

# ASSESSING CONFLICT MANAGEMENT STYLES AMONG HEAD NURSES WORKING IN A TERTIARY CARE HOSPITAL, LAHORE, PAKISTAN

*Original Research*

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## ABSTRACT

**Background:** Conflict in the workplace can range from minor disagreements to high-intensity disruptions and legal actions. It is often stratified by intensity and categorized by duration as acute, sub-acute, chronic, or interminable. Effective conflict management is critical in healthcare settings to ensure staff well-being and patient safety. Understanding the conflict management styles employed by head nurses is essential for creating a harmonious work environment and improving healthcare delivery outcomes.

**Objective:** The objective of this study was to assess the conflict management styles used by head nurses working in a tertiary care hospital in Lahore, Pakistan.

**Methods:** This quantitative descriptive cross-sectional study was conducted over four months at the Children's Hospital Lahore after obtaining approval from the Institutional Review Board (IRB). The study utilized a convenient sampling technique to recruit 52 head nurses with more than five years of managerial experience. Data were collected using a validated Rahim Organizational Conflict Inventory-II and a sociodemographic questionnaire. The conflict management styles were assessed through a five-point Likert scale. Data were analyzed using SPSS version 25.0, with descriptive statistics and linear regression applied to interpret findings.

**Results:** The study included 52 head nurses, all female, with 71.2% aged over 40 years, 21.2% aged 30–35 years, and 7.7% aged 36–39 years. Most participants (86.5%) had more than 11 years of managerial experience, and all were government employees. Educational qualifications included 67.3% with BSN, 26.9% with GNM, and 5.8% with MSN degrees. Collaborating was the most frequently utilized conflict management style (94.7%), followed by compromising (93.2%), accommodating (91.9%), avoiding (91.35%), and competing (82.32%).

**Conclusion:** Head nurses employed all five conflict management styles, with collaboration being the most frequently used. These findings emphasize the need for targeted interventions, such as training and education, to further enhance conflict resolution skills in healthcare management.

**Keywords:** Accommodation, Collaboration, Conflict Management, Cross-Sectional Studies, Hospitals, Nurse Managers, Pakistan.

## INTRODUCTION

Conflict, a common and inevitable aspect of human interaction, arises from actual or perceived disagreements regarding goals, values, opinions, emotions, or behaviors. Within the healthcare sector, the complexity and diversity of interactions among caregivers and other professionals significantly increase the likelihood of conflicts, particularly in tertiary care hospitals (1). These disagreements, though varied in intensity, can range from minor misunderstandings to serious disputes that disrupt organizational functioning. Head nurses, as critical leaders within healthcare teams, often find themselves at the intersection of such conflicts, which can stem from differences in clinical opinions, communication barriers, resource allocation issues, or contrasting approaches to patient care (2). The consequences of unresolved conflicts can extend beyond the immediate workplace, adversely impacting patient care, staff morale, and overall institutional performance (3).

Conflict in healthcare environments is influenced by a variety of factors, including organizational structures, interpersonal dynamics, and the diverse responsibilities of healthcare workers. For head nurses, the challenges of managing conflicts are further compounded by their role in supervising nursing staff, mediating disputes, and ensuring cohesive teamwork. Conflicts can emerge between head nurses and their peers, subordinates, or other stakeholders, such as doctors, patients, or families. Contributing factors may include ambiguities in role expectations, competition for limited resources, personality differences, and the inherent complexity of hospital operations (4). Moreover, miscommunication or language barriers, alongside emotional triggers such as anger or jealousy, further exacerbate these challenges (5).

Values and structural elements within a hospital setting also play a crucial role in shaping conflicts. Differing moral or ethical beliefs, physical work environments, and prior experiences often define how individuals perceive and respond to disagreements. Head nurses, given their pivotal position, must navigate these challenges while fostering a positive work environment. Effective conflict management entails identifying early warning signs and deploying strategies to de-escalate tensions. This includes avoiding detrimental behaviors like commanding, comparing, condemning, or condescending, which can intensify discord. Instead, the focus should be on promoting constructive engagement and collaboration (6).

