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Effect of Utilizing Conflict Management Strategies for ICU Nurses on Patient Care

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Abstract: *Critical Care nurses facing many conflicting situations that negatively affect their efficiency in providing patient care. Helping those nurses to handle conflict effectively is important to sustain high quality patient care. So this study aimed to evaluate the effect of utilizing conflict management strategies for ICU nurses on patient care. The study was carried out at intensive cardiac and medical care units at Tanta University Hospital.*
Subjects: *A convenient sample (60) nurses were included from previous setting.*
Tools*: three tools were used Tool I, Experiencing Workplace Conflict Questionnaire. Tool II, Knowledge questionnaire sheet. Tool III: Conflict educational program.*
Results: *around two thirds (78% ,62%*75%, 56% and 53%)*) of medical and cardiac ICU nurses often accepted workplace conflict, wasted time and resources,* experienced decrease productivity *and poor work relation as a result of work conflict respectively, but post educational program this percentage decreased to (9% and 18%) respectively and high present (80%, 73% and 59%) of cardiac ICU nurses rarely accepted workplace conflict, experience poor work relation and decrease productivity as a result of workplace conflict respectively post educational program . post educational program, high percent (92%, 86%, 78% and 72%) of medical ICU nurses rarely neglect patient's complains, avoid patient participation in care plan, ignore patient emotional support and rarely omit steps from patient assessment respectively. Also high percent (82%, 82%, and 79%) of cardiac ICU nurses rarely commit medication errors, avoid patient participation in care plan, and disregard patients' safety respectively. More than one third (36% and 34%) of medical and cardiac ICU nurses' preferred collaboration style, in addition (27% and 24%) preferred accommodation style respectively post-intervention,. There was statistical significant differences between medical and cardiac ICU nurse's knowledge pre and post conflict management intervention (p =0.000).*
Conclusion: *Educational program was beneficial for improving ICU nurses' knowledge and practice to manage conflict. Pre-educational program, majority of the studied nurses accepted workplace conflict that negatively affected their patient care, but post-intervention there were improvement regarding their patient care and their preference of conflict management style.*
Keywords: *Intensive care units, nurses; conflict, management strategies, patient care.*

I. Introduction

Intensive care units (ICUs) have multidisciplinary and sophisticated nature, where nurses care for critically ill patients and their distraught relatives in a highly stressful work environment.(1) To maintain high quality patient care, critical care nurses have to collaborate with healthcare team, who posies different values, goals, and roles, that make it susceptible to emanates workplace conflict.(2, 3)

Conflict can be viewed as a power struggle, where one person has an intention to neutralize, harass, or eliminate a rival (4). There are several definitions of conflict; Abigail et al (2011) (5) defined conflict as a kind of communication process within which a problematic situation with certain characteristics arises. Also Jambrek et al (2008)(6) view conflict as a process of social interaction, where interests and activities of participants confront and disable the realization of one party's objectives, including fight to secure resources, power or other privileges of individuals or organizations, while Diez et al, (2006)(7) conceptualized conflict as a struggle or contest between people with opposing needs, ideas, beliefs, values, or goals.

Conflict in ICUs emerges from verity of sources including interpersonal differences in age, experience, opinions and values; also, inappropriate personal estimation, errors in communication, lack of work justice, unclear job description, expectations, and policies. In addition, the nature of ICU stressful work environment including dealing with sophisticated equipments and critically ill patients; work interdependence and physician dominance, limited resources, work overload, and nursing shortage can contribute to conflict. (8-10) Interpersonal conflict in ICUs arise between nurses from one hand and others nurses, clients, client's family, head nurses and physicians from the other hand.(11)

