CONFLICT MANAGEMENT STYLE

PERCEIVED ORGANIZATIONAL SUPPORT

AND OCCUPATIONAL STRESS

IN EMERGENCY DEPARTMENT NURSES

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ABSTRACT OF THE DISSERTATION

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Occupational Stress (OS) produces negative consequences that affect the nurse, the organization and the patient. Factors in the work environment that effect worker outcomes like occupational stress include perceived organizational support and conflict management style. The purpose of this non-experimental study was to examine the conflict management style emergency department (ED) nurses use to resolve conflict and how conflict management style and perceived organizational support affects their experience of stress.

Using a correlational design, this study examined factors such as perceived organizational support, and conflict management style and their relationship to OS in a sample of 222 ED staff nurses. The Expanded Nurse Stress Scale, the Survey of Perceived Organizational Support and the Rahim Organizational Conflict Inventory-II were used to measure these variables.

Significant relationships were found between perceived organizational support and OS ($r=-.292$, $p=.000$) and avoidant conflict management style and OS $(r=.300$, $p = .000)$.

No significant relationships were found between integrating, dominating, and obliging dimensions of conflict management styles and OS. Regression analysis demonstrated that perceived organizational support and avoidant conflict management style were independently related to OS ($\beta=-.262$, $p=.003$, $\beta=.209$, $p=.018$). Perceived organizational support and avoidant conflict management style explained 15% of the variance in OS. However, perceived organizational support did not moderate any of the hypothesized relationships between the dimensions of conflict management style and OS.

Ancillary analysis revealed that perceived organizational support and avoidant conflict management style were significantly related to several dimensions of stress including the problems with supervisors dimension of stress ($r=.433$, $p.01$) and both independently predicted stress from problems with supervisors while controlling for the effect of each other ($\beta=.15$, $p=.01$, $\beta=.47$, $p=.01$).

These findings suggest that the nurse's approach to resolving conflict with her supervisor(s) does indeed correlate with her experience of stress. Perceived organizational support and avoidant conflict management style are predictors of OS and assessment of the ED staff nurse's conflict management style and coaching in constructive conflict resolution may be helpful in the their experience of OS.

Dedication

This research is dedicated in loving memory of my parents, Oreste and Rose Boles whose

love, and strong sense of family gave me the strength and faith to believe in myself.

Rose Boles
April 18, 1921-May 17, 1998

Oreste Boles
August 28, 1917-November 20, 2005

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CHAPTER 1

The Problem

Occupational stress (OS) among registered nurses is a major concern in healthcare organizations (Sveinsdottir et al., 2005). Occupational stress is defined as harmful physical and emotional responses resulting from interactions between the individual and the work environment where the demands of the job exceed the individual's capabilities and resources (Alves, 2005; Lu & Shiau, 1997; Maudgalya et al, 2006; Parikh et al, 2004; Tabak & Koprak, 2007). Occupational stress is a significant problem within organizations, including healthcare settings. For example, it is characterized in the individual by psychological disorders (e.g., depression, burnout and anxiety), emotional strain (e.g., dissatisfaction, fatigue and tension), and cognitive impairment (e.g., concentration and memory retention disturbances) (Alves, 2005; Lu & Shiau, 1997; Maudgalya et al, 2006; Parikh et al, 2004; Tabak & Koprak, 2007).

Health care professionals have long been regarded at high risk for developing occupational stress as they encounter particular stressors that may not be typical of most other professions (Lu & Shiau, 1997; Vergaeghe et al; 2008). For example, registered nurses frequently deal with workplace stressors that are common in health care organizations such as patient death and dying (Lambert et al, 2004 b); lack of organizational support (Tyson et al, 1996); demanding workloads (Parikh et al, 2004); coping with emotional needs of patients and their treatment (Kalichman et al, 2000); conflict with physicians (Tyson et al, 1996); and reassignments to unfamiliar patient care units (Healy and McKay, 1999). Research has shown that the prevalence of occupational stress among RNs can be high because nurses are frequently subjected to stressors in their

work environment (Abed-Saeedi, J. 2002; Sveinsdottir et al., 2006; Verhaeghe et al, 2008). For example, in a cross-sectional analysis of nurses from different patient care units, 38% of nurses in the sample reported high levels of occupational stress (Parikh et al, 2004). Moreover, the researchers concluded that nurses who work in specialty areas may be more likely to experience the negative consequences of occupational stress because of the unique demands associated with specialty practice. In fact, research findings support this conclusion. In a comparison of stress levels in nurses who worked in a plastic surgery unit, obstetrics, and a burn unit, nurses working on the burn unit had higher stress scores compared to the stress scores of nurses working on surgical and obstetrical units (Steenkamp & van der Merwe,1998).

A particularly demanding specialty is emergency care nursing. Nurses who work in emergency departments are especially susceptible to occupational stress due to a stressful work environment that includes constant change, poor communication, and the direct involvement in critical incidents such as unexpected patient deaths and other life changing events (ENA, 2007; Hipwell, 1989; IOM, 2006; Oster & Doyle, 2000). In fact, over the last two decades, the role of the staff nurse in emergency department environments has expanded to include other care responsibilities such as serving as the primary provider of health care for many individuals in the community; attending to the urgent and primary care needs of the uninsured; and providing emergent care to victims of major terroristic-related trauma. Thus, the changes in the nature of the emergency department work environment, the pace and intensity of emergency nursing care, and the demanding role of the emergency department nurse are likely to be frequent sources of

stress for emergency department nurses (DePew et al, 1999; ENA, 2007; IOM, 2006; Li & Lambert, 2008).

<div align="center">Antecedents to Occupational Stress</div>

Perceived Organizational Support

   Although there are tangible factors in work environments that have been described as antecedents to occupational stress, theory and empirical findings indicate that the nature of the work environment as sensed by the worker, that is, perceived organizational support, may be an important determinant of occupational stress in nurses who work in emergency departments. Perceived organizational support refers to the general belief by an employee that support will be readily available from the organization when stressful situations arise and urgent needs are addressed (Laschinger et al 2006; Rhoades & Eisenberg, 2002). Theorists posit that the availability of material aid and emotional support may reduce aversive psychological and psychosomatic reactions (e.g., stress) when stressful situations arise (Rhoades & Eisenberg, 2002). In supportive work environments, employees treat each other with fairness and respect and engage in effective open communication. These characteristics contribute to win-win solutions for the employee and the organization (Deutsch, 1973; Laschinger et al 2008). Factors such as supervisor support, fairness, information sharing, organizational rewards and favorable job conditions are identified by researchers as examples of organizational characteristics that employees, including nurses, consider supportive (Cameron et al, 2003; Patrick & Laschinger, 2006; Rhoades & Eisenberger, 2002). Importantly, research has shown that nurses in the acute care setting with greater levels of perceived support from their supervisors experience less occupational stress (Hall, 2007). Thus, it is plausible that

registered nurses who perceive their emergency department work environments as supportive will experience less occupational stress, and, conversely, RNs who perceive their emergency department work environments as unsupportive will experience more occupational stress.