Research underscores the importance of adopting tailored conflict management strategies to address workplace disputes. Common approaches include competition, avoidance, compromise, accommodation, and collaboration, each with its contextual appropriateness. By recognizing the root causes of conflict and employing strategic interventions, head nurses can mitigate its adverse effects, enhance interpersonal relationships, and ensure better patient outcomes (7). A culture of effective communication and teamwork, grounded in conflict resolution principles, is critical for fostering a harmonious healthcare environment and achieving organizational goals (8).

In tertiary care hospitals, the stakes are particularly high, as conflicts among head nurses and nursing staff directly influence patient care quality, staff well-being, and overall operational efficiency. Investigating the conflict management styles of head nurses is thus essential to understanding their impact and identifying areas for improvement. This study aims to assess these styles within a tertiary care hospital in Lahore, Pakistan, providing insights to enhance workplace dynamics and ultimately contribute to better patient outcomes and organizational performance.

## METHODS

The study employed a quantitative descriptive cross-sectional design, conducted over four months following the approval of the Institutional Review Board (IRB). The research was carried out at the Children's Hospital in Lahore, targeting head nurses as the study population. A convenience sampling technique was applied, and the sample size was calculated using Slovin's formula. The total population (N) was 60, and using a margin of error (e) of 0.05, the calculated sample size (n) was determined to be 52 head nurses. The inclusion criteria encompassed head nurses with more than five years of professional experience, while those working in psychiatric units were excluded.

The study exclusively included female head nurses due to the absence of male head nurses in the study setting, reflecting the gender composition of the workforce in the selected tertiary care hospital. This limitation was inherent to the population demographics and not

a deliberate exclusion of male participants. Similarly, head nurses from psychiatric units were excluded as their roles and the nature of conflicts they encounter may significantly differ from those in other units. This decision aimed to maintain uniformity in the study population and ensure that the findings accurately represented conflict management styles in general healthcare settings, rather than those influenced by the unique dynamics of psychiatric care.

The research adhered strictly to the ethical guidelines established by the Fatima Memorial School of Health Sciences' ethical committee. Written informed consent was obtained from all participants, and their rights were respected throughout the study. Participants were informed that their involvement bore no risks or disadvantages and were assured of the confidentiality and anonymity of their responses. They retained the right to withdraw from the study at any time. Measures were implemented to protect their privacy, ensuring that their identities would not be disclosed in any publications derived from the study. The participants were informed about the broader benefits of contributing to research aimed at improving conflict management strategies in healthcare.

Data collection involved two components. Part I consisted of a Sociodemographic Characteristics Questionnaire with eight items, including age, gender, marital status, educational level, hospital affiliation, and managerial experience. Part II comprised the Rahim Organizational Conflict Inventory, a 28-item five-point Likert scale designed to assess conflict management strategies used by managers. The inventory was categorized into five subscales: collaborating (7 items), accommodating (6 items), competing (5 items), compromising (4 items), and avoiding (6 items). Responses were scored on a scale from 1 (strongly disagree) to 5 (strongly agree), with the subscale yielding the highest mean score being identified as the preferred conflict management style. The reliability and validity of the inventory had been previously established, with a Cronbach's alpha value of  $\alpha = 0.84$  (15).

