



Short Paper

The Relationship Between Nurse Leaders' Conflict Management Styles and Staff Morale in Healthcare Settings

Reyna Fe G. Salvador

La Consolacion University Philippines, Philippines
reynafe.salvador@email.lcup.edu.ph
(corresponding author)

Lemuelle C. Adique

La Consolacion University Philippines, Philippines

Allan M. Manaloto

Bulacan State University, Philippines

Rossinie T. Pasco

San Roque National High School, DepEd, Bulacan Division, Philippines

Joseph Erol T. Cuevas

La Consolacion University Philippines, Philippines

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Abstract

This research investigated the relationship between nurse leaders' conflict management styles and staff morale in a hospital-based healthcare setting in the Philippines, using a case from Balagtas, Bulacan as a representative example. It is founded on Dual Concern Theory, which states that conflict management styles are dependent on self-concern and concern for others. A descriptive correlational design was employed to collect data from 50 nurses using the Rahim Organizational Conflict Inventory-II and the Practice Environment Scale of the Nursing Work Index. The findings revealed that collaboration and



compromising were the most frequently used conflict management styles, which were associated with higher staff morale: particularly in terms of leadership support, resource adequacy, and quality of care indicators. Statistical analysis using Spearman's rank correlation demonstrated a moderate positive relationship ($\rho = 0.35, p = 0.013$) between nurse leaders' conflict management styles and staff morale. Results showed that both listening and team-oriented methods created trust, involvement, and satisfaction, while avoidance or competing methods were less effective. The study demonstrated that training programs for nurse leaders' conflict resolution skills must emphasize collaboration and compromise to promote team cohesion and increased job satisfaction. Considerable attention is valuable for such stakeholders as the hospital managers and even the policymakers, who function in parallel to the study setting, which is a secondary-level health care facility in Balagtas, Bulacan. The study might be focused on one institution, but the influence of conflict management styles on staff morale is likely to reflect fundamental insights in other healthcare settings as well. Thus, staff adaptive leadership workshops, along with targeted organizational policy frameworks pertaining to workplace dynamics aimed at improving morale and organizational productivity, could be developed for these contexts. Comprehensive studies should be conducted utilizing a greater number of participants from different healthcare institutions and regions.

Keywords – conflict management styles, nurse leadership, staff morale, healthcare work environment, collaborative leadership

INTRODUCTION

The nursing profession is not exempt from other challenging issues, like interpersonal conflict among colleagues, which forms an essential part of quality patient care delivery. Because of the differences in personalities, values, attitudes, beliefs, cultures, and needs, conflict is expected between nurse supervisors, head nurses, and staff nurses and their fellow nurses (Palacio, 2022). Healthcare teams typically encounter five primary problems, which are related to responsibility, dispute resolution, decision-making, progress reflection, and coaching (Zajac et al., 2021). The nurse leader represents the backbone of healthcare organizations and plays a major role in managing interpersonal conflicts and fostering a positive environment at the workplace for their staff. DeChurch and Marks (2001, as referenced in Zajac et al., 2021) described conflict management as "strategies implemented by group members aimed at reducing or solving conflict." The conflict management styles that are employed by nurse leaders are very important for nursing employees in forming the work environment and influencing their staff's morale. An international study indicated a strong relationship between leadership actions and job happiness, with ineffective conflict resolution leading to more turnover and decreased nurse morale (Ofei et al., 2023; Hashish, 2024). Nurses who work in environments with poor conflict resolution skills or under toxic leadership are especially prone to express discontent with their jobs and a wish to quit.