Conflict Management Style

Regardless of one's perception of the work environment, work conflict is a common stressor that nurses encounter in the clinical workplace where nursing responsibilities are driven by patient needs that are often complex and dynamic (Laschinger et al, 2008). Conflict is "inevitable in any work environment due to inherent differences in goals, needs, desires, responsibilities, perceptions and ideas" (Almost, 2006, p 444). Rahim (2002) broadens this definition by conceptualizing conflict in the work environment as an interactive process between individuals manifested as interpersonal dissonance or disagreement (Rahim, 2002). Interpersonal conflict may occur when individuals possess attitudes, values, skills and goals that direct their behavior but are perceived to be exclusive of the attitudes, values, skills and goals held by the other individual (Rahim, 2002). Frequent areas of interpersonal work conflict include conflict with peers, subordinates and supervisors (Rahim, 2002). For example, researchers have found that, in the emergency department environment, a significant source of stress for nurses may be interpersonal conflicts with professional peers such as physicians and individuals in other clinical services such as dieticians and social workers (Tabak & Koprak, 2007).

For emergency department work environments, the complex and frequently changing needs of patients that drive nursing responsibilities underscores the premise that conflict in these environments is inevitable (Laschinger et al, 2008). However, Laschinger (2006)

notes that, while conflict is an inevitable characteristic of work environments, it is not

conflict that is important for worker outcomes like occupational stress, rather it is the

style by which the individual manages conflict that directly affects worker outcomes, like

occupational stress.

Conflict management style may also be an important antecedent to occupational stress

in emergency department nurses (Deutsch, 1973; Friedman et al, 2000; Laschinger et al,

2008). Conflict management style (CMS) is a multidimensional concept that consists of

five styles of conflict management including integrating (problem-solving), obliging

(smoothing), dominance, avoidance, and compromise (Friedman et al, 2000; Kressel, et

al, 2007; Sportsman & Hamilton, 2007). Theorists propose that the conflict management

style employed to manage conflict is dependent upon the relative importance the

individual places on concern for oneself or concern for others when faced with conflict

(Friedman et al, 2000; Rahim, 1983b; Sportsman, & Hamilton, 2007). Individuals who

place a high concern for oneself are able to represent their own interests in resolving

conflicts and have internal resources for dealing with potential stressors. (Friedman et al,

2000). On the other hand, individuals who place a high concern for others when faced

with conflict fail to represent their own interests and lack critical internal resources

needed to solve problems (Friedman et al, 2000).

A person's conflict management style incorporates both dimensions of concern for

self or others to some degree (Friedman et al., 2000). Individuals who have a high

concern for self and high concern for others define an integrating (problem solving)

conflict management style as these persons approach conflict resolution with a goal of

reaching an acceptable solution for both parties (Friedman et al, 2000; Rahim, 1983b). In

contrast, individuals who have a high concern for self and low concern for others tend to use a dominating conflict management style as they approach conflict resolution with high self interest, that is, assurance that their point of view prevails. In this instance, compulsion or coercion may be applied (Friedman et al, 2000; Rahim, 1983b). The obliging (smoothing) conflict management style is used by individuals with low concern for self and high concern for others when faced with conflict as they attempt to set the conflict aside and focus on the other person's concerns, demonstrating a degree of self-sacrifice and compliance with the wishes of the other party (Friedman et al, 2000; Rahim, 1983b). The avoidant style of conflict management is characterized as withdrawal (Friedman et al, 2000; Rahim, 1983b) and is used by persons with both low concern for self and others. In this instance, the priority for the individual is the avoidance of all conflicts. Finally, the conflict management style of compromise is characterized as a "middle way" approach to conflict resolution where the individual has an intermediate level of concern for both sides and tries to find an expedient, mutually acceptable solution (Friedman et al, 2000; Kressel, et al, 2007). The research in the health care literature demonstrates that individuals who tend to use the conflict management styles of dominating or integrating experience lower levels of occupational stress while individuals who tend to use the conflict management styles of obliging and avoidant experience higher levels of occupational stress (Friedman et al, 2000). Thus, the conflict management style rendered in response to conflict may directly affect the level of occupational stress (Friedman et al, 2000; Montoro-Rodriguez & Small, 2006; Sportsman & Hamilton, 2007; Vivar, 2006) and may be an important determinant of occupational stress in emergency department nurses.

Moderating Role of Perceived Organization Support

Although theory and empirical findings indicate that perceived organizational support and conflict management styles are directly related to occupational stress, there is also theoretical and empirical evidence for a contingent relationship among these concepts. Specifically, perceived organizational support theory propositions indicate that organizations perceived as supportive meet employees' needs for emotional support, affiliation, esteem, and approval, and this needs-fulfilling role served by perceived organizational support may be helpful in reducing the traumatic consequences of stressors at work (Eisenberger et al., 1986). For example, in a study of nurses' contact with Acquired Immune Deficiency Syndrome (AIDS) patients, defined as a source of work stress in this study, high perceived organizational support lessened the effects of length of exposure to AIDS patients on negative mood, defined as work distress in this study (George et al., 1993). Thus, perceived organizational support theory propositions indicate that high levels of perceived organizational support may mitigate the negative effects of obliging and avoidant conflict management styles on occupational stress in nurses who work in emergency departments. In fact, conflict management theorists have contended that supportive environments provide external resources for the individual that serve to buffer the negative effect of these styles on occupational stress. Individuals who use obliging and avoidant conflict management styles are theorized as lacking internal resources to effectively deal with work conflict (Friedman et al, 2000). Work environments that are supportive may buffer the negative effects of these potentially stress-producing styles through open communication and collaborative problem solving, reducing one's perception that the work environment is stressful and leading to positive

work outcomes such as reduced stress (Deutsch, 1973; Friedman et al., 2000). Thus, perceived organizational support may be especially helpful in reducing the negative effects of obliging and avoidant conflict management style styles on occupational stress in emergency department nurses.

In summary, theorists posit that perceived organizational support and conflict management style have a significant effect on occupational stress. Moreover, perceived organizational support may moderate the relationship between obliging and avoidant conflict management styles and occupational stress levels in nurses in healthcare settings. Despite the risk of high levels of occupational stress in emergency department nurses, the relationships among perceived organizational support, conflict management style, and occupational stress have not been tested in this population. The purpose of this study is to determine these relationships in emergency department nurses.

<u>Statement of the Problem</u>

What are the relationships among conflict management style, perceived organizational support, and occupational stress in staff nurses who work in hospital-based emergency departments?

