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UNIVERSITY OF SAN DIEGO
Philip Y. Hahn School of Nursing
DOCTOR OF NURSING SCIENCE

SELF-PRESERVING: PATTERNS GUIDING THE EXPERIENCE OF
INTERPERSONAL CONFLICT FOR FEMALE NURSING FACULTY

by

Kathleen L. Harr, MSN, RN, C.

A dissertation presented to the
FACULTY OF THE PHILLIP Y. HAHN SCHOOL OF NURSING
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In partial fulfillment of the
requirements for the degree
DOCTOR OF NURSING SCIENCE

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Self-preserving: Patterns of interpersonal conflict
management for nursing faculty

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University of San Diego

School of Nursing, 1990

ABSTRACT

The purpose of this study was to identify a substantive theory to explain and predict interpersonal conflict as it is experienced by nursing faculty. Gaining an understanding of this process may assist faculty and administrators of nursing education programs in dealing with interpersonal conflict in more constructive and helpful ways. It may also provide the basis for further development of formal theory and the potential for theory testing.

The grounded theory method described by Glaser and Strauss (1967) and Glaser (1978) guided data collection and analysis. The sample was comprised of 18 full-time nursing faculty members from the field site and five other schools of nursing. Data were collected over the course of an academic semester using methods common to field research. The constant comparative method of data analysis was used. As the process evolved it was taken back to informants for further verification and validation of its accuracy.

Nursing faculty respond to conflict using four response patterns that are selected based on a careful risk/benefit analysis of the interpersonal dynamics of the situation. The four-stage process of experiencing, making sense,

responding, and working through conflict was carried out within the context of the basic social process, self-preserving. Surviving conflict over the long term is viewed as a growth process that includes the learning of behaviors that are self-preserving.

The implications of this study are that it provides a basis for further theory development related to how people experience interpersonal conflict. It describes the process used by nursing faculty when interpersonal conflict occurs and identifies interpersonal conflict as a stressful component of the work environment for faculty. Further, it identifies low self-esteem as a possible factor in the development of conflict and in the way it is worked through.

Dissertation advisor: Patricia Roth, Ed.D, RN.

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To my mother,
...for always believing I could do it.

And to Jim,
...for his willingness to grow with me.

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As I have prepared this manuscript for its final presentation and publication, I cannot help but realize a sense of accomplishment and pleasure. As this study has evolved one step at a time, I have learned a great deal about my own and other women's experiences with interpersonal conflict. I am hopeful that I will now be able to experience conflict with more insight, and that my study will assist others in knowing their own ways of responding to conflict.

My process of completing this work has been an enjoyable experience for many reasons. I have finally learned how to be a student and a scholar. For that, I would like to thank all the faculty at the Hahn School of Nursing for they have shown by example what it means to be a scholar. As a faculty they demonstrated a strong commitment to students, while continuing to set limits and priorities for themselves and the students. By fostering a spirit of camaraderie and sharing among the doctoral students, they have taught us that we can accept each other and we can work together. I will treasure memories of my experiences there.

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Very special thanks go to the three faculty who served

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CHAPTER I

Interpersonal conflict in an organization, such as a school of nursing, has consequences for its overall functioning and for the productivity of its employees. According to Robbins (1978) and Neuhauser (1988), when the level of interpersonal conflict is sufficient to produce growth and change, it is viewed as functional, or helpful to the organization in meeting its goals. On the other hand, unresolved interpersonal conflict creates a great deal of tension and unrest, then the conflict is disruptive and nonproductive. The resulting stress on individuals involved may lead to decreased motivation and productivity, and to emotional or physical withdrawal from the situation (Neuhauser, 1988). In such an environment, neither the organization or the individuals involved are able to meet established goals.

Those who study conflict in organizations attribute its sources to differences in the beliefs, values, and goals of the members (Frost & Wilmot, 1978; Neuhauser, 1988; Thomas, 1978). Because members have different perspectives on the way things are and should be, they act in ways that may not be compatible with the expectations of others in the organization (Brown, 1983; Deutsch, 1973). The more interdependent the people or units within an organization,

the greater the level of organizational conflict (Folger & Poole, 1984; Frost & Wilmot; 1978; Thirkettle & Jones, 1978).

According to Tucker (1984), conflict in academic organizations arises as the result of personality clashes or institutional demands on faculty members. Two specific sources of conflict identified by Tucker are violations of the egalitarian workload model and differences of opinion on academic matters. Although specific to the academic setting, these sources contain the elements of incompatibility and interdependence that have been noted as precipitators of conflict in organizations generally. Tucker (1984) believes that unresolved conflict can interfere with the effective functioning of an academic department.

Unlike academic departments that are staffed primarily by all male or by mixed sex groups, the faculty of schools of nursing are predominantly female. Little is known about interpersonal conflict in all-female workgroups, especially those in academia. Studies of women working in other organizations provide indicators that women, because of their socialization, respond to other women in less than positive ways (Briles, 1987; Dowling, 1988; Gilligan, 1982). Dowling (1988) and Schaefer (1985) have attributed this to women's inferior status in society and have suggested that the behavior of women in groups is like that of other oppressed groups. A

characteristic of oppressed groups identified by Freire (1989) is the tendency to wage horizontal attacks instead of conflicting with perceived oppressors. This would lend credence to the hypothesis that interpersonal conflict is more likely to occur in a predominantly female workgroup. It also raises questions about the way women react to conflict.

Statement of the Problem

Only a few studies have addressed interpersonal conflict in schools of nursing. Woodtli (1987) studied the conflict-handling behavior of deans of nursing and identified sources of conflict for them. Bauder (1982 a & b) provided useful insights about interpersonal conflict among faculty in a field study done while she was providing continuing education in several schools of nursing in the late 1970s. Her observations have lent support to the premise that interpersonal conflict is a problem in schools of nursing. Further, her study raised questions about the way faculty respond to interpersonal conflict.

Research related to women's interpersonal relationships has identified that women respond to each other like members of oppressed groups. Since nursing faculty are a predominantly female group, studying their responses to interpersonal conflict provides additional insight into the conflict-handling behavior of an academically oriented professional group of women.

Therefore, the purpose of this study was to identify and describe the basic social process involved when female nursing faculty experience conflict in the collegiate setting.

Research Questions

The research questions guiding this study were:

1. What does the term interpersonal conflict mean to nursing faculty?
2. What do nursing faculty perceive to be the sources of interpersonal conflict within their work environment?
3. What do nursing faculty describe as their personal approach to dealing with interpersonal conflicts?
4. What do nursing faculty describe as the conflict handling-behavior of peers or administrators?
5. What do nursing faculty see as the consequences of interpersonal conflict on people and on the atmosphere of the school of nursing?

Definitions

Interpersonal conflict is the disagreement that occurs when the interaction of two or more interdependent people involves incompatible concerns, activities, actions, values, or goals. In this paper, interpersonal conflict is the focus intended, even when the term conflict is used without the designation interpersonal.

Disruptive or non-productive conflict occurs when members of a group are fighting among themselves to the extent that they are unable to carry out role functions or to meet their own or the organization's goals.

Productive conflict allows members of a group to utilize disagreements for creative problem solving. Through the process of working together, group members are able to find better ways to meet role functions or goals.

Intrapersonal conflict is the struggle that each individual feels when confronted with hard personal choices. It may occur as a person involved in a conflict situation struggles with how to proceed.

Assertiveness is the ability to clearly and definitively state one's own feelings, needs, and wants. It is generally associated with using "I" messages designed to prevent defensive reactions from others.

Socialization is a lifelong process through which intellectual and emotional capacities are developed. Early childhood socialization is thought to set a pattern for a person's view of the world and ways of responding to others.

Theoretical Assumptions

Two theoretical assumptions guided this study. The first was that female faculty members may handle conflict differently from males because of socialization processes for girls that emphasize attachment to others, cooperation, and service to others (Gilligan, 1982).

Closely aligned with socialization is the inferior status assigned to women in our society (Schaefer, 1982), and the potential that women respond to others in ways consistent with those identified for oppressed groups (Freire, 1989). These factors may influence women to experience more conflict within their own workgroups as they vent their anger and frustration on peers rather than those in leadership positions. Additionally, women may be more likely to be accommodating or avoiding because of their orientation toward being of service to others.

The second assumption was that interpersonal conflict does occur in schools of nursing (Bauder, 1982 a & b; Milburn, 1987; Woodtli, 1987). It was further assumed that, while conflict can have positive effects on an organization (Neuhauser, 1988; Robbins, 1978), the effects may more likely be negative because women are unwilling to deal with conflict openly (Bauder, 1982; Miller, 1986; O'Leary, 1988). Consequently, conflict may remain unresolved and continue to create a tense, non-productive work environment.

Significance of the Study

The study is significant because it describes the process that female nursing faculty go through when interpersonal conflict occurs. The four stage process identifies those things that lead to the experience of conflict. Further, it identifies that as conflict occurs faculty attempt to make sense of the interpersonal

dynamics of the situation before responding to the conflict. Finally, it identifies a stage in which faculty gain a perspective on the conflict. This model is important because it describes the process that female nursing faculty go through when interpersonal conflict occurs. Additionally, it extends the findings of others who have studied women's ways of relating to each other, interpersonal conflict-handling styles, and interpersonal relationships among nursing faculty.

The study provides a substantive theory for predicting and explaining the interpersonal conflict handling behavior of female nursing faculty. According to Glaser (1978) this theory can serve as a basis for the development of formal theory. The theory presented in this paper could be refined and extended by studying additional samples of nursing personnel, such as faculty, clinical nurse specialists, head nurses, and staff nurses. Studying groups of professionals in other academic disciplines would be useful in determining if there are differences in the way nursing professionals respond to conflict. Including men in future samples would provide a basis for understanding more fully how both sexes approach interpersonal conflict.

On a practical level, the theory described in this paper may be used by faculty and nursing education administrators to better understand how they respond to interpersonal conflict. As a result of being more aware

of their own ways of experiencing conflict, they may be able to alter their responses and thereby deal with conflict in more constructive ways. The use of effective conflict management strategies should result in greater harmony among faculty, allowing them to meet personal and organizational goals.

CHAPTER II

Review of Literature

Consistent with the aims of grounded theory research, several bodies of literature are of interest in studying this problem. First to be reviewed in this paper are the historical perspectives, economic trends, and societal influences on the development of nursing education programs in academic settings and nursing faculty. Second, factors that may contribute to the development of interpersonal conflict among nursing faculty are explored. Finally, since interpersonal conflict is the major theoretical concept, studies that have contributed to knowledge of conflict-handling behavior are critically reviewed.

The Evolution of Contemporary Nursing Education Programs Historical Perspectives

Throughout the development of modern nursing, the question of how and where nurses should be educated has been an issue. The earliest form of nursing education took place in hospital training schools and was primarily an apprenticeship. Schools were unregulated, so the quality of the training and the length of the program varied. Early nursing leaders sought to improve the quality of education for nurses by standardizing the hospital curriculum, by placing greater value on classroom learning, and by

shortening the work week so that those in training could devote more time to their studies.

While recognizing the need to upgrade the hospital training programs, nursing leaders were beginning to advocate moving nursing education into university setting where other professions were educated. The efforts of Isabel Hampton Robb and Adelaide Nutting in gaining entry to Teachers College at Columbia University in 1899 were a first step in introducing classes for nurses into the collegiate setting (Bullough & Bullough, 1969). After Miss Nutting was appointed head of the Department of Household Administration in 1907, the program of study for graduate nurses was lengthened to 2 years and a bachelor of science degree was awarded to those who completed it (Kalisch & Kalisch, 1986).

By 1916, 16 colleges or universities had some form of nursing courses or programs. These were variations on the hospital programs and generally were subsumed by other academic departments. Stewart (1943) noted that the changes did not necessarily mean emancipation from physicians or financial independence. Not until 1924 was the first autonomous nursing school established at Yale University. It offered a 28-month program that culminated in a bachelor of science in nursing. With the help of endowments, other programs were started around the same time period at Case Western Reserve, Vanderbilt, and the University of Chicago (Kalisch & Kalisch, 1986). In 1931

there were 55 schools of nursing with college or university affiliation (Stewart, 1943).

Despite the progress, nursing leaders of the time despaired that many of these programs did not fit into the corporate structure of the university and did not uphold traditional academic standards (Stewart, 1943). In an effort to remedy the problems of nursing education, the Committee on the Grading of Schools of Nursing was established in 1926. As a result, several studies were undertaken, and their findings, coupled with recommendations from the Goldmark report of 1923 helped to raise the standards for nursing education during the 1930s (Bullough & Bullough, 1969).

Because of societal changes and a greatly increased demand for health care following World War II, nursing leaders were again compelled to examine who should administer, organize, and finance nursing education. The National Nursing Council, with financial backing from the Carnegie Corporation, commissioned Esther Lucille Brown to study the problem. Brown (1948) recommended that private and government sources provide funding for the "creation and strengthening of soundly conceived college and university schools of nursing" (p. 173). It was further recommended that financial resources be given to those schools that maintained high educational standards.

Similiar recommendations were made by Bridgman (1953) in a study titled Collegiate Education for Nursing. She

was one of the first to discuss the role of junior colleges in nursing education. It was thought that programs in community and junior colleges would shift the emphasis away from service to the hospital and toward education goals. Such a step would also provide more educational mobility for graduates of these programs.

Another report that had significant impact on nursing education was the 1965 position paper presented by the American Nurses Association (ANA), which proposed the baccalaureate degree as the minimum standard for entry into professional practice and which recommended that associate degree and diploma graduates be titled technical nurses (Kalisch & Kalisch, 1986). Lysaught's study (1970) recommended continuing support for nursing education in institutions of higher learning, encouraging diploma programs to seek degree granting status, and further developing of community college programs.

The impact of all of these study reports was a progressive increase in the number of associate degree and baccalaureate degree programs in nursing and a steady decline in the number of hospital-based diploma programs. At present, these three types of education programs prepare nurses for the licensing examination. The proliferation of associate degree programs has resulted in large numbers of graduates and impeded progress toward the goal of requiring a baccalaureate degree for entry into practice. Efforts to differentiate between technical and

professional nursing by changing the licensing examination to a two-tiered system have met with limited success (Iglehart, 1987). South Dakota is the only state to have initiated bilevel entry (Wakefield-Fisher, Wright, & Kraft, 1986).

Progress has been made in increasing the number of baccalaureate graduates and in providing university programs for master's and doctoral degree preparation in nursing. The number of master's degree programs designed to prepare nurses for leadership, teaching, and advanced practice roles gradually increased during the late 1960s and throughout the 1970s (Nursing, 1983). By the early 1980s many states and the National League for Nursing (NLN) were requiring a Master of Science in Nursing (MSN) degree for faculty positions in collegiate settings (Nursing, 1983).

There has been a similiar push to increase the number of doctoral programs in nursing (Nursing, 1983). Anderson, Roth, and Palmer (1985) reported that less than 25% of faculty in baccalaureate and higher degree programs held doctoral degrees. They projected that three times as many doctorally prepared faculty would be needed by 1990. It was suggested that the number of programs offering the Doctor of Nursing Science (DNSc) and the Doctor of Philosopy (PhD) degrees be expanded to meet the need for doctoral preparation of nurses. As of 1989 the number of

doctoral programs had reached 50 and is expected to climb to 65 by 1995 (Rickelman & Brown, 1989).

Nursing has made considerable progress toward the goal of moving educational programs into collegiate settings. At the present time, most new nurses are educated in associate or baccalaureate degree programs, though a small number of hospital-based diploma programs continue to operate throughout the country. Nurses have also pursued graduate education, resulting in greater numbers with master's and doctoral preparation. Each type and level of educational preparation entails socialization for a slightly different nursing role. As a result, nurses at different levels view nursing in different ways. While diversity can be stimulating, it can also create an atmosphere in which incompatibilities set the stage for the development of conflict.

Economic trends

Economic trends during the last decade have made it necessary for nursing education administrators and faculty to rethink the ways in which nursing education programs are structured and financed. Keenan and Brown (1985) note that the "good old days are gone" (p. 549). Changes that have made the fiscal picture for nursing education a matter of concern include decreased government funding (Langston, 1981; Melvin, 1988), increased costs of operating colleges and universities (Melvin, 1988), increased competition for resources, and a decline in the

number of high school graduates available to enter college (Geach, 1989; Tucker, 1984).

All these factors have contributed to a changing picture for nurse educators. Decreased federal government funding, for example, has meant greater reliance on state government and private sources for financing nursing education. Funding sources have demanded greater accountability for dollars received (Melvin, 1988). More stringent financing requirements have meant less loan and scholarship money available for students who may not be able to afford a college education without assistance (Morton, 1983). Changes in methods of payment to health care institutions have resulted in new patterns of health care delivery. As a result, nursing education has had to adjust use of clinical facilities to meet needs for student learning (Melvin, 1988).

During the 1970s and 1980s, inflation increased the cost of running educational institutions, resulting in higher expenditures for both direct and indirect costs (Langston, 1981; Lyons, 1982). Less money could be apportioned for faculty salaries as the cost of operating the university as a whole increased. In order to maintain faculty salaries within national averages, it has often been necessary to reduce the number of faculty positions available. Unless enrollments are downsized proportionately, heavier faculty workloads result.

Another consequence of increased expense and declining monetary support is greater competition for resources (Hechenberger, 1988). As budgets become tighter, less money is available for updated equipment; library materials and services; and space for classrooms, laboratories, and offices. There is also greater competition for students, so recruitment and retention have become an important part of a school's survival plan (Martin, 1988; Geach, 1989). Martin stated that it has become essential to reassess program offerings and to make recruitment of potential students a priority.

As the decline in the number of 18- to-22 year-olds decreased college enrollments through the 1980s, (Tucker, 1984), nursing faculty began to look for new populations to draw from for enrollment. This has encouraged innovation and the addition of programs that offer greater flexibility and career mobility.

All of these economic trends have influenced nursing education. Nursing education administrators and faculty have had to seek new ways of funding programs through such means as seeking endowments from private companies and citizens supportive of nursing, applying for grants to provide funding for new programs and equipment, preparing research proposals for submission to funding agencies, encouraging and assisting with alumnae activities to increase contributions, and in some cases developing innovative activities (Dienemann, 1983). The nature of

these activities increases interdependence of faculty with others in the school and community. As reliance on others increases, there is greater potential for the development of interpersonal conflict. Involvement in working groups designed to assist in meeting goals of the school may also bring to the fore individual differences in values, which may result in interpersonal conflict.

Societal trends

Societal trends in such areas as demographics, technological developments, and values influence nursing and nursing education. As changes develop, nursing must adapt and respond to meet the needs of the society. A review of the history of nursing makes it apparent that societal trends do play a role in changing nursing practice and education.

Demographics and population trends influence both the number of nurses and the type of clients nurses care for. Shortages of nurses have occurred after a historical event results in decreased birthrates. Examples include the decline in birthrate following the depression of the 1930s and again in the 1980s following a decade of the women's movement. In contrast, large numbers of baby-boomer women became nurses during the late 1960s and early 1970s (Education, 1983).

In addition, the type of clients requiring nursing services has changed with population trends. As people have become more health conscious, the lifespan for both

men and women has increased, resulting in a greater number of elderly people who require health care for chronic diseases (Ten Trends, 1986). Social policy changes during the 1980s resulted in a greater number of poor and homeless people (Moccia & Mason, 1986). Immigration has resulted in increased numbers of ethnic minorities, especially in the western states (Lindsey, 1988). These changes influence the number of nurses needed and the type of preparation that is needed to meet their health care needs.

Technological advances have resulted in dramatic changes in the health care system. Improved surgical techniques, more sophisticated drugs, and improved diagnostic technology have altered the way in which health care is delivered (Carter, 1987). Concomitant changes in the way health care costs are paid, especially for the large numbers of elderly, also mean differences in health care delivery. Increased acuity of conditions in hospitalized patients, shorter hospital stays, and an increased need for community health care services are a part of this trend.

The value that a society places on health, health care, and education affect the nursing profession to some degree. Laws and practices provide some insight into the values that a given society holds. In the United States, funding for health care and education are subject to change, depending on the values and agenda of the

president and his party (Bullough, 1985). During the Reagan administration, the emphasis on decreasing federal government involvement led to many changes in health and education policies. For example, the Reagan administration sought to eliminate virtually all forms of funding for nursing education as a means of reducing budget expenditures. In spite of congressional opposition, the amount of money available for nursing education decreased from \$160 million in 1974 to \$72.3 million in 1987 (Iglehart, 1987).