There are differing findings in the literature that currently exist about conflict management strategies of nurse leaders and their relationship to nurse morale in healthcare settings. For instance, some research finds contradicting outcomes. Other studies show that integrative and accommodating approaches to conflict management are connected to improved nurse morale (Labrague et al., 2018). Also, according to research done on Jordanian nurses, the most common conflict management technique that they preferred was integration, which was followed by obliging, dominating, compromising, and avoiding (Al-Hamdan et al., 2012). This indicates that more favorable results, such as higher employee morale, might be linked to integrative approaches. This was also supported by Labrague et al. (2018), who stated that competing and avoiding were the least common ways that nursing professionals utilized, whereas integrating was the most common. However, in the study conducted by Ardalan et al. (2017), the major conflict management styles used by the nurses were controlling, followed by avoiding and resolving conflict in their workplace. In another study conducted by Bařođul and Özgür (2016), nurses primarily used avoiding, dominating, and obliging techniques at a moderate level while they used compromising and integrating techniques at a mild level.

Considering the gaps in research on the most effective conflict management styles to improve staff morale, the impact of nurse leaders' management styles on organizational culture is relatively unexplored, especially concerning the Philippine healthcare context. While some works support the use of integrative or collaborative approaches (Labrague et al., 2018, and Al-Hamdan et al., 2012), others advocate for a more balanced approach that includes avoiding overly dominant or proactive styles (Ardalan et al., 2017; Bařođul and Özgür, 2016). This variation suggests that contextual factors may significantly influence the relationship between leadership behavior and staff morale.

In order to fill this gap, this research focused on the association between the conflict management styles of nurse leaders and the morale of the nursing staff in a hospital in the Philippines. Staff morale was evaluated in terms of nurse involvement in hospital affairs, the nursing care foundations for quality of care, the nurse manager's ability and leadership support, staffing and resources sufficiency, and collegial nurse-physician relations. This study enhances the literature by providing local hospital-based empirical evidence and explaining some particular nurse leadership behaviors that can positively or negatively affect the work climate. It is hoped that the findings will contribute to the design of leadership training and organizational policy changes aimed at fostering healthcare workplace environments supportive of staff morale.

LITERATURE REVIEW

The study explored the connection between staff morale in healthcare environments and the conflict management styles of nurse leaders, using the Dual Concern Theory as its guiding framework. Originally developed by Pruitt and Rubin (1986) as an extension of Blake and Mouton's two-dimensional conflict model, the theory posits that individuals respond to conflict based on varying levels of concern for self and others (Jang & Cho, 2022). These two

dimensions generate five core conflict management styles: integrating (high concern for both self and others), obliging (low self, high others), dominating (high self, low others), avoiding (low both), and compromising (moderate concern for both).

In the context of this study, the Dual Concern Theory informed both the selection of conflict management styles (via Rahim's classification) and the conceptual expectation that collaborative (integrating) and compromising styles, those demonstrating higher concern for both parties, would be more positively associated with staff morale. On the other hand, dominating and avoiding styles with their lower mutual concern were expected to correlate with low morale. Hence, the theory not only framed the independent variable conflict management style but also supported the hypothesis that suggested some styles would create positive work cultures. From this perspective, the study set out to find leadership actions that strategically use empathy and assertiveness to enhance work environments.

Nurse Leaders' Conflict Management Styles

Maintaining order in healthcare institutions requires effective approaches to conflict management. The main aim is to reach an agreeable decision for all stakeholders or for the collective to move forward from disputes (Ronquillo et al., 2023). Conflict management is significant in curtailing negative behaviors during conflicts and facilitating agreement on mutually acceptable solutions for both parties (Rahim, 2011, as cited in Labrague et al., 2018). Well-organized strategies make managing conflict more effective, which, in turn, improves the working social relations and coping mechanisms dealing with the conflicts (Ibrahim et al., 2015).

Unresolved conflicts can lead to dire consequences in the workplace. Such ineffectively managed conflict can reduce productivity, worsen morale, diminish the quality of patient care, and increase employee turnover (Tuncay et al., 2018). Therefore, effective workplace conflict resolution strategies must be implemented to maintain a productive work environment. According to research, some leadership styles, like reassuring and empathetic ones, are pivotal in establishing a positive workplace culture and improving nurses' resilience—and their ability to cope during periods of intense demand, such as during pandemics (Alboliteeh, 2022).