<u>Subproblems</u>

1. Are avoidant and obliging conflict management styles positively related to occupational stress in staff nurses who work in hospital-based emergency departments?

2. Are integrating and dominating conflict management styles inversely related to occupational stress in staff nurses who work in hospital-based emergency departments?

3. Is perceived organizational support negatively related to occupational stress in staff nurses who work in hospital-based emergency departments?

4. Will perceived organizational support moderate the relationship between avoidant

   and obliging conflict management style and occupational stress in staff nurses who

   work in hospital-based emergency departments?

. Definitions of Terms

Occupational stress, commonly referred to as work stress, is defined as harmful

physical and emotional responses resulting from interactions between the individual and

her/his work environment where the demands of the job exceed the individual's

capabilities and resources (Parikh et al, 2004; Tabak & Koprak, 2007). In this study,

occupational stress is operationally defined as the subject's score on the Expanded

Nursing Stress Scale (ENSS) (French et al., 2000).

Conflict management style is theoretically defined as the behavioral approach used to

resolve conflict (Friedman et al, 2000; Kressel, 2007; Rahim, 1983 b). Conflict

management style is based upon two dimensions: the concern for self (the degree to

which the individual attempts to satisfy their concern for themselves in a conflict

situation) and the concern for others (the degree to which the individual attempts to

satisfy the concerns of others) (Cavanagh, 1991; Kressel, et al, 2007). Conflict

management style consists of five styles of conflict management: (1) integrating

(problem solving) where the individual approaches conflict resolution with high levels of

concern for self and high concern for others in order to reach an acceptable solution for

both parties: (2) obliging (smoothing) where the individual approaches conflict resolution

with high concerns for the other individual and sets aside the conflict and focuses on the

other individual's concerns: (3) dominating when the individual approaches conflict

resolution with high self interest. That is, high concern for oneself and low concern for

others and ensures that one's own point of view prevails.: (4) avoidant, when the individual has a low concern for self and others and does not address the situation: and (5) compromise when the individual approaches conflict resolution with an intermediate level of concern for self and others and tries find an expedient, mutually acceptable solution (Friedman et al, 2002; Kressel, et al, 2007). For this study, conflict management style is operationally defined as the subject's score on the Rahim Organizational Conflict Inventory-II (ROCI-II) (Rahim, 1983 b).

Perceived organizational support is theoretically defined as the general belief by an employee that support will be readily available from the organization when stressful situations arise and urgent needs are addressed (Eisenberger et al, 1990). For this study, perceived organizational support is operationally defined as the subject's score on the Survey of Perceived Organizational Support (SPOS) (Eisenberger et al, 1990).

Emergency department nurses are defined as registered nurses currently working in an emergency department and who provide direct patient care. These individuals are also responsible for the direct supervision of and delegation to the ancillary staff that provides direct and indirect patient care. The emergency department nurse coordinates the activities and patient care in the emergency department through the role of staff nurse or charge nurse for the shift. The charge/staff RN is a direct caregiver who assumes responsibility and accountability for nursing actions and emergency care which includes, but is not limited to: evaluating patients presenting complaint at triage, primary and secondary assessments, emergency intervention and evaluation, and patient education (ENA, 2007).

Delimitations

The empirical literature indicates that occupational stress is a problem for the individual in terms of physical, mental and emotional disability and for organizations in terms of financial consequences (Lu & Shiau, 1997). Healthcare professionals have a high risk for developing occupational stress related issues as they encounter specific stress that is not commonly a part of most other occupations (Lu & Shiau, 1997). Specifically, RNs have levels of occupational stress that may exceed the norm for healthcare workers, and studies indicate that the emergency care environment can be very stressful and physically and emotionally traumatic for emergency department nurses (ENA, 2007; Parikh et al, 2004). Therefore, the sample in this study will include hospital-based emergency department nurses who provide direct patient care.

Significance of the Study

Occupational stress is a significant problem in the workplace (Alves, 2005). According to the National Institute for Occupational Safety and Health (NIOSH, 1999), 40% of American workers perceive their job as very or extremely stressful, and 25% view their jobs as the number one stressor in their lives. In fact, approximately one-third of healthcare workers in the United States (US) report high levels of occupational stress (NIOSH, 1999; Sauter et al, 1999).

Occupational stress produces both human and organizational costs. At the individual level, occupational stress plays a role in chronic health problems such as cardiovascular disease, musculoskeletal conditions, and psychological disorders (i.e. depression and anxiety) (Alves, 2005; NIOSH, 1999; Parikh et al, 2004; Tabak & Koprak, 2007). Indeed, the significance of occupational stress related psychological disorders has been

recognized by NIOSH (1999) as one of the ten leading work-related diseases for workers. At the organizational level, occupational stress can lead to employee burnout, high levels of staff turnover, low levels of job satisfaction, absenteeism, decreased productivity, and reduced quality of care (Aiken et al, 2002; Aiken et al, 2008; Lu & Shiau, 1997; Sauter et al, 1999; Shader et al., 2001). In the US, healthcare expenditures have increased by almost 50% for workers who perceive their jobs to be stressful and nearly 200% for workers who experience extreme stress (Sauter et al, 1999). NIOSH has indicated that occupational stress related outcomes translate into healthcare organization costs in excess of $75 billion each year (NIOSH, 1999; Sauter et al, 1999). Evidence suggests that in healthcare organizations, occupational stress can have negative nurse outcomes such as, high levels of nurse turnover and low nurse job efficiency (NIOSH, 1999; Sauter et al, 1999). In fact, empirical evidence reveals that occupational stress is the major cause of 40% of staff nurse turnover (Lu & Shiau, 1997). At the patient level, there is empirical evidence that occupational stress may also lead to adverse patient outcomes. For example, findings from one study revealed a significant relationship between stressful nurses and patient incidents. Dugan et al (2004) found that occupational stress is associated with increased patient incidents such as medication errors, intravenous solution errors, patient falls, and reduced quality and efficacy of care.

An Institute of Medicine (IOM) report indicated that emergency department nurses experience increased levels of exhaustion and occupational stress as a result of the inherently challenging emergency department work environments (IOM, 2006). The theoretical and empirical literature supports the proposition that perceived organizational support and conflict management style are important antecedents to occupational stress in

hospital-based RNs. There are no studies that tests relationships among conflict management style, perceived organizational support and occupational stress in emergency department nurses. The purpose of this study is to examine these relationships in emergency department nurses. It is important to gain a clear understanding of these relationships because, while it is not possible to decrease the demands of emergency department work environment, perceived organizational support and conflict management style are modifiable. Findings from this study can serve as the basis for designing and testing strategies that increase perceived organizational support, modify conflict management style, and reduce occupational stress in emergency department nurses.