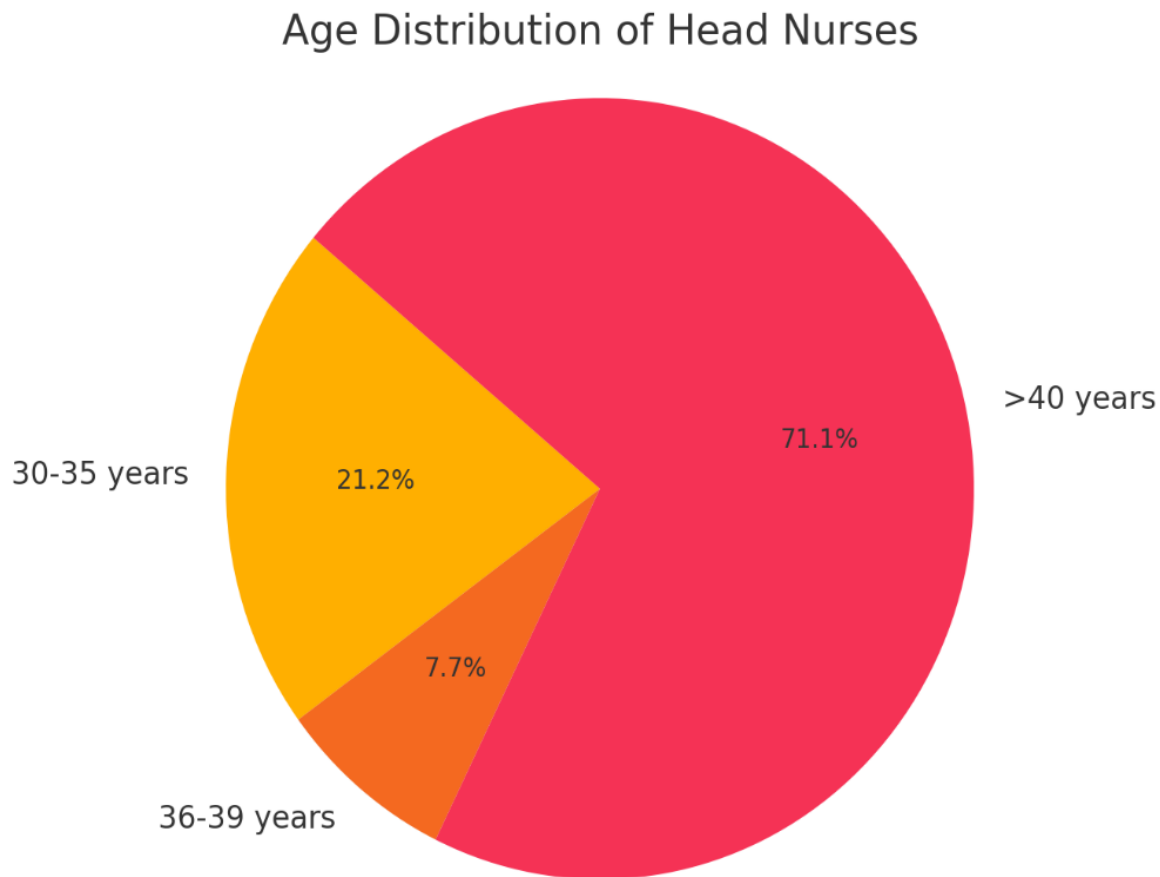
Data collection spanned three months, utilizing standardized questionnaires. Statistical analysis was performed using the Statistical Package for Social Sciences (SPSS) version 25.0 and Microsoft Excel. The data were analyzed using frequency distributions, cross-tabulations, and graphical representations. Descriptive statistics, including percentages, means, and standard deviations, were calculated. Linear regression analysis was conducted, with a p-value of 0.001 considered statistically significant.

## RESULTS

The findings revealed that the majority of participants (71.2%) were above the age of 40 years, followed by 21.2% between 30 to 35 years, and 7.7% between 36 to 39 years. All participants in the study were female, with no male representation among the sample. Regarding marital status, 98.1% were married, and only 1.9% were unmarried. In terms of educational qualifications, 67.3% of participants held a Bachelor of Science in Nursing (BSN), 26.9% had a General Nursing and Midwifery (GNM) qualification, and 5.8% had a Master of Science in Nursing (MSN). All participants were employed in government hospitals, and a significant majority (86.5%) had more than 11 years of managerial experience, while 13.5% had between 6 and 11 years of managerial experience.

The conflict management styles assessed through the Rahim Organizational Conflict Inventory revealed that the most frequently adopted style was collaborating, with a mean score of 3.95 and a frequency of 94.7%. This was followed by compromising, which had a mean score of 3.23 and a frequency of 93.2%. Accommodating ranked third with a mean score of 2.79 and a frequency of 91.9%, while avoiding had a mean score of 3.16 and a frequency of 91.35%. The competing style was the least used, with a mean score of 3.11 and a frequency of 82.32%. These results indicate a strong preference for collaborative and compromising approaches among head nurses, emphasizing cooperative and balanced strategies in resolving conflicts.