Conflict is undeniable part of everyday work in ICUs; it has positive as well as harmful consequences.[12] Experiencing little amounts of conflict stimulates discussion, improve understanding of different issues and generate creative solutions that contribute to better decisions. However unmanaged conflict decreases staff satisfaction, loyalty, commitment, cooperation and performance; also it increases staff burnout, emotional exhaustion, demoralization, time wasting, turnover and hostility. [3,9,13] Unresolved conflict has serious effects on all aspects of patient care including inadequate assessment and monitoring, errors in assessment and diagnosis, neglect needs, exploitation, prevent from participating in care planes and delay in care and lack of reaction to pain.[18-19]

Thomas and Kilmann (1978) differentiated between five conflict management styles according to the levels of assertiveness and cooperativeness. Competing style, characterized by assertiveness and uncooperativeness, where one party tries to force his own interest. It is efficient in emergency situations (no time for discussion and immediate decision is required). Accommodating style characterized by unassertiveness and cooperativeness, one party neglects his own concerns for the other persons' satisfaction. Compromising style, known by moderate level of assertiveness and cooperativeness, and both persons have to give up a significant part of their interests. Collaborating style known by assertiveness and cooperativeness each person respect the ideas and values of the other to find solution that satisfies both of them. Avoiding style characterized by its unassertiveness and uncooperativeness, both parties withdraw and leave conflict unresolved. Avoidance can be useful, when more information and analysis of the problem is needed or in case one party is more powerful.[17]

Research on critical care unit nurses revealed that they prefer avoidance approach to manage conflict with physicians rather than confrontation. The traditional models of healthcare characterized by physician's dominance that hinder nurses' autonomy and participation in decision making regarding patient care plans and make nurses feel intimidate and suppress. Using avoidance strategy contributes to poor communication, which leads to poor patient outcomes including medication errors, I.V. errors, and patient falls, in addition to create high stress levels among nurses.[20-22]

The American Association of Critical-Care Nurses standards for healthy work environments identified that mastering conflict management and communication skills are crucial to maintain quality of patient care, improving staff moral and patient safety. [11] Thus, successful healthcare organizations have to create a culture of mutual understanding and cooperation; in addition to equip their nursing staff with appropriate strategies to manage workplace conflict. However a limited budget make healthcare organizations unable to provide all necessary educational programs, so nursing faculties are responsible to support nursing staff with required knowledge and skills and contribute to quality patient care. [23, 24] So our study aimed to evaluate the impact of utilizing conflict management strategies for ICU nurses on patient care.

II. Materials and Method

Aim; The present study aimed to evaluate the effect of utilizing conflict management strategies for ICU nurses on patient care.

I. Materials

Design: A quasi-experimental design was utilized in this study.

Hypotheses: Conflict management strategies intervention will enhance ICU nurses' patient care.

Setting: The current study was conducted at Tanta University Main and Emergency Hospitals including intensive medical and cardiac care units.

Subjects: Consisted of a randomly selected sample (n=60) nurses worked in previously mentioned setting, 30 nurses in each group.

Tools:

Three tools were developed by the researchers based on recent literature to collect the present study data. **Tool (I): Experiencing Workplace Conflict Questionnaire.** It consisted of three parts. **Part 1:** nurses' personal characteristics included age, marital status, years of experience, level of education and number of children. **Part 2:** assessment for factors contributing to workplace conflict (52 items) divided into personal characteristics (7 items), nature of ICU work (19 items), administrative policies (8 items), nurse-head nurse interaction (12 items), nurse-physician interaction (6 items). Nurses' responses measured by three points Lickert Scale agree, uncertain, and disagree**. Part 3:** Impact of conflict on nurses' performance (19 items) and patient care (15 items). Responses measured by three points Lickert Scale often, sometimes and rarely**.** Pre & post program

Tool (II): Knowledge questionnaire sheet, to evaluate studied nurses' knowledge per &post program (20 questions) cover definition, causes, effect, types of conflict and conflict management strategies. Each question allotted a score of "1" if "correct" and "zero" if "wrong".

Tool (III): Educational program designed by the researchers to improve nurses' knowledge and skills in dealing with workplace conflict.

