INTRODUCTION

1. Background
Humans have made constant efforts to rid the world of conflicts. Today, due to the various changes of complex human relations, complications have arisen.

It is inevitable that the conflicts experienced in an organizational society needs to be addressed by taking into account the performance of one’s duties amidst this dynamic environment. The accumulation of the conflicts is not good for the individual or the organization, therefore we are interested in research for managing conflicts.

Today the organization of a hospital is changing dramatically, developing into a multi-structured conglomerate with various healthcare members, larger scale workplace, rapidly changing medical technology, practices, and drugs, along with heightened patient expectations. Marriner (1979) suggested that a highly hierarchial or-

The Experience of the Nurse’s Conflicts

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Purpose. The purpose of this study is to grasp the conflicts that nurses are facing in their practice and to develop some nursing intervention on these conflicts of nurses.

The subjects of this study are the nurses working at K hospital in Seoul. The data were taken from Jan. to May in 2001. It took me and half or two hours for each interview and six interviews were done for each subject. The data were analysed by Giorgi technique and conclusions are given as followings;

1. The unreasonable international relationship is derived from misunderstanding between peer groups in nursing, the lack of leadership, the relative property, irresponsible job done, under expectation and some unreasonable behaviors.

2. The changing portrait of oneself is view through the changed fram of mind, unreasonable fret and the changing appearance.

3. The limitations originated from lack of vision, lack of knowledge, lack of professionalism, lack of confidence and one’s worry about one’s job.

4. The poor working environments are such as lack of man power, lack of commodities, worn out facilities, irregular transferring of job, night work, overwork, good for nothing continuing education program and errors in the administration.

5. The conflicts between nurse’s role in the hospital and a nurse as a homemaker are the lack of opportunity to educate their offsprings, multiple roles, and not cooperating husband who has to chip in his role as a partner.

The nutshell of our study is that the working environment should be improved such that nurses can work with joy in their heart. Also the practical educational programs should be provided by hospital administration such that nurses can work in the hospital with pride in their heart.

Key Words: nurse’s, conflicts
ganization with various fields is susceptible to having many conflicts. Myrtle & Glogow (1978) suggested that the amount of organizational conflicts are positively correlated to the level of cooperation, the vagueness of the model person, and the vagueness of the delineation of traditional and functional tasks. Also, conflicts are not good for an organization, interfering with worker duties and negatively affecting the satisfaction of constituents. Hospitals are especially known for suffering extreme conflicts due to the various members who have differences in duties and responsibilities (Hapner, 1973).

Therefore, the role of nurses at the hospital tends to be quite complex and difficult, requiring frequent corrective action because their job invites serious conflicts (Kim, 1992; Lee, 1980). Consequently, it is necessary to analyze the factors leading to conflicts and search for interventions in order to get rid of them. We have not been able to perform quantitative research, but through in depth interviews, qualitative research has been achieved. This phenomenological study was conducted to explore and understand the lives of the nurse’s conflicts, to describe the structure and meaning of these experiences, and to search for a nursing intervention to deal with the situation.

The purpose of this study is to suggest an intervention for a higher quality organization by understanding the experience of the nurse’s conflicts and eliminating these conflicts. Specific purposes were

1) To describe the structure and meaning of the conflicts.
2) To search for a nursing intervention through the structure of conflict description and meaning.

METHODS

1. The explanation and justification of the method

This phenomenological study was conducted to explore and understand the lives of the nurse’s conflicts, to describe the structure of the meaning of the experiences, and to search for a nursing intervention to deal with this situation. Phenomenology is a science which describes a particular phenomena or explains the essence of things through real-life experiences. Therefore, it is suitable to use phenomenology to get a better understanding of human beings. It could be applied towards nursing practice, to broaden the knowledge of nursing science.

2. Participants

All subjects of the study had worked over 5 years at K hospital in Seoul. The final sample consisted of 7 nurses with a working duration of 6-8 years and were between the range of 30 to 40 years old, the majority who were married (5 out of 7 nurses), and the majority have a child. In regards to child rearing, in the case of 3 nurses, they live together with their parents who take care of the child. In the case of 2 nurses, they entrust their kid to the day nursery. Regarding religion, 4 nurses have religious beliefs and the rest do not.