Statistical analysis using SPSS revealed a significant relationship between the use of collaborating as the dominant conflict management style and its effectiveness in ensuring positive workplace dynamics ( $p < 0.001$ ). The standard error values ranged between 0.03 to 0.05, reflecting the reliability of the measured mean scores. While the study successfully identified the conflict management styles among head nurses, there was limited exploration of how these styles impacted specific outcomes such as staff morale, team productivity, or patient care quality. Further studies may be required to address these gaps for a more comprehensive understanding.



*Figure 1 Age Distribution of Head Nurses*

This chart illustrates that the majority of head nurses (71.2%) are above 40 years of age, with smaller proportions in the 30–35 years (21.2%) and 36–39 years (7.7%) categories.

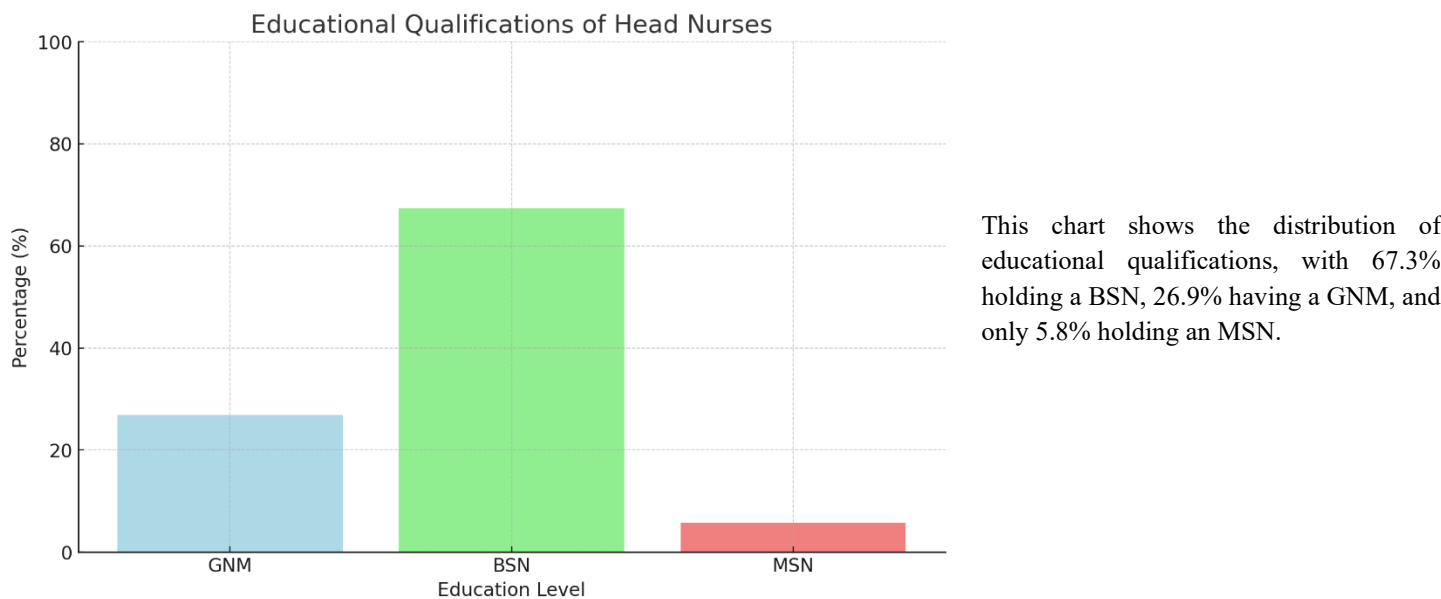


Figure 2 Educational Qualifications of Head Nurses

Table 1. Demographic Variable of Head Nurses

Variables		Frequency (n)	Percent (%)
Gender	Male	0	0 %
	Female	52	100 %
Marital Status	Married	51	98.1%
	Unmarried	1	1.9 %
Hospital	Govt.	52	100%
	Private	0	0%
Managerial Experience	6-11 years	7	13.5 %
	>11 years	45	86.5 %

The demographic data revealed that all participants in the study were female (100%), with no male representation. Regarding marital status, the vast majority of head nurses were married (98.1%), while only 1.9% were unmarried. All participants (100%) were employed in government hospitals, with no representation from private healthcare facilities. In terms of managerial experience, a significant majority (86.5%) had over 11 years of experience, while 13.5% had between 6 to 11 years of experience, indicating a highly experienced cohort of head nurses.