Leadership style has a direct effect on how committed employees feel to the organization and on staff turnover. Understanding this connection is important for creating leadership tools and strategies that help retain staff over the long term (Alboliteeh, 2022; Smama'h et al., 2023). Furthermore, modern practices of human resource management, especially those focused on employees' mental well-being, appropriate workload distribution, and adaptable scheduling, have been proven to mitigate burnout, foster empathy, and substantially improve job satisfaction among nurses (Amestoy et al., 2014; Bharathi & Sujatha, 2024). Of all the strategies for managing conflicts, integration is the most predominant style utilized by nursing professionals, which demonstrates their commitment to resolving workplace challenges through cooperation and inclusion (Labrague et al., 2018).

In order to establish an effective and strong workforce, healthcare organizations ought to instill leadership that is open to communication, teamwork, and reciprocal support (Kamaryati et al., 2024). It is also important to define leadership positions and implement firm policies about leadership duties. These measures can enhance motivation at work and limit intent to turn over among nursing personnel (Kamaryati et al., 2024).

Staff Morale

Employee morale is the desire to see the organization through to its goals and continue to grow (Khumalo, 2021). As a concept of motivation, morale is the capacity of a group of people to consistently and dependably accomplish a shared objective (Leighton, 1949, as cited in Obeng et al., 2021). The provision of high-quality healthcare has been proven to be significantly correlated with the job satisfaction of healthcare practitioners (Sabitova et al., 2020). According to the World Health Organization (2019, as cited in Sabitova et al., 2020), three domains—accessibility, safety, and acceptability of care—can all benefit from increased workplace morale. When it comes to the purpose of staying and continuing to work for an organization, employee morale (commitment to organizational activities and job satisfaction) considers how workers will repay the organization (Hopkins, 1995, as cited in Obeng et al., 2021).

METHODOLOGY

Research Design

The researchers utilized a quantitative approach, which used measured or observed data to investigate issues pertaining to a certain community. According to Ahmad et al. (2019), quantitative research is a broad field that includes a variety of approaches, methods, and presumptions to use numerical pattern analysis to examine psychological, social, and economic processes. It is also utilized to observe phenomena that have a direct impact on people.

Specifically, the study adopted the descriptive correlational design, which is a type of research approach that attempts to describe the relationship between two or more variables without hypothesizing causality. It aims to determine the strength and direction of the relationship between two or more variables through the process of measurement and analysis. This research design was applied to this study for several reasons. To begin with, in this type of design, the researchers systematically observed and described the nurse leaders' conflict management styles and staff morale without having to manipulate variables; Secondly, because the study intended to examine the association between the nurse leaders' conflict management styles and staff morale, a descriptive correlational design availed the opportunity for researchers to probe into the strength of association between such variables; and finally, through this design, variables were probed as they naturally occur

under the real-world setting of hospitals, making it stand at a better ecological validity compared with other designs depicting the phenomena under investigation.

Research Locale

This study was conducted in a hospital in Balagtas, Bulacan. The hospital was chosen because it was readily accessible, cooperative, and organized with a full range of nursing units, thereby allowing the observation of a representative scenario of conflict management dynamics and morale among staff in a typical health care setting. Its interdisciplinary team of medical professionals includes a total of 50 nurses distributed across multiple departments: 10 in the Emergency Department, 6 in the Nursery, 6 in the Operating Room, 15 in the Ward, 6 in Dialysis, 4 in the Outpatient Department, and 3 in the Nursing Service Office.

This study examined the relationship between staff morale and the conflict management strategies employed by nurse leaders in this healthcare facility. In conducting this research, the total enumeration or total population sampling technique was utilized, which, according to Lund Research Ltd. (2012), is a type of purposive sampling technique that involves examining the entire population that has a particular set of characteristics. Use of total enumeration prevented sampling bias and ensured internal validity for the study. The researchers also admit that it can influence the extent to which the findings can be generalized to other settings because the sample was restricted to a single institution. Future research can enhance it with samples from several hospitals representing various regions to compare and generalize to a wider context. All participants were oriented about the aim and scope of the study, assuring them that its nature and purpose were well understood, and any information obtained was treated with the utmost confidentiality.