CHAPTER 2

This proposed research investigates the relationships among perceived organizational support, conflict management style, and occupational stress. Theoretical and empirical literature relevant to these relationships is presented in this chapter. The first section presents the theoretical literature related to the dependent variable of occupational stress. Secondly, the theoretical literature explaining perceived organizational support will be presented, followed by the theoretical literature related to conflict management style. Next, theoretical literature related to the moderating role of perceived organizational support is discussed. Empirical support for the relationship between perceived organizational support and occupational stress will then be presented. Next is a review of empirical literature that supports the relationship between conflict management style and occupational stress followed by empirical support for the role of perceived organizational support as a moderator of the relationship between conflict management style and occupational stress. Lastly, gaps in the empirical literature are identified, the theoretical rationale for the study is summarized, and the study hypotheses are outlined.

Theories of Occupational Stress

In the 1920s, Walter Cannon recognized that the autonomic nervous system is activated in response to stress and proposed that the human reaction to stress was a "fight or flight" physiological response that prepared the body's muscular activity when reacting to the perceived or actual threat (Cannon, 1929). Cannon explained this physiological reaction to stress as the individual's non-specific response to deleterious stimuli in the environment. Building on Cannon's work, Hans Selye (1976) developed a framework to describe how the body responds to stress. Selye derived his theories of

stress from observations he made when caring for ill individuals. The clinical

manifestations he noted in these individuals were loss of appetite, weight loss, feeling

and looking ill, and generalized muscle aches and pain. Selye calls this stress response

the General Adaptation Syndrome (GAS) because it involved generalized changes that

affect the body. Selye (1976) theorized that the environment, particularly the workplace,

is a source of stress, commonly referred to as occupational stress. For this study

occupational stress is defined as harmful physical and emotional responses resulting from

interactions between the individual and the work environment (Alves, 2005; Lu & Shiau,

1997; Maudgalya et al, 2006; Parikh et al, 2004; Tabak & Koprak, 2007). Selye (1976)

contended that nursing is one of the most stressful professions due to the nature of the

work environment stressors not commonly encountered in other occupations (Selye,

1976). Selye and other researchers have identified important environmental sources of

occupational stress such as workload, poor communication, impaired interpersonal

relationships, and lack of organizational support (Hillhouse & Adler, 1997).

In 1988, Folkman and Lazarus suggested that the psychological reactions to stress are

part of a two-part cognitive process which involves a primary and secondary appraisal.

Primary appraisal involves the determination of an event as stress and is influenced by

both person and environmental factors which in turn trigger the selection of coping

processes. Secondary appraisal occurs after assessment of the event as a threat or issue.

During the secondary appraisal the individual evaluates their resources available to cope

with the problem and may alter the primary appraisal. This cognitive appraisal process

subsequently influences emotional arousal (Folkman & Lazarus, 1988). The emotional or

psychological consequences of stress in the individual include depression, burnout,

dissatisfaction, fatigue, and cognitive impairment (concentration and memory retention disturbances) (Folkman & Lazarus, 1988).

<center>Theories of Perceived Organizational Support</center>

Perceived organizational support is theoretically defined as the employees' global beliefs about the extent to which the organization values their contributions and cares about their well-being (Eisenberger et al, 1986). The individual's perception about the degree to which their organization values their well-being is rooted in the nature of the give and take relationship between the worker and their organization (Rhoades & Eisenberg, 2002). Perceived organizational support theory suggests that when emotional and social needs of the employee are fulfilled, there are positive outcomes for both the organization and the individual (Eisenberger et al, 1986; Laschinger et al, 2004). Perceived organizational support is expected to decrease negative psychological and psychosomatic reactions (e.g., stress) to stressors by providing supportive external resources identified by researchers as supervisor support, fairness, information sharing, organizational rewards and favorable job conditions (Cameron et al, 2003; Patrick & Laschinger, 2006; Rhoades and Eisenberger, 2002). When employees have high levels of perceived organizational support, they are motivated to help the organization reach its goals and objectives (Eisenberger et al, 1986). Perceived organizational support theorists postulate that employees' expectations of reciprocal relationships with their employer organizations can vary (Eisenberger et al, 1990; Laschinger et al, 2006). Employees who have high expectations for reciprocal relationships are more likely to go "above and beyond" formal job duties in order to fulfill organizational goals, are more committed to the organizations they work for, and are more satisfied with their jobs as they believe support

will be readily available from the organization when stressful situations like conflict arise (Eisenberger et al, 1986; Laschinger et al 2006; Rhoades & Eisenberg, 2002).

According to the theory of perceived organizational support, the employee assigns the organization humanlike characteristics (Eisenberger et al, 1986). That is, employees view actions or behaviors by agents of the organizations as actions of the organization itself (Levinson, 1965). Based on the organization's personification by the employee, Rhoades and Eisenberger (2002) suggest that employees view favorable or unfavorable treatment directly by the organization representatives and indirectly through organizational policy as an indication of the extent to which the organization supports them.

Theorists posit that in stressful situations such as work conflict, employees who believe that their work environment is supportive are more likely to achieve personal and organizational goals (Deutsch, 1973; Laschinger et al, 2008). Alternatively, unsupportive work environments foster a win-lose approach (Deutsch, 2006; Laschinger, 2008). In unsupportive work environments, workers' individual goals are typically incompatible with other workers' goals or even organizational goals so that as one worker moves toward goal attainment, others are less likely to achieve their goal (Deutsch, 1973; Tjsolvold & Dreu, 1997). It is plausible then that the extent to which an organization is perceived to be supportive or non-supportive can influence whether there is a positive outcome for both the employee and the organization and a reduction of occupational stress (Deutsch, 1973; Laschinger et al, 2006; Lazarus, 1991).

In summary, perceived organizational support is thought to reduce occupational stress by fostering the perception that material aid and emotional resources will be available when needed to deal with stressors, such as work conflict (George et al, 1993; Rhoades

and Eisenberger, 2002). Perceived organizational support theorists assert that a fundamental prerequisite of an employee's satisfaction and commitment is the valuing of the employee's contribution and well-being by the organization (Eisenberger et al, 1986). The employee's perception that the organization is supportive is based upon the actions or behaviors of agents of the organization and organizational policies. This reciprocal relationship between the employee and the organization is the focus of the perceived organizational support construct, and it is the basis for the postulated direct relationship between perceived organizational support and occupational stress (Eisenberger et al., 1986). Thus, perceived organizational support may be an important determinant of occupational stress in emergency department nurses (Deutsch, 1973; Laschinger et al, 2008).