3. Training course of the researcher

This is a phenomenological study which describes the experiences of participants using in depth interviews and observations. For qualitative research, the researcher is the tool. Therefore, the researcher completed the units for ‘Qualitative research’, ‘Nursing phenomenology and qualitative research’, read existing literature and participated in the ‘Qualitative research society’.

The principle researcher for this study has an academic degree with a qualitative research background and has published several pieces of research. She has been lecturing for over 10 years in master’s and doctor’s courses and leads a qualitative research society in Korea.

4. Data collection period and method

The data was collected by in depth interview and observation from May 2002 to July 2002.

For this study, it is important that the researcher maintains a trusting relationship with the participants because of researcher itself is the tool for data collection. It is not difficult to have good relationships with the participants, much like teacher and pupil. We made arrangements and interviewed in the researcher’s room and cafe and used a tape recorder with their permission.

With in depth interviews, we began with some usual conversation and asked an open question to the participants. To confirm ideas during the middle of the interview and to dig deeper, we asked again with questions like: “and (fill in blank)...?”, “and how do you feel?”, “What distresses you?”, “When do you feel hurt?”, etc. We learned about their experiences and got an inside view through these interviews. We wrote down the recording content of the day, planned the next question, and analysis was achieved.
with data collection at the same time.
After analyzing the content and coming up with fol-
low up inquiries from the recent analysis, the qualitative
data was confirmed in accordance with the subject’s ex-
periences. Each person was interviewed 5-6 times. The
interviews lasted from one and a half hours to two
hours.

5. Data analysis
Data was analyzed using the phenomenological
method suggested by Giorgi for confirming the conflicts
experience of the nurses.

1) Read the entire description of the experience to get
a sense of the whole meaning.
2) Reread the description.
3) Identify the transitional unit of the experience.
4) Clarify and elaborate the meaning by relating them
to each other and to the whole.
5) Reflect on the constituents in the concrete language
of the subject.
6) Transformation of that concrete language into scien-
tific language and concepts.
7) Integration and synthesis of the insight into a de-
scriptive structure of the meaning of the experience.

The structure of the meaning which was confirmed
through the above analysis method was asked again to
the subject to elevate its validity. For reliability purposes,
advise from a Korean literature professor was taken on
the structure of the meaning confirmed through the raw
data.

ETHICAL CONSIDERATIONS
This study was collected through in depth interviews
and observation, therefore the private lives of the partic-
ipants could be exposed. Therefore, we considered the
following:
We explained the purpose of this study and obtained
informed consent.
We promised recording tapes would not be shared
with others.
We promised anonymity in the final report.
We explained that they could withdraw from the study
at any time.

RESULTS
1. The plot of this story
The meaning of the nurse’s conflicts
The meaning of the nurse’s conflicts are classified into
5 core meanings and then structurized.