The values of a society are also reflected in predominant attitudes towards minority groups. Since the majority of nurses are women, the attitudes of society toward women have influenced the development and progress of modern nursing (Corley & Mausksch, 1988; Lysaught, 1973). Women have been described as the second sex (de Beauvoir, 1952) and historically thought of as innately inferior (Schaefer, 1985). Consequently, nursing continues to struggle with defining its value to society (Collins, 1988).

Training of nurses in hospital schools dominated by male physicians and hospital administrators established nursing as a support service for the medical profession (Corley & Mausksch, 1988). Lysaught (1973) noted that "as a dependent and subordinate player, 'the nurse' became almost synonymous with 'female'" (p.35). Recognizing that nursing would never achieve the status of other

professions unless it shed the handmaiden image, early nursing leaders advocated the movement of nursing education into academic settings. Only in recent years have nurses been able to project a more autonomous, independent image (Ten Trends, 1986). Higher educational standards and a more favorable view of women in society have contributed to a more positive view of nursing.

As nursing has struggled to upgrade its image by collegiate education, it has also created an environment where the development of interpersonal conflict is almost inevitable. Nurses socialized in different educational settings hold different values, concerns, and goals. The interdependence of nurses on one another, whether they are employed in health care institutions or universities, may also contribute to the development of interpersonal conflict. Because nursing is a human service profession, it is influenced by broad socioeconomic trends, which necessitate frequent change. The process of adapting may result in interpersonal conflict among members as they confront their differences.

Interpersonal Conflict and Nursing Faculty

Nursing has some characteristics different from other disciplines within the university setting. A major difference is that nursing is still in the process of establishing itself in the university setting. Many nursing faculty still do not have the doctoral degree required for academic positions in other professions. Nor

do they have a fully established research base from which to generate a research based practice. Another, possibly related difference, is that nursing is a predominantly female profession. Nursing has had to overcome societal discrimination against women in its quest for academic status. While women entering male-dominated professions have struggled individually to overcome this same discrimination, nurses have done so in a more collective way. Despite educational advances in recent years, nursing is not yet given the same status by society that male-dominated professions receive.

As nursing has struggled to improve its image in society, nursing faculty have worked at acceptance and integration in the academic community. In order to become credible members, nursing faculty have had to achieve educational backgrounds similar to those of other university faculty. Since nursing is a relative newcomer to the collegiate setting, it has taken time for faculty to obtain the credentials needed for promotion and tenure.

As noted previously, nursing faculty currently must have the master's degree in nursing, but the doctorate is preferred. In some settings the doctorate is viewed as an entry-level degree and is essential for teaching at the graduate level. Faculty must also meet other university requirements for promotion and tenure (Dick, 1986; Bauder, 1982b). Depending on the priority of the college or university, this usually involves professional and

community service, teaching, and research (Ratcliffe & Andresky, 1988), consistent with the requirements for faculty in other professions (Kellmer, 1982; Ratcliffe & Andresky, 1988).

Besides obtaining proper academic credentials, nursing faculty continue to justify their right to be in the academic setting by setting high standards and striving to meet them. Bauder (1982a) observed that organizational goals seemed to receive more emphasis than the human needs of individuals in schools of nursing. She found that faculty took on "undoable workloads" and accomplished them. She hypothesized that this was so because women are socialized to be of service to others. As a result, nursing faculty did what needed to be done for the school, the students, and the community, at a cost to themselves.

The environment in schools of nursing promotes or encourages the interdependence of people who are likely to belong to teaching teams or departments where interaction is the key to effective functioning. Additionally, faculties tend to be made up of nurses from diverse clinical backgrounds who are at different stages of career development. This results in the blending together of working groups comprised of individuals with different perspectives about nursing and nursing education. The stage is set for incompatibilities, and therefore for the development of interpersonal conflict at many levels.

Although the study of nursing faculty has contributed to knowledge about various aspects of their role, little is known about the process through which nursing faculty deal with interpersonal conflict. Research by Bauder (1982 a & b) has provided some insight, while the research and writings of others have assisted with understanding the way women interact with those in authority and with each other.

Bauder (1982 a & b), a sociologist, studied nursing faculties while serving as a consultant and lecturer on planned change. Her study began "serendipitously" during her visits to schools in the eastern and midwestern states. Using a field study approach, she collected data via participant observation and interviews with faculty.

Bauder (1982a) found that faculty felt an absence of trust and an imbalance of power with those in administration. She found that nursing faculty do not act collectively to make their needs known to those in power for several reasons. First, she found faculty to be extremely busy; second, she thought that their psychological orientation caused them to define discontent as a problem with the person rather than with the organization; finally, she believed that they had difficulty being assertive and expressing their grievances.

Bauder noted that faculty members "reluctance to confront issues that might produce conflict, combined with

their sensitivity to others, tended to silence any collective faculty voice that might be raised about the discontent that most nurse educators share" (p. 39-40). As a result of ongoing discontent, "crises" evolved, which Bauder described as being managed, but not resolved. The trigger issue was dealt with, but not the underlying concerns. The outcome of ongoing discontent was predictably more crisis and more discontent. Bauder noted that a few faculty left, while others became jaded but continued to carry on the mission of the school.

Those who have studied the socialization and development of women have provided further evidence that women respond to interpersonal situations from a uniquely female perspective. In studying moral development, Gilligan (1982) concluded that women approach life from a different perspective than men because of differences in socialization patterns. She reasoned that girls, because of their identification with their mothers, are socialized to value relationships. Therefore, girls develop a strong sense of empathy and responsibility for others. Girls are taught to be cooperative and to put others first. In play, they are more likely to discontinue a game if disagreement occurs because of their need to maintain relationships with others (Lever, 1976). Conversely, boys are expected to detach from the mother and learn from an early age to stand on their own (individuation). As boys mature they are encouraged to compete and to achieve, thus

putting themselves first (Gilligan, 1982). They learn to follow rules of a game and to work out difficulties, allowing them to continue the game (Lever, 1976). As adults, men and women are likely to approach situations involving interpersonal conflict in a manner consistent with previous socialization patterns.

Huston (1988) linked the amount of time children spent with adults to their behavior patterns. She cited research supports for the hypothesis that children in environments highly structured by adults are more likely to follow rules, comply with adult requests, take responsibility, and be attentive to activities. Children in low structure settings are more likely to exhibit relatively high levels of imaginative fantasy, leadership, and aggression. Although Huston observed no sex differences in children's behavior, the prediction that girls would have traits of the more structured children because they tend to spend more time in adult company was supported. Gilligan (1982) attributed the high value which girls place on relationships to the fact that girls spend more time with their mothers and other adults.

Basing their writings on previous theory, others have observed that women have different patterns of development than men (Bernard; 1981; de Beauvoir, 1952; Peck, 1986), which result in women developing different ways of knowing (Belenky, Clinchy, Goldberger, Tarule, 1986; Brehm, 1988; Weick, 1988). Schaef (1985) concluded that there is a

distinct "female system" which operates in the confines of the "white male system." She and others (Dowling, 1988; Flax, 1981) believe that women operate from an inferior position in society because they are female. She called this the "original sin of being born female" and said that women view themselves as innately inferior; they dislike themselves, and they neither like nor trust other women. Schaef noted that even women who appear highly successful often suffer from fear of failure. Dowling (1988) stated that "this downgrading of the Self from which women suffer is ongoing, and it pushes us to the limits of exhaustion" (p. 73).

Those who have studied women's relationships with women in the workplace have attributed behavior patterns to this dislike of self and other women (Briles, 1987; Madden, 1987; O'Leary, 1988). Briles attributed low self-esteem and low power to the practice of sabotaging others. Madden stated that self-hatred leads to blaming others for problems in the work setting. O'Leary (1988) noted that, as an oppressed group, women have learned to manipulate interpersonal situations as a means of gaining control. Further, O'Leary said that women do not support or assist each other in the workplace because of fear of losing their own position (O'Leary, 1988).

How much these concerns influence nursing faculty is unknown, though some effects can be identified in Bauder's (1982 a & b) study. She cited a high sense of service to

others, low self-esteem and nonassertive behavior, and sensitivity to others as possible explanations for faculty behavior. Bauder also identified a sense of powerlessness among faculty, which is consistent with behavior of oppressed groups (O'Leary, 1988).

Interpersonal Conflict Theory

Interpersonal conflict has been studied in several contexts by sociologists, psychologists, and by others interested in conflict as people handle it in their work environment. Since the problem being studied relates to how collegiate nursing faculty perceive and deal with conflict within schools of nursing, the focus of this review will be on the identification of conflict handling styles or modes and the variables that may be of influence. Variables include personality traits and the effects of gender.

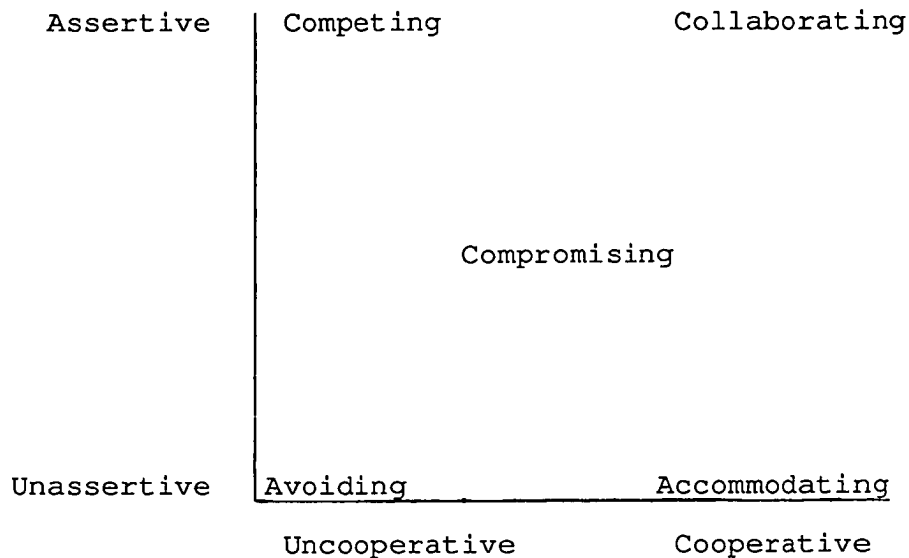
Conflict handling style

Present knowledge of interpersonal conflict in organizations evolved from the work of Blake and Mouton (1964). Using the group dynamics theory developed by Kurt Lewin in the late 1930's and results of survey research they conducted on managers in organizations for the Exxon Corporation, Blake and Mouton developed the Managerial Grid. The two-dimensional grid, used to determine management style, depicts concern for people on the vertical axis and concern for results on the horizontal axis. Five combinations of managerial style are

encompassed within the grid. The most desirable style combines concern for people with concern for production, while the least desirable styles show either too much concern for workers or too much concern with production. Blake and Mouton then identified five conflict-handling styles that fit into a grid with concern for self and concern for others as the vertical and horizontal axes, respectively. Styles included were smoothing, problem-solving, forcing, withdrawing, and sharing.

Ruble and Thomas (1976) and Kilmann and Thomas (1973, 1975, 1977), reinterpreting the work of Blake and Mouton, developed a grid to depict five conflict-handling styles or modes that are similar to Blake and Mouton's. The new grid placed the dimension assertiveness on the vertical axis and cooperativeness on the horizontal axis. The five conflict-handling styles were labelled competition, accommodation, compromise, collaboration, and avoidance. Figure 1 depicts their placement on the Thomas grid. The specific behaviors defined for each of the five modes were also identified. Competition was characterized by taking a win-lose stand or showing forcing behavior. Accommodation was said to emphasize common interests, with one or both parties yielding to the points of view of others. Compromise was viewed as a middle-of-the-road

Figure 1. Dimensions of conflict-handling behavior with five conflict-handling modes. Adapted from Thomas (1978).



solution, with each party winning part of what they wanted. Collaboration included the ability to confront problems and to reach mutually agreeable solutions. Avoidance behaviors included withdrawal, passing responsibility to someone else, and failing to take a stand or position.

The modes have been tested through the use of the Measurement of Differences Exercise (MODE) developed by Kilmann and Thomas (1977). Initial testing of this tool was carried out using a small non-random sample of Master of Business Administration (MBA) students. The MODE was administered along with four other measures of conflict-handling behavior and three response style measures to 86 MBA students. Test-retest of the measures

was completed 4 weeks later by 76 of the original subjects. The average internal consistency score for the five modes was .60 on the first test and .64 on the retest. Substantive and structural validity was determined through the use of correlations with the other tools. The MODE and only one of the other tests showed some degree of convergent validity for all five conflict-handling modes. Factor analysis to determine degree of construct validity of the tool was not done. Since factor analysis is the most powerful statistical method for determining construct validity, its lack is a major flaw in the testing procedure (Nunnally, 1978). Considering the low scores for reliability and the absence of evidence for construct validity, results based on use of the MODE should be interpreted cautiously.

Development of a tool such as the MODE to measure conflict-handling style implied that each person would use one particular mode predominantly. As theory on conflict-handling has developed, it has been recognized that a contingency approach is actually used, that people tend to use a style that fits the particular conflict situation (Derr, 1978; Thomas, Jamieson, & Moore, 1978). As a result, tools to measure conflict-handling mode may give a false picture of how a person actually responds in a variety of situations.

A study by Phillips and Cheston (1979) using critical incident methodology lent support to belief in a

a contingency method for handling conflict. They interviewed a convenience sample of 25 experienced male and female (numbers of each not provided) middle managers who were fellows in a year-long graduate business program. Each person was asked to describe one good and one bad experience with conflict resolution.

Apparently, Phillips and Cheston expected to find support for only two modes of handling conflict, the forcing or tough guy approach (similar to competition) and problem-solving or joint resolution (similar to collaboration). While these two were the most frequently used, compromise and avoidance were also found. Additionally, the success or failure of each method was found to depend on the type of conflict. Types of conflict included those resulting from the structure of the organization, from communication patterns, and from incompatible personal goals or social values.

Since Phillips and Cheston provided very little detail about the mechanics of their study it is difficult to evaluate critically. However, findings suggested support for use of four modes of handling conflict and identified some broad sources of conflict in organizations. Since the study sample included experienced professionals, their perceptions were likely to provide useful information regarding the effectiveness of the various methods given a particular source of the conflict.

That people deal with interpersonal conflict using only one mode was also disputed by Putnam and Wilson (1982). They concurred that a contingency approach is more suitable to the study of conflict-handling mode, because it takes into account the environment or context of the conflict and the personal and cultural values of the individual. Further, Putnam and Wilson believe that conflict modes are really ways of communicating and that research and tool development in this area ignore this vital factor.

In order to demonstrate that communication behavior may be the key to successful conflict handling, they developed and rigorously tested the Organizational Communication Conflict Instrument (OCCI). Items were designed to identify communicative dimensions of Blake and Mouton's five styles. Results of factor loading lent support for only three of the five styles. The three were labelled nonconfrontation, which represented the collapsing of smoothing and avoidance styles; solution-orientation, which represented direct confrontation, open discussion of alternatives, and acceptance of compromise solutions (as such it includes compromise and collaboration); and control or direct confrontation that leads to persistent argument and nonverbal forcing (Putnam & Wilson, 1982, p. 638).

In summary, development of the theoretical basis for conflict-handling behavior began in the early 1960s with

the managerial grid of Blake and Mouton (1964). They and others (Kilmann & Thomas, 1973, 1975, 1977; Putman & Wilson, 1982) have worked to increase understanding of interpersonal conflict behavior through the development of instruments to measure personal preference for a conflict-handling mode or style. It appears that rigorous testing of the OCCI has made it a reliable and valid research tool. Unfortunately, the MODE has shown only moderate reliability in initial testing, and initial validity testing has not been reported.

Personality and conflict style

In addition to the studies and tool development related to how people handle conflict, researchers have attempted to determine the extent to which personality influences one's approach to interpersonal conflict. Personality was hypothesized to be a major influence and was first studied by Kilmann and Thomas (1975). Follow-up studies correlating the effects of conflict-handling behavior and personality traits were done by Bell and Blakeney (1977), Chanin and Schneer (1984), Jones and Melcher (1982), and Schneer and Chanin (1987).

Studies correlating personality traits with conflict handling modes have provided some data to support the hypothesis that particular personalities handle conflict in a way congruent with their overall behavior pattern. Unfortunately, methodological flaws have contributed to questionable results. Despite the attempts of each

successive research team to correct deficiencies, some common problems have persisted with this research. Problems include the use of non-random samples of primarily undergraduate students, the context in which studies were carried out (student learning rather than actual work experience), the relatively small samples for the number of variables being tested, and problems with reliability and validity of the research tools used.

Gender and conflict style

Except for the all-male sample reported by Kilmann and Thomas (1975), all of the studies on personality have included nearly equal numbers of males and females. Only Chanin and Schneer (1984) explored the possible influence of gender on conflict-handling behavior. They found no significant differences between males and females on personality dimensions, but a significant difference in use of the collaboration and compromise modes. Females used compromise more frequently, while males used collaboration more often.

A study by Rahim (1983), provides insight into the influence of gender on conflict handling behavior. He performed discriminant analysis with the five conflict-handling modes and sex as an independent variable. Using a sample of 50 female respondents and 50 randomly selected male respondents Rahim found that women were more integrating (.32), avoiding (.82), and compromising (.56), and less obliging (-.41) than males.

His results concur with those of Chanin and Schneer (1984) on the compromise mode and indicate that women use a variety of modes to handle conflict. It is of interest that avoiding had the highest score for use by women, with compromising and integrating (collaborating) ranking second and third.

The possibility that conflict-handling behavior may be influenced by gender-linked personality traits is supported by research on personality traits. Buss and Finn (1987) reported on the relationship between personality traits and gender. They cited past research (Block, 1984; Carlson, 1971; Maccoby & Jacklin, 1974) indicating that men scored higher in instrumental personality traits like dominance, rebelliousness, and aggression. Women rated higher on the prosocial traits of altruism, nurturance, and succorance. These findings are consistent with the view taken by Gilligan (1982) that women value relationships more than men because of socialization patterns emphasizing attachment rather than individuation. If females are socialized to value relationships and putting others first, then the way they handle conflict would be a reflection of these traits. That women handle conflict in more cooperative, less assertive modes may be the result of female socialization patterns.

It should be noted that the studies cited were conducted by researchers interested in organizational

management, that they used the conventional research paradigm, and that samples were often made up primarily of undergraduate business students. Another important point is that research on female socialization patterns indicates that women operate from a different system than males (Gilligan, 1982; Schaef, 1985), which may make the findings of studies using male-derived instruments questionable.

The purpose of this review has been explore the evolution of contemporary nursing education programs, to describe factors the may contribute to the development of interpersonal conflict among nursing faculty, and to review findings of research related specifically to interpersonal conflict. It has been shown that historical, societal, and economic trends have all influenced nursing faculty. As the faculty role has evolved over time, expectations have gone beyond excellence in teaching and clinical practice. Faculty in university settings are now encouraged to obtain the doctoral degree in order to conduct research and write grant proposals. Raised standards for education and increased role expectations mean that nursing faculty are in a time of transition. As these changes occur, there may be an increased potential for conflict among nursing faculty.

The research on conflict-handling behavior provides insight into how people approach conflict. Others have

studied the effect of personality and gender on conflict-handling behavior and concluded that female socialization patterns may influence the way in which women deal with interpersonal conflict. The field study by Bauder (1982 a & b) provides insight into the way in which nursing faculty respond to interpersonal conflict. However, no reports described the perceptions of nursing faculty regarding the sources of conflict in academe, ways in which conflict is handled individually and collectively in schools of nursing, or the effect of conflict on the whole organization.

CHAPTER III

Methodology

The grounded theory method developed by Glaser and Strauss (1967) and Glaser (1978) guided the design of this study. Since my interest was in how nursing faculty members approach interpersonal conflict, this method seemed most appropriate to facilitate the discovery of the basic social process involved. It also allowed for the identification of a substantive theory for interpersonal conflict. This section provides an overview of the development, aims, and methods of grounded theory and the design of the study.

Grounded Theory

Grounded theory methodology was first described by Glaser and Strauss (1967), sociologists at the University of California at San Francisco, realized that improper use of data collection methods and techniques of data analysis could lead to theory that was unsubstantiated by data. Such theory would lack credibility and be refuted by other scientists who subscribed to rigorous quantitative methods. The Discovery of Grounded Theory published in 1967 was an attempt to justify use of qualitative methodology in sociology and to describe a means for generating theory that was soundly grounded in the data. For this reason the method was called grounded theory.