Theories of Conflict Management Style

The behavioral approaches that are used to resolve conflict have been described in the theoretical literature as conflict management styles (Almost, 2006). Conflict management styles are postulated as important antecedents to occupational stress. In 1964, Blake and Mouton presented a conceptual framework for classifying the different modes for handling interpersonal conflicts into five types: problem-solving, smoothing, forcing, withdrawal and sharing (Blake & Mouton, 1991). Thomas and Kilman (1978) built on Blake and Mouton's work and added the dimension of interpersonal conflict to the conflict management framework. Their revised conceptualization included a refined taxonomy for conflict management styles that consisted of integrating (problem solving), obliging (smoothing), dominating (forcing), avoidant (withdrawal); and compromising (sharing). Thomas and Kilman's revised conceptualization also included a two dimensional model of conflict management that incorporated an individual's level of

concern for self and concern for others in relation to conflict management behaviors. Individuals who have a high concern for self are able to represent their own interests and have personal internal resources such as mastery; self-efficacy and locus of control, for coping with potential stressors such as conflict, thus, decreasing their level of stress (Friedman et al, 2000). Individuals with a high concern for others and a low concern for self fail to represent their own interests and lack the aforementioned essential internal resources to manage stressors such as conflict thus, perceiving the problem as more threatening and increasing their level of stress (Friedman et al, 2000). Theorists posit that an individual's conflict management style incorporates both dimensions in varying degrees (Friedman et al, 2000; Rahim, 1983b; Thomas & Kilman, 1978). The integrating (problem solving) conflict management style is employed when the individual approaches conflict resolution with high levels of concern for self and others in order to reach an acceptable solution for both parties. The obliging (smoothing) conflict management style is used by individuals who approach conflict resolution with low concern for self and high concern others and sets aside the conflict and focuses on the other individual's concerns. The conflict management style referred to as dominating (forcing) is used when the individual approaches conflict resolution with high self interest. That is, high concern for self and low concern for others to ensure that one's own point of view prevails and compulsion or coercion may be applied. Avoidant (withdrawal) is used when the individual does not immediately pursue his or her own concerns or those of the other person and does not address the situation. Lastly, compromise (sharing) occurs when the individual approaches conflict resolution with an

intermediate level of concern for self and others and tries finding an expedient, mutually

acceptable solution (Kressel, et al, 2007).

Several conflict management scholars built upon Thomas & Kilman's conflict

management framework and added a role dimension based on the assumption that

individuals exhibit different interpersonal conflict management styles when dealing with

those with less power (subordinates), more power (superiors), or equal power (peers)

(Friedman et al, 2000; Rahim, 1983 b; Rahim & Magner, 1995). Recently, Friedman and

colleagues (2000) have argued for a broader and more complex conceptualization of

conflict management behaviors suggesting that, in contrast to previous traditional

explanations put forth by theorists such as Thomas & Kilman (1978) and Rahim (1983

b), conflict management styles are not solely determined by individual dispositions,

which remain stable over time and across situations. Rather, conflict management

behaviors are partially dispositional. That is, the approach to managing conflict is chosen

to match the situation at hand, and thus should not be treated as stable traits (Friedman et

al, 2000). Friedman and colleagues describe both task and relationship conflict. When

faced with a task conflict, defined broadly as a work-related dispute, the employee's

ability to resolve work-related differences can be productive. On the other hand,

relationship (i.e., interpersonal) conflict is usually counterproductive, taking the focus

away from the issue of concern and instead placing it on personal animosity (Friedman et

al, 2000). Task conflict can produce relationship conflict (Friedman et al, 2000). That is,

differences of opinion between employees about work-related issues may be taken

personally turning task conflict into relationship conflict. Friedman and colleagues also

assert that one's conflict management style may shape his or her social environment at

work, influencing the level of conflict experienced and, in turn, the level of stress. That is, conflict management style may serve as an antecedent to conflict. For example, an integrating approach to conflict in which the individual has a high concern for self and high concern for others produces a greater understanding of each party's interests, making it more likely that an acceptable solution will be found which, in turn, contributes to an environment filled with less stress and conflict (Friedman et al, 2000). On the other hand, individuals who use an avoidant conflict management style are likely to experience a work environment that is more highly conflict laden because they are less able to resolve them. This, in turn, will result in an increased level of stress (Friedman et al, 2000).

In summary, theorists posit that conflict management style is composed of two underlying dimensions: concern for others and concern for self (Friedman et al, 2000; Rahim, 1983 b; Thomas & Kilman, 1978). Individuals who have a high concern for self have personal internal resources, and are more skilled in ensuring that their interests are represented when urgent needs arise (Friedman et al, 2000; Rahim, 1983 b). As a result, these individuals experience lower levels of occupational stress (Friedman et al., 2002). Conversely, Friedman et al (2002) proposes that those with a low concern for self lack personal internal resources and fall short of representing their own interests, making them passive receivers of others' actions that leads to higher levels of occupational stress.

The use of a conflict management style in response to conflict may result in effective conflict resolution or may escalate the conflict (Freidman et al., 2000; Sportsman & Hamilton, 2007). That is, the type of conflict management style used may determine whether the outcome of conflict resolution is reduced or increased stress (Deutsch, 1973;

Montoro-Rodriguez & Small, 2006; Sportsman & Hamilton, 2007; Vivar, 2006). Thus,

conflict management style may be an important determinant of occupational stress in

emergency department nurses (Deutsch, 1973 & Laschinger et al, 2008).

Moderating Role of Perceived Organizational Support

Perceived organizational support theorists indicate that perceived organizational

support reduces work stressors because it provides external work environment physical

and emotional resources to help employees deal with stressors, such as work conflict. In

addition, theorists posit that perceived organizational support not only reduces

occupational stress directly, but it also buffers the negative effects of conflict

management style styles used by persons with a high concern for others, i.e., obliging and

avoidant, on occupational stress (Laschinger et al, 2006; Laschinger et al, 2008).

According to Deutsch (1973), individuals who work in environments where cooperative

(i.e., supportive) values such as fair and respectful treatment of others are supported are

likely to engage in constructive conflict management behaviors. Cooperative (supportive)

work environments are characterized by effective open communication, helpfulness, fair

and respectful treatment of others and collaboration to achieve mutual goals leading to

win-win solutions. In fact, Laschinger and colleagues (2008) have demonstrated that

hospitals supportive of professional nursing practice foster constructive conflict

management behaviors. Thus, it is plausible that perceived organizational support may

moderate or blunt the effects of conflict management styles postulated to lead to

increased occupational stress.

Summary of Theoretical Framework

Occupational stress is defined as harmful physical and emotional responses that occur when there are conflicting internal and external pressures that cause strain. Theorists posit that perceived organizational support is expected to decrease stress by providing supportive external resources identified as supervisor support, fairness, information sharing, organizational rewards and favorable job conditions (Cameron et al, 2003; Patrick & Laschinger, 2006; Rhoades and Eisenberger, 2002).