<table>
<thead>
<tr>
<th>core meaning</th>
<th>theme</th>
<th>raw data</th>
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</thead>
<tbody>
<tr>
<td>Irrational human relations</td>
<td>Misunderstanding of colleague</td>
<td>• It is important to have the right heart in mind in the relation with the colleague.</td>
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<td></td>
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<td>• I hate the person with a double personality.</td>
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<td>• It is easy for the colleague to misunderstand and I get angry.</td>
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<td>• Human relations seem to be important at work in forming colleague relations.</td>
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<td>Absence of leadership</td>
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<td>• I hope that my superiors sacrificed themselves for the subordinate and try to make the patient comfortable.</td>
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<td></td>
<td></td>
<td>• For the superior.....do not avoid the task,</td>
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<td>Unilateral ignorance</td>
<td></td>
<td>• I did my best.....but, the patient does not believe me.</td>
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<td></td>
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<td>• I am sad when the patient just looks for the doctor.</td>
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<td></td>
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<td>• Am I the bad person? patient seems upset, in such a situation, I am tormented by doubts about my ability.</td>
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<td>Relative indigence</td>
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<td>• Patient’s family suddenly becomes polite when the doctor appears.</td>
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<td></td>
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<td>• “What do you know? Why do you pretend to know? Please call the doctor soon”......he then acts politely toward the doctor.</td>
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<td>Task irresponsibility</td>
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<td>• I try to take over the official duties.......if the nursing station is a mess.</td>
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<td></td>
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<td>• We give others more influence if we do not do the work which we should do.</td>
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<td></td>
<td></td>
<td>• I must bear the responsibility for others’ mistakes.</td>
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<td>Differences of expectation</td>
<td></td>
<td>• There was a difference between us and the patient.</td>
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<td></td>
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<td>• Reality has limits even though expectations are high.</td>
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<td></td>
<td></td>
<td>• We can not fulfill all the requirements.......and the patient’s family has complaints.</td>
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<tr>
<td>Experience of the Nurse's Conflicts</td>
<td>Rational conduct</td>
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<td><strong>Irrational conduct</strong></td>
<td>* When doctors give unnecessary orders ....I get stressed out. * Often, doctors work without giving specific reasons. * We have no definite ideas given from the doctors.....I have to make my own conclusions on what to do.</td>
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<tr>
<td><strong>changed self-image</strong></td>
<td>* I am getting worse. * I am changing, and I’m worried that it is for the worse. * My outward behavior and conduct seem more apathetic. * I feel more detached from the patients.</td>
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<td><strong>routine care</strong></td>
<td>* I am not happy and becoming very formal in my care. * I do what I need to do, and no more.</td>
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<td><strong>upset without reason</strong></td>
<td>* I am gaining weight due to stress. * My body has become obese because of all the stress. * Patients do not understand and speak as if they are confused. * Some patients are upset without reason and project their anger on me.</td>
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<tr>
<td><strong>changed appearances</strong></td>
<td>* Gaining weight from too much stress. * I have gained weight and it is causing me more stress. * General appearances are very important to me. * My appearance make me uncomfortable.</td>
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<td><strong>Poor environment for work</strong></td>
<td><strong>lack of manpower</strong></td>
<td>* I can’t miss a day because nobody will do the work. * I think we are under manpower. * Too many patients to care for one nurse so that I am under stress.</td>
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<td><strong>lack of commodities</strong></td>
<td>* We are under lack of commodities for hospital use. * The head nurse will not order item we need for hospital for we have to learn about conservation spirit.</td>
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<td><strong>worn out facilities</strong></td>
<td>* We are supposed to accept all the complaints and have to explain our conditions to the patients. * They have to spend money to update facilities so that we can do better work. * It’s hard to make us understood to patients or their family members about the worn out facilities of the hospital.</td>
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<td><strong>Not reasonable circulation of one’s job</strong></td>
<td>* It’s a stress to adapt to a new working environment. * In a year or two, I will transfer to other department and their transfer is a stress.</td>
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<td><strong>Night duty</strong></td>
<td>* I hate to work at night. * It’s hard to work as a night duty. * Many nurses quit their job due to night duty.</td>
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<td><strong>Irregular duty</strong></td>
<td>* I do work while others are not working. * The three-shift of work schedule makes us tired. * I envy the regular work schedule.</td>
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<td><strong>Overwork</strong></td>
<td>* To much work schedule to handle. * I have to check weather the assigned work had been done or not. * I don’t know when I can see the end of the tunnel as long as the work is concerned.</td>
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<td><strong>An argent work that has to be done</strong></td>
<td>* Same work loads have to be done before the end of the day. * Too busy to work or too much work to be done in a limited time.</td>
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<td><strong>No observable results can be obtained</strong></td>
<td>* Too hard to finish and sometimes no observable results can be seen. * Too busy to make any meaningful results. * Sometimes I thought that I did not achieve anything even though I did try.</td>
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<td><strong>Remedial courses do not give any meaningful educational effects</strong></td>
<td>* I have no urge to attend the remedial courses. * Nothing is changing as time flies. * The remedial courses administered at hospital have no impacts on education.</td>
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<td><strong>Errors done by administration</strong></td>
<td>* All blames go to the nurses. * The wrong doings of drugstores. which always come down to our nurses. * We have to make a smile in all situations wheather we like or not. * The ordinance to protect the motherhood can be good, but it is of no use to for us nurses if no alternative ways are provided.</td>
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The first set of conflicts were in the category of irrational interpersonal relationships. It was divided into 7 themes: misunderstanding between nurses, absence of leadership, unilateral ignorance, relative indigence, task irresponsibility, differences of expectations, and irrational conduct.

Daft (1991) reported that irrational relationships occur when there are ambiguities of purposes and ideas, imbalances in the staff, differences of power and status, difference of purpose, conflicts in value systems, lack of communication, differences between each other, vague duty responsibilities and limits, unclear decision making, heavy work load, and complex hierarchy.