While the ultimate aim of grounded theory is to generate theory, it provides a means for studying the social realities of given situations or concepts. According to Stern, Allen, and Moxley (1984), grounded theory research is aimed at understanding how a group of people define, via social interactions, their reality. As data collection and analysis proceed, a core variable is identified. The core variable recurs frequently in the data; it links various data together, and helps to explain variation in the data. This core variable provides the basis for the theory (Glaser, 1978). According to Glaser (1978) basic social processes (BSP) are a type of core variable that illustrate social processes as they occur over time, regardless of varying conditions.

The methods employed for the discovery of theory include data collection and constant comparative analysis. Data are collected through the use of observation, formal and informal interviews, and analysis of relevant documents. During the process of data collection, the researcher records all observations and interviews in field notes. Theoretical notes, observational notes, and methodological notes are used to structure the recording of data and the researcher's insights about the data (Schatzman & Strauss, 1973). As data sets are compared and analyzed, memos are written by the researcher to record analytic progress. The memos are eventually

organized and used to write the theory (Schatzman & Strauss, 1973) .

The constant comparative method of analysis requires that each data set be compared with other data sets for similarities and differences. This is accomplished through the process of coding, which occurs at three levels. Each level of coding delimits the data, moving to a higher level of abstraction. Gerunds, indicating action, are used in coding to denote process.

Initially, the data are analyzed for first level codes, which are then grouped into like categories. Appropriate gerunds are used to title the categories, becoming the second level codes. The comparative analysis continues until categories are further delimited to basic constructs or third level codes. Constructs are then studied for the basic social process evolving from them. Data collection and coding are cyclical and continue until categories are saturated and the core variable or BSP is confirmed. A substantive theory is developed from the concepts identified in the basic social process. The theory may be described through the use of a model. It should make sense to members of the group studied and should provide testable hypotheses (Glaser & Strauss, 1967; Glaser, 1978; Schatzman & Strauss, 1973) .

In summary, the grounded theory method as described by Glaser and Strauss provides a means for identifying basic social processes and the subsequent development of

substantive theory. Data are collected with field techniques and analyzed by the constant comparative method.

Research Strategies

Sample

Principles of theoretical sampling were used to guide decisions regarding ongoing selection of informants as data collection, coding, and analysis proceeded. According to Glaser and Strauss (1967), sample selection is controlled by the emerging theory. Basic criteria set for sample selection in this study were that informants be full-time collegiate faculty members with varied experience, tenure status, and educational background.

Faculty at the field site were selected for formal interview based on my perceptions that they were experiencing conflict, or that they had had a role in past conflicts. For example, all three faculty to resign from the field site school were from the community health (CHN) nursing specialty, so it seemed logical to interview CHN faculty still in residence for their perceptions of the situation. Other criteria that came into play included length of service, nursing specialty group, level of participation and observed comfort at meetings, and recommendations of others (Dean, Eichhorn, & Dean, 1969). Faculty outside the field site were asked to interview if they met established guidelines, indicated some experience

with interpersonal conflict, and expressed a willingness to participate.

The sample for this study included 18 collegiate faculty members. Of these, 11 were from the field site, 3 were faculty who had recently resigned from the field site for reasons that included unresolved interpersonal conflict, and 4 were from four additional schools of nursing. The latter were included to validate the assumption that faculty from other schools of nursing would experience a similiar process. These informants will be referred to as those from "outside schools" to indicate employment outside the field site.

Gaining Entry

In order to facilitate data collection, I sought re-entry into a school of nursing where I had previously been an administrative intern. The idea for the study was discussed with and informally approved by the school of nursing dean. Once initial approval of the proposal was received, a formal letter was sent to the dean requesting permission to share the idea with faculty for their consent. The basic purpose of the study was explained to faculty at a regularly scheduled faculty meeting. After faculty agreed to participate in the study, administrative arrangements were made through the dean's office. An office was provided and all interviews were held there to assure privacy.

Data Collection

Field observations, interviews, and data analysis took place over the course of an academic semester. Consistent with expectations for field research, a greater amount of time was spent at the school during the early stages of the research. As data collection and analysis progressed and the process began to emerge, observations and interviews became more focused (Schatzman & Strauss, 1973).

The key data collection methods for grounded theory studies include participant observation, interviews (both formal and informal), analysis of relevant documents, and ongoing review of related literature (Glaser & Strauss, 1967). All of these methods were utilized to insure a dense data base.

Participant observation. Observations included various faculty meetings, social events, and other activities that the researcher found useful for data collection. As many of these events as possible were attended to facilitate integration and acceptance by the faculty. Participation in the school's activities also assisted in identification of potential informants and in gaining an overall view of the school's current activities and areas of concern.

Formal interviews. Formal interviews were unstructured, as recommended by Swanson (1986), for the collection of qualitative data. The unstructured approach

allowed me to set the broad themes for the interview, while allowing each participant to tell her story. The research questions identified for this study guided the interviews (See Appendix A for interview guide). At the beginning of each interview session, I discussed the focus of the research and my definition of interpersonal conflict and described how data from the interviews were being processed and analyzed. In addition, I explained that I would be taking notes as we talked, rather than tape recording the interview. Finally, informed consent forms were read and signed by informants.

Interviews lasted one to 1 to 1 1/2 hours. They were scheduled at times convenient for the informants, preferably when they did not feel rushed or pressured (Swanson, 1986). The place for each interview was decided at the time each appointment was made. The office provided was the venue for all field site interviews. Since it was at the end of a hallway and had a closable blind at the window, it provided privacy and minimal distractions (Swanson, 1986). At the beginning of the interviews, informants at the field site were asked the number of years in present position, years in education, and tenure status.

Interviews with individual faculty outside the field site were conducted either at their offices or some other site that provided privacy and minimal distraction. They were asked to state the number of years in their present

position and tenure status, and to describe their work setting in terms of the overall structure and size, the administrative structure of the school of nursing, types of programs offered, number of students and faculty, and education level of faculty. Asking these general questions first helped me to understand their setting and established a basis for the interview (Swanson, 1986). This approach also provided cues for guiding subsequent questions.

After the more specific information was obtained, the funnel approach advocated by Gorden (1975) was used to guide interviews. This approach allowed the researcher to start with a broad opening question, such as "Tell me what you see as the greatest sources of conflict within the school." This might be followed with "Tell me about a situation where you felt there was conflict." As informants described conflict situations, more specific questions were used to focus on their perceptions of how conflict was handled by administrators, other faculty, and themselves. Additionally, some sense of how conflict affected the whole organization was sought. According to Gorden (1975), this approach is useful when the interviewer wants to discover unanticipated responses, get detailed descriptions of events or situations, and avoid imposing his or her frame of reference on the respondent.

Informal interviews. According to Chenitz (1986), the informal interview is the use of everyday conversations for the purpose of collecting and validating data. Informal interviews were conducted throughout the course of the field study. Opportune times for informal discussions tended to be before and after meetings, during social gatherings, and at other times when I was on site. Since note-taking is usually not possible given the informal nature of such discussions, field notes were recorded as soon as possible afterward to insure accuracy and completeness.

Document review. Background data about the field site were obtained from the dean, informants, attendance at meetings, college catalogues, a strategic planning report, and the most recent copy of the National League for Nursing self-study report for accreditation. Minutes from committee and course group meetings for the previous year were also reviewed.

Protection of Human Subjects

In accordance with the guidelines established by the Committee on the Protection of Human Subjects, University of San Diego, the proposal for this study was submitted for and received full committee approval (See Appendix B). Further approval from the review board at the field site was not required.

Potential risks. There was thought to be minimal or no risk to the subjects. It was anticipated that

talking about unpleasant experiences with conflict might cause temporary emotional distress, but this did not occur. In fact, several faculty commented that it was helpful to talk about conflict with an interested, uninvolved person.

Risk Management Procedures. Field site faculty were informed of the general purpose of the study and of the need to have access to all school activities. Plans for maintaining confidentiality were described to the whole faculty and to each informant. All faculty who agreed to a formal interview were asked to sign a consent form prior to the interview. The consent form (See Appendix C) described the general purpose of the research, the right to withdraw from the study, the right to confidentiality, and ways of contacting the researcher. A copy of the signed consent form was given to each informant. Further, interviews were held where privacy could be maintained. Recording and storage of data are described in the data management section.

Potential Benefits. It was anticipated and found to be true that faculty would benefit from the experience of describing conflict within their organizations. In the process of discussing their perceptions, they were able to gain new insights about what was occurring. This potential benefit was thought to outweigh any risk or discomfort.

Data Management

Recording and storage of field notes

Field notes of observations and interviews were recorded in separate spiral-bound notebooks. As soon as possible after the interview, the notes were fleshed out. They were then transcribed on the researcher's personal computer (Swanson, 1986). Transcribed notes for each interview were kept in a notebook separated by dividers and identified by code numbers. Observation data and recordings of informal interview notes were kept in similar fashion. Data disks were kept at my home and in a locked file at my university office. Subjects were identified in the notebooks and computer printouts by code numbers. All research materials were kept in my possession at all times.

Validation of data

According to Lincoln and Guba (1985), data collected in the naturalistic paradigm should meet criteria for trustworthiness. This simply means that the researcher has taken appropriate steps to insure the credibility, transferability, dependability, and confirmability of the data. Several of the techniques suggested by Lincoln and Guba for insuring trustworthiness were incorporated in this study. Methods included the use of multiple sources for data collection, recording of the researcher's thoughts and impressions, data collection over adequate time, and

sharing theory with informants and others outside the sample.

Data were collected from multiple sources including interviews, observations, and written materials that were applicable. According to Hutchinson (1986), the multiple methods of data collection used in grounded theory research prevent undue bias by increasing the wealth of information available to the researcher. Use of the constant comparative method for analyzing data and guiding the development of the emerging theory also serves to insure a dense data base (Glaser and Strauss; 1969).

The process of recording observational notes and memoing served to record my impressions and thoughts as the research progressed. This type of record is considered necessary, since the researcher is the research instrument in field work (Lincoln & Guba, 1985).

Lincoln and Guba (1985) noted the importance of spending adequate time at the field site to insure adequate data collection. Since I had spent a semester there as an administrative intern the previous year, I was familiar with the workings of the school. It was, in fact, as a result of that experience that research questions for this study were formulated. Consequently, much of the initial entry work had already been done,

making it possible to conduct data collection over the course of one full semester.

Finally, another accepted way of insuring that the theory meets criteria for trustworthiness is validation by informants. Once the process had been conceptualized, it was taken back to the informants for discussion. Again, individual appointments were made for follow-up sessions, during which I presented the model. After the first five follow-up sessions and feedback from the doctoral committee, revisions were made to the model. After several more interviews, a few additional changes were incorporated. By the third draft, every remaining informant indicated in some way that the researcher had "captured the process."

Data analysis strategies

Data analysis was accomplished using the constant comparative method described by Glaser and Strauss (1967) and Glaser (1978). Theory was generated through the process of coding, memoing, theoretical sampling, and sorting as described by Glaser (1978). Field notes were designed so that the left-hand margin was left free for the identification of Level I codes. A larger right margin was used for jotting thoughts about the data. These were used in memoing once a data set had been completely analyzed. Gerunds were used for all three levels of coding. Field notes included observational notes (ON), methodological notes (MN), theoretical notes

(TN), and inferential notes (IN), as recommended by Schatzman & Strauss (1973). The classifications were found useful for getting down thoughts as information was being typed and were later used as the source for memos. Data were collected until no new conceptual information was available to indicate new Level I codes and it was identified that codes/categories were saturated. This occurred as the four outside interviews were analyzed.

First level codes were transferred to 3 1/2-by 5-inch note cards for ease in sorting. A brief definition of the code word was noted on the front of each card for clarity and assistance with sorting. Authentic verbalizations were noted on the back of each card with informant code and page reference. As code cards accumulated, they were sorted into like categories and arranged according to the concepts they seemed to identify. Throughout this process, attempts were made to establish level two codes that would tie the data together and define the process. As interviewing progressed, information and validation were sought to assist with further conceptualization. Finally, as the last few interviews were analyzed and it was determined that nothing new was coming out of the data, code cards were reviewed and rearranged. Memos were also reviewed and updated to aid in final sorting. As this process progressed, constructs were identified for the

categories of codes. It became apparent throughout data collection that what guided informants through conflictive situations was a need to do "what is best for me," which resulted in identification of the basic social process "self-preserving." A model depicting the theory was then developed and shared with informants to establish trustworthiness. Portions of the model were revised before it was accepted by informants as a true representation of the process they recognized as their own. In order to insure that changes were grounded in the data, code cards and data were reviewed, and the informants' own words were used in the model. Further validation interviews confirmed the changes as accurate.

CHAPTER IV

Description of Setting and Sample

The methods employed for the discovery of theory include data collection through observations, formal and informal interviews, and analysis of relevant documents (Glaser & Strauss, 1967). To collect data in this manner it is necessary for the researcher to select a setting or field site that will facilitate learning in the area of inquiry. When considering a potential field site, the researcher determines the suitability of the setting, the feasibility of using it for the study, and the tactics that will be needed to gain entry (Lofland & Lofland, 1973). Once it has been determined that the site will meet the researcher's needs, then the process of gaining entry and acceptance begins. Since the setting for data collection is of interest in grounded theory methodology, this chapter describes the setting and the sample used in this study.

Characteristics of the field site school

The school of nursing selected as the field site for this study provided me with the opportunity to carry out the research in a familiar environment. My previous experience as an administrative resident with the dean had enabled me to study in depth one particular source of conflict for the faculty. As a result, the broader study questions and

methodology for this study were defined.

The school had been selected for the administrative residency because it was fairly representative. The same criteria were also desirable in establishing a field site for the study. First, the school seemed somewhat typical of schools of nursing today in that it has baccalaureate (BSN) and master's (MSN) programs and a small branch campus. It is a moderately sized school with 37 nursing faculty and approximately 200 students. Its status has evolved over the years from a diploma program affiliated with the parent hospital to the present-day degree program within the university.

Administrative structure

The school of nursing is one of four health sciences schools that are part of a religiously affiliated liberal arts university. The University is administered by a President and each health science school is administered by a dean who is responsible to the Vice-President for Health Sciences. The school of nursing is administered by a dean and two program-specific associate deans. Faculty leadership positions include coordinators for specific undergraduate tracks and for each specialty course group. Bylaws provide the basis for faculty governance and committee structure. An executive committee made up of peer-elected faculty members and the deans has responsibility for reviewing and revising the bylaws and

for decision making regarding other major issues affecting the school.

Other committees are those for undergraduate curriculum, admission and promotion, evaluation, and graduate curriculum. Coordinators meet monthly or as needed to discuss total program needs for the undergraduate program. Members of the graduate faculty also meet monthly to discuss graduate program issues. The total faculty meet monthly to share information and discuss issues affecting the school, such as strategic planning. The dean chairs the faculty and executive committee meetings. The associate dean for undergraduate programs chairs coordinator meetings, and the associate dean for graduate programs chairs graduate meetings. Both curriculum committees are chaired by an elected faculty member.

Programs

Undergraduate and graduate programs are offered by the school. Students may work toward the baccalaureate degree through the traditional four years of coursework, or through a one-calendar-year program designed for those who already have a college degree. The latter program admits students twice a year. Faculty teach interchangeably in both programs and may teach in them concurrently. Since students in these programs are not taught together for the most part, faculty may teach the same content to two groups of students on the same day

or within the same week. The traditional academic semester is adhered to for the traditional student groups, but not for the one-year program. Therefore, many faculty are required to teach at least some portion of the curriculum during the summer months. Some faculty teach the same content six times per year.

The graduate program is smaller and more recently developed. It was added as faculty became doctorally prepared during the 1980s. Options for students include three choices for clinical specialty preparation and three options for functional preparation (teaching, administration, clinical specialty). Completion of a thesis is a requirement of the program. Faculty are considering the possibility of extending graduate course offerings to nurses at distant locales. A BSN to MSN option is also under consideration.

Characteristics of the faculty

The faculty is made up of 37 white females. Of the 37 members, 32 are in residence on the university campus and 5 are at the branch campus. The majority of undergraduate faculty have the MSN as the highest degree. A few recent additions to the faculty are near completion of the master's degree. Approximately 25% of undergraduate faculty are engaged in study for the doctoral degree. As many as 80% of faculty are tenured. Five of the six graduate faculty, which includes the dean and two associate deans, are doctorally prepared;

the sixth graduate faculty member is completing dissertation work.

Profile of the informants

Since the intent of this study was to learn about interpersonal conflict as it is experienced by nursing faculty, only essential demographic information related to the faculty role was sought. Informational questions were asked of informants at the beginning of each interview. Demographic information is presented in tables representing the total sample. Informants have been given pseudonyms to protect their identity.

A profile including present teaching position, years experience in education, progress with doctoral study, and nursing specialty of faculty informants is presented in Table 1. Time in present teaching position ranged from 1 year to 20 years, with a median of 8 years. The majority of faculty had been in their positions from 1 to 6 years, or from 10 to 12 years.

Faculty were asked how many years they had been in education. Years of experience in education ranged from 1 year to 24 years with a median of 11-14 years. Years of experience in nursing education were evenly spread over the range of years, with the majority having 5 or more years in education. Additionally, 11 of the 18 faculty were or had been tenured. Fourteen faculty had primary teaching responsibility at the undergraduate

Table 1

Profile of faculty informants

Years in present position	<u>n</u>
1-3	4
4-6	4
7-9	1
10-12	7
13-15	1
16-20	1
Years experience in nursing education	
1-5	2
6-10	5
11-14	4
15-19	3
20-24	4
Progress with doctoral study	
None	5
Prerequisites	2
Coursework	8
Dissertation	2
Specialty	
Community health	6
Medical/surgical	7
Parent/child	3
Psychiatric	2

level, three taught only at the graduate level, and one taught at both levels.

Seventeen of the faculty held the MSN as the highest degree; one held a doctoral degree. Of the 17

master's prepared faculty, 12 were in the process of obtaining the doctoral degree. Progress ranged from taking prerequisites to dissertation work.

Nursing specialty areas of the faculty are represented in Table 1. The nursing specialty areas included medical/surgical, community health, parent/child, and psychiatric/mental health nursing. Five of the field site faculty were also course coordinators.

Faculty from outside the field site were asked some additional questions to provide background information about their settings. Three of the four faculty came from state university settings, the fourth from a private religiously affiliated liberal arts university. The largest school of nursing was a state school with approximately 60 full-time faculty; the smallest was a private school with 11 full-time faculty. All of these schools had both graduate and undergraduate programs. All were headed by a dean, except one of the state schools, which was headed by a department chair with a dean for health sciences. Three of the four faculty had experienced a changeover of deans during their time in position.

CHAPTER V

The Process Model

The outcome of grounded theory method is to generate a theory to explain and predict the process through which people experience a particular aspect of life. The focus of this study was to determine the process through which nursing faculty experience interpersonal conflict. By use of the data collection and analysis methods prescribed by Glaser and Strauss (1973) and Glaser (1978), four major constructs and a basic social process were identified. This chapter describes the evolution of the constructs and the basic social process as they evolved from the data.

The Constructs

Throughout the process of analysis, code words and memos on the code words were sorted and resorted into like groups. Gradually patterns began to emerge that were conceptualized into Level II codes or categories. These categories were studied to determine the process inherent in them, which led to the identification of Level III codes or major constructs. The constructs were (a) experiencing the conflict, (b) making sense of the conflict, (c) responding to the conflict, and (d) working through the aftermath of conflict. The codes, categories, constructs, and basic

Table 2

Interpersonal Conflict Process

Codes	Categories	Constructs	BSP*
Not communicating Receiving double messages Hidden agendaing	Perceiving ineffective communication		
Perceiving inequities Being treated unfairly	Sensing injustices		
Feeling unrewarded Feeling unappreciated Feeling "second class"	Feeling diminished		
Being controlled by others Not getting anywhere Feeling stifled Feeling powerless		Experiencing IPRC**	
Overworking Feeling tired	Being overloaded		
Changing Resisting Mourning	Transitioning		
			Self-preserving
Gauging emotional reactions (self/ others) Ascribing character- istics to others Recognizing positives/ negatives (others)	Analyzing interpersonal dynamics	Making sense of IPRC	
Venting Thinking it through Struggling with conflict Talking to others (seeking counsel) Identifying options	Determining own position based on risk/ benefit		

(table continues)

Codes	Categories	Constructs	BSP*
Asserting Confronting Problem solving Discussing issues Identifying/suggesting options Supporting others	Working with others to resolve IPRC		
Factioning Controlling Unsupporting	Opposing others in IPRC	Responding to IPRC	
Non-confronting Avoiding Using diversionary activities Buzzing (in small groups) Communicating indirectly	Responding to IPRC indirectly		
Maneuvering Finding a niche Withdrawing emotionally or physically Leaving the situation	Positioning to decrease IPRC		
			Self-preserving
Reviewing/explaining the situation/interactants Evaluating the process/outcomes	Gaining a perspective on the IPRC	Working through aftermath of IPRC	
Self-protecting Self-caring Self-determining (setting limits/priorities)	Learning to determine/meet own needs		

* Basic Social Process

** Interpersonal Conflict

social process are identified in Table 2.