Theorists also assert that conflict management style is related to occupational stress. This relationship is complex. Some theorists postulate that conflict management style is directly related to occupational stress. That is, individuals that have a high concern for self have personal internal resources and are more skilled in ensuring that their interests are represented and may experience lower amounts of stress (Friedman et al, 2000; Rahim, 1983 b). Conversely, those with a high concern for others lack personal internal resources may experience higher amounts of stress (Friedman et al, 2002). Other theorists postulate that, in addition to a direct relationship between conflict management style and occupational stress, there is also an indirect relationship between these concepts through task and relationship conflict. In this study, only the direct relationships between conflict management style and occupational stress will be investigated. Specifically, four of the five conflict management styles in relation to occupational stress will be examined: integrating, dominating, obliging, and avoidant. Theorists assert that individuals who employ styles that express high concern for self use integrating and dominating conflict management styles and may experience lower amounts of stress. Conversely, those who have high concern for others and low concern for self, when faced with conflict use

obliging and avoidant conflict management styles and will most likely experience higher levels of stress (Friedman et al, 2000). In addition, theorists posit that perceived organizational support not only reduces occupational stress directly, but it also buffers the effects of conflict management style on occupational stress (Friedman et al, 2000; Laschinger et al, 2008). The moderating role organizational support will be tested in this study.

Empirical Support: Perceived Organizational Support and Occupational Stress

There is empirical support in the literature for the theorized relationship between perceived organizational support and occupational stress. In a meta-analysis of 70 studies in non-nursing populations that examined relationships between perceived organizational support and outcomes, including employee stress, Rhoades and Eisenberger (2002) found that perceived organizational support was related to outcomes favorable to the individual and the organization. A moderate negative relationship was found between perceived organizational support and strains (r=-0.28, p<.001), supporting the proposition that employees who have high perceived organizational support experience fewer strain symptoms such as emotional exhaustion, anxiety and stress.

The relationship between perceived organizational support and occupational stress has also been examined in RN populations. Hall (2007) investigated the relationship between supervisor support and RN outcomes in sample of 69 nurses from 3 nursing care units in an academic medical center. Occupational stress was measured using a 24-item scale of the Nurse Work Stress Scenarios (NWSS) (Hall, 2007). Perceived organizational support was measured using the Inventory of Socially Supportive Behaviors (Barrera et al, 1981),

and it was significantly related to occupational stress (B=-0.41, r=0.39, p<.001)
indicating that nurses with greater levels of perceived supervisor support experienced less
occupational stress.

Most recently, Verhaeghe et al (2008) examined the threat of job demands (recurrent
changes in the work environment) in different work settings and it's moderating effects
on the relationship between job resources (supervisor support) and distress (negative
aspect of work place stress) among 1094 registered nurses employed in intensive care
units (n=416) and medical/surgical units (n=678) in 10 hospitals in Belgium. Supervisor
support was measured using the Survey of Perceived Organizational Support (SPOS)
(Eisenberger et al, 1986) and distress was assessed with the Stress Professional Positif et
Negatil (SPPN). Supervisor support was found to be negatively associated with distress
in both study populations (ICU: B=-0.13, p=.002: non-ICU: B=-0.12, p<.001). Even
though this relationship was statistically significant the magnitude of the effect of
supervisor support on distress was small.

In summary, there is empirical support for the theoretical proposition that there is a
negative relationship between perceived organizational support and occupational stress in
samples of nurses working in the acute care setting. However, no studies have tested this
theorized relationship in nurses working in the emergency department environment.

<u>Empirical Support: Conflict Management Style and Occupational Stress</u>

There is also empirical support in the literature for the theorized relationship between
conflict management style and occupational stress. Tabak and Koprak (2007) examined
the relationship between nurses' conflict management style and workplace stress in a
sample of 117 nurses who worked in a hospital setting. Workplace stress was measured

using the Health Professions Stress Inventory (HPSI) (Wolfgang, 1988). Conflict

management style was measured using a questionnaire constructed specifically for the

study. Study findings revealed that the conflict management style used by nurses to

resolve conflicts with physicians correlated significantly with the level of occupational

stress the nurses experienced. Both the high concern for self conflict management styles

of integrating and dominance were found to be associated with low levels of occupational

stress (B=0.31, r=-0.25, p<0.01), and the low concern for self conflict management

styles of obliging and avoidance approaches were linked to higher stress levels (r=0.31,

p<.001). These empirical findings support the theorized relationship between conflict

management style and occupational stress and suggest that different styles of resolving

conflicts result in higher or lower levels stress for the individuals involved, depending on

the concern dimension of conflict management style.

   Similarly, Friedman et al (2000) examined the link between conflict management style

and occupational stress in a sample of 82 doctors, nurses and other healthcare

professionals in a clinical medical department at a major southeastern university. Conflict

management style was measured using the 28-item Rahim Organizational Conflict

Inventory-II (ROCI-II) (Rahim, 1983 b). A slightly modified version of the 14-item

Perceived Stress Scale was used to measure work stress (Cohen et al, 1983). Structural

equation modeling was used to test the hypothesized relationships. Individuals that used

the conflict management style of avoidant and obliging were found to experience higher

levels of stress through a direct relationship with work stress (r=0.33, p<.01, r=0.25,

p<0.05). The avoidant conflict management style was also found to have an indirect

relationship with work stress through task conflict and relationship conflict respectively

($r=.19, p<.10, r=.77, p<.01, r=.59, p<.01$). This study suggests that individuals who tend

not to assert their own interests and avoid conflict are likely to experience higher levels

of stress. This study also underscores the complex relationship among conflict

management style, conflict type, and stress.

In summary, empirical evidence supports the relationship between conflict

management style and occupational stress in nurses in hospital settings. However, there is

a need to examine the relationship between these concepts in emergency department

nurses since they are particularly susceptible to occupational stress (ENA, 2001; Hipwell,

1989; IOM, 2006;, Oster & Doyle, 2000).

Empirical Support: Moderating Role of Perceived Organizational Support

According to Baron and Kenny (1986), a moderator variable is an independent variable

that alters the direction and/or strength of the relationship between another independent

variable and the dependent variable. Moderators help explain when a relationship occurs,

which leads to a better understanding of relationships among theory concepts.

In a study of 256 nurses, George and colleagues (1993) examined the impact of caring

for acquired immunodeficiency syndrome (AIDS) patients on the psychological well-

being of nurses and identified factors that lessened the deleterious effects of contact. In

this study, organizational support was hypothesized to moderate the relationship between

the extent of the nurse's exposure to AIDS and negative mood. Negative mood and

positive mood was measured using the negative and positive affect subscales of the Job

Affect Scale (JAS) (Brief et al, 1989). Organizational support was measured using a

slightly modified, 16-item, short version of the Survey of Perceived Organizational

Support (SPOS) (Eisenberger et al, 1986). Study findings revealed that the interaction

term i.e., perceived organizational support x exposure to AIDS, was significant when entered into the regression. That is, perceived organizational support buffered the negative effects of the nurses' degree of contact with AIDS patients on negative mood ($\Delta R^2 = .03$, $p<.01$) (George et al, 1993). The researchers demonstrated that when work demands were high, perceived organizational support reduced the aversive reactions through the provision of material aid and emotional support.