Research Instruments

The researchers used two standardized questionnaires: Rahim Organizational Conflict Inventory-II, Form A, and Practice Environment Scale of the Nursing Work Index (PES-NWI), in addition to the demographic profile of the respondents.

Rahim Organizational Conflict Inventory-II (ROCI-II) Form "A." This self-report inventory measured five different conflict handling styles with the help of 28 items (Rahim, 1983, as cited in Akhtar and Hassan, 2021). These conflict handling styles included obliging (6 items), compromising (4 items), integrating (7 items), avoiding (6 items), and dominating (5 items). It called for responses on a rating scale of 1 (strongly disagree) to 5 (strongly agree). This inventory was selected since it came out with very high reliability, which was supported by satisfactory Cronbach alpha coefficients ranging from 0.72 to 0.77 (Rahim & Psenicka, 1984). The other reason for using that inventory was that its administration time is about 15 minutes. The sum of the scores for the items under each style will give the researchers insight into how individuals typically manage conflicts in organizational settings. A higher score represents greater use of a conflict style.

Practice Environment Scale of the Nursing Work Index (PES-NWI). This scale was developed by Lake to determine the organizational characteristics of environments that were attractive to nurses. The scale consists of 31 items, and questions are scored based on Likert's four-point scale. The Practice Environment Scale of the Nursing Work Index (PES-NWI) is the most widely reported measure used to gauge the state of nursing practice environments, and it is the only measure recommended by several United States organizations promoting quality healthcare (Lake 2002, as cited in Warshawsky & Havens, 2011). PES-NWI subscales include nurse participation in hospital affairs; nursing foundations for quality of care; nurse manager ability, leadership, and support of nurses; staffing and resource adequacy; and collegial nurse-physician relations (Press Ganey Solution Inc., 2018). A four-point Likert scale is used where four response options are employed to assess opinions or attitudes. Participants express their degree of agreement or disagreement with given statements by selecting one of four choices: strongly disagree (1), disagree (2), agree (3), or strongly agree (4). Mean scores below 2.5 indicate an unfavorable NPE, and those above indicate a favorable NPE (Amara et al., 2012).

The PES-NWI demonstrated good internal consistency, with a Cronbach's alpha coefficient of 0.948. All corrected item-total correlations are above 0.3. Each of the subscales identified by Lake was assessed for internal consistency with Cronbach's alpha. Each subscale had a Cronbach's alpha greater than 0.7, which indicates internal consistency, and for each subscale, the corrected item-total correlations are greater than 0.3. Nurse participation in hospital affairs has a Cronbach's alpha of 0.892, nursing foundations for quality of care of 0.808, nurse manager ability, leadership, and support of nurses of 0.705, staffing and resource adequacy of 0.772, and collegial nurse-physician relations of 0.846. There is no increase in Cronbach's alpha by deleting any of the items of each of these subscales' alpha coefficient of 0.948. All corrected item-total correlations are above 0.3 (Parker et al., 2010).

Data Collection Procedures

A permission letter was presented to the authorized officer of the hospital where the survey was conducted. Once the approval was confirmed, the researchers proceeded to communicate formally with the respondents using the communication channels approved by the hospital, including detailing objectives, the procedure, the measures of confidentiality, and the fact that participation is voluntary. The researchers considered direct benefits to participants that would arise from their improved understanding of roles and responsibilities in the hospital setting. The study would also contribute generalizable knowledge about participants' experiences and challenges that could be useful in future policy and program development to improve workplace conditions. There was no material compensation involved, but participants were provided with insights based on the survey's findings for reflection on professional practices and workplace well-being. The researchers then obtained each staff member's individual informed consent before data collection. The standardized questionnaires of the study were sent through online surveys, which were Google Forms. Submission of a Google form indicated they approve of being in the study. This survey took the respondent 15 minutes to answer. In using this data collection method,