Each of the major stages encompasses a process that is worked through, so that several smaller steps exist within the context of the four-stage process. The stages may overlap or be repeated as the conflict is experienced. A person may go through the process in a very short time, or over an extended period, depending on the nature of conflict and the way a person chooses to respond. Some of the informants believed that living with and learning to handle interpersonal conflict was a long-term growth process.

Experiencing the Conflict

The first major construct or stage in the process was experiencing the interpersonal conflict. Informants were asked to identify things that contributed to the development of interpersonal conflict among faculty within the school of nursing. As responses were coded and categorized, six processes were identified as experiences of interpersonal conflict: (a) perceiving ineffective communication, (b) sensing injustices, (c) feeling diminished, (d) feeling powerless, (e) being overloaded, and (f) transitioning. Interpersonal conflict may affect the individual faculty member or the entire group. Conflict may be experienced in one or more of these ways. The conflict may be of short duration or develop over an extended time period. Specific examples for each of these ways of experiencing

conflict are provided in the following sections. All informants have been given pseudonyms to protect their identity.

Perceiving ineffective communication

Others who have studied interpersonal conflict have identified communication as a potential source of conflict for people in organizations. Conflict has been found to result from too much or too little communication, and from ambiguous communication (Robbins, 1978). The faculty in this study experienced conflict when communication was inadequate, when they felt that double messages were being given, when hidden agendas existed, and when miscommunication occurred because messages were not conveyed or were conveyed incorrectly through formal channels.

The problem of not communicating adequately generally came up in relation to the channel of communication between school of nursing administrators and the faculty. Ollie noted that her administrator "didn't confer with others on faculty--that she had left them out of the decision making." When one decision was announced, the reaction of faculty was anger and divisiveness. Ollie was not sure whether they had ever or would ever recover from the aftermath of that conflict.

Sally described her impressions of a relatively new administrator's communication style by noting that "the

information flow and the control of information were key problems because people did not know what was going on and were not part of the decision making." Later she speculated that possibly the administrator was "trying to protect us by holding back information." Sally attributed interpersonal conflict in the school directly to inadequate communication because "things (like assignments and workload issues) don't get discussed." Others indicated that inadequate communication between the school of nursing administrators "filtered down" and created conflict for faculty. Observations confirmed that inadequate communication regarding issues such as salaries, workload, and procedures resulted in conflict for faculty.

Double messages were another source of concern for faculty, who felt that they were told one thing, but that expectations were for something else. Faculty expressed concerns over the ethical issues that were raised by these double messages and noted their own frustration in dealing with them.

Anne: I've also had problems with not fulfilling that commitment, and have told her [administrator] this. She got mad and ignored me. Really feel that I got a dual message.

Deb, a faculty member who was serving as a faculty leader, described her response to communication about her budget.

Deb: When I asked how we were supposed to meet expenses for those items, she [administrator] became angry. Said what difference does it make? To me there was a clear double message: be more responsible, but don't worry about money. I could never figure out, is it [money] truly unlimited? How were we supposed to know? To me that was always a source of concern and frustration. Icil: Seemed to be a lot of messages without any kinds of affirmations. Even if we don't talk about affirmations, expectation was just do more [of workload]. Don't know if that has to do with the kinds of people at [that school] or what.

Another person to echo this problem was Jane, who noted that "double messages were a biggie." She provided an example of a situation where miscommunication may have resulted in the loss of a potential faculty member. Jane believed that she was told to do one thing, but expected to do something else. She noted that the "potential employee was confused and so was I."

Hidden agendas were also seen as obstacles to effective communication and were a source of conflict for some faculty. Conflict was experienced when faculty felt that they "didn't know the hidden agenda" or when they knew that people came to meetings "with hidden agendas." Ellen stated that "when we [faculty group] were meeting last year, there were a lot of hidden agendas. We would go off on tangents, get into arguments." Sally identified a similiar problem, noting that "we aren't open with each other....don't see a lot of open discussion at faculty meetings, never get to the deeper issues."

Another communication problem that surfaced was miscommunication caused by messages being conveyed through others either incorrectly or not at all. This seemed to occur along the formal channels from the nursing administrators to faculty and vice versa. Nell expressed her doubts about whether faculty concerns were being taken to the nursing administrator by faculty and department leaders. Further, she questioned whether the nursing administrator was hearing the messages.

Nell: Usually, in the past, course groups and faculty were confident that they [faculty leaders] would convey [concerns] to appropriate people. Now not sure that always happens. People may assume that [department leaders] will convey faculty concerns to the nursing administrator. Hope they don't do that because not sure they are always heard. Need voice of group to do it....hoping these [faculty discussions over lunch] will help with this and will have more impact [on communication and nursing administrator's understanding of faculty concerns.]

When communication was perceived to be ineffective, faculty experienced interpersonal conflict. Several different communication problems, which occurred both up and down the channels of communication, were described. The concerns and situations experienced by faculty at the field site and by those at other sites were similar. Most of the informants were able to identify the level where they saw communication problems arising, and some offered potential solutions.

Sensing injustices

Another source of interpersonal conflict was the perception by faculty individually and collectively that there were inequities in treatment or that treatment was unfair. The issues that surfaced here included concerns about equality of workload and adequacy of salary for the job being done, fairness of evaluation methods, and favoritism.

Several faculty at the field site referred to an incident that had occurred the year before. One faculty member asked for and received a bonus when she agreed to teach a course that was beyond her expected workload. Another person felt that she had been doing the same amount of work all along without being paid extra. When this faculty member approached the nursing administrator with a request for equal treatment, she was told that there was no more money to supplement her salary and that the administrator had not been aware of her heavy workload. She reacted angrily, venting her feelings to other faculty. She stated "I felt that I was treated unfairly....I felt unappreciated and abused." (Her eyes filled with tears.) Other faculty reacted to the issue of unfair or inequitable treatment in the following ways. Anne identified that "we are lacking a sense of fairness [in the school], it's a justice issue." Marge noted that "faculty heard about this [perceived unequal treatment of other faculty] and were angry. What there

was passive approach, people 'buzzed' in subgroups." Nell thought that "people start wondering if they are being paid what they deserve, if they are being paid enough, or as much as others" [when they hear of unequal treatment]. Liz observed that "some people's workload seems less than others because they have less preparation and can't do as much."

One faculty member felt that the system established for peer evaluation led to unfair treatment. She stated, "She (peer) didn't ever see me in action, so it seemed unfair that she should be evaluator [of classroom or clinical teaching]. I told [administrators] what I thought about this, but it didn't change anything."

A few faculty identified favoritism as a source of inequitable or unfair treatment. Kate reflected that it "hurts others when decisions are made with regard to advancement and pay that favor one group over another. Very natural that it [favoritism] occurs, but doesn't make it right. It makes others feel on the fringe." Sally thought that "there was a real unhealthy situation [with a previous nursing administrator] that involved a lot of favoritism." Rose and Sally described situations where colleagues reacted to perceived unfair treatment by "whining" to the nursing administrator about their assignments. When they were successful in getting their assignments changed, others felt that they were being treated unfairly.

Faculty were sensitive to issues involving unfair or unequal treatment and saw them as a source of conflict. The effects of the conflict created by unequal treatment were of long standing. Marge summed up the problem when she said, "It seems to be more of an individual conflict. One person is treated badly by one person or a couple of people and there is no resolution of it, for their own health reasons, people choose to leave."

Feeling diminished

This category identified codes that described conflict created when faculty began to feel that they were not valued by others. Marge identified this as "feeling diminished" and others agreed that this phrase accurately described their experience of conflict. Feeling unrewarded, unappreciated, and "second-class" were the codes that formed this category.

Feeling unrewarded reflected data that indicated faculty were not receiving the benefits they felt they deserved. Benefits seemed to be primarily salary, but others felt that travel money and time off for their own educational experiences were also lacking. Their perceptions of themselves as working especially hard seemed to intensify the feeling that they were not being rewarded.

Anne: Faculty still feel drained, but the difference is the perks and bennies aren't there

now. There is no money for travel, salaries are lousy.

Kate: There is a difference between working hard and getting paid, but when you are working really hard and feel that you are not getting paid for extra effort, then it becomes a concern.

Chris: Our pay is just not commensurate with what we do.

Deb: I just wasn't being paid equitably for my experience.

Faculty responded to the tight money situation by comparing salaries among themselves, by comparing workloads, and by comparing their salaries to those of faculty at other schools. This seemed to create a situation of much "buzzing" and a general feeling of dissatisfaction. Possibly the underlying dissatisfaction intensified feelings about the bonus that Glenda had received the previous year.

Data for this code came primarily from field site faculty, but one outside faculty member referred to monetary rewards when she said, "We don't get much in raises, so it makes intrinsic rewards [like birthday cards, money to pay faculty for writing new course over the summer] nice." Another faculty from a private school told me, "You are there because you choose to be there. It is a luxury to be there." When questioned further, she responded, "Salaries are low, we don't have too many faculty who are supporting themselves on the salary." Feeling unrewarded was not a major issue in that setting because nearly all of the faculty had left

other institutions to go there to work in a setting with less pressure. Since they had knowingly made the trade-off, salary was not such a pressing issue.

Lack of extrinsic rewards was not counterbalanced by intrinsic rewards. Feeling unappreciated was part of the overall sense that faculty were not being valued by the university or by their own administrators. Glenda thought that it was "because we are nurses. Nursing is vital to health care, but we don't get recognized." Nell expressed it this way: "Those in university administration don't realize what we do. Sometimes think our own administrators don't always know what we do. From outside can understand, but when those inside [nursing] don't, then it is harder to accept."

A general feeling expressed by several faculty was that they were working hard, and yet not getting any signs of appreciation for their efforts.

Jane: How dare people make you do all this [work] and never let you feel any reinforcement for it?

Nell: The lack of recognition for hard work [is a source of conflict]....they [faculty] wonder if anybody knows they are working this hard. From [faculty discussion sessions], [conflict] seems to be related more to whether faculty are appreciated.

Anne: We aren't appreciated for what we do.

Deb: I never got a positive word from her [nursing administrator]....felt unappreciated and abused. There was only one time that I heard a thank you from her.

Marge: I think that we are overworked and

underappreciated.

The third code that related to feeling diminished identified data indicating that faculty felt they were perceived to be not as good as others or second-class. The basis for conflict here was the inequality that arose between faculty with different educational preparation or status.

Rose: I feel like a second-class citizen because I don't have a doctorate yet. Also feel that it is held against me that I have two degrees from this institution, although don't feel as much stigma since I enrolled in doctoral program elsewhere. Once I have the degree and am on tenure track, then I'll have status.

The biggest change is the interaction between graduate and undergraduate faculty [with new department structure]. There are more chances for mentoring. However, the other piece is the subtle put-downs that clinical faculty get. They [graduate faculty] don't value these people [clinical faculty] as they should. Clinical faculty say things in meetings and the attitude is "they don't have PhD., so they don't know anything." One faculty who was really bright was put down so many times she left. It seems like you aren't quite up to snuff if not PhD [prepared] and on tenure track. There is a difference between PhD and non-PhD, I'm seeing that now as I progress through the doctoral program.

Ollie identified differences in status in response to the question, "Tell me what you think are the greatest sources of conflict in your work setting." She responded as follows:

Ollie: One is the difficulty between faculty teaching in the different programs, especially between graduate and undergraduate. Apparently, undergraduate faculty think that graduate faculty see themselves as better and smarter than undergraduate faculty.

Faculty at the field site did not see differences in status as a source of conflict, though some recognized the possibility. Since four of the six graduate faculty members had worked their way into their positions, there seemed to an acceptance that they had worked hard to achieve their status.

Bess: Those who have worked hard, we supported them, had parties for them. As more of us get them [PhD's] could be problems. Once we get a PhD what do you [administration] do with us? Graduate school couldn't take us all. Some will stay and teach undergraduate. Could be a source [of conflict] as more of us get involved and closer to finishing.

Anne: I think people recognize that they worked hard for them. Most of them are older by 10 to 15 years. They are seen more as mentors.

Approximately 25% of field site faculty were involved in some stage of doctoral work. This recent development did seem to be the impetus for some conflict. A few related that their colleagues had questioned them about the decision to go on for the doctorate and expressed some discomfort that they were not ready to do so yet. For example, one faculty member said, "I would like to go to school, but am not in a program yet. I'm kind of ashamed of that." Those going to school questioned administrative support for their efforts, wondering if adjustments could be made in their schedules to accommodate their graduate classes. They also recognized that any lack of support from their colleagues would be because of concerns that their

workload would increase so that others could go to school.

Anne: People want doctorate, but there is no overall planning for how we can achieve this goal. No allowances are made for negotiation of assignments or time off.

Another thing that's going on that creates a division is people going to school. [One person] pulled me into her office and asked my why I was doing this Ph.D. We talked about it, she said "It's not right in my life right now." I think the concern is that those who don't go on will be left behind or replaced by those with a PhD. When [faculty member] asked about some release time, they began to wonder "will my workload be heavier just so other people can shine?"

As younger people gain more competence, there is some friction created. Friction is more likely to come from peers [rather than PhD's]. We all got MSN about the same time and are all about the same age. Some jealousy here--think people need to understand that we are at different places [in career development].

The impetus for faculty feeling second class related to differences in level of education and perceived differences in status. Although this was not thought to be a major source of conflict for field site faculty, some recognized that it was beginning as more people became involved in doctoral study. Generally, feeling diminished occurred when faculty felt that their efforts were financially unrewarded and unrecognized by others, and when they perceived themselves as being of lower status than others. Interpersonal conflict was the outcome of feeling diminished.

Feeling powerless

A fourth source of interpersonal conflict was conceptualized as feeling powerless. Codes that made up

this category were centered around faculty members' perceptions that they were unable to make change (feeling stifled, not getting anywhere, feeling powerless) or to have control over their work environment (being controlled by others). Issues that precipitated the sense of powerlessness emanated from administration at the university level, the school of nursing level, and the department or course group level.

At the university level, faculty thought that they were dealing with an autocratic, closed administration that did not value their profession. The following comments identify their perceptions.

Chris: We never got anywhere with that [request] either. The [trustees] keep it [the university] male dominated. The school of nursing has no power being on the fringe....could see, nursing gets leftovers. The president is very nice, but closed. I have worked on many university committees. He wrote philosophy and mission statement...gave them to us, told us what we were going to do. We had some really effective people on that committee, but no chance to make change.

Glenda: Yes, this university is run by "the boys." [The president] is very autocratic. He's like that with everyone, not just us [nursing].

Lori: Problem with that [being a change agent] is we are up against a male dominated system here. They [university administrators] seem to think of us as "the girls." I don't think that will ever change.

Liz: Faculty may feel that there isn't a lot they can do because of university administration being the way it is.

Marge: Think this is a paternalistic...school. We want to be seen as more professional and autonomous, but are not being seen that way by others in university administration.

Paula: At first we thought [nursing administrator] was rammed down our throats....we were angry because administration had chosen this person from several applicants. This was the only one sent up to us to interview from several possible candidates. They made the decision, then sent the candidate to us for interview.

Sally: They [university administration] tried to shove a psychologist down our throats [as nursing administrator]. We threw a tantrum to get another search initiated for a more qualified person. In the meantime university administration changed and we got our present nursing administrator from the second search. The internal fighting [that we've experienced] weakens power with outside. In other words, university wide we don't have the power base that we would if we weren't so focused on all this strife.

Ollie: Another source of conflict is between the university administrator and the nursing administrator. The [university administrator] is very political and not in the college much....if you cross this person you get on the shitlist. I don't see any loyalty to nursing.

Faculty experienced conflict when they perceived that they had no power base within the university or when they believed that they were left out of decision making that should have been theirs.

Another source of the powerless feeling for faculty was the perception that their representatives to university administration were unable to make change. The following comments illustrate faculty perceptions.

Fran: Don't think a nursing administrator in her position has much power in a university like this.

Lori: I've gathered from little comments that I've heard the nursing administrator make...that she feels like she has beat head against the wall to get more money for the school. I gather that she can't do much more.

Marge: Don't know what kind of dynamics go on with [nursing administrators and the university administrators] them. Perception that we [faculty] have is that there isn't much power. From them [nursing administrators], don't see outcomes that we want to see, don't see power.

Ollie: The nursing administrator can't avoid her [the university administrator] though. She [nursing administrator] is a real nice person....she tries to be an advocate for the school, but even she admits that she has no power, is impotent.

Finally, faculty experienced a sense of powerlessness within the school of nursing that related to their own inability to influence their work or situation. The following comments describe their reactions.

Deb: The message was you can have responsibility, but don't expect authority or any true decision making. Don't keep telling us we have problems without giving us the authority to solve them. Given responsibility, but not authority....never really had authority to do anything.

Lori: I think she [faculty leader] feels powerless to sort it out.

Glenda: We also got [refers to special projects]. We didn't get to vote on whether we wanted them or not. We got [another campus] without a vote too.

Anne: My faculty leader told me "just get used to the idea that you may have to teach another clinical group." That creates conflict....makes me angry to be told that way. She could explain problem and ask what I think. I know that I would respond and probably help willingly, but when I'm told it like that I kind of back off.

Ellen: On the whole, I feel that we should have a lot more freedom to do what we want. If you run your own course, you minimize conflict. Conflict here just hits me, there are little things I can do, but if it's not the way it's done here, can't do it that way. It is not a big deal, yet to them

[other faculty] it is. A little more academic freedom would be nice.

Marge: We talked about issues before, but not much more, powerless. This is maybe the first time to get together as a group to discuss the concerns that we have....at least with some constructive goal of doing something.

Nell: She [the nursing administrator] has pretty much exclusive control over the budget. Faculty as well as faculty leaders don't have as much influence as they had in the past. That's hard, you feel like you don't have a say-so.

Rose: She [faculty member] didn't like the decision so she went through channels and got it changed. The faculty leader learned that she doesn't have as much power as she thought.

Faculty provided many examples of powerlessness within the university setting and the school of nursing. They identified that their representatives to the larger university were seen as somewhat powerless. Additionally, faculty recognized their own powerlessness to make change within the work setting. Often their lack of power was attributed to the nursing administrator or to others who were perceived to be their leaders. There seemed to be the idea that those in formal positions of power held it all, while others had none. Perhaps the thoughts of one faculty member summed up the problem.

Kate: A lot of people don't believe we can change anything....seems to be the ways of women. The course I'm taking has helped me to see how we try to do everything, we are always serving others. As women, we believe there is no way we can get more for ourselves. Message [that others give] is that "we have been here for so long, we know we can't do anything to change things."

Closely tied to issues of powerlessness were feelings of faculty regarding control. Initially, data were coded as "controlling" and were thought to represent a way of dealing with conflict. However, as more data were collected and analyzed, it became apparent that the perception that faculty were "being controlled by others" was also a source of conflict. The problem of having lost control was identified as a source of powerlessness. Faculty expressed control issues in the following ways.

Ellen: Until I do [find a niche] any needs for control that I have will have to come from someplace else. My coordinator is always trying to make it [the course] like she wants it to be. She has to take control and is not acting as a coordinator in my opinion.

Glenda: There are people who want to be in control, to run things.

Icil: Being a faculty leader sort of becomes an authoritarian power thing instead of a democratic process. One person has never been my faculty leader, but I can see that it is a high for her. She makes other faculty do what she wants.

Jane: Tried last May to change, especially with a couple of people leaving. We felt like we had lost control, we were not getting good information.

Fear of lack of control [is behind communication problems]. All organizations have neurosis, we are in a paranoid mode right now. At some levels of administration there is a fear of losing control.

