$                   | 35% (69)  |
| Type of hospital           |           |
| Governmental               | 71.6% (141)|
| University                 | 28.4% (56)|
| Position                   |           |
| Nursing Director           | 4.1% (8)  |
| Head Nurse                 | 69.0% (136)|
| Nursing Supervisor         | 17.8% (35)|
| Unit Manager               | 9.1% (18) |
(42.1%), followed by compromising style (21.3%) and obliging style (15.2%). On the other side, avoiding was the least commonly used style among Jordanian nurse managers (6.6%).

**Association Between Mindfulness and Conflict Resolution Styles**

The total mindfulness scores had significant relationship with integrating (\(r=0.31, p<.001\)) and obliging (\(r=0.14, p = .045\)) conflict resolution styles. The results show that there is a moderate positive correlation between mindfulness scores and integrating conflict resolution styles, and low positive correlation between mindfulness scores and obliging conflict resolution styles, which means that the using of integrating and obliging conflict resolution styles increased as mindfulness scores increased.

The integrating conflict resolution style had the strongest correlation with all mindfulness subdimensions, and the dominating conflict resolution style had the lowest correlation with all mindfulness subdimensions (Table 3).

**Predicting Nurse Manager’s Conflict Resolution Styles.** A logistic regression model was conducted to test whether mindfulness scores can predict a conflict resolution style. The regression model showed that mindfulness score was significantly able to predict the integrating conflict resolution style (\(\chi^2 = 4.65, p = .031\)). The odds ratio for an increase of one unit in mindfulness score was 1.03 (95% CI: 1.00–1.06). This means that the integrating conflict resolution style is 1.03 times more likely to be used by nurse managers with a mindfulness score increase of one unit (Table 4).

**Table 2. Mindfulness Subdimension.**

| Rank | Dimension            | Mean   | SD ±  |
|------|----------------------|--------|-------|
| 1    | Acting with awareness| 3.48   | 0.74  |
| 2    | Describing           | 3.31   | 0.51  |
| 3    | Observing            | 3.28   | 0.63  |
| 4    | Non-reactivity       | 3.12   | 0.50  |
| 5    | Non-judging          | 2.97   | 0.54  |

**Table 3. Association Between Mindfulness and Conflict Resolution Styles.**

| Mindfulness subdimensions | Integrating | Obliging | Dominating | Avoiding | Compromising |
|---------------------------|-------------|----------|------------|----------|--------------|
|                           | R   | p     | r   | p     | r   | p     | r   | p     | r   | p     |
| Observing                 | 0.27* | .00   | 0.23* | .00   | 0.11 | .11   | 0.17* | .02   | 0.22* | .00  |
| Describing                | 0.31* | .00   | 0.13  | .08   | 0.08 | .27   | 0.04  | .58   | 0.12  | .09  |
| Acting with awareness     | 0.20* | .01   | −0.01 | .98   | −0.03 | .66   | −0.24* | .00   | −0.07 | .34  |
| Non-judging               | −0.26* | .00  | −0.14 | .06   | −0.07 | .34   | −0.21* | .00   | −0.25* | .00  |
| Non-reactivity            | 0.20* | .01   | −0.14 | .05   | 0.06  | .43   | 0.25*  | .00   | 0.23* | .00  |
| Total score of mindfulness| 0.31* | .00   | 0.14* | .05   | 0.06  | .44   | −0.04 | .63   | 0.09  | .23  |

*Significant correlation at \(p < .05\).

**Discussion**

The mean mindfulness average total score of nurse managers was (126), which is consistent with previous research that studied bedside nurses, where the average mindfulness scores was close to 126 (Lu et al., 2019). The highest subdimensions of mindfulness were acting with awareness and describing. The high acting with awareness skills might reflect that Jordanian nurse managers pay conscious attention while performing their activities, and consequently, they highly engage in their daily activities (Baas et al., 2020; Hepark et al., 2019). Describing is another dimension of mindfulness, which reflects the commitment to the facts and avoids labeling the current emotions as facts, and avoids making assumptions about others’ actions or intentions (Lindsay & Creswell, 2017). Similar findings were reported by previous Chinese and American studies that were interested in intensive care nurses, and nursing students (Lu et al., 2019; Lu et al., 2019).

On the other side, the lowest mindfulness subdimension was non-judging, and this suggests that Jordanian nurse managers need to improve their nonjudgment and decision-making skills without making pre-assumptions and reactions. The high judgmental tendencies among Jordanian nurse managers might reflect the lack of training in professional personal communication and isolating personal opinions while dealing with daily conflicts, and making decisions.