Cavanagh (1991)'s research showed that in general, staff nurses had more conflicts and were more frustrated than their supervisors. In order to cope with conflicts with their supervisors and physicians, they would either try to avoid them or behave obsequiously. Lee (1980)'s study showed that nurses had conflicts with inconformity with their physicians, patients, and patient's care taker.

This study showed that conflicts come mainly from interpersonal relationships rather than work load. Nurses complained of problems due to lack of communication and misunderstanding among peers, head nurses' disappointment, unrealistic expectations from patients, and feelings of neglect from physicians and nurses. Consequently, this study confirmed that serious conflicts arose from feelings of neglect in interpersonal relationships among physicians, peer nurses, head nurses, patients, and other care takers.

The second set of conflicts were divided into 4 themes of 'changed self-image' which included changed mindset, routine care, annoyance, and changed appearances. Kramer (1970, 1972) stated that nurses experienced role conflicts from a bureaucratic hospital environment that was different from a school or other type of institutional organization.

Kramer and Schmalenberg (1978) expressed that severe role conflicts arose from the deterioration of professional values and decaying idealism, which came as a reality shock. This reality shock occurs when there is a big gap between theory and practice. In school, the humanistic view and an idealistic paradigm is taught. But in practice, a utilitarian view and approach is used (Stull, Dats, 1986).

Study participants expressed feelings of internal conflicts from a gap between heavy and light work loads, and the gap between theory and practice, which made them find work to be easier and performed with less zeal.

The third set of conflicts included 6 themes of 'professional limitation', which were lack of vision, lifestyle issues, knowledge deficit, lack of professionalism, lack of competence, and skepticism of the job. Corwin (1960, 1961) conceptualized the nurses' conflict as a professional-bureaucratic conflict, with nurses trained to show their professionalism and apply their education, but in a bureaucratic hospital setting, their skills are not fully utilized and sometimes even misutilized. As a result, their conflicts become internally in-depth conflicts (Lee, 1989).

The fourth conflict that nurses are facing is found to be...
the poor working environment. Lack of man power, lack of commodities, worn out facilities, improper circulation of job, night duty, irregular working hours, overwork, urgent job, no tangible results on one’s work, useless remedial courses administered by hospital, and errors committed by administration are the eleven factors which are characterized at the poor working environment.

French and Caplan (1973) did indicate that the role conflict and role ambiguity are turned as job-environment fit. They proposed that if one can’t have the successful ability or don’t a job with easy to a given job, they will be under stress along with role conflict.

Also nurses working in the under manpower will experience some conflicts if they have too much to work to do (Kim, 1985). The subjects of this study felt that they had to work too in a limits time.

Also the lack of commodities along with the worn out facilities were the main source of stress at their working environment. Thus nurses were subjected to do their work under the poor working environment and this could be the main source of their conflict at work.

The fifth conflict that nurses are facing is the double roles as a wife and a nurse.

There are four factors, i.e., the lack of education of their offsprings, multiple roles, not lending helping hand of their husband and misunderstanding of their mother-in-law. The married woman has two roles as a homemaker and a worker job. These roles, i.e., multiple roles, can be the source of stress.

The Korean women are expected to do much work at home since women are the homemaker in Korean society. This specific role of Korean women gives a severe impact to Korean women’s health when the married women gets the job.

The roles of women and men in Korean society is different. The working women have to suffer two roles in comparison with the working men (Park, 1991).

This study showed that the married nurses had to suffer the triple loads as, mother, wife, and daughter-in-law. Also the conflicts originated from the double roles as a mother at home and a nurses at hospital, were the real problems facing the working nurses.

2) The intervention on nurses in conflicts

The conclusions that we derived from our study on nurse’s conflicts and the nursing intervention are summarized as followings;

1. Nurses are working under the unreasonable relation along with the conflict of communication and they should be educated such that they can make their own judgment in care they are facing new value system which are foreign to their own.

2. Nurses are educated as professionals at school and on the job, but there exists the discrepancy between their value system they learned and they perceived at work. There should be some programs so that nurses can have some values which can give them the self-respect they wanted.

3. The heavy loads assigned to nurses are the origin of losing the interest of their job. Thus are has to develop some systems such that nurses can have time to develop their potential.

4. New nursing intervention program is urgently needed for the married nurses, since they have to perform two roles, i.e., mother and nurses.

CONCLUSIONS AND RECOMMENDATIONS

The purpose of this study is to grasp the conflicts that nurses are facing in their practice and to develop some nursing intervention on these conflicts of nurses.

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