Kate: Some people have a strong need to control, whether they be male or female. Not everyone like that, personality will make a difference. There is a fear of losing control. Controlling personality causes more grief, squelching someone else's autonomy. That's what I was talking about before in relationship to interpersonal conflict.

Liz: Faculty need to know more about the budget process in order to feel like we have some control.

Nell: These meetings provide the opportunity to problem solve issues, decide what we can control.

Ollie: I think she [another faculty member] wants control....also think she wants my job.

The preceding comments illustrated faculty viewpoints on the issue of control as a source of conflict. Some comments reflected the need that some people have for control, while others identified areas where faculty want control. Kate's comments about squelching someone else's autonomy again seemed to crystallize the problem. When faculty believed that they were being controlled by others, they began to feel powerless. Kate and Marge shared the sentiment that this kind of situation "doesn't do much to build self-esteem." As faculty competed for scarce resources, for positions, and for the attention of those perceived to have power, interpersonal conflict was more likely to occur.

Interview and observation data have led me to the conclusion that power struggles can be an overt or covert part of organizational life. Faculty at the field site and at two of the outside schools described what occurred with changes in leadership. Apparently, those who had aligned with the previous administration felt a loss of control when that person left the organization. As a new administrator took over, the

power structure shifted. Those who had once been on the inside track felt shut out of the decision making and reacted strongly to their loss of influence. Some of the comments made by faculty seemed to reflect their feelings of loss of control over everyday events.

Being overloaded

References to being overworked, overloaded, or tired came up so frequently during interviews that it became necessary to explore with faculty how that condition precipitated interpersonal conflict. Although all conflict occurred within the context of the faculty role, overload seemed to be more directly related to role strain than to interpersonal conflict. Two aspects of the work seemed to create conflict for faculty. First, faculty compared workloads and, as mentioned previously, were aware of inequities in compensation. Competition over workload became a factor in increasing conflict among faculty. Second, faculty described the process of overworking, getting tired, and not doing the job as well as a source of interpersonal conflict. Jane described this process the most succinctly.

Jane: When [faculty member] got the bonus last year, faculty think "I work harder than she does." Faculty want to know "why is she getting paid more?" You get fallout from that....the other fallout is apathy. People get tired, don't do the job as well. When they perceive themselves as being overloaded, conflict occurs. I have done the same thing for 10 years. I am tired, feel myself getting short, more irritable. It's a definite conflict for me....I want to stay, but the message is get PhD, publish, and so forth. Where does it

all end? Gives people less strength to do even what they have to do. It's not that you don't like it, you just get tired.

Nell also saw conflict development as a cyclical thing.

Nell: One thing that influences conflict development is enrollments. When increased number of students, it creates a higher workload and more potential for people feeling frustrated. The increased workload and increased fatigue definitely lead to more conflict. It's the time pressure and the stress of supervising too many students, of working on your license. Those pressures have to come out.

Kate reflected on the past when she attributed conflict to overload.

Kate: Conflict happened while they [special projects] were alive. Energy was spread so thin...we all had to do parts of everything, it was really overwhelming.

At times, it seemed to me that field site faculty were collectively suffering from burnout. Several factors contributed to the need for them to overwork. First, the structure of the academic programs made it necessary to teach the same material several times each year. It also meant that some faculty had to teach courses during the summer, and some had to begin and end courses at times other than the set university semester. Second, economics dictated increased student enrollments, but did not allow for hiring more faculty. That meant greater workload for faculty who were already weary. Third, some of more experienced faculty were enrolled in coursework for the doctoral degree.

Glenda: That adds to what they [faculty] have to do. It means a full workload, plus school. A lot

of them would like to just stop working and go to school, but for one reason or another, that is not always possible.

Fourth, because the faculty was relatively small, everyone served on at least one committee in the school or the university. No one complained directly about this extra demand on their time, but it soon became apparent that some faculty members were participants in two or three meetings per month. Although every effort was made to stay within time limits, occasionally meetings were extended due to prolonged discussion or an overly long agenda. Since most meetings were held on Friday afternoons, faculty often stayed late at the end of the week when they were likely to be fatigued. Additionally, faculty had chartered a chapter of the nursing honor society and were active participants in the school's alumnae association.

Finally, many members of the field site faculty were very much involved in professional activities outside the university community. Although their efforts were applauded by members of the local nursing community, their positions often required considerable time commitment. For example, the faculty included one immediate past president and the current president of the district nurses' association. One was an officer of the state nurses' association. Many others were involved in committee work.

Besides university commitments, most faculty members were in some stage of child rearing. Some of the younger members were, as one person put it, "still having babies." As is typical of many working mothers, the faculty had many role demands to fulfill. It is probably not surprising that interpersonal conflict occurred as a result of their overwork and fatigue.

Transitioning

Data that gradually made up the category transitioning included references to changing, resisting change, and mourning losses. Much of the interview data supporting this category came from faculty outside the field site. As the discrepancy became apparent during analysis, I had to ask myself why there were not more references to change from field site faculty. It became apparent that, even though they did not talk about change specifically, they were definitely involved in the process. My observations over the previous year suggested change as a major source of conflict. Data from outside faculty and my own experiences helped define what changes created the scenario for the development of interpersonal conflict. I found that field site faculty had experienced these same changes in varying degrees.

Robbins (1978) has suggested that conflict can be stimulated in an organization by manipulating communication, altering the organization's structure,

and altering personal behavior factors. Faculty identified each of these types of changes as sources of conflict for them. The first, communication, has already been discussed as a major source of conflict. Problems with the channels of communication are related to changes in the structure, changes in leadership, or both, which alter personal behavior. This section describes how changes in structure and personal behavior factors resulted in conflict for nursing faculty.

Robbins (1978) pointed out that alterations in an organization's structure can involve redefining jobs, altering tasks, and reforming units or activities. All of these changes have been occurring in nursing education. Since the emphasis in most universities is on research and publication, nursing has needed to put more emphasis in this area. As a consequence, faculty have needed to educate themselves for the new role, and the doctorate is becoming essential for employment and tenure in the university. Although teaching at the undergraduate and graduate levels is still viewed as very important, the role of a nursing faculty member has been expanded in recent years. The following comments describe faculty responses to changing expectations of their role.

Marge: Administration didn't have to do that [ask people to work overload] before. At a time when all of us are taking doctoral courses. I'm taking six hours a semester myself.

Liz: I think some of the problem [conflict between PhD and non-PhD faculty] comes from administration. If there is pressure for people to go to school, or if they are compared, or if they fear they will lose their jobs, that creates difficult situation. I haven't seen that occurring here. Haven't seen those of us in doctoral study as a separate group, though it could happen when several of us finish the process.

Icil: The chaos that resulted from [program] schedule got very stressful.....didn't allow for messages regarding working on doctorate.

Lori: The [nursing administrator] sends out this form every quarter for us to report scholarly activity. I send it back blank. It's not that I don't want to do the work, but I'm not qualified to do so on my own. I don't even know what the resources are here for statistics.

As nursing has become more integrated into the university setting, leaders have attempted to structure their administrations to be consistent with the university. As a result, many nursing education administrators are moving away from departments structured by level of program to programs defined by nursing specialty areas. Nursing education is in an era of transition, which influences faculty members and the development of conflict among them. The following comments illustrate faculty responses to changes in structure.

Rose: When the new nursing administrator came she made the change to divisions and brought with her people to fill other leadership positions.

Sally: Just starting this year we will have department chairs instead of level coordinators. Two of three chairs are graduate faculty. It will be interesting to see how this works out since their focus has been graduate, they aren't tuned in to undergraduate issues and problems.

Although faculty at the field site have not experienced a recent change in administrative structure, they have seen the phasing out of two major entrepreneurial projects and their continuing education department over the last 3 years. Both projects required that almost all faculty participate, and both ended because of financial problems. Faculty had mixed reactions to the projects and their demise. Those who were the most heavily "invested" had the most to lose and are still grieving the loss of activities that should have been their claim to fame. Others expressed only relief that they no longer had to participate in these time-consuming activities. The following comments describe the mix of faculty reactions.

Anne: I can't admit that I'm grieving, people are dancing on the grave.

Kate: I don't mourn those things....was highly invested in [project], enjoyed parts of the learning experience. We were able to put on vitae, however, it doesn't count when it comes to promotion and tenure. Even people involved with it didn't think it counted for anything. I said good-bye to it. (Laughter) I was also involved with [project]. I invested, but saw it was creating a monstrous monkey on our backs. Trying to be everything to everybody. For what it was doing to everybody, it wasn't worth it. It pulled us into the hole financially. I thought it also created some ethical concerns. When faculty were forced to participate over breaks and Christmas there was no extra pay. That doesn't do much to build self-esteem.

Chris: She [nursing administrator] didn't even use the expertise of the business school when planning for [those projects]. They were business ventures, but not run like a business. [Nursing administrator] is very careful about

everything....she has picked up a lot of fallout from all that. [Project] was a mess....it was like it was leeching us, we were all slurped up by promises. That's all they were was promises. I finally realized I couldn't do [project] work anymore and just didn't do it.

At the field site, the transition from one nursing administrator to another has been ongoing for 4 years. The change process began with the previous nursing administrator announcing her resignation, followed by an interim year when an assistant administrator served in an acting role, and continuing over the next 3 years with adjustment to the present nursing administrator. Three of the four outside faculty also described their transition to a new administrator. In two cases the process was rather traumatic, as one administrator was asked to step down and the other was voted out by "no confidence" of the faculty. Both also went through at least 1 interim year with an acting nursing administrator. Consequently, faculty had to adjust to three personalities and styles of leadership. Along with changes in the chief administrator, faculty often must cope with leadership changes at lower levels of administration and in the faculty group. The following comments describe faculty reactions to this transitioning process.

Jane: Personality might be a factor [changes in school after new administrator came], along with a different management style. There is definitely a big difference between the administrators. Caused a change in the status quo. Former administrator and faculty mold seemed to fit together a bit more,

she let us do more on our own. I think it's a lack of autonomy....it's definitely a source of conflict for us.

It could be that we are going through a grieving process. We saw things as good, then things changed....probably happens anytime you change from one leadership style to another. If we had gone from a very strict person to someone who said "Do whatever you want" that would have been hard too.

Rose: The present administrator is really different from the former one who was very autocratic. The change [in administrators] came about because the former administrator was asked to step down. That really lessened the power of the old guard. Major changes come slowly. Faculty are changing....the old guard power structure is crumbling gradually as some of those people retire, die, or move on to other things. It's a very exciting time, a new guard is emerging.

Sally: People are tired from the situation with the last administrator and the new administrator is still in the honeymoon phase, although that may be over after 2 years. There has been a lot of anger directed beyond our unit to the university because of the major changes that occurred.

Previous administrator was a male and very autocratic. If you went along, you were a pet, it not you were in trouble. We've had a major change in faculty since then, only about a third of faculty remain.

The purpose of this section has been to identify the process of transitioning as a source of conflict for nursing faculty. Changes that influence the communication channels or the structure of an organization, and alterations in personal behavior have been identified as major sources of conflict for faculty. As role expectations for nursing faculty within a university setting evolve, the process of transitioning is put into motion. Additionally, frequent personnel changes result in an almost constant

state of flux, which necessitates adaptation to the personality and leadership styles of newcomers. When these changes take place simultaneously, the strain on faculty is apparent and the result may be increased interpersonal conflict. Although conflict may be constructive in moving a school of nursing toward growth, it can also be a very stressful and prolonged experience for faculty members.

The experience of conflict for nursing faculty is precipitated when they perceive that communication is ineffective and sense injustices in the way they are treated; when they feel diminished, powerless, and overloaded; and during times of transition. Faculty members may experience conflict in one or more of these ways and the conflict may affect a few faculty members or the entire faculty group.

Making Sense of the Conflict

The second major construct described by nursing faculty and identified in Table 2 was conceptualized as making sense of interpersonal conflict. This is a two-stage process that involves analyzing the interpersonal dynamics and determining one's own position based on a careful assessment of the risk or benefit involved. As conflict is being experienced, faculty begin a process of analyzing the interpersonal dynamics of the people involved and the situation. This stage may carry over into the next stage as the person

gathers more information. Her responses to the conflict will be determined by how she perceives or makes sense of the situation and her position.

Analyzing interpersonal dynamics

Analysis of the interpersonal dynamics went on throughout the experience of conflict. However, it seemed that faculty devoted some time to analyzing before they actually responded to the conflict. A great deal of data saturated the codes in this category, which caused me to ponder why that was so. As I proceeded with validation interviews faculty said that it occurred because "that is what we are professionally prepared to do, make assessments and judgements about people." A colleague agreed that this made sense and noted that she even carried out such a process in casual activities, such as shopping in the grocery store. Data were finally organized into three groupings: (a) gauging the emotional reactions of self and others, (b) ascribing characteristics to others, and (c) recognizing the positives and negatives involved in the situation and other people.

The first, gauging the emotional reactions of self and others, was separated into two codes. The first code reflected the feelings that informants thought others were experiencing and the second, their own feelings. Information collected during this stage was used to determine their position and response to the

conflict. Faculty provided the following examples of gauging reactions of others.

Anne: I can see that she [faculty leader] is emotional, so try to respond to her feelings. For example, I might say, "I can see that you are stressed about this..." After that, then I suggest other options if she seems at all receptive.

Rose: She [faculty leader] thinks I'm hot stuff and I want to keep it that way. She is paranoid, so I have to keep her informed and stay out of her way.

Personally she [nursing administrator] scares me to death. I interviewed with her twice and thought, this is not a good situation. I see her as vicious and vindictive, not someone I would trust.

Ollie: They [other faculty] seemed to think more objectively....didn't get emotional and didn't respond to her tears. It seemed like their expectation was that she be more objective, respond more like a man without the emotionality. It really bothered me that they seemed to be attacking her personally.

The second part of gauging reactions involved recognizing or expressing one's own feelings about the conflict. Faculty seemed to need to sort out their own responses before reacting to someone else. The following statements provided examples.

Deb: I was really angry when I heard that. I started listing my fall schedule, it filled a whole page!

Lori: That really pissed me off, especially after what [faculty member] said about this kind of thing going on for years and years and nothing ever happens.

Jane: I feel guilty, don't know if it is because we are nurses or that we are women. I think I should be able to do it all.

I feel a lot of anger, that sense that things are so unfair....my anger has turned to numbness.

The second grouping of data making up the category of gauging reactions was coded ascribing characteristics to others. One faculty member defined this as "labelling," but a review of the data suggested that faculty do this as part of their analysis process. Because the attribution of characteristics is not necessarily permanent, the more neutral term (ascribing) was chosen to identify the process. This code was thoroughly saturated with comments regarding leaders and peers.

Anne: Some [faculty leaders] are good, but mine is extrovert, impulsive, frustrated.

Bess: She [faculty member] is very opinionated and speaks before she gets all the information.

Glenda: She [faculty member] just likes to fight.

Chris: I think [faculty member]...she does her own thing, is a survival person.

Fran: I think [nursing administrator] had a lot of charisma, she talked the pants off people, could talk money out of them. (Charisma was used frequently to describe this person)

Kate: I see [faculty member] as a different kind, she looks at a problem differently....see her as wonderfully direct and assertive. She has a lot of internal autonomy about her. (This was echoed by Marge)

Ollie: I found out pretty soon after she [faculty member] came, that she has no tact. There is only one way to describe her...potent, she is potent.

Besides assessing the characteristics of other people, faculty also ascribed or identified

characteristics of the whole faculty group. A few examples of group assessments follow.

Lori: There sure are a lot of martyrs in this group. I can't be one.

Ellen: This is the closest knit faculty group I've ever worked with.

Kate: Nursing faculty are a female population and work group. From birth on, female growth is relational. Conflict isn't easy for females.

Sally: We have a young faculty, the median age is around 40. Most haven't taught elsewhere.

Marge: There has been the perception that [two specialty groups] aren't as important. It gets back to that Myers-Briggs test in terms of different orientations.

Besides the individual and group characteristics noted above, it became apparent that the field site faculty were tuned in to their own and others' lifestyle as defined by the Myers-Briggs [psychological] Type Indicator (MBTI). Apparently, they had been asked to take the test during a previous time of conflict to identify their own psychological types. Several objected that nothing was ever done to help them use the information, but they seemed to recognize differences in their individual and group styles. Kate believed that differences in lifestyle were part of the reason for conflict. Asked what she saw as sources of conflict for faculty, she responded with the following.

Kate: It's hard to say...there's the ordinary kind that comes about just because of people's innate orientation. Could use Myers-Briggs as an example.

People are so focused, like medical-surgical, so organized and structured. Then others, the opposites that do not spell organization....they are more imaginative. Conflict happens when one type does not respect the other.

The third grouping of data in the category analyzing interpersonal dynamics described faculty's recognition of the positives and negatives in others and in their relationships. While there is some overlap in intent between these comments and others previously discussed, comments here deal with the strengths of others rather than with just their characteristics. Some examples follow.

Fran: I can see one of the strengths of [nursing administrator]. She has uncovered a lot of things like that and fought to have them changed.

I would agree with others that there is a lack of competition among the faculty. I think there is a lot of maturity. Most people are able to look at what others are doing, but know that we each have to do our own thing.

Lori: It is not easy for her [faculty leader] to confront conflict and problems head on, but I think she has managed fine. She has a more calm approach than I do. She can temper my anger before it comes to a head.

Icil: I don't know where [administrator] fits in [to the conflict], but I do know that I was positively impressed with her ability to follow through and get things done.

Paula: I like her [administrator's] style. She lets you think you do everything.

We don't spend energy finding turfs, spend energy doing what we want to do. Don't feel put upon, there is an opportunity to do my thing without creating jealousy.

These comments illustrate faculty members' ability to see positives in people and their environment even

while they are experiencing conflict. Faculty also clearly described what they saw as the negatives in people, the organization, and the relationships between other people. The following comments reflect some of what was initially coded as "seeing the down side."

Ellen: This is the closest knit group I've ever worked with, though I am only now beginning to see the down side of that. This place is solid, there isn't much turnover. I'm used to other places where there were less faculty and more turnover. In those settings, when you put out ideas, things moved. It's not like that here.

Chris: We [nursing faculty] need to talk about healthy living....faculty don't set an example. The organization doesn't support.

Fran: This is not a perfect place to work by any means, but most organizations have some problems. It is less than perfect because you never seem to be able to do enough to please some people.

Glenda: It would be helpful if they [administrators] liked each other, but I don't think they do.

Rose: In my opinion, it didn't take [the doctorate], there has been no change in her [faculty member].

Sally: They [other faculty] didn't necessarily have leadership ability or preparation, but were put in positions of authority anyway.

The purpose of this section has been to describe the process of analyzing the interpersonal dynamics of conflict situations within the work environment. Based on the amount of data included in the codes gauging, ascribing, and recognizing it seems that faculty devote some time to sizing up the people and the situation as part of their conflict process.

Determining own position based on risk/benefit

This phase of the process involved ways in which faculty actually thought through and started responding to the conflict situation. Although codes will be discussed in what seems to be a linear order, this phase can also be cyclical. All persons may not go through the steps in the same order or even go through all the steps for every conflict. How people go through this stage often depends on the nature of the conflict, the closeness of the people involved, and length of time available to work it through. As faculty experienced conflict, they began to analyze the interpersonal dynamics while almost simultaneously beginning this phase which involves venting, thinking it through, struggling with the conflict, talking to others, and identifying options.

One of the first things some faculty needed to do as they experienced interpersonal conflict was to ventilate to a trusted friend, colleague, or significant other. This seemed to be a way of blowing off steam or getting it off their chest. For example, after an informal conversation, a faculty colleague of mine said, "Thanks for listening. I've been sitting on this for over a week; I really needed to ventilate." Very early in the interview process a faculty member said, "I get a lot of vent traffic because of the location of my office." This alerted me to the code word and to the

idea that venting was something that happened frequently. Other references to venting are provided in the following examples.

Jane: Another thing that I do, have good work colleagues, can go in and talk to them and rant and rave. Have somebody to listen and can vent it enough to allow me to then go off on my own.

Glenda: I know I should let them [faculty] ventilate more, but I don't like for them to just bitch. They get worked up and it is not productive.

Nell: For one thing it [discussion session] gives people an opportunity to ventilate, that in itself may make people feel better.

A second part of the process of determining one's own position was found to be, for some faculty, thinking things through on their own. The need for this step is reflected in the comments that follow.