The results showed that the most commonly used conflict resolution styles among Jordanian nurse managers were the integrating and compromising styles, while the least commonly used style was the avoiding style. This result is consistent with the result of several previous studies conducted in Jordan (Al-Hamdan et al., 2016; Al-Hamdan et al., 2019). This indicates that Jordanian nursing managers use conflict resolution strategies that incorporate all parties of the conflict, which might be due to the Jordanian social culture that focuses on the values of collaboration and encourages social harmonization and concord relationships. Such inherent values might make nurses managers tend to use the integrative and compromising styles that promote close working relationships in collectivist culture most of the time. The
current findings contradict the results of previous studies conducted in Turkey and the United States, which showed that the avoiding style is the most commonly used form of conflict management styles (Başoğlu & Özgür, 2016; White et al., 2018). The inconsistency reported here might be attributed to the cultural diversity, special work environment, factors surrounding the manager, urgency of manager’s situation, and experience.

The results suggested a significant relationship between mindfulness and conflict resolution styles, and the mindfulness scores were associated with the use of integrating style. This is consistent with the results of a previous study (Sohohano, 2013). Correspondingly, the results showed that integrating conflict resolution style had the strongest association with all mindfulness subdimensions. The dominating conflict resolution style had the lowest correlation with all mindfulness subdimensions. This can be explained by the role of mindfulness via self-awareness, and a nonjudgmental approach, and can help to respond to conflict in a non-reactive way. Thus persons exhibit cooperative strategies of conflict resolution. Mindfulness encourages better abilities to regulate reactively, and observe physical, emotional, and cognitive reactions, thus promoting a more adaptive response to the situation. Consequently, mindfulness encourages using the integration conflict resolution style, which involves negotiation, collaboration, and openness to find an appropriate solution for both parties.

The current study’s findings suggested that mindfulness scores can predict the conflict resolution styles used by nurse managers. Specifically, a high mindfulness score predicts that nurses’ managers will use the integrating conflict resolution style. This means that nurse managers with a high mindfulness state were more likely to utilize an integration conflict resolution style. Mindfulness improves the regulation of sensations, emotions, and thoughts, which can help to understand the conflict more comprehensively while allowing awareness to guide participation in the conflict. This might explain the relationship between mindfulness and integrating conflict resolution style. Given the scarcity of research on the relationship between mindfulness and conflict resolution styles among nurse managers, it was challenging to compare the findings of this study with those of local and international studies.

### Table 4. Predicting the Conflict Resolution Styles Through Mindfulness

| Dependent variables | B      | Wald test | P-value | EXP(B) | 95% CI for EXP(B) |
|---------------------|--------|-----------|---------|--------|------------------|
| Integrating         | 0.03   | 4.65      | .031*   | 1.03   | 1.00 – 1.06      |
| Obliging            | −0.08  | 0.17      | .678    | 0.99   | 0.96 – 1.03      |
| Dominating          | −0.03  | 0.03      | .873    | 0.10   | 0.96 – 1.04      |
| Avoiding            | −0.04  | 2.36      | .124    | 0.96   | 0.91 – 1.01      |
| Compromising        | −0.02  | 1.31      | .253    | 0.98   | 0.95 – 1.01      |

*aSignificant correlation at p < .05.

### Limitations

The study used a convenience sample, which might increase sampling error, and might affect the generalizability of the results, and using a self-reported technique might increase the bias, as the nurse managers might respond in a socially acceptable way. The study recruited nurse managers from five public hospitals located in two main Jordanian cities and future studies need to include remote hospitals or private hospitals.

### Implications for Practice and Nursing Administration

The study has important implications for nursing practice and administration. Health care organizations need to hold continuous training programs that include MBIs for nurse managers. In addition, policies and guidelines target conflict resolution skills should employ mindfulness skills as professional tools. In addition, there is a need to provide training to managers at all levels about nonjudgmental competencies and the inclusion of mindfulness principles in the decision-making process.

### Conclusions

The current study is one of the pioneer studies investigating the relationship between mindfulness and conflict resolution styles among nurse managers. It also provides new insights regarding the relationship between mindfulness and conflict resolution styles among nurse managers. Mindfulness was positively associated with integrating and obliging conflict resolution styles. In light of these findings, mindfulness skills should be included in nurse managers’ training to give them tools to resolve their conflicts constructively.

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Ethical Approval
The research conforms to the provisions of the Declaration of Helsinki (as revised in Brazil 2013). All participants gave informed consent for the research, and that their anonymity was preserved.

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