II. Method

This tool was tested for its content validity and relevance by a jury of 5 experts in the areas of nursing administration and medical-surgical nursing and the necessary modifications were performed. A pilot study was conducted on 18 (10%) of nursing staff whom were excluded from the sample to ascertain clarity and feasibility of tools. The Cronbach's value was (0.90) and the Content Validity Index was (82%).

The questionnaire sheet consumed about 15 minutes to be answered, and collection period extended over four months starting from November 2014.

Ethical considerations: Official permission was granted to carry out the study from administrative body at Tanta University Hospital. The data was collected on a voluntary basis and kept confidential. Researchers explained the study purpose; oral consent was taken from all participants, and right to withdrawal was reserved for study subjects.

Statistical analysis: The data was collected, coded, tabulated and subjected to statistical analysis by statistical Package (SPSS version 17). Also Microsoft office Excel was used for data handling and graphical presentation. Qualitative categorical variables were described by proportions and percentages.

III. Results

Table (1) represents distribution of studied nurses regarding personal characteristics. It was observed that the majority (80%) of the medical ICU nurses were in the age group between 20 up to 29 years and almost half (53.3%) of the cardiac ICU nurses fall in the same age group. Around two thirds (76.7% and 60%) of the studied nurses working in medical and cardiac ICU held a bachelor degree respectively. High percentages (76.7%) and (46.7%) of nurses working in medical and cardiac ICU had 1-< 5 years of experience respectively. Concerning the marital status, almost half (53.3%) of medical ICU nurses were single while (66.7%) of cardiac ICU nurses were married. Almost all (92.7% and 90%) of medical and cardiac ICU nurses had one child respectively.

Table (2) shows distribution of studied nurses' perception regarding total factors contributing to conflict. High percent (78%, 77%, 76% and 72%) of medical ICU nurses perceived that personal characteristics, administrative policies, ICU work environment and nurse-physician interaction were contributing to conflict respectively. while high percent (83%, 76% and 76%) of cardiac ICU nurses perceived that ICU work environment, personal characteristics and administrative policies were contributing to conflict respectively.

Table (3) represents the impact of workplace conflict on studied nurse's performance pre & post educational program. It was observed that around two thirds (78% and 62%) of medical ICU nurses often accepted workplace conflict and they wasted time and resources as a result of experiencing workplace conflict pre-intervention, but post educational program this percentage decreased to (9% and 18%) respectively. Also, majority (82% and 71%) of medical ICU nurses rarely experienced poor work relation and decreased productivity as a result of conflict post-intervention compared with (53% and 37%) pre-intervention respectively. Regarding cardiac ICU nurses pre-intervention more than half (75%, 56% and 53%) accepted workplace conflict, experienced decrease productivity and poor work relation as a result of work conflict respectively. On the other hand post-intervention high present (80%, 73% and 59%) of cardiac ICU nurses rarely accepted workplace conflict, experience poor work relation and decrease productivity as a result of workplace conflict respectively.

Table (4) shows impact of workplace conflict on studied nurses' patient care pre & post educational program. More than half of medical ICU nurses (56% and 50%) often and sometimes avoid patient participation in care plan and omit steps from patient assessment pre-intervention respectively. Also high percent of cardiac ICU nurses (80%, 77%, 73%, and 70%) often and sometimes hide information from patient, omit steps from patient assessment, avoid patient participation in care plan, and ignore patient emotional support respectively pre-intervention. While post educational program, high percent (92%, 86%, 78% and 72%) of medical ICU nurses rarely neglect patient's complains, avoid patient participation in care plan, ignore patient emotional support and rarely omit steps from patient assessment respectively. Also high percent (82%, 82%, and 79%) of cardiac ICU nurses rarely commit medication errors, avoid patient participation in care plan, and disregard patients' safety respectively.