**Table 2 The Rahim Organizational Conflict Inventory Scale**

Items	Frequency (N)	Percentage (%)
<b>Collaborating:</b>		
I try to investigate an issue with my subordinates to find a solution acceptable to us.	52	80.8 %
I try to integrate my ideas with those of my subordinates to come up with a decision jointly.	52	94.4 %
I try to work with my subordinates to find solution to a problem that satisfies our expectations.	52	100 %
I exchange accurate information with my subordinates to solve a problem together.	52	96.1 %
I try to bring all our concerns out in the open so that the issues can be resolved in the best possible way.	52	96.1 %
I collaborate with my subordinates to come up with decisions acceptable to us.	52	100 %
I try to work with my subordinates for a proper understanding of a problem.	52	96.1 %
<b>Total</b>		<b>94.7%</b>
<b>Accommodating:</b>		
I generally try to satisfy the needs of my subordinates.	52	100 %
I usually accommodate the wishes of my subordinates.	52	84.6 %
I give in to the wishes of my subordinates.	52	%
I usually allow concessions to my subordinates.	52	98.1 %
I often go along with the suggestions of my subordinates.	52	98 %
I try to satisfy the expectations of my subordinates.	52	86.6 %
<b>Total</b>		<b>91.9%</b>
<b>Competing :</b>		
I use my influence to get my ideas accepted.	52	82.7 %
I use my authority to make a decision in my favor.	52	75 %
I use my expertise to make a decision in my favor.	52	84.7 %
I am generally firm in pursuing my side of the issue.	52	86.5 %
I sometimes use my power to win a competitive situation.	52	82.7 %
<b>Total</b>		<b>82.32%</b>
<b>Compromising:</b>		
I try to find a middle course to resolve an impasse.	52	86.5 %

I usually propose a middle ground for breaking deadlocks.	52	98 %
I negotiate with my subordinates so that a compromise can be reached.	52	96.1 %
I use "give and take" so that a compromise can be made.	52	92.3 %
<b>Total</b>		<b>93.225%</b>
<b>Avoiding:</b>		
I attempt to avoid being "put on the spot" and try to keep my conflict with my subordinates to myself.	52	98.1 %
I usually avoid open discussion of my differences with my subordinates.	52	98.1 %
I try to stay away from disagreement with my subordinates.	52	90.4 %
I avoid an encounter with my subordinates.	52	80.8 %
I try to keep my disagreement with my subordinates to myself in order to avoid hard feelings.	52	90.3 %
I try to avoid unpleasant exchanges with my subordinates.	52	90.4 %
<b>Total</b>		<b>91.35%</b>

The findings from the Rahim Organizational Conflict Inventory Scale revealed that the most frequently utilized conflict management style among head nurses was collaborating, with a total frequency of 94.7%, where 100% of participants reported working collaboratively to address problems in several key scenarios. Compromising was the second most common style, with a total frequency of 93.2%, as many head nurses preferred negotiating and finding a middle ground (96.1%). Accommodating ranked third, with a total frequency of 91.9%, as 100% of participants stated they often tried to meet the needs of subordinates in specific contexts. Avoiding was utilized with a total frequency of 91.35%, with 98.1% of respondents attempting to avoid conflicts in certain instances. Competing was the least used style, with a frequency of 82.32%, where only 75% of participants used their authority to make decisions in their favor. These results emphasize a strong preference for collaborative and compromising approaches, demonstrating an emphasis on teamwork and mutual understanding in conflict resolution.