the respondents were assured that the process has secured digital storage with encryption and access controls to protect the respondents' confidentiality. The researchers also guaranteed that all participants would be treated fairly and respectfully throughout the study. This included equitable access to the research opportunity, fair treatment during data collection, and the right to have their voices heard and respected in the analysis and reporting of results. At the end of the study, the process of making sure that the records were securely deleted or disposed of, following any data protection regulations and ethical guidelines, was completed. Furthermore, the researchers declared that there was no conflict of interest in conducting this study, ensuring that the results and interpretations were free from any undue influence or bias.

Data Analysis

The collected data was analyzed using various statistical methods. A combination of the Microsoft Excel program and the Statistical Package for the Social Sciences (SPSS) was used to execute statistical analysis of these data.

The researchers utilized the mean and standard deviation. Analysis of both the mean and the standard deviation of pertinent variables for the nurse leaders' conflict management styles and staff morale enabled the researchers to know about typical experiences by nurses in these settings as well as the degree of variability or consistency in experiences. According to Corpuz (2019), the mean is the average of all possible outcomes, while standard deviation measures the spread of variability. He also emphasized that if the standard deviation is low, the individual outcomes of the experiment are closely spaced with each other. In other words, the values are almost the same, or if they do differ, the difference is small. If the standard result of the standard deviation is highly positive, then the individual results of the experiment are far apart from each other—that is to say, the values are significantly different.

Spearman's correlation was also used to determine the strength and direction of the association between ranked data (Makowski et al., 2020). In connection with the nurses in Bulacan and their staff morale as influenced by the nurse leaders' conflict management styles, Spearman's rank correlation helped in determining the significant association between these factors by collecting data on the staff morale and the nurse leaders' conflict management styles in Bulacan, then the variables were ranked in order from lowest to highest. Spearman's rank correlation coefficient was then calculated to quantify the degree to which these ranks are related.

RESULTS

Involved in the study were 50 nurses, of whom most (82%) were females with a mean age of 34.04 years ($SD = 5.71$). Most of the respondents had a bachelor's degree (96%), while 4% had a master's degree. By years of experience, most had more than 10 years of practice

(32%), followed by 26% with 1-3 years, and 12% with less than 1 year. As for work shifts, most nurses were on rotating shifts (56%), followed by nurses on the day shift (38%).

Table 1. Demographic characteristics of nurses

Variables	Frequency (f)	Percentage (%)
Age		
23-29 y/o	8	16 %
30-36 y/o	25	50 %
37-43 y/o	14	28 %
44-50 y/o	3	6 %
Gender		
Male	9	18 %
Female	41	82 %
Educational Attainment		
Bachelor's Degree	48	96 %
Master's Degree	2	4 %
Years of experience		
< 1 year	6	12 %
1-3 years	13	26 %
4-6 years	4	8 %
7-10 years	11	22 %
> 10 years	16	32 %
Shift		
Day	19	38 %
Night	3	6 %
Rotating	28	56 %

Nurse leaders used the collaborating conflict management style most with the highest mean score ($M = 3.98$, $SD = 0.95$), which indicated a strong tendency to use cooperative and assertive conflict management styles. This was followed by the compromising ($M = 3.54$, $SD = 0.96$) and accommodating ($M = 3.35$, $SD = 0.81$) styles, which indicated a moderate tendency to compromise or yield to other people. Avoiding and competing styles were used least with mean scores of 3.09 ($SD = 1.23$) and 2.64 ($SD = 1.11$), respectively. The mean for all the styles was 3.32 ($SD = 1.01$), which indicated moderate use of conflict management styles.