Fig (1) reveals distributions of studied nurses according to their preferences of conflict management style pre and post intervention. Around one third (30% and 32%) of medical and cardiac ICU nurses preferred avoiding style pre-intervention respectively. Also minority (20% and 14%) of them preferred collaboration style pre-intervention respectively. While post-intervention, more than one third (36% and 34%) of medical and

cardiac ICU nurses' preferred collaboration style, in addition (27% and 24%) preferred accommodation style respectively.

Table (5) illustrates distributions of studied nurses according to their knowledge pre and post conflict management intervention program. There was statistical significant differences between medical and cardiac ICU nurse's knowledge pre and post conflict management intervention (p =0.000). Post conflict intervention program, majority (100%, 97%, 88.3% and 86.6%) of medical ICU nurses' knowledge was improved regarding causes of conflict, definition, conflict management styles and effect of conflict respectively. In addition, post conflict intervention, majority (93%, 88.6%, and 85%) of cardiac ICU nurses' knowledge was improved regarding causes of conflict, effect of conflict and conflict management styles respectively.

Table (6) represents correlation between studied nurses' personal characteristics and impact of conflict on their performance, patient care and conflict management strategy. The study revealed that there was statistical significant correlation between medical ICU nurses' marital status and effect of conflict on their patient care at (p=0.023). While a negative correlation was found between medical ICU nurses' marital status and effect of conflict on their performance with (R= - 0.212). Also the table shows that there were statistical significant correlation between cardiac ICU nurses' number of children and effect of conflict on the preference of conflict resolving strategies where (p=0.048). While there was statistical significant negative correlation between cardiac ICU nurses' number of children and the effect of conflict on their performance where (R= -0.409, p =0.025).

Table (1). Distribution of studied nurses regarding personal characteristics

Items	**Medical ICU Nurses N=30**		**Cardiac ICU Nurses N=30**	
Age (years)	No	Percent %	No	Percent %
≤ 20-29	24	80	16	53.3
30 – 39	5	16.7	13	43.3
≥ 40	1	3.3	1	3.3
Educational level				
Nursing Diploma	5	16.7	5	16.7
Nursing Associate Degree	2	6.7	7	23.3
Nursing Bachelor	23	76.7	18	60
Years of experience (years)				
1-<5	23	76.7	14	46.7
5-10	6	20	11	36.7
≥ 11	1	3.3	5	16.7
Marital status				
Single	16	53.3	6	20
Married	12	40	20	66.7
Divorced	1	3.3	3	10
Widow	1	3.3	1	3.3
No. of children				
0-1	29	96.7	27	90
≥2	1	3.3	3	10

Table (2). Distribution of Studied nurses' perception regarding factors contributing to workplace conflict.

Factors contributing to conflict	**Medical ICU nurses**			**Cardiac ICU nurses**		
	Agree	Un-certain	Disagree	Agree	Un-certain	Disagree
Personal characteristics	78%	13%	9%	76%	12%	12%
ICU work environment	76%	10%	14%	83%	9%	8%
Administrative policies	77%	17%	6%	76%	12%	12%
Nurse- Head nurse interaction	55%	22%	33%	67%	15%	18%
Nurse- Physician interaction	72%	7%	21%	59%	12%	29%

Table (3). Impact of workplace conflict on studied nurse's performance pre and post intervention.

Impact of workplace conflict on nurse's performance	Medical ICU N=30						Cardiac ICU N=30					
	Often		Some times		Rarely		Often		Some times		Rarely	
	pre	post	pre	post	pre	post	pre	post	pre	post	pre	post
Wasting time & resources	62%	18%	9%	22%	29%	60%	43%	14%	10%	18%	47%	68%
Decrease productivity	52%	11%	11%	18%	37%	71%	56%	18%	11%	23%	33%	59%
Poor work relation	46%	4%	1%	14%	53%	82%	53%	12%	8%	15%	39%	73%
Accepting workplace conflict	78%	9%	8%	9%	14%	82%	75%	8%	3%	12%	22%	80%

Table (4). Impact of workplace conflict on studied nurses' patient care pre & post educational program.