Jane: I may not do anything right away, need time to think it over first. I think through what has happened to get a clear picture for myself.

Liz: I try to find the source of the problem and think about what can be done about it.

Marge: I have a thoughtful approach to conflict, am probably more passive.

Nell: Usually, I will think about it for a day, I try not to respond at the peak of the conflict.

Another phase involved what can be called intrapersonalizing over the conflict. Here faculty seemed to be describing their own process of struggling with their own wants and values before deciding what to do. One person called it "a discernment process," which

she used to weigh the positives and negatives of the situation in order to decide. Another referred to it as a process of "re-evaluating my life." Others described it in the following comments.

Deb: I had a hard time with that. These were two good friends, so it was difficult for me....was a real personal conflict for me. I probably stew more inside, I need to be less emotional.

Ellen: If this is how it goes and it is smooth, why do little things bug me? Why can't I just leave it alone?

Jane: The real conflict then becomes between institutional values and personal. I bought into institutional values, I give everything to them. We buy into that. I have pulled back, asked myself, do my own values fit with institutional values? Ask myself, is what is good for [university] good for me?

Talking to others was another part of the process of determining their own response to a conflict situation. This seemed to be another way of sharing the conflict with someone else, but, unlike venting, it was done in the spirit of seeking counsel from a trusted friend or advisor.

Ellen: Afterwards, I went to talk with the nursing administrator about it.

Fran: [Co-worker] has helped me to see this...has helped me to look at what I do for school of nursing.

Jane: I usually go to [nursing administrator] to talk it [the conflict situation] over. We talk out and make decision about the best way to handle.

Chris: I talk to my husband. He helps me to see more clearly what I'm doing.

As faculty worked through the process of making sense of the conflict, the outcome seemed to be a decision about how they would respond to the conflict. The following examples illustrate this.

Jane: [After venting and thinking] then I can look at what I need to do.

Chris: I anguished over it, talked it over with husband before deciding what to do.

Liz: I agree, see faculty trying to figure out what they might have some influence over, decide which things they can do something about.

I try to decide if conflict is worth dealing with, or just putting up with. If it will interfere in what students are getting, or if it will make an uncomfortable work environment then decide how to handle. Also, consider how long problem will last versus if it is likely to reoccur.

The purpose of this section has been to describe the construct making sense of the conflict. Inherent in the way faculty handle conflict are two overlapping processes which involve analyzing interpersonal dynamics of the situation and determining one's own position. Each of these categories involves smaller phases or stages, which may overlap. Faculty may utilize all the stages or only a few of them, depending on the type of conflict and the people involved. Once this stage is worked through, faculty are ready to make some response to the conflict.

Responding to Interpersonal Conflict

The third construct was responding to interpersonal conflict. At the completion of the stage making sense of the conflict, faculty reached some decision about how they would respond to the conflict situation. Faculty seemed to select the response that best fit their perceptions of the situation and their personalities. Other considerations were the risk or benefit involved and whether the situation would be ongoing. Categories that evolved from the data indicated that faculty respond in one or more of the following ways: (a) working with others, (b) opposing others, (c) responding to the conflict indirectly, and (d) positioning themselves to decrease conflict. This section will describe each of these responses more fully. The codes and categories for this construct are summarized in Table 2.

Working with others to resolve interpersonal conflict

All of the codes in this category related to taking some action that involved others in helping to resolve the conflict. People used assertion and confrontation, group process, and discussion with an influential person as ways of responding to interpersonal conflict. This was observed as both an individual- and a group-selected response.

Some faculty used assertiveness techniques to communicate their concerns to others in situations of interpersonal conflict. Assertiveness is the ability to

communicate in a direct, non-threatening manner through the use of messages that identify personal responses. Faculty referred to the act of approaching another person to resolve a conflict as confronting. Although confronting someone does not necessarily imply the use of assertive communication faculty who used the technique seemed to equate it with taking direct action to resolve the conflict. The outcome of doing so was generally a better understanding, or resolution, of the conflict.

One faculty member provided a nice example of this when she described a situation that had occurred between her and a colleague. She summarized by saying, "Later, I told her that I felt our colleague relationship had been violated by her approach with me that day. I said it nicely and we haven't had any problems since then." A faculty leader, talked about a situation with a new faculty member. "When I do decide to take action, I try to confront it directly." Later, in describing a specific situation, she said, "I sat down with her and talked about why the differences. Basically, it turned out that she had misunderstood what was said." Lori also felt that the best way to deal with a conflict was to "meet it head on." Ellen demonstrated the effective use of assertiveness techniques in the way she approached faculty and the administrator. Others

described assertive approaches to potential conflicts regarding their faculty role.

Anne: I told her [the administrator] the good news is, I'm a competent educator.

Jane: This year I won't do it [take on 13 more students] if they won't pay. It was hard to say no, but I felt I had to.

Ollie: I had to go and tell her [the administrator] I'm already on two committees and can't do any more. She accepted that.

A few faculty felt that they had used assertiveness techniques, but were not necessarily satisfied with the outcome.

Kate: I have used confrontation, it didn't always work very well. I'm not going to let it do me in. I would like to be more assertive. Sometimes you can be assertive and it doesn't make any difference. Some people you can be assertive with and it just doesn't work. Can be assertive with some people and get an adult response, with others you know you won't.

Sally: There is one person I've worked with for 4 to 6 years who is me, me focused. I told her about it at one point, now she doesn't talk to me anymore.

Formal meetings were used to work out faculty issues such as new courses, curriculum changes, and other school business. As I observed various faculty meetings, I recognized that faculty worked together cooperatively. Generally, people stated their views clearly and tried to understand the divergent views of others. Based on meeting data alone, I would have drawn the conclusion that faculty had very little conflict. They worked out disagreements among themselves and were

able to see the humor in some of their problems.

Faculty descriptions of their meeting work are provided in the following examples.

Paula: We spent the semester really thrashing it out....had prolonged discussions as we tried to iron it out. Decisions are by consensus. Some don't like that, but I do. Decision is shared.

Ellen: I asked [other faculty] to meet and talk about the course. We spent 4 hours, but we hashed it out.

Marge: At least we worked on problems together. I see her [faculty member] as having a positive problem solving approach, rather than the fatalistic one that we got in the past. There hasn't been that kind of problem solving done before.

Nell: These meetings provide an opportunity to problem solve some issues, decide what we can control...is good.

Rose: We've also had meetings of the undergraduate faculty to hammer out terminology to be used for nursing process. She [nursing administrator] tends to let faculty make their own decisions.

Liz: I find people good at saying what they think is inappropriate. I usually feel free to say something if I have a strong feeling about something. Don't worry about it being held against you.

Often faculty described situations in which they felt it was most appropriate to share their concerns with an influential person to secure help in dealing with the conflict. The following comments identify faculty who sought assistance from others.

Fran: During the time that I was on that committee I learned that people were very angry over her leadership style. They brought that to me, it was a difficult position to be in. I went to talk with

[University administrator], as I felt I needed to talk with other people.

Ellen: I went to talk with the nursing administrator to find out if she would be willing to meet with us during one of the meetings.

Jane: I usually go to [nursing administrator] to talk it over. We talk it out and make decisions. I really want to make sure things are clear, so we talk about the best way to handle a given situation. I try to summarize before I leave so we both know what we have to do.

This section has identified ways in which faculty respond to conflict that involve working with others. Generally, the attitude of those who tended to confront conflict directly was that they needed to participate in group discussions and to support others. They identified group process as important and felt that others could be utilized as resources in the resolution of conflict.

Opposing others in interpersonal conflict

The second response by some faculty to interpersonal conflict was to oppose or work against others. Codes that emanated from the data were controlling, factioning, and not supporting. These were all identified as ways of dealing with conflict by using power or negative influence. They may also serve to keep the conflict going instead of resolving it.

The issue of control was identified as something that caused faculty to experience conflict. Some faculty also saw it as a way of dealing with conflict, since control implies that an individual or group

dominates others. A few faculty mentioned that one way of minimizing conflict was to keep faculty meetings informational and structured by an agenda. They felt that this did not allow for much interchange about subjects that would bring conflict to the fore. Other examples of how faculty saw control being used to deal with conflict are noted in the following examples.

Anne: It seems like the more out of control people feel, the more they try to control others below them. Seems like we've got tighter and tighter controls. Faculty don't have much power or academic freedom.

Glenda: I take the reins a little stronger [when perceive that others want to take control], get louder than I'd like to be. I'm one of the bosses, if people have needs for power, it is hard for them.

Another way of dealing with conflict was the formation of cohesive, usually contentious, minority groups within the larger group. Neuhauser (1988) referred to these factions somewhat humorously by calling them "tribes." The structure in schools of nursing generally puts faculty members into groups that identify them as graduate or undergraduate faculty, or as faculty of a particular specialty department. Thus, from the outset, faculty are divided into smaller groups of people who share the same teaching level, specialty group, or both. Another way that faculty become divided is by becoming "old guard" or "new guard." Such

divisions set the stage for one group to try to control events or other groups.

In addition, faculty may form factions around a particular conflict issue as a way of getting enough support to win out over others. Faculty in the study described the kinds of things that occurred and the kind of emotional pain this wrought.

Icile: Faculty were having private meetings at their houses....they thought they had to do something about [administration]. I didn't align myself with those who were part of that group. There are some people that stick together, pretty much because of their long ties with the university.

Kate: On board, historically, the clique group who has all the information, disseminates it in whatever ways they want it to go out. (In response to interviewer's speculation about communication being manipulated) Communication is manipulated!

She had a lovely personality, but lost buckets of money, that administrator and the clique group. Cliques are probably a natural phenomenon, but they can hurt others when decisions are made with regard to advancement and pay that favor one group over another. It's very natural that it occurs, but it doesn't make it right. It makes others feel on the fringe. From Day 1 you kind of know, it's sort of an undercurrent. For the past 4 years (coincides with resignation of nursing administrator), I haven't been as aware of it, haven't had that much contact to know about it.

Nell: Most of the time, conflict in our school of nursing is pointed at administration. Seems to be more...in actuality...faculty at least in small groups bond more closely together in hopes that they can get something done.

Ollie: When she [administrator] presented this decision to faculty, one member had a fit....it ended up that there were two faculty strongly opposed, two of us in between and one sided with the administrator. We were never the same [after

that conflict], always the tension. I though it was really bad, it was awful.

Sally: I tried to stay neutral, but that wasn't allowed. The [nursing administrator] split faculty right down the middle. Faculty [two of them] won the lawsuit, but chose not to return. It was so uncomfortable for those who had sided against [the administrator] that several other faculty left.

If supporting others seemed to be a way of working with them, then not supporting others was seen as a way of opposing or working against them. Faculty found non-support rather distressing, whether it affected them personally or other people. Like other codes in this category, the non-support might also be viewed as a source of conflict, but more generally was a reaction to conflict. Some examples of non-support follow.

Anne: I got blamed for things rather than supported.

Deb: Got to feel that you were in a hole, but were expected to come out by yourself.

My perception was that she [administrator] was undermining other administration.

The last few years it was not a nurturing, fostering atmosphere.

Ellen: I do see conflict between them and the nursing administrator, see them as a body of faculty with an informal leader. The nursing administrator is over here someplace (motions off to the side)....I get frustrated here, think you should support the administrator. Not that there is sabotage going on, but I do see some undermining. Faculty don't back up the nursing administrator.

Bess: What worries me about [discussion sessions] is that she [faculty member] has capability of squashing things. She makes it known that she doesn't like that kind of stuff. If she's not there, she may not go along with decisions that are made.

Fran: It surprised me that others didn't give her [nursing administrator] as much help and support as I would have thought that they would have.

Not sure how they [administrators] get along, my perception is that [one person] is not necessarily supportive.

Jane: Another thing that bothers me is if faculty aren't supported in dealing with students. A couple of things have happened with students that faculty didn't feel supported by administration.

Kate: Often find women who will put barriers in the way. It goes together with competition, 'if you are stuck here, then I can proceed.' They don't nurture others to make progress. That doesn't happen with everyone here. Instead of saying "if I bring you along, then this will help me too," people take a different tack and don't see the value to self of bringing others along.

Sally: In the end, things got so bad that faculty got together and staged a coup. We voted no confidence in the administrator.

Maybe this is just the nature of academia. If you look at women's behaviors they are said to be supportive, nurturing. It doesn't fit with what I see happening.

The purpose of this section has been to identify ways in which faculty oppose others in response to conflict. In part there is a natural process that divides faculty by teaching level, specialty area, or length of tenure. Unfortunately, faculty may also become polarized around particular issues. This results in the formation of cliques or factions, which decreases the effectiveness with which conflict can be resolved. It also adds to the sense of divisiveness and distrust within the school, the effects of which can be long lasting. In summary, opposing others in conflict situations involves attempts to control others, the

development of factions, and not supporting others.

Responding to conflict indirectly

The third response of faculty was indirect. Codes that evolved from the data were using diversionary activities, buzzing, avoiding or not confronting, and communicating indirectly. The choice to respond to conflict indirectly was seen as a way of doing something about it, but doing so in a way that bypassed a direct confrontation with other participants in the conflict. Those who used this mode felt that it provided the best way to deal with a particular conflict, though it was not necessarily an approach that faculty favored when it was used by their leaders. It was also not seen as the most effective way of dealing with conflict.

The first form of indirect response, using diversionary activities, was disliked by some faculty. Their main objection was that none of the diversions were effective in resolving the conflict. One example that faculty gave related to having taken the Myers-Briggs test.

Deb: She [nursing administrator] expressed concerns about faculty, but it was superficial. We did the Myers-Briggs, but there was nothing done to help us use that information.

Chris: At one point we did the Myers-Briggs, but nothing ever happened with that. Nobody followed up and put that information to use.

Marge: When [name] was administrator, can't remember what the conflict was, was terrible, a time of low morale among faculty. Her approach was

to have us do the Myers-Briggs test. Did nothing about the issue, put that on the back burner.

Other activities that faculty saw as indirect ways of dealing with conflict were conferences and social events.

Chris: Another thing we did was to discuss programatic issues and a cafeteria plan for benefits. We never got anywhere with that either.

Deb: [Administrator's] answer was to have more social events, like a party or a wine and cheese after faculty meeting.

When we had problems, someone would say "Let's have an all day meeting."

Ellen: At the beginning of the semester we had faculty conferences to discuss the retreat, but got off on tangents. I don't think we really have a forum for discussing faculty issues.

Strategic planning also came up as a diversionary activity. As I sat through a faculty meeting in which strategic planning was discussed, I couldn't help thinking that it was a way of distracting faculty from the real world. As they talked about "Cadillac" and "Rolls Royce" models and what they would like, I couldn't help wondering if it made any of them angry to be talking about grandiose plans when the school could afford only the "bicycle" model. During the first validation interview, a faculty member said that she thought strategic planning should be included in the category of diversionary tactics. Therefore, opinions of other faculty were sought and there was emphatic agreement. An outside faculty member also mentioned

strategic planning. She said "Because of changes in the university, there was a strategic planning document put together. I've learned that it is not necessarily dynamic."

The second way of responding to conflict indirectly was identified as buzzing. This was likened to rumor mill or grapevine communication. Faculty talked about how it occurred; some mentioned its negative effects.

Marge: Faculty heard about this [pay inequity] and were angry. What there was, was a passive approach. We buzzed in subgroups.

Jane: When you don't get a clear picture from administration, it gets the rumor mill started. Then functioning on rumors instead of clear communication. Rumors kill us.

Ellen: Last year we were all wondering what would happen with salaries, it was all so secret. We thought everyone would get 5%, but it didn't happen. Those with joint appointments didn't get as much. It seemed like they were penalized for having joint appointments. That was discussed quite a lot.

I feel the frustration here is partly because of [special projects]. Have heard that for a whole year now.

Fran: People did a lot of talking about search committee's choice of a candidate for nursing administrator.

Ollie: I never said anything to anyone [about unusual behavior], thought it was just a bad day or something. Then I started hearing similar stories [about a new faculty member] from other people.

The third and possibly most obvious way of responding to conflict indirectly is to take no action or to avoid the situation. At least one person noted that part of her decision was based on how great an

investment she had in the conflict. Sometimes avoiding conflict was seen as the best way to respond, given the situation. Faculty described their responses in the following statements.

Liz: I decide if it is worth dealing with or just putting up with. Usually, go to the side of putting up with rather than confronting it. I consider if it will interfere with what students are getting or if it will make for an uncomfortable work environment. Also think about how long the problem will last versus if it is likely to reoccur.

Kate: When I look at women's issues, we are probably not as assertive as we need to be. See us as cowardly, moving around, about, and out.

Marge: [When dealing with interpersonal conflict] I am thoughtful, more passive, probably accept more.

Ollie: That situation with the [university administrator] never gets resolved. Most people avoid it and [the administrator]. It's difficult for the [nursing administrator] to avoid the [university administrator] though. For me as faculty, it is fairly easy to avoid [the university administrator].

Sally: I don't know that it [conflict] does get worked out really well. People start avoiding each other.

Nell: It's partly our [faculty's] fault for not letting her [the administrator] know that she conveys that message to us.

Finally, faculty responded to conflict by using indirect communication. A few examples are provided in the following comments.

Deb: I didn't confront them [other faculty] directly. I went to [nursing administrator] and talked about it. [Nursing administrator] didn't

deal with it directly....had a more global approach, talked to all faculty about the problem.

Ollie: If the university administrator doesn't like decisions we've made she writes on the minutes and sends them back.

Sally: We have memo wars. We aren't open with each other. I don't see a lot of open discussion at faculty meetings. We never get to the deeper issues.

In summary, faculty described a variety of methods to respond to conflict, but in an indirect, non-confrontive manner. They described the use of diversionary activities, buzzing or relying on grapevine communication, avoiding people or situations that were conflictive, and using indirect communication. Some felt that an indirect approach this was the only way to handle some conflicts, but generally faculty seemed to recognize that such methods were not necessarily effective in resolving the conflict.

Positioning to decrease interpersonal conflict

This category evolved during validation interviews as faculty clarified that maneuvering for position, withdrawing physically or emotionally, and leaving the situation entirely were all ways of responding to conflict. Initially, maneuvering appeared to be related to role conflict and a belief that, "If I'm unhappy in my position, then moving into another position will decrease conflict." Faculty agreed that this was true,

but brought out that often the reason for changing positions was to decrease interpersonal conflict.

Ellen talked about "finding a niche" as a way to advance her own growth, and also as a way of decreasing conflict that she experienced as a member of her course group. She felt experienced enough to manage her own course, but found it impossible to do so with a faculty leader whom she described as having to have control. Others validated that this person seemed to have strong control needs and that conflict occurred as a result. Ellen described her process in the following way.

Ellen: My biggest frustration is that I'm ready to do something more, but it is hard to get things mobilized. I teach this course, have some input, but not total control. As you progress you get certain skills down. I have learned how to teach and know that I can do it well. In other places, I have had total control of course and know that I can handle the responsibility. I don't know if I could stay here the rest of my life, though any place will have its problems. I think I could be happier if I had my own niche. Right now, I don't see myself growing as a faculty member. Working on PhD helps with personal growth, so I am glad I have that. I think I'm smart enough to maneuver into something I could be happier with, though I wish I could hurry up the process of being accepted.

The idea of having a niche or a home spot seemed important to the happiness that other faculty expressed as well. Maneuvering to get the kind of position where they could be happy or holding on to a niche was part of the role, and also influenced interpersonal conflict. Another faculty member described her thoughts on having worked into a niche.

Fran: Moving into [this position] gave me a wedge to have the kind of discussions where I could negotiate workload. Nursing traditionally has greater workload than other disciplines.

That meeting [graduate] is much less stressful than the big faculty meeting. I find the big one depressing. Guess I feel sorry for them [undergraduate faculty] caught up in the things they are doing. I enjoy collegiality, respect of people on graduate faculty. It's a good give and take group, can share opinions. We are different enough not to overlap in what we do and therefore are not competitive.

It is different [once you get doctorate], you come to realize that part of your life is over, you have the feeling that you are academically prepared. It's done and it is a good feeling. I think this does create greater understanding and sharing among us.

Maneuvering was seen as a way to diminish role conflict, but in so doing, faculty felt that interpersonal conflict was also decreased, as they had more control over courses taught and workload. This decreased feelings of powerlessness and being overloaded. Ellen described her feelings of powerlessness and desire to maneuver into a position she could be happier with, while Fran identified her satisfaction with the position she had recently moved into.