Table 2. Nurse Leaders' Conflict Management Styles

Conflict Management Style Subscales	N	Mean	Std. Deviation
Collaborating	50	3.98	.95
Accommodating	50	3.35	.81
Competing	50	2.64	1.11
Avoiding	50	3.09	1.23
Compromising	50	3.54	.96
Overall	50	3.32	1.01

Overall staff morale was also seen to be positive, with a mean score of 3.43 (SD = 0.67). Of the various aspects of morale, Nurse Manager Ability, Leadership, and Support were most highly rated (M = 3.54, SD = 0.69), which brings out the significance of supportive leadership. This was closely followed by Nursing Foundation for Quality Care (M = 3.46, SD = 0.70) and Staffing and Resource Adequacy (M = 3.42, SD = 0.78). Nurse Participation in Hospital Affairs was rated slightly lower (M = 3.38, SD = 0.73), and Collegial Nurse–Physician Relations ranked lowest (M = 3.33, SD = 0.46), indicating potential for improvement in interdisciplinary relations.

Table 3. Level of Nurses’ Staff Morale

Nurses’ Staff Morale Subscales	N	Mean	Std. Deviation
Nurse Participation in Hospital Affairs	50	3.38	.73
Nursing Foundation for Quality Care	50	3.46	.70
Nurse Manager Ability, Leadership, and Support of Nurses	50	3.54	.69
Staffing and Resource Adequacy	50	3.42	.78
Collegial Nurse-Physician Relations	50	3.33	.46
Overall	50	3.43	0.67

To determine the relationship between nurse leaders’ conflict management styles and staff morale in healthcare settings, a Spearman’s rank correlation test was used. Table 4 revealed a significant positive relationship between their nurse leaders’ styles of handling conflict and the staff morale ($\rho = 0.35$, $p = 0.013$), suggesting that improved conflict handling by nurse leaders is associated with higher staff morale.

Table 4. Relationship between nurse leaders’ conflict management styles and staff morale in healthcare settings

Factor	N	Mean ± SD	Spearman’s rho	p	Interpretation
Practice environment	50	3.43 ± 0.67	0.35	0.013	Significant, Positive
Conflict Management Style	50	3.32 ± 1.01			

DISCUSSION

This research explored how conflict management styles correlate with staff morale among nurse leaders in the healthcare context. As expected, the collaborative conflict management style was the most popular approach (mean = 3.98, SD = 0.95) to conflict management, followed by finding solutions that are beneficial to both parties through working together. This was more consistent with the collaborative nature of healthcare, which claimed teamwork and open channels of communication for effective patient care, as

well as a good work atmosphere. This is in alignment with Almost et al. (2016), who reported that nurse leaders employing collaborative conflict resolution produce higher psychological safety and interprofessional trust. In the study, those units where leaders prioritized mutual problem-solving had statistically higher staff morale and lower emotional exhaustion scores, reflected also in the high mean of the present study's collaborative style (mean = 3.98) and generally positive staff morale (mean = 3.43). Lower ratings for competing (mean = 2.64, SD = 1.11), avoiding (mean = 3.09), and accommodating styles (mean = 3.35) were depicted unexpectedly, which validated that nurse leaders do not react assertively or passively in conflict scenarios. This is consistent with Rahim's (2010) model, where assertive or avoidant reactions sabotage workplace relationships, especially in nursing, where empathic collaboration is paramount.

These broad overall positive assessments of staff morale (mean = 3.43, SD = 0.67) reflected the workplace environment that takes care of almost every aspect of job satisfaction and commitment. The top scores in terms of Nurse Manager Ability, Leadership, and Support (mean = 3.54, SD = 0.69) further illustrated the significance of powerful and qualified leaders in uplifting staff morale. This reinforces the findings of Spence Laschinger et al. (2014), who found that transformational nurse leadership enhances trust and morale, ultimately improving retention.