Impact of workplace conflict on studied nurses' patient care	Medical ICU						Cardiac ICU					
	Often %		Sometimes %		Rarely %		Often %		Sometimes %		Rarely %	
	pre	post	pre	post	pre	post	pre	post	pre	post	pre	post
Provide fragmented care	17	6	13	19	70	75	50	17	10	23	40	60
Omit steps from patient assessment.	17	12	33	16	50	72	50	17	27	13	23	70
Commit medication errors.	13	3	13	37	73	60	33	10	10	8	57	82
Disregard patients' safety.	7	2	0	1	93	97	27	15	10	6	63	79
Delay patient care	17	9	13	9	70	82	43	30	20	17	37	53
Provide insufficient patient health education.	13	7	17	10	70	83	43	18	17	9	40	73
Avoid patient participation in care plan.	13	4	43	10	44	86	33	5	40	13	27	82
Hide information from patient.	17	10	23	20	60	70	50	20	30	13	20	67
Disregard patients' preferences.	13	7	7	16	80	77	37	13	33	10	30	77
Neglect patient's complains.	7	3	7	5	86	92	33	12	17	9	50	79
Ignore patient emotional support.	13	5	24	17	63	78	43	19	27	15	30	66
Refuse to care for patients have conflict with.	7	7	17	12	76	81	27	16	17	12	57	72
Use loud threatening voice ton.	10	0	17	20	73	80	30	15	13	7	57	78
Violate patient privacy and dignity.	10	7	10	6	80	87	30	22	43	18	27	60
Disrespect patients' values& believes.	13	9	10	8	77	81	33	14	10	8	57	78

Fig (1). Distributions of studied nurses according to their preferences of conflict management style pre and post educational program

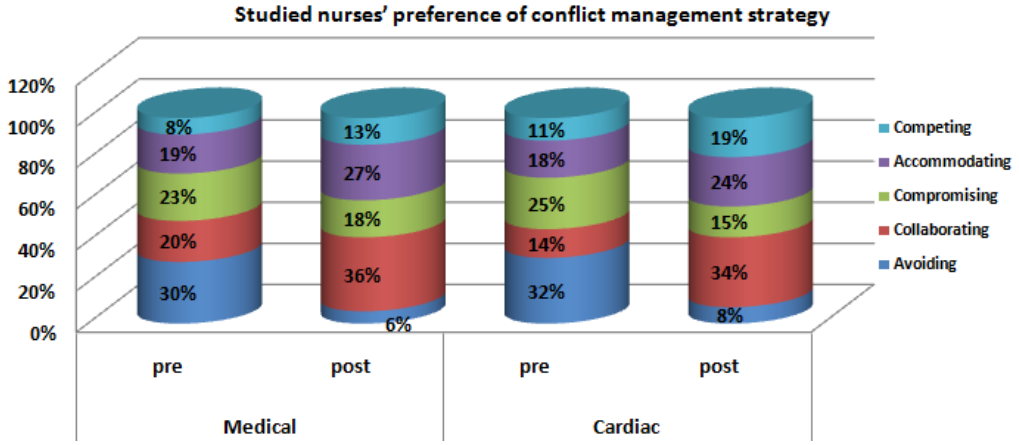

Table (5). Distributions of studied nurses according to their knowledge pre and post conflict management educational program.

items	Medical ICU		T- test (P-value)	Cardiac ICU		T- test (P-value)
	Pre	Post		pre	Post	
	%	%		%	%	
Definition of conflict	47	97	0.000*	37	80	0.000*
Causes of conflict	73	100	0.000*	63	93	0.000*
Effect of conflict	63.4	86.6	0.000*	63.4	88.6	0.000*
Types of conflict	60	68.5	0.000*	50	65	0.000*
Conflict management strategies	63.3	88.3	0.000*	57.3	85	0.000*