Similarly, Casper, Martin, Buffardi, and Erdwins (2002) investigated the impact of work interfering with family (WIF) and family interfering with work (FIW) on women's commitment to the organization. This study also examined direct and moderating effects of perceived organizational support. The study sample included 143 professional employed mothers. WIF was measured using four items from the scale developed by Kopleman et al (1983). FIW was measured using four items assessing family interfering with work scale developed by Burley (1989). Perceived organizational support was measured using a slightly modified, 16-item, short version of the Survey of Perceived Organizational Support (SPOS) (Eisenberger et al, 1986). Findings demonstrated that perceived organizational support moderated the relationship between work-family conflict and organizational commitment ($\beta=.066$, $p<.05$).

In 2007, Jawahar and colleagues tested the hypothesis that individual differences in political skill and perceptions of organizational support would moderate the relationship between perceived role conflict and burnout in a sample of 120 software development employees. Perceived organizational support was found to moderate the role conflict-emotional exhaustion relationship ($\beta=.13$, $p<.05$).

These studies provide empirical evidence that perceived organizational support serves as a moderator in the relationship between factors in the work environment and worker outcomes. It is plausible, then, that perceived organizational support moderates the relationship between conflict management style and occupational stress in emergency department nurses.

Summary of the Literature Review

Empirical evidence supports the theoretical proposition that perceived organizational support is negatively related to occupational stress. The empirical literature also supports the theorized relationship between conflict management style and occupational stress. Lastly, there is empirical support for proposition that perceived organizational support may moderate the conflict management style-stress relationship (Brotheridge, 2001; Viswesvaran, et al, 1999). However, there were no studies that have investigated the associations among perceived organizational support, conflict management style and occupational stress in emergency department nurses and the purpose of this study is to examine these relationships among perceived organizational support, conflict management style, and occupational stress.

Theoretical Rationale

Occupational stress refers to the harmful physical and emotional responses that occur when there are conflicting internal and external pressures that cause strain impairment (Alves, 2005; Lu & Shiau, 1997; Maudgalya et al, 2006; Parikh et al, 2004; Salmond & Ropis, 2005; Tabak & Koprak, 2007).

Perceived organizational support refers to the general belief by an employee that support e.g., external resources will be readily available from the organization when

stressful situations arise and urgent needs are addressed (Laschinger et al 2006; & Rhoades & Eisenberg, 2002). Theorists posit that perceived organizational support is expected to decrease stress by providing supportive external resources to meet the emotional and social needs of the employee (Cameron et al, 2003; Patrick & Laschinger, 2006; Rhoades and Eisenberger, 2002).

Conflict management style is composed of two underlying dimensions: concern for others and concern for self (Friedman et al, 2000; Rahim, 1983b; Thomas & Kilman, 1978). Theorists posit that individuals that have a high concern for self have personal internal resources and use conflict management styles such as integrating and dominating that result in lower amounts of stress (Rahim, 1983b &Friedman et al, 2000). Conversely, those with a low concern of self lack personal internal resources and use conflict management styles such as avoidance and obliging that result in higher amounts of stress (Friedman et al, 2002).

Perceived organizational support is theorized to moderate the stressor-strain relationship of conflict management style and occupational stress by acting as a buffer that reduces the effects of avoidance and obliging conflict management styles on occupational stress (Baron & Kenny, 1986; Brotheridge, 2001; Viswesvaran et al, 1999).
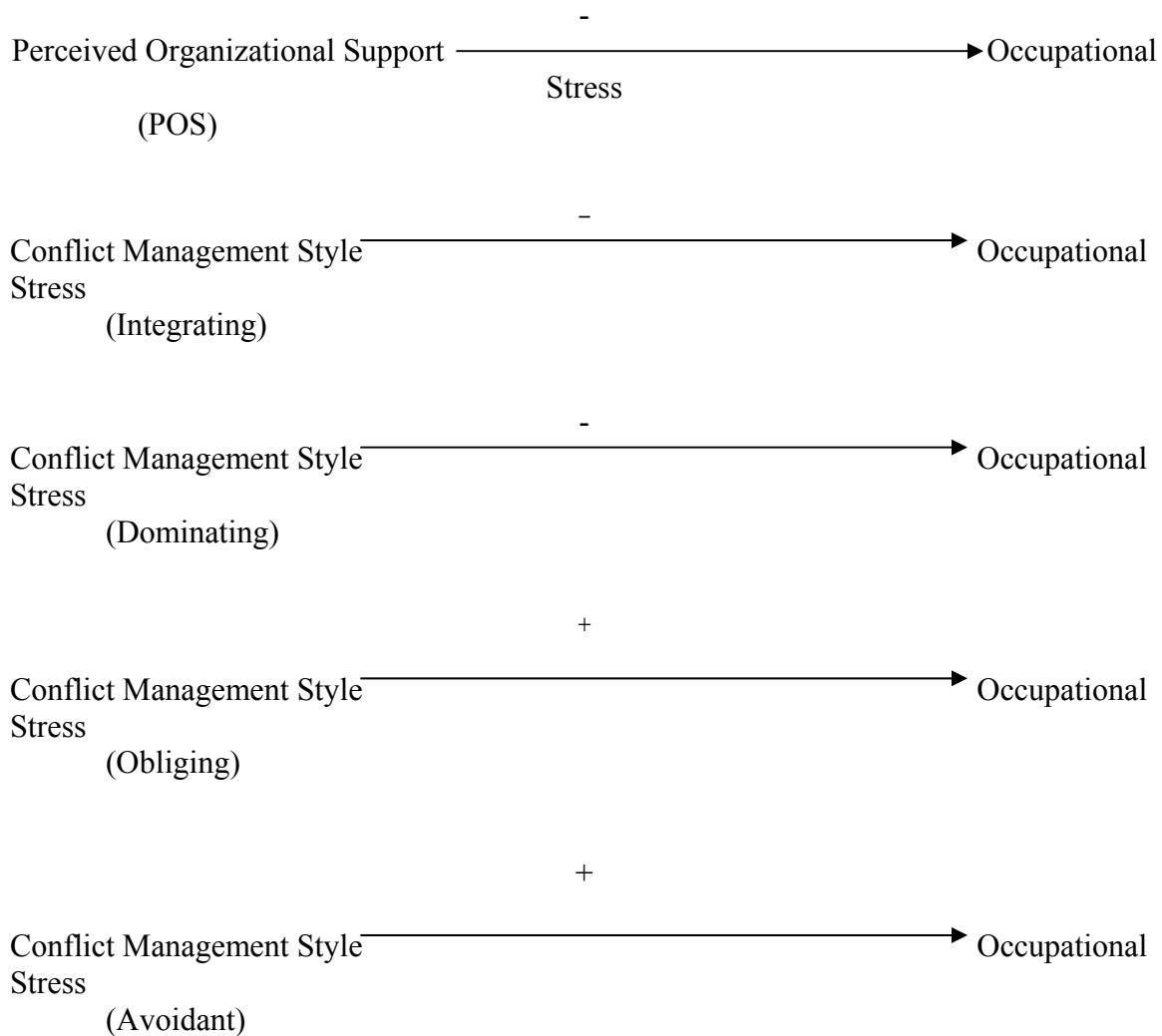
<u>Hypotheses</u>