As expected, Staffing and Resource Adequacy (mean = 3.42) and Nursing Foundations for Quality Care (mean = 3.46) were rated positively. The significant mean scores in Staffing and Resource Adequacy of the present study (mean = 3.42) agree with the study by Aiken et al. (2012), where it was established that hospitals with enhanced nurse-to-patient ratios and stable resource availability not only reduced burnout but also enhanced morale, retention, and patient safety. This correlation, in particular, confirms our data, showing that effective staffing is not only functional but motivational. Unexpectedly, the relatively lower scores with Nurse Participation in Hospital Affairs (mean = 3.38, SD = 0.73), as well as with Collegial Nurse-Physician Relations (mean = 3.33, SD = 0.46), suggested further improvement in collaborative decision-making and interprofessional relationships. This is by Manojlovich and DeCicco (2007), who underscored that good communication and respect among nurses and physicians are the foremost determinants of high staff morale and job satisfaction. They revealed in their study that units with positive nurse-physician relationships had higher organizational commitment and lower job-related stress incidents. Therefore, the lower mean of the current research in this area could suggest that morale might be enhanced even further by providing formal initiatives to close communication gaps and promote interdepartmental collaboration.

The critical reflection of nurse leadership styles toward managing conflicts on employee morale, as found in this positive association ($\rho = 0.35$, $p = 0.013$), acted as a moderately significant reflection of leadership attitude on the dynamic workplace environment. It suggested that better morale would be seen among the staff when nurse leaders manage conflicts with collaborative, compromise-promoting, and inclusiveness-dominated strategies. Trust, mutual respect, and perception of fairness emerged from such

styles within a healthy working environment. Almost et al. (2016) support similar results that say good conflict resolution increases collaboration among health teams, so increases individual stress, and improves overall joy at the workplace. Moreover, this correlation ($\rho = 0.35$) showed that conflict management strategies might lead to an increased level of motivation, but not very much. Some reasons could be organizational culture, sufficiency of resources, and availability of professional development opportunities. Rahim (2010) had said that these mechanisms of collaboration and compromise not only resolve disputes but also lead to very long-lasting relationships in the future and a supportive environment in which the findings of the current study were made possible. On the other hand, according to Hendel et al. (2005), very assertive or avoidant styles should increase the incidence of discontent and disengagement. This underlined the need for equipping the nurses with adaptive conflict-management training that would support the altruism of high morale and productivity among the staff.

This study enhances our understanding by confirming that nurse leaders' conflict management style selection has a direct bearing on staff morale, and that inclusive and collaborative styles best facilitate positive work environments. It also identifies certain workplace dimensions (e.g., nurse-physician relationships and decision-making participation) that are underdeveloped and require unique focus. The findings emphasize the importance of adaptive conflict resolution and interprofessional collaboration leadership training as ways to improve morale, reduce turnover, and improve patient care outcomes.

CONCLUSIONS AND RECOMMENDATIONS

It was discovered in the study that styles of conflict management employed by nurse leaders significantly influence the morale of staff in healthcare facilities. The collaborating style was the most preferred, since it accentuated working as a team and sharing problems to arrive at a solution, aligned with higher morale among staff. The significant positive correlation ($\rho = 0.35$, $p = 0.013$) between styles of conflict management and staff morale further showed that successful resolution of conflicts by nurse leaders results in a work environment that is both positive and engaging. These findings justified the use of adaptive leadership strategies in improving job satisfaction and workplace cohesion.

Further studies could be a longitudinal analysis of the impact of nurse leaders' conflict management styles on staff morale. Large and diverse samples from varied healthcare settings may increase the relevance of study results. Due to the shortcomings of self-reported measures, future research should also incorporate qualitative methods such as interviews. Finally, the development and implementation of leadership training programs will be a recommendation for training in collaborative and compromising conflict management styles to improve workplace dynamics and increase staff morale.