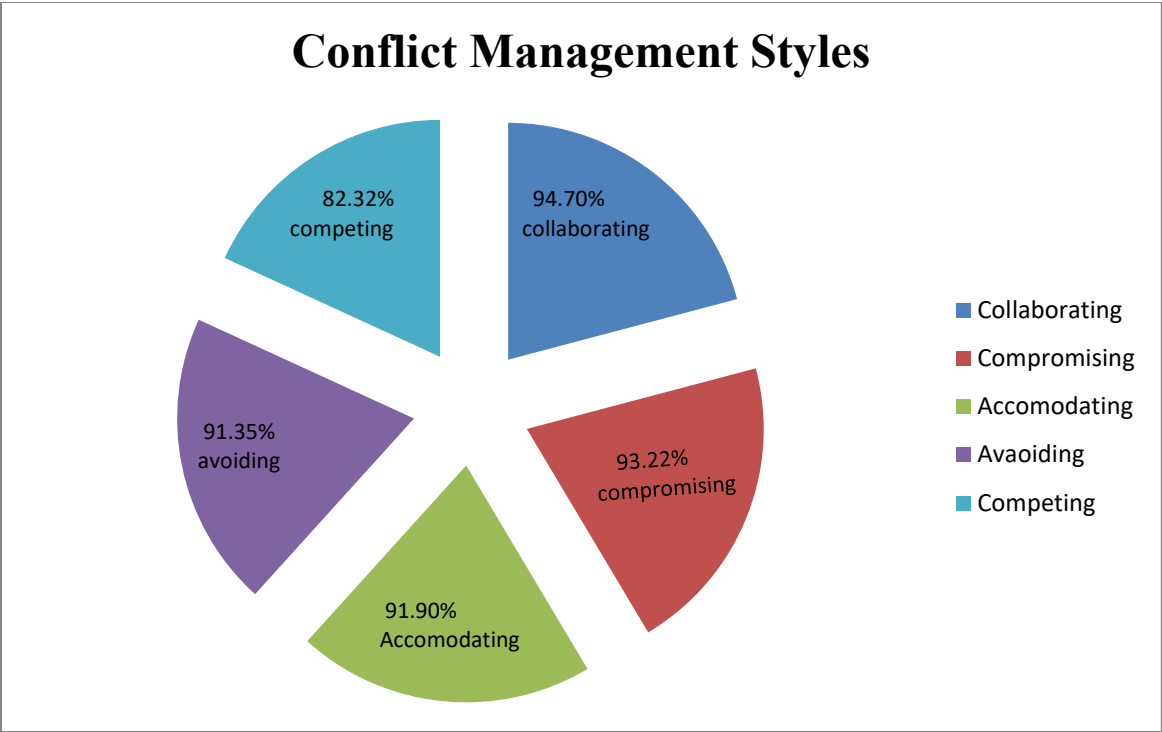


Figure 3 Graphical presentation of conflict management

The pie chart illustrates the distribution of conflict management styles among head nurses. The most frequently utilized style is collaborating, accounting for 94.7% of the responses, followed by compromising at 93.2%. Accommodating ranks third with a frequency of 91.9%, while avoiding is close behind at 91.35%. The least used style is competing, which accounts for 82.32%. This graphical representation underscores a strong preference for collaborative and compromising strategies, highlighting the emphasis on teamwork and mutual understanding in conflict resolution within the healthcare setting.

Table 3 Comparison of Head Nurses’ Conflict Management Style Scores

Conflict Management Style	N	Mean	SE	x2	P
Collaborating	52	3.95	0.03	276.34	0.001
Accommodating	52	2.79	0.05		
Avoiding	52	3.16	0.04		
Competing	52	3.11	0.04		
Compromising	52	3.23	0.04		

The comparison of conflict management styles among head nurses revealed that collaborating had the highest mean score of 3.95, with a standard error (SE) of 0.03 and a significant chi-square value ( $\chi^2$ ) of 276.34 ( $p = 0.001$ ), indicating it was the most preferred style. Compromising ranked second with a mean score of 3.23 and SE of 0.04, followed by avoiding, which had a mean score of 3.16 and SE of 0.04. Competing had a mean score of 3.11 and SE of 0.04, while accommodating had the lowest mean score of 2.79 with SE of 0.05. These findings highlight the dominant use of collaborative strategies in managing conflicts, with compromising being the secondary approach. The least reliance on accommodating indicates a relatively lower preference for prioritizing subordinates’ needs over other strategies.



## DISCUSSION

The findings of this study emphasize the significance of demographic variables such as age, gender, and years of managerial experience in influencing conflict management styles among head nurses. With increasing managerial experience, head nurses demonstrate enhanced proficiency in managing conflicts effectively, reflecting the critical role of professional exposure in leadership skills. However, the study's single-setting design and its reliance on the policies and resources of one institution limit the generalizability of the results. These findings should be interpreted with caution as they may not represent the dynamics of conflict management in other healthcare settings or broader populations.