Table (6). Correlation between studied nurses' personal characteristics and impact of conflict on their performance, patient care and conflict management style

nurses' personal characteristics	medical ICU nurse				cardiac ICU nurse			
	Marital status		No. of children		Marital status		No. of children	
	r	P- value	r	P- value	r	P- value	r	P- value
Nurses performance	-0.212	0.261	-0.145	0.417	0.105	0.581	-0.409	0.025*
Patient care	0.415	0.023*	-0.039	0.838	0.261	0.164	0.082	0.667
Preference of conflict management strategy	0.278	0.136	0.041	0.829	0.002	0.990	0.363	0.048*

***. Correlation is significant at the 0.05 level.**

****. Correlation is significant at the 0.01 level.**

IV. Discussion

Unmanaged conflict has serious negative effects on healthcare team performance. Intensive care unit; as a place dealing with critically ill patients; requires cooperation and harmony, thus the ability to manage conflict is crucial for ICU nurses to maintain high quality patient care.[1-3]

The present study results revealed that high percent of studied ICU nurses perceived that personal characteristics and nature of ICU work environment were contributing to workplace conflict. Actually, high percent of those nurses were lacking experience and experiencing excessive work load as a result of shortage in nursing staff as well as dealing with critically ill patients that make them more liable to experience conflict in ICU.

Adding to that, high percent of the studied nurses perceived that administrative policies and nurse-physician interaction lead to conflict. These may be attributed to absence of reporting system for conflicting situations, and ethical consultant as well as limited continuing educational opportunities, limited participation of nurses patient care meetings and invisibility of physician most of the time that contribute to ICU conflict.

These results are congruent with Johansen (2012)[11] and Danjoux et al (2009)[25] they found that lack of organizational support, resource allocation issues, poor communication, and staff levels of experience cause workplace conflict. Similarly, Azoulay et al (2009)[26] and Leatt & Schneck (1985)[27] found that staff animosity, mistrust, lack of regular staff meetings, absence of psychological support, unclear responsibilities, lack of cooperation, inappropriate leadership style contribute to conflict. Also they found that long working hours, size of ICU, complexity of care and caring for more than one critically ill patients lead to higher prevalence of conflict in ICU. Also Fassier (2010)[28] revealed that failure to set patient care goals, disregard patients and family preferences, linguistic and cultural barriers contribute to conflict.

The present study findings showed that pre- educational program high percent of studied ICU nurses accepted conflict as a part of their work, while around half of them experienced wasting of time & resources, poor work relation and decreased productivity occurring as a result of workplace conflict. Scientifically accepting conflict and refusing to admit its presence affects negatively on nurses' psychological condition as they feel powerless, and lack of control on both personal life and work activities. More seriously, management disregard of workplace conflict and deny its effect on quality of care manifested in absence of reporting system to conflict situations and absence of ethical committee provide nurses with implied view that management devalue their contribution, thus, their commitment and productivity decreased. These findings were consistent with Azoulay et al (2009)[26], Danjoux N. et al (2009)[25] and Edwards (2012)[29] as they reported that experiencing conflict caused ICU nurses job strain, distress, frustration, exhaustion, burnout syndrome and time consuming. Similarly Davidhizar (2004)[30], Nelson HW (2004)[31], Chandola et al (2004)[32] and Obied H. (2008) [33] revealed that conflict had serious effects included poor performance, poor work relationships, decreased quality of patient care, increase care costs, absenteeism, job dissatisfaction and eventually increased turnover rates. Contradicting to these findings Cox (2001)[34] revealed that there were no direct relationship between conflict and performance.