IMPLICATIONS

Practical

Staff morale indeed improves with the conflict management styles of collaboration and compromise; thus, a health administrator and nurse leader should emphasize these as implementation strategies. Nurse leaders should develop and continually improve these conflict resolution strategies for the conducive and productive environment they plan to create. The positive relationship between leadership conflict styles and morale among employees suggests that leadership development programs should prioritize training and development for conflict management skills. These current findings should be taken into consideration as part of the organizational policies for health institutions or the frameworks for leadership development to create healthier and more effective teams within the organization.

Social

These results call nurse leaders and clinicians to sensitize themselves on how their conflict management approaches also translate to the dynamics and morale of the teams they lead. It then implies being deliberate and much more thoughtful when resolving these conflicts in nursing teams, for this will likely improve job satisfaction and, with it, better patient care outcomes.

Theoretical

Future researchers should conduct long-term studies to establish the effects of conflict management training on staff morale while also examining the effects of such training through the mediating variables of organizational culture and external work stressors. The theoretical frameworks of leadership and organizational behavior could have an extension in the area of nuanced contributions of conflict management styles to or from the holistic well-being of professionals in the health sector.

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DECLARATIONS

Conflict of Interest

All authors declare no conflict of interest.

Informed Consent

Informed consent was obtained from all individual participants included in the study.

Ethics Approval

This research involved human participation through the distribution of online survey forms to staff nurses. Measures were observed to ensure the privacy, confidentiality, autonomy, and integrity of respondents, adhering to relevant guidelines, regulations, and standards by the Philippine Data Privacy Act and the Philippine Health Research Ethics Board.

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Author's Biography

Reyna Fe Gabriel-Salvador is a Licensed Professional Teacher and a Registered Nurse, pursuing her Master of Arts in Nursing at La Consolacion University Philippines. She is an expert in student wellness and health, preventive care, and creating campus-based health promotion programs. With Basic Life Support, Advanced Cardiac Life Support, and Internal Auditing certifications, she serves as Bulacan State University's campus nurse, coordinating health education and wellness activities among students and employees. Reyna is also an accomplished author, illustrator, and layout artist of a Department of Education-published social sciences learning module and is a frequent resource speaker at health webinars and public forums. Away from her professional life, she is a voice-over artist and enjoys charcoal painting, combining art with empathy in her student well-being advocacy.

Lemuelle Carpio Adique is a Registered Nurse and St. Irenaeus Medical Center Inc.'s Pioneer Chief Nurse, who has been recognized for his exceptional leadership in emergency nursing and nursing administration. He is studying for his Master of Arts in Nursing at La Consolacion University Philippines. With years of experience as an Infection Control Nurse, Philippine Integrated Disease Surveillance Officer, TB-DOTS Nurse, Anti-Microbial Steward Nurse, and Certified Animal Bite Nurse, he has a wide and practical outlook to share. His professional passion is the enhancement of healthcare systems and emergency response mechanisms. In his free time, Lemuelle enjoys photography, capturing the moment that portrays the human spirit and resilience.

Allan Manaloto holds a Doctor of Philosophy in Nursing Education, a Master of Arts in Nursing, and a Bachelor of Science in Nursing. He is a Registered Nurse (RN) and a Licensed Professional Teacher (LPT). Currently, he serves as an Assistant Professor at Bulacan State University-Main Campus in the College of Nursing, and as a part-time professorial lecturer in the Graduate Studies Master of Arts in Nursing (MAN) program at La Consolacion University Philippines (LCUP).

Rossinie Pasco is currently a teacher at San Roque National High School under the DepEd Bulacan division. She earned a Bachelor of Technology and Livelihood Education degree from Bulacan State University and is presently pursuing a Master of Arts in Education with a major in Technology and Livelihood Education–Information and Communications Technology (TLE-ICT).

Joseph Erol Cuevas earned his Doctor of Philosophy in Educational Leadership and Management. Also, a Registered Nurse, he is presently the Dean of the College of Allied Medical Professions at La Consolacion University Philippines and a full-time professor in Graduate Studies at LCUP.