The study revealed that head nurses employed all five conflict management styles—collaborating, accommodating, compromising, competing, and avoiding. Among these, collaborating emerged as the most frequently used style, consistent with global research findings. Studies conducted in Iran and other regions have similarly identified collaborating as the dominant conflict management approach among nursing leaders, emphasizing its universal applicability in resolving workplace disagreements (16). Collaborating is often linked to positive outcomes, as it fosters mutual understanding, open communication, and shared decision-making, which are critical in high-pressure healthcare environments.

Compromising, the second most used style in this study, has its strengths but also presents potential drawbacks. While it is effective for reaching quick and harmonious resolutions, excessive reliance on compromising may lead to suboptimal outcomes where both parties fail to achieve their primary objectives. As Wolfe et al. highlighted, this "lose-lose" strategy is appropriate in situations where conflicting goals are mutually reinforcing or when negotiations have reached an impasse (Wolfe et al., 2022). Nonetheless, an overdependence on compromising could undermine long-term solutions and satisfaction, emphasizing the need for balanced use of conflict management strategies.

The strengths of this study include its use of a validated conflict inventory tool and its focus on an experienced cohort of head nurses, which enhances the reliability of the results. However, the exclusion of male head nurses and those in psychiatric settings introduces a gender and role-specific limitation, potentially narrowing the applicability of the findings. Despite these limitations, this study contributes valuable insights into conflict management among nursing leaders, underscoring the importance of promoting collaborative approaches to enhance organizational harmony and effectiveness in healthcare.

A study conducted by Hanan A. Alkorashy et al. (2023) examined conflict management styles among ICU nurses during the COVID-19 pandemic in Saudi Arabia. The study utilized the Rahim Organizational Conflict Inventory-II to assess the preferred management styles in high-conflict environments. Collaborating was identified as the most frequently utilized conflict management style (mean score 21.85), followed by accommodating (mean score 18.39). The study emphasized that constructive management styles such as collaborating helped nurses navigate the stressful and intense environment during the pandemic, fostering teamwork and reducing interpersonal tensions. The findings resonate with the current study, which also found collaborating to be the most commonly used style among head nurses, demonstrating its universal effectiveness in high-stakes healthcare settings (17).

Another study by Sabita Maharjan and J. Shakya (2022) investigated conflict management styles among nurses at a teaching hospital in Chitwan. Using a standardized Rahim Organizational Conflict Inventory-II, the study identified collaborating (mean score  $4.17 \pm 0.38$ ) as the most preferred style, followed by compromising (mean score  $3.70 \pm 0.52$ ), while competing was the least preferred. The study highlighted the importance of fostering collaborative and compromising approaches to create a harmonious workplace and improve team efficiency. These findings align with the current study, reinforcing the importance of collaboration in conflict resolution among nursing leaders in diverse cultural and institutional contexts (18).

## CONCLUSION

The study concluded that head nurses utilize all five conflict management styles—collaborating, accommodating, compromising, competing, and avoiding—in their professional interactions, with collaboration emerging as the most frequently employed approach. While the quantitative methodology provided valuable insights into conflict management preferences, its reliance on closed-ended questions limited the depth of participant expression and nuanced understanding of individual perspectives. To address these limitations and enhance practical application, it is recommended that healthcare administrations initiate seminars and educational programs to raise

awareness about the effective use of conflict management styles and their positive impact on fostering a harmonious work environment and improving patient safety.

## AUTHOR CONTRIBUTIONS

Author	Contribution
Rizwana Ashraf	Substantial Contribution to study design, analysis, acquisition of Data Manuscript Writing Has given Final Approval of the version to be published
Najma Parveen	Substantial Contribution to study design, acquisition and interpretation of Data Critical Review and Manuscript Writing Has given Final Approval of the version to be published
Pakiza Saif	Substantial Contribution to acquisition and interpretation of Data Has given Final Approval of the version to be published
Misbah Zafar	Contributed to Data Collection and Analysis Has given Final Approval of the version to be published
Hina Arshad	Contributed to Data Collection and Analysis Has given Final Approval of the version to be published

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