Another faculty response to interpersonal conflict withdrawal from the situation physically, emotionally, or both. This seemed to occur either when they felt overwhelmed by the conflict or when they were unsuccessful in resolving the conflict in other ways. Some examples of withdrawal are identified in the following statements.

Bess: I see [administrator] as having pulled back from the emotional investment she once had.

Fran: It is hard to put finger on now. I am more removed now [because of new position], I hear less about what is going on.

Jane: My anger has turned to numbness. I have to insulate myself from it, let things roll off my back now. Decide to protect myself for other things.

Those informal faculty meetings, maybe that's why I didn't go, wonder where we'll go with all this. After a while of this not going anywhere--maybe that's where some of the numbness comes in--shield myself from it, get tired of not getting anywhere.

[Faculty are] a little standing off from each other. I define cohesive as being able to be honest with each other, open in meetings. We can't do that as well now. Maybe we've all insulated ourselves a little. See people leaving early, I do it myself. Don't see some of the same stuff we used to do together happening, not as common now.

Nell: I don't see [the conflicts], maybe I walk around with blinders on. Don't know if that's good or bad about me....usually the last person to know if someone is upset. I'm not one to sit around and chat. Even with me, I don't take a break to talk about it when things bother me....not a gossip. I'm never in on the scoop.

Rose: When people have bad experiences they are more careful, tend to distance themselves from other people.

Sally: I try to keep a low profile, though I am not a low profile person. After the last administrator, I try to stay out of the way.

The above comments provide examples of how faculty see themselves or others responding to conflict by withdrawing either physically or emotionally. This may be a temporary measure taken until the conflict abates or until they reach the conclusion that things are not going to improve. If they decide that the situation

will not get better, then faculty may opt to leave their position. The decision to leave was often made after a period of prolonged, unresolved conflict. Faculty saw themselves as heavily invested in their position with the university, so the decision to leave was difficult. The following comments by faculty describe their process.

Anne: People try to make needs known, but when these aren't met, they decide to leave. They don't yell at the administrator or tell her that they believe they are treated unfairly. The public reason for leaving is that personal needs dictate the decision.

Chris: I used a discernment process, weighed the positives and negatives of staying or going. It seemed time to go, was clear to me. I mourned it, but don't make quick decisions. Only toward the end there was some anguishing as I perceived what I was leaving.

Deb: It's not that any one particular person was responsible, it was just many things that occurred over several years.

Icil: I started re-evaluating my life. Thinking maybe I ought to get out of that stressful situation. When I defined my position there in terms of stress, it was making me sick.

Lori: I am not completely happy here. I could be like some of these martyrs who stay for years and years, or could be a change agent. Problem with that is we are up against a male-dominated system....I don't think that will ever change.

I can't live with the conflict, can't stand conflict. I want to get it over with and move on. I know there will be conflict at other places. What I don't understand is why people stay here. I guess leaving is a way of dealing with conflict, but I don't know if it is the best way.

Kate: We just lost a wonderful faculty member from [course], but, of course, it was her choice to go there [another university]. We've lost four

excellent faculty....think we've lost them to conflict instead of money.

Marge: There is no resolution of it [conflict], so people leave for own health reasons. I think the idea of three people leaving last year says something. Now [faculty member] is making noises to leave, [another faculty member] has left. This has brought some things to the fore.

Nell: The last 2 years we really have lost people....lost key people last year, significant ones that are hard to replace.

It seems that faculty will live through a lot of conflict before deciding to leave the situation. The decision to leave is often an emotional one for those who go and is equally hard for colleagues to understand and accept. When several people leave at the same time, it apparently creates some dissonance in those who remain. They are left to face their own motives for staying and are forced to confront the problems that have forced others to go.

Positioning to decrease conflict is a response that may involve maneuvering for position, withdrawing physically or emotionally, or leaving the situation entirely. Faculty may try all of these responses to a particular conflict situation. Leaving seems to be a last choice, selected when the person believes that it is futile to remain in the situation.

In summary, the purpose of this section has been to identify and describe the four responses to conflict favored by nursing faculty. Faculty respond to conflict by working with others, opposing others, approaching the

conflict indirectly, and positioning. After responding to the conflict, faculty enter another stage which involves working through the aftermath of conflict.

Working through the aftermath of interpersonal conflict.

The final construct to be identified was conceptualized as working through the aftermath of interpersonal conflict. Working through was a term identified by one of the informants and seemed to best describe the two-stage process that occurs here. The two categories that emerged from the data were gaining a perspective on the conflict and learning to determine and meet own needs. These categories are discussed next. The codes and categories are also summarized in Table 2.

Gaining a perspective on the conflict

The process of gaining a perspective on the conflict included a need to review and explain the situation and interactants, while simultaneously evaluating the process and its outcomes. Although explaining the conflict situation was part of the interview process, it seemed that most informants had already done a retrospective review of the conflict prior to our discussion. In at least one case, the informant saw the interview process as a way to "work it through some more." Another told me later that she had enjoyed the interview because "Nobody really wants to

talk about that sort of thing and it was good to share it with someone who was interested."

Part of their process was trying to understand what had happened to cause the conflict; another part was to offer some explanation for the relationship aspect of the situation. Most informants had worked through the conflict enough to be able to identify their perceptions of the situation. The following quotes provide examples of how they saw the conflict in retrospect.

Bess: It was terrible for people who left, very painful for them. I have talked with [faculty member]. I just couldn't understand how she could go. Since I've talked with her about it, I can see her viewpoint. Another person who left was [faculty member]. I think not having another [specialty] person really did it for her. That's the reason we lost her. She's a strong personality. I think she didn't see eye to eye with the administrator.

Fran: I can tell you that there were serious problems in that administrator's office the last year [that person] was here. [Administrator] had problems with alcohol, and finally went into treatment for that. The other thing that became a problem, was the way administrator spent money. Spent it like we had it, when in reality that put us into a big debt.

Jane: A part of me says it might be personality of people. I never observed any horrible things happen, but from Day 1 of [nursing administrator] being here, it has been different.

Kate: It happens here [not mentoring and putting up barriers for others]. I don't see it as a problem with the administrator, she walked into it.

Others offered explanations as to why the relationship problems occurred. The following data samples identify their insights.

Chris: Women are so much our own problem. We haven't figured out how to take care of ourselves. I don't think the problems I encountered are peculiar to [university], I think women have a high need for affiliation.

Glenda: Women take everything personally. I don't see men as getting caught up in feelings. They seem better at doing business and understanding that is what it is. We don't work much with men, so don't get the experience, don't know how they operate.

Kate: As women, we grew up believing we give service to others. I think we lost faculty to conflict, instead of money. [The conflict] was interpersonal, problems at middle management level.

Marge: A lot of it [conflict] is interpersonal. How people treat each other.

Sally: I don't know if that [someone not talking to you] would happen to men. As much energy as you put into work it would be nice to have some positive experiences with people you spend so much time with. Maybe this is just the nature of academia. If you look at women's behaviors, they are said to be supportive and nurturing. It doesn't fit with what I see happening.

As noted previously, informants also evaluated the way conflicts were handled by themselves or by others. Evaluating was a way of reflecting on actions that were taken and the outcomes that were or might have been achieved. The following quotations identify this part of their process.

Deb: My one regret about it all was that I didn't file a faculty grievance.

Lori: She [faculty leader] does fine, works it out in her own quiet way.

Glenda: I find these things [discussion sessions] too loose, not constructive.

Icile: I kept saying to [administrator] that this [evaluation system] isn't set up right, but nothing was done in 4 years.

Liz: I am still not sure if [that situation] is resolved....will see if she carries through or not.

Marge: I see her [faculty member] having a positive problem solving approach rather than the fatalistic one that we have had in the past. There hasn't been that kind of problem solving before.

Nell: These [discussion sessions] provide an opportunity to problem solve issues, to decide what we can control, is good. See this as a positive thing, we haven't gone this far before.

Ollie: In the end, the administrator agreed to write a letter to delay the visit [of state board to investigate problems], but we were never the same after that, there was always that tension.

Sally: We are so preoccupied with putting out little fires that long-term vision has been lost. We need to get our vision back, to look at who we are, where we are going.

For some, part of the process of evaluating included an assessment of the organization. Since conflict occurred in the context of the organization, it seemed necessary for them to look at the broader scope. Following are informants' comments about the organization.

Chris: When I left [university] someone asked me "How can you do this to the university?" That institution is a non-entity, not a living thing. I have a lot of feelings about [university], it was an idea we all subscribed to.

Even though this place [new school] is not perfect, it is much less stressful than at [university].

Fran: This is not a perfect place to work by any means, but most organizations have some problems.

Deb: This school is no utopia either.

Sally: I don't think she [nursing administrator] knows why she came some days. There is this overall university insanity.

This section has identified the conclusions that faculty need to review and explain conflict situations and the interactants in order to gain a perspective on what happened and why it happened. Additionally, they evaluate the process and outcomes of conflict as part of this process. Since conflict occurs within the context of the organization, there is recognition by some that conflict is influenced by the greater university environment.

Learning to determine and meet own needs

While faculty reassessed the conflict, they also talked about how they were personally affected by their participation in the situation. A concurrent part of the process of working through interpersonal conflict was learning to determine and meet their own needs. Those who had the greatest involvement in conflict situations were most attuned to the fact that what they experienced was a growth process. This process involved the recognition that they had to become more self-serving in order to protect themselves from the emotional trauma caused by conflict. Data for this category were coded as self-determining, self-protecting, and self-caring.

Data coded as self-determining were those quotations that indicated that a faculty member had

decided to limit or regulate her activities, had set priorities for herself, or had made other choices for herself. Those who made the decision to leave the university were certainly acting in what they saw as their own best interests. Others indicated their own process of self-determining.

Fran: I finally had to set priorities for myself. Realized that I couldn't worry about it when people had to take over something that I had done previously. Couldn't take responsibility for them and feel guilty. You have to make decisions to survive.

Lori: People here think they are caring for their families, but how can you do that when you spend the whole weekend grading care plans? I know they send kids away because they are busy grading care plans. I can't do that any more.

Jane: I'm starting next step now....have to develop my priorities. First students, and second my own schooling [for PhD]. I'm doing all these things, now telling myself it is okay to say no to some. I don't have to be involved in everything. Oh, definitely [this is a process of personal survival]. I can't do everything else and stuff for family and remain healthy. It's not just survival, maybe a growing process, too. I had never set priorities before, this has forced me to do so now. Personal issues come up that make you realize you can't do everything. I went through anger, maybe next step will be saying these are my priorities and meaning it.

Although the data contain other examples of self-determining, the three examples above best describe the idea that it is something that faculty learn through experience. All of the examples relate to how role activities are managed to decrease conflict from being overloaded. Fran and Lori seem to have learned the need

to set priorities and do so, while Jane is just coming to the realization that it is acceptable to set limits for herself.

Another aspect of learning to determine and meet own needs was the need to be self-protective. There are elements of self-protection in the examples provided by Fran, Lori, and Jane. Other examples of self-protective behavior are provided in the following quotations.

Deb: I made the decision when I came here that I won't give my soul to another job. I'm trying to be more self-protecting.

Icil: I have no intention of getting myself that stressed again. Really had to do with getting sick and knowing my immune system was weakened by the stress. (We talked about self-preserving being a very important part of her process.)

Jane: I have to insulate myself from it....let things roll off my back now. I decide that I am not going to fight that battle. I have to protect myself for other things.

Chris: When I thought about all I was doing, I knew I needed to get out of [university]. There is destructive behavior in the organization.

Although all of the above examples illustrate self-caring by the virtue of the fact that faculty were doing things to take care of themselves, some specific examples of self-caring behaviors were evident in the data, as well.

Anne: I feel the need for a break and now is a good time [to take one].

Bess: There are support groups for women on campus. They help an individual to cope. I belong to two of them.

Chris: I have stepped back since I came here. Now I have time to pray.

Integrated into these data related to learning to determine and meet their own needs is the theme of survival. Jane and Fran both referred to it in the examples above. Deb referred to having "realized that this was not a healthy way to interact, now I feel such a sense of survival." Rose also referred to survival when she said, "Oh yes, you have to learn that [how to play the system] to survive." These examples indicate that as faculty experience conflict they eventually recognize that they must take steps to take care of themselves.

It was my observation that those who seemed to handle conflict without a lot of residual effect were those who recognized that they had to look out for themselves. Possibly because of a greater need to be self-determining, they were able to approach conflict directly. They were more assertive and more satisfied with the outcomes of conflict situations.

The purpose of this section has been to present the fourth construct, working through the aftermath of interpersonal conflict. The two stages of this process are gaining a perspective on the conflict and learning to determine and meet own needs. These stages occur concurrently and involve a growing process, which results in a sense of personal growth.

The Basic Social Process

The discovery of a core variable or a basic social process (BSP) is the desired outcome of grounded theory methodology (Glaser, 1978). A core category was defined by Glaser (1978) as the main theme that gives credence to other categories and serves to tie the theory together. A basic social process also provides a main theme, but, as the name implies, is processural in nature, having two or more clear stages. Glaser (1978) identified two types of basic social processes. The first relates to relationships and is called a basic social psychological process (BSPP). The second type relates to organizational structure and is known as a basic social structural process (BSSP). The former is the focus of this study and is referred in this paper as the BSP. The emergence of the main theme for this study is described in this section.

As major constructs emerged from the data, it became necessary to think about what was going on in each of these stages that linked them together. What was the motivating factor that each informant described in what she said about her responses to conflict? Within the first few interviews, it became apparent that the decisions made and actions taken by informants were self-protective. This theme came out in phrases such as "This time I got it in writing"; "You have to make decisions to survive"; "You have to learn to play the

system to survive"; "I realized this was not a healthy way to interact, now I feel such a sense of survival;" "I started reevaluating life and began thinking that I ought to get out of that stressful situation"; "Maybe we've all insulated ourselves a little"; "I'm not going to let it [conflict] do me in"; "I try to keep a low profile, even though I'm not a low profile person"; "I have to protect myself for other things."

With the emergence of words like "surviving," "protecting," and "insulating," it became apparent that what guided informants thinking and responses in conflict situations was a need to protect themselves from harm or adversity, while at the same time maintaining their ego integrity, or self-esteem. Since this involved survival in the organization and protection from psychological harm, a gerund was sought that would describe both processes. Self-preserving was selected as the best descriptor. Self is defined as the total being of one person. Preserving refers to the act of protecting [the person] from harm or adversity and maintaining [the person] intact (American Heritage Dictionary, 1972). This definition includes the element of self and the idea that subjects tried to protect and maintain their ego integrity in response to conflict.

Self-preserving explains the basis for moving through the experience of interpersonal conflict. Those things identified as conflict starters for faculty can

all be viewed as threatening to the person in some way. As conflict is experienced, the threat to a person's self-esteem or integrity elicits an immediate self-preserving response. This response is an integral and guiding factor in proceeding with the conflict. After the initial conflict it is necessary to assess what happened and to decide how to respond. Decisions about how to respond are very much based on an assessment of the risk or benefit involved, which stems from a need to self-preserve. The response chosen is perceived to be the best way to deal with the conflict, with the least amount of personal harm. After the conflict is thought to be over, it is still necessary for the person to work through it or come to terms with what occurred. This implies a need to reassess one's part in the conflict and to determine its beneficial or harmful effects. The underlying motivation is to come through it intact or to self-preserve.

CHAPTER VI

Discussion

The intent of grounded theory is that the theory will emerge from the data and thus be grounded in the data. Glaser (1978) asserted that the theory then stands as an integrated set of hypotheses that should be related to the existing literature, the purpose being to place the theory with those of other theorists working on the same topic or idea. Glaser cautioned that the references should be comparative and brief. They should integrate the thinking of others without detracting from the ideas of the grounded theorist. With these caveats in mind, this chapter incorporates theories relevant to the basic social process self-preserving as it relates to the experience of interpersonal conflict. The four constructs or stages of the interpersonal conflict process serve as the organizing framework for the discussion.

Experiencing Interpersonal Conflict

The experience of conflict causes a state of increased stress as the person responds emotionally to the situation. When a person experiences physical danger a built-in survival mechanism known as the "fight or flight" response is activated. The sympathetic nervous system reacts by releasing the hormone epinephrine, which speeds up the heart

rate and moves blood to the muscles, enabling the person to move quickly out of danger. Selye's (1956) research furthered knowledge of this response by acknowledging that a physiological response is also elicited when threats to the psyche are perceived. Interpersonal conflict qualifies as such a threat and precipitates a response aimed at reducing the threat to the person's physical and emotional well-being.

Faculty experienced conflict in a variety of ways, such as perceiving ineffective communication, sensing injustices, feeling diminished and powerless, being overloaded, and transitioning, are all perceived to be potentially harmful to the person in some way. When they are experienced, the psyche identifies them as detrimental and gears the person up to respond protectively.

When people believe that they are uninformed or misinformed about things that are important to their functioning within the organization, they perceive that communication has been ineffective. This may contribute to people feeling vulnerable or threatened. Robbins (1978) contends that, when an individual or group perceives that their survival is threatened, conflict quickly increases. He believes that communication must then be used to remove the perception of threat, so that the conflict will abate. The conflict is, in effect,

the way an individual or group responds to assure self-preservation.

Sensing injustices was attributed by faculty to perceived unfair and inequitable treatment. Lack of extrinsic rewards and workload issues were identified by faculty as problems for them. According to Tucker (1984), interpersonal conflict among faculty often develops as a result of the variance in workload and reward systems. He attributes perceived inequities to differences in salary and teaching assignments between junior and senior faculty. Faculty at the field site did not have difficulty with status differences between junior and senior faculty, but rather among those who were nearly equal in rank and years of experience. Faculty in other settings identified the differences in treatment of faculty as a problem. The underlying motivation of faculty perceiving injustices was the desire to obtain that which they have worked for and deserved. This was a way of taking care of one's own needs and was self-preserving.

The third conflict precipitator for faculty was identified as feeling diminished. Faculty felt that their needs for intrinsic rewards were not being met by their administrators or other faculty. They were missing a nurturing, supporting environment and felt personally diminished because of this lack of encouragement from others. Faculty not feeling good

about themselves and others created conflict. As they struggled to self-preserve there was a tendency towards "I'm okay, you're not okay" thinking. An outcome was labelling others and the development of factions in an attempt to be right, which kept the conflict and the bad feelings going.

An issue related to sensing injustices and feeling diminished is feeling powerless. Feeling powerless implies not being able to do the things that are necessary for change and survival, thus putting a person at risk. The faculty in this study seemed to believe that they had little power to influence change in their own school or within the university itself. Miller (1986) asserted that, when people feel vulnerable and helpless, they develop a way of dealing with others that assists them in overcoming these feelings of powerlessness. By following an often rigid pattern of behavior, they develop a sense of safety and satisfaction. This is a way of self-preserving, even though it serves to stimulate conflict.

Faculty feeling overloaded was a common theme, especially at the field site. Some seemed unaware that they could say no to demands made upon them until a personal crisis forced them to set priorities. Even though they were doing a great deal of work, some felt that they should do more. According to Braiker (1986), women feeling that they are not doing enough is related

to low self-esteem. Somehow women get the idea that if only they can do more and have more, they will be then be good enough. Braiker (1986) believed that this behavior leads to overwork and exhaustion. As women begin to resent others who make demands on their time, they become angry and frustrated (Braiker, 1986; Lerner, 1985; Miller, 1986). Interpersonal conflict among peers is a frequent outcome.

Bauder (1982 a & b) also found that nursing faculty overworked. She expressed some surprise that nursing faculty took on undoable loads and managed to accomplish them. She concluded that faculty do not participate more in conflict resolution because they are so busy. The unresolved conflicts lead to a tense, stressful environment and the generation of more conflict. Bauder's hypothesis is confirmed by data from the present study.

The last way in which faculty experienced conflict was during the process of transitioning. Transitioning implies change and thus may be perceived as a threat, since it requires adaptation to new situations and ways of doing things. Because of the emotional overlay and the perception that changes may threaten a person's well-being, they elicit, in varying degrees, a physiological stress reaction (Bridges, 1980). As a result, the person seeks to self-preserve by resisting the change. The faculty in this study were

transitioning from changes in leadership and the phasing out of two non-curricular programs. They were also beginning the transition from a faculty where the master's degree was the norm to one where the doctorate would become the norm.