Regarding the impact of conflict on patients care, the present study findings revealed that more than half of studied nurses avoided patients participating in care plan, omitted steps from patient assessment, hided information from patient, ignored patient emotional support, delayed patient care, provided insufficient patient health education and provided fragmented care pre- educational program. This can be viewed as conflict displacement mechanism, where nurses' negative attitude directed toward patients. Many researchers matching present study results as Azoulay et al (2009)[26] and Danjoux N.et al (2009)[25] reported that ICU conflicts have crucial effects on patients care including delayed in treatment decisions, hindrance in transitioning from life supportive to comfort care, and suboptimal care as well as aggressive treatments. Simlarly, Brinkert (2010)[35] and Baldwin (2008)[36] showed that conflicts have adverse consequences on ICU-team cohesion in addition commit medical errors, omit pain and symptom assessments, and errors in diagnoses. Also Nayeri and Negarandeh (2009)[37] reported that unresolved conflict resulted in neglect patient needs, forget tasks from patient care, imprecise care, and reluctant caring.

Concerning conflict management style, the present finding revealed that around one third of studied ICU nurses preferred avoiding style, and around one quarter preferred compromising, while minority preferred collaboration style pre- educational program. This may be due to nurses' lack of experience, self confidence, and mistrust in their professional abilities; in addition to lack of organizational support this can be showed in limited opportunities for improvement and physician dominance in patient care decisions. All these factors made nurses fear of confronting and thus prefer avoiding style for managing workplace conflict. These findings were in line with Moisoglou et al (2014)[17] and Kaitelidou et al (2012)[38] they found that high percent of nurses used avoidance strategy to deal with conflict. Also the present study results revealed that post educational program ICU nurses preferred collaboration and accommodation as conflict management styles. These findings confirmed by Abudahi et al (2012)[39] in study about studying relationship between Perceived Organizational

Climate and conflict management strategies among nurses in Cairo University Hospitals. They revealed that Cairo University hospitals' nurses used accommodating and collaborating strategy, while minority used competing strategy.

In relation to nurses' knowledge, the present study findings showed improvement of ICU nurse's knowledge in areas related to causes, definition of conflict, conflict management strategies and consequences of conflict post-intervention compared with pre- educational program. Adding to that, post- educational program high percent of studied nurses rarely experienced the following; poor work relation, accepting workplace conflict, neglect patient's complains, prevent patient participation in care plan, ignore patient emotional support or even omit steps from patient assessment. This provide a strong evidence that supporting those nurses with knowledge and skills is crucial to improve their performance and increase quality of care provided to patient, and here lies the role of hospital management to provide opportunities for improvement and continual education. These findings confirmed previous studies Said Ahmed & El Demerdash(2014)[(40)] who found that the levels of nursing managers' total knowledge and transformational leadership and conflict management were significant improved post-educational program.

The current results revealed that significant negative correlation between cardiac ICU nurses' number of children and effect of conflict on nurses' performance. While significant correlation between those nurses' number of children and their preference of conflict management strategy was reported. As regard medical ICU nurses the present finding revealed that there was significant correlation between nurses' marital status and effect of conflict on their patient care, while a negative correlation was found between nurses' marital status and effect of conflict on their performance. This study was disagreement with Abudahi et al (2012)[(39)] they reported that there was no statistically significant relationship between demographic factors such as gender, marital status, years of experience, job, qualification, department, age, and education, and conflict management strategies such as accommodating, avoiding, compromising, competing and collaborating.

V. Conclusion

Based on the findings of the present study, it can be concluded that educational program was beneficial in improving ICU nurses' knowledge and practice toward conflict management. It was observed that majority of ICU nurse's pre- educational program accepted workplace conflict and they wasted time and resources as a result of experiencing conflict at workplace and there was improvement regarding these items post- educational program.

As well as there was statistical significant correlation between medical ICU nurses' marital status and effect of conflict on their patient care. While a negative correlation was found between medical ICU nurses' marital status and effect of conflict on their performance. Also there was a statistical significant correlation between cardiac ICU nurses' number of children and effect of conflict on the preference of conflict resolving strategies. **On findings of the study it is recommended** to carry out a continuous in–service training program about policies and guidelines that facilitate collaborative practice and use a proactive measure to address conflict issues, and moving toward resolution of it.

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