A theme in the ideas presented here is that interpersonal conflict leads to a need to self-preserve. It can also be said that the motivation to self-preserve may lead to conflict as faculty struggle to survive within the organization. The underlying problem is related to the perceptions the individual and group have of themselves. Some (Lerner, 1985; Miller, 1986; Schaef, 1985) have identified that women have low self-esteem as a result of their status as a subordinate group in society. Nursing as a predominantly female profession would fit this description (Roberts, 1983). Freire (1989) described subordinate groups as oppressed because they are not like the dominant group who sets the norms and values of a society. Because the oppressed group is convinced by the dominant group that its members are inferior, oppressed group members have low self-esteem. As a result they believe themselves to be weak and powerless. Since members of the oppressed group do not like themselves, they do not like other members of their group either. Fanon (1963) believes that this inherent inferiority leads to what he calls "horizontal conflict" as members of the oppressed group

release their aggression on their own members instead of on the dominant group.

These concepts may explain the development of interpersonal conflict among nursing faculty. They also provide a basis for understanding the factors that contribute to interpersonal conflict among nursing faculty. The themes of being treated poorly by members of the peer group, low self-esteem, and feeling powerless to change the situation are consistent with the tenets of oppressed group behavior.

Making Sense of the Conflict

In the stage making sense of the conflict, people moved away from the immediate conflict situation in order to process what happened and to decide how to deal with the conflict. Self-preserving seemed to be a guiding factor here as people spent some time coming to terms with their own emotions and trying to gauge the emotional responses of other interactants in the conflict. Decisions about what response to take were carefully thought out in terms of the risk, benefit, or time involved in a given option. In other words, people seemed very careful about how they approached conflict so as not to do anything that would be personally harmful. Argyle's (1978) work on interpersonal behavior lends support to the hypothesis that individuals analyze the people and the situation and use this information to guide subsequent behavior. Decisions based on

perceptions of the conflict guide actions taken in the next stage.

Responding to Interpersonal Conflict

The response selected is generally one that the person sees as most appropriate for handling the conflict and least likely to be harmful to himself or herself. Some based their decision on the amount of personal energy it would take to resolve the conflict and also considered their time. The nature of the conflict and its importance to ongoing relationships were also weighed into the equation. In other words, people considered, "How important is this conflict to me and how much energy do I want to expend?" This line of decision making is inherent in a concern for meeting personal needs and survival.

For some the most comfortable way of dealing with the conflict was to work with others. This involved approaching others with the conflict and talking it through. This occurred on a one-to-one basis and in group situations. Although this response seemed the least likely to result in personal harm, it was not entered into without weighing the potential risk involved. An example was provided by the faculty member organizing the brown bag sessions. She explained her willingness to get involved by saying "I was willing to take the risk because I know I won't be here forever."

Faculty who participated in these sessions did so knowing that there was some risk that administration would not approve or cooperate with them, but apparently decided that the potential gain made it worth doing.

Miller (1986) contends that working with others to resolve conflicts is more comfortable for women because of their inclination to interact with people in ways that foster development. She believes that women carry their ways of relating to their families into the work setting. Since the focus for this study was nursing faculty, it is not surprising to learn that working with others was a way of resolving interpersonal conflicts. Nurses are thought to be nurturant, and it is assumed that faculty are interested in developing others. These kinds of traits lend themselves to a direct and cooperative style of dealing with interpersonal conflict that can be self-preserving and other preserving.

Opposing others may seem the response least likely to be self-preserving. However, those who choose this response do so because they believe that they can accomplish more (diminish the threat) by controlling others or by working within the safety of a small group. They see this as a safe way to get what they want. Those outside the controlling group may not agree with this assessment and may form another group to protect themselves from the dictates of the original faction. Responding to conflict in this way may be a reflection

of low self-esteem and feelings of powerlessness (Roberts, 1983).

Those who choose to respond to interpersonal conflict indirectly may do so because they do not wish to get involved in the conflict, or because they are not comfortable in confronting the conflict directly. Lerner (1985) notes that women are sometimes afraid of the anger that they feel when a conflict occurs. As a result, they suppress rather than express their anger. By using indirect means to deal with the conflict, they eliminate the need to devote the time and emotional energy necessary for resolution. The inclination to deal with the conflict by circumventing it may have to do with self-esteem and feelings of powerlessness (Branden, 1983). Again, the person is afraid of the consequences of taking direct action to resolve the conflict. Unfortunately, conflict that continues and remains unresolved may result in continued stress for the individuals involved. Although the intent of dealing with the conflict indirectly may have been perceived to be self-preservation, it is more likely to be self-defeating (Lerner, 1985; Miller, 1986).

Finally, positioning to decrease conflict is a way of approaching a conflict situation that is thought to be unresolvable by other means. The decision to maneuver into a position to decrease conflict, to limit involvement in the conflict, or to withdraw completely

is made after unsuccessful attempts to resolve the conflict by other means. These decisions may also come when the person realizes that resolving the conflict is beyond his or her capability. One person in this study believed that the university setting was dysfunctional and that she had also become dysfunctional. She decided that it was in her own best interest to leave the university. Others who indicated that they felt it necessary to withdraw did so because staying involved was detrimental to them in some way. Deciding to remove oneself from the situation was described as painful, but necessary for self-preservation.

The ways of responding that were described by faculty are similar to those identified by others who study interpersonal conflict. The originators of the study of conflict within organizations, Blake and Mouton (1964), identified styles of conflict handling within the framework of working with or against others. They defined the styles as problem-solving, sharing, forcing, smoothing, and withdrawing. The responses defined by this study can be equated with those of Blake and Mouton, especially because of the emphasis on working with or against others.

Kilman and Thomas (1973, 1975, 1977) built on Blake and Mouton's theory by further defining ways of dealing with conflict as the modes avoiding, collaborating, competing, accommodating, and compromising. These were

placed within the framework of an assertiveness and cooperativeness grid. Although there are elements of Kilmann and Thomas' framework and modes are found in this study, they are not as easily equated as were those of Blake and Mouton. The concepts asserting, cooperating, collaborating, and compromising may all fall within the response working with others. Avoiding and accommodating may capture the behaviors found in responding to conflict indirectly and positioning. However, responses of faculty in this study are descriptive of actual behaviors. Similarly, opposing others may imply competing, but faculty respondents denied that there was a lot of competition among them.

A communication perspective was used by Putnam and Wilson (1982) in their tool development study. They labelled communication styles as solution-oriented, controlling or directly confronting, and non-confronting. The communication style solution oriented described the approach of faculty willing to work with others. Similarly, non-confronting seems to encompass the indirect and positioning responses to conflict. Controlling or directly confronting may be similar to opposing others, though Putnam and Wilson described it as an argumentative approach. Faculty in this study identified confronting as a way of bringing the conflict up for discussion with others. They

equated it with being assertive rather than being argumentative.

Although it could be said that each faculty member had a particular style that was more comfortable for her, it could also be noted that each individual used a variety of responses. The selected way of responding to a conflict was identified as the most appropriate way for that person given the circumstances. Again, decisions were made based on self-interest and were meant to be self-preserving. Whether they were effective in this aim was something that was evaluated in the next stage.

Working Through the Aftermath of Conflict

The final stage of the conflict process for faculty involved working through the aftermath of conflict. During this time, the person attempted to evaluate how the conflict evolved in order to gain a perspective on what occurred. Additionally, the person made some assessments about her own learning and growth as a result of involvement in the conflict.

Depending on the nature of the conflict and the extent of involvement, this stage may be worked through quickly or it may take some time to complete. When working through occurs after a particularly long-term conflict, it is viewed as "being in recovery." This terminology denotes a need to gain insight about the conflict and to get back to a normal or usual condition.

In the study, the learning that came out of this stage was directed toward self-growth.

The faculty in this study learned through the process of conflict how they needed to become even more self-protective or self-preserving. Branden (1983) refers to this as being able to "honor the self." He equates it to self-esteem, noting that people of high self-esteem have confidence in and respect for themselves. They are able to balance their own needs and wants against those of others. Branden stated that people with low self-esteem tend to be conditioned to believe that the needs and wants of others are more important than their own. They often do not know what their needs and wants are, and therefore are unable to assert themselves. People with low self-esteem may find conflict difficult to deal with because they are unable to assert themselves. When people are involved in long-term conflict, it provides the impetus for learning to meet their own needs. As they learn to define and make their needs known to others, they become more self-preserving. An outcome may be more harmonious relationships with others.

The process of gaining this self-insight was difficult for the faculty who described their experiences. Braiker, (1986), Gilligan, (1982), and Miller, (1986) have attributed women's problems with interpersonal relationships to patterns of

socialization. They hypothesized that women have been socialized to put others first and to value relationships. As a result, women find it difficult to say no or to tell others what they think because of the fear of offending (Braiker, 1986; Miller, 1986). Lerner (1985) contended that women have been conditioned not to express their anger because others find it unacceptable.

As a primarily female group, nursing faculty come to their role with this previous conditioning and their preparation for the nursing role. The focus for nurses is service to others. Coping with interpersonal conflict can be a difficult experience for nursing faculty. This study provides some insight into how these faculty experience, make sense of, respond to, and work through the aftermath of interpersonal conflict within the context of self-preserving.

CHAPTER VII

Conclusions and Recommendations

To briefly summarize, this study provides a basis for further theory development related to how people experience interpersonal conflict, describes the process used by nursing faculty when interpersonal conflict occurs, identifies that interpersonal conflict was a stressful component of the work environment for these faculty, and identifies that low self-esteem may be a factor in the development of conflict and in the way it is worked through. This chapter identifies conclusions reached, strengths and limitations of the study, and recommendations for faculty.

Conclusions

The purpose of this study was to discover the process through which nursing faculty approach interpersonal conflict. Self-preserving explains the basis for moving through the experience of interpersonal conflict. A threat posed to a person's self-esteem or integrity elicits a psychological and physiological stress response. The resultant distress prompts people to respond in ways that they believe will decrease their stress and allow them to feel good about themselves. This response is an integral and guiding factor in how people approach interpersonal conflict from a self-preserving perspective.

Since the theory that has evolved from this study is based on an all-female sample of nursing faculty, it provides insight into the way professional women approach conflict. The theories proposed by others related to women's socialization and approaches to interpersonal conflict are partially supported by the data from this study. These women recognized that their nursing orientation toward service to others made conflict difficult for them. Although no attempt was made to determine which of the responses to conflict was used most frequently, it can be concluded that faculty saw all ways of responding as having some risk. Responses described by faculty in this study are similar to those of other conflict theorists. This study identifies that faculty's motivation in conflictive situations was to self-preserve. It is important to note that perceptions of what was self-preserving behavior differed among the faculty interviewed.

Another area of study that was identified as relevant to self-preserving was self-esteem theory. Literature describing women's socialization and ways of relating inevitably identifies self-esteem as a factor. It is of interest that conflict behavior can also be linked to socialization patterns and to self-esteem. Again, no attempt has been made to compare level of self-esteem with conflict behavior, but a general

impression is that those who seemed more self-assured were more likely to work directly with others to resolve conflict.

It is concluded that women's socialization patterns, reinforced by role behaviors of the nurse, play a part in conflict development and in the way nursing faculty choose to respond. Further, the level of self-esteem of the faculty may influence choices in how they respond to conflict. Experience with conflict leads to a recognition that it is a growth process through which one learns to be increasingly self-preserving.

Strengths and Limitations of the Study

This study delineates an interpersonal conflict process for female nursing faculty that has been validated as accurately reflecting their experience. The identified process adds to what is known about how women handle interpersonal conflict and specifically describes the experience for a group of nursing faculty. Additionally, the study supports the idea that interpersonal conflict is a problem in schools of nursing and that it is not always managed in ways that are conducive to the growth of individuals or the organization.

Despite every attempt to follow protocols prescribed for field research, one limitation of the study is linked to the methods used for data collection

and data analysis. Since the researcher was solely responsible for data-gathering and data analysis, the quality of the study was dependent on the skills of the researcher (McCall & Simmons, 1969). Another limitation is related to the informants. The reliability of the data was dependent on their willingness and ability to answer questions posed truthfully and with as much self-insight as was available to them. Additionally, since the sample was comprised of educated women, their knowledge of women's development, socialization patterns, and ways of responding may have influenced their responses. Finally, the sample included only women. The theory may not be representative of the way men experience interpersonal conflict.

Directions for Future Research

This study provides direction for further research in the area of interpersonal conflict. First, the self-preserving theory provides a basis for the development of formal theory. The sample for this study was limited to female nursing faculty. Future studies might focus on other all female groups, or on all-male or mixed group samples. Members of other academic disciplines might be studied for comparison and elaboration of the theory.

Other areas of study suggested by this research are specific to nursing faculty. Questions are raised about the levels of self-esteem among faculty. For example,

does the level of self-esteem influence conflict behavior? Does doctoral preparation influence self-esteem or attitudes about conflict?

Considering that nursing faculty in this study described being overloaded or overworking as a source of conflict for them, it would be of interest to explore the meaning of the work to them. In other words, what does being a nursing faculty member mean? What influences faculty to stay in nursing education? What is the down side of being a nurse educator?

Also of interest would be an exploration of how faculty view the transition from master's prepared to doctorally prepared faculties. How much does the current mix of master's and doctorally prepared faculty in some schools influence conflict development? How do non-doctorally prepared faculty view those with doctorates? Additionally, exploring faculty views of mentoring would be enlightening in view of the needs expressed by some for greater support and nurturing.

During interviews for this study, the concept of venting was introduced. This was something faculty members did to share their distress about conflict with someone else. Another concept, buzzing, was also identified as something that occurred among faculty in small groups. Exploring the effect of these activities on faculty morale might provide some indicators for ways in which they could be carried out more prudently.

Recommendations for Nursing Faculty

Assistance with the identification of recommendations for nursing faculty comes from the insights gained in doing the study and from extensive reading of the literature on women and on conflict. I am indebted to one of my informants, who described a relatively conflict-free environment. In talking with her, I was able to identify some factors that contributed to the absence of a high level of non-productive conflict. She described a faculty who were able to: (a) accept each other as people with different talents and needs and to utilize these talents in the best possible way, (b) recognize that the efforts of each member of the faculty reflected positively on the school as a whole, (c) work together to solve problems while agreeing to disagree, (d) communicate their needs and wants to their dean and seek her support, (e) accept that each person was there because they wanted the freedom to develop as a faculty member without unrealistic pressure from others.

The concepts that emerge from these themes are acceptance, unity, and open and effective communication. My recommendations to nursing faculty are based on these ideas. They are presented based on the assumption that interpersonal conflict can be a problem of varying severity in schools of nursing for the reasons identified in this study. It is not my intent to

eliminate interpersonal conflict, but to help faculty to feel more confident and comfortable when it occurs--in other words, to enhance the process of self-preserving.

In the spirit of knowing and accepting ourselves, I recommend that faculty study the process identified here and refer to it when they are involved in conflict. Understanding how and why we respond as we do may result in greater self-understanding that could lead changes in our response patterns. Learning to respond in more effective ways could lead to less stressful and more productive conflict resolution.

It has been suggested by Branden (1983) that we must be able to accept ourselves before we can accept others. He believes that the attainment of a high level of self-esteem is a an ongoing and difficult process. It would be futile to suggest quick fixes for low esteem, but recommending that we take time out to think about how we rate ourselves may be useful. Braiker (1986) has suggested that women become so busy that they rarely take time out to think about what they are doing or why they keep themselves so busy.

One of the exercises that graduate students learn in the courses that prepare them to be nursing faculty is analysis of the philosophies of schools of nursing. This is done so, that as potential faculty members, they are aware of a school's philosophy. It allows them to seek employment in a school of nursing with a philosophy

that is congruent with their own beliefs and values. This means that each member of a faculty is there because he or she has decided that the philosophy of the school is compatible with his or her own. Possibly it is a matter of recognizing that we choose a school for similar reasons and that our personal philosophies are not that different from those of others in the setting. Having similar beliefs and values should lend itself to a sense of purpose and unity. It is my suggestion that faculty need to re-evaluate their growth and aspirations periodically to determine if the goals of their employer continue to be congruent with their own. If not, it may be necessary to consider other career possibilities in order to maintain spirit and self-esteem.

In talking about the idea of unity, one of my informants said, "We need to hold hands more." Expectations for collegiate nursing educators have evolved over the last several years as nursing tries to earn its place among other academic disciplines. The demands placed on faculty to research, publish, do professional and community service, and teach are overwhelming. Many faculty are not academically prepared to carry out all of these roles. Faculty who have the academic credentials often do not recognize that they need to mentor others. The result seems to be a lack of unity and a loss of self-esteem for those faculty without doctoral preparation. Nursing faculty

need to recognize the necessity of nurturing and supporting others so that their school will flourish and be recognized by the academic community.

As nursing faculty make a commitment to hold hands more, they also need to value communicating their needs and wants to others. The assertiveness literature tells us that it is necessary to know ourselves so that we may tell others clearly what we feel, need, and want. As noted earlier, we lose sight of those things, making it difficult to share them with others. Female nursing faculty need to make an effort to keep in tune with themselves, so that they will be better able to communicate with others. It is necessary to determine our priorities and to set limits. It is essential that we communicate them to our leaders and our peers. By making the commitment to work together, nursing faculty will be able to use conflict productively to enhance ourselves, our schools, and the profession of nursing. Only then will we truly be self-preserving.

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Appendix A
Interview Guide

CODE #0

TIME IN POSITION: YEARS; YEARS IN EDUCATION

TENURED:

LEVEL OF EDUCATION: MSN, Doctorate

DESCRIPTION OF SETTING:

NUMBER OF FACULTY:

NUMBER OF STUDENTS:

TYPE OF PROGRAM(S):

ADMINISTRATIVE STRUCTURE:

GUIDE QUESTIONS FOR FORMAL INTERVIEW

Tell me what it is like to work here or at your school
of nursing.....

Some people define interpersonal conflict as the
disagreement of two or more people. What does it mean
to you?

What types of situations seem to cause interpersonal
conflict here or at your school?

Tell me about a specific situation here or at your school that caused interpersonal conflict.... (Use further questions to clarify as needed)

How did you react to that situation while it was going on? after it was over? Was this typical of how you respond to conflict with others? If not, how did it differ? What made this situation different?

How did other faculty respond to it at the time? after it was over? Was this a typical response for faculty? If not, how did it differ? What made this situation different?

How did administrator(s) respond to it at the time? after it was over? Was this response typical of administrator? If not, how did it differ? What made this situation different?

What was the outcome of this situation? If needed probe with: on people? working relationships? the school generally?

Is there anything further that you would like to tell me about interpersonal conflict here or at your school?

Committee on the Protection of Human Subjects
University of San Diego
San Diego, California 92110

16 October 1989

Ms. Kathleen L. Harr
School of Nursing
University of San Diego

Dear Ms. Harr:

Although the Committee on the Protection of Human Subjects rejected the request to give your proposal entitled "Perceptions of Interpersonal Conflict: A Grounded Theory Study of Nursing Faculty" an expedited review, I am pleased to inform you that your project was approved by review of the full committee.

I must remind you that a summary of your completed project, or a progress report is to be submitted to the committee by the first anniversary of the date of its approval. Please refer to the human subjects document for further details of this requirement.

Good luck with your research. I hope that your project is successful.

Sincerely,

Dr. Daniel D. Moriarty
Chairman, CPHS
Department of Psychology

Appendix C

UNIVERSITY OF SAN DIEGO

CONSENT TO ACT AS A RESEARCH SUBJECT

Kathleen Harr, doctoral candidate, is conducting a research study that involves interviewing nursing faculty members. Since I have been selected to participate in this study, I understand that I will be interviewed about conflict in my work setting. I further understand that I may be asked for a follow-up or second interview by the researcher.

This data collection will take about an hour each time that I am interviewed. Participation in the study should not involve any added risks or discomforts to me except for the possible minor fatigue or emotional discomfort as I relive my experiences with conflict.

My participation in this study is entirely voluntary. I understand I may refuse to participate or withdraw at any time.

I understand my research records will be kept completely confidential. My identity will not be disclosed without consent required by law. I further understand that my name will not be used in any publication of the results of this study.

Kathleen Harr has explained this study to me and answered my questions. If I have other questions or research-related problems, I can reach Kathleen at 402-291-1348.

There are no other agreements, written or verbal, related to this study beyond that expressed on this consent form. I have received a copy of this consent document.

I, the undersigned, understand the above explanations and, on that basis, I give consent to my voluntary participation in this research.

Signature of Subject

Date

Location

Signature of Witness

Date

Signature of Researcher

Date