The following hypotheses will be investigated in nurses working in the emergency department:
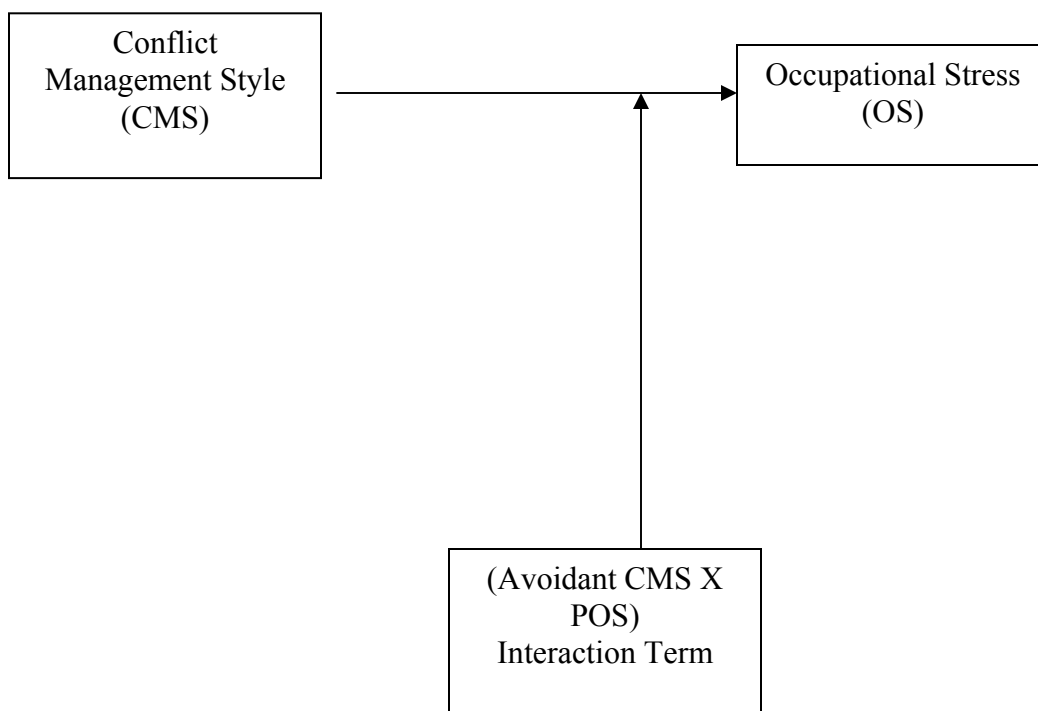
1. Perceived organizational support is negatively related to occupational stress in staff nurses who work in hospital-based emergency departments.
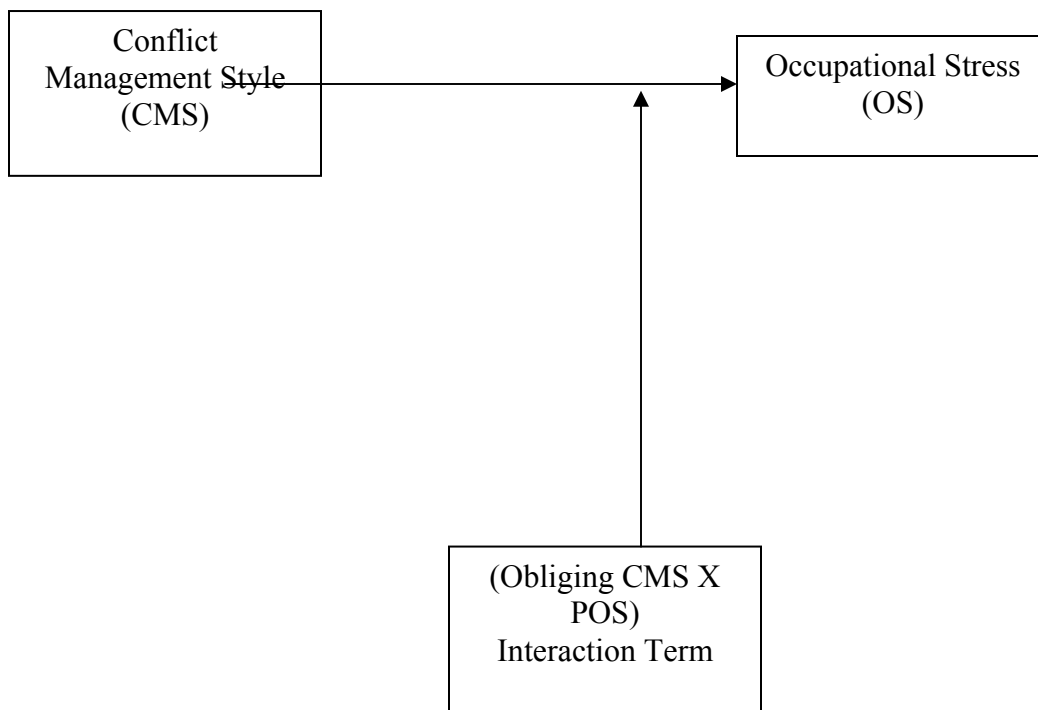
2. Integrating conflict management style is negatively related to occupational stress in staff nurses who work in hospital-based emergency departments.

3. Dominating conflict management style is negatively related to occupational stress in staff nurses who work in hospital-based emergency departments.

4. Obliging conflict management style is positively related to occupational stress in staff nurses who work in hospital-based emergency departments.

5. Avoidant conflict management style is positively related to occupational stress in staff nurses who work in hospital-based emergency departments.

6. The interaction of avoidant conflict management style and perceived organizational support (avoidance x perceived organizational support) is significantly related to occupational stress in staff nurses who work in hospital-based emergency departments.

7. The interaction of obliging conflict management style and perceived organizational support (obliging x perceived organizational support) is significantly related to occupational stress in staff nurses who work in hospital-based emergency departments.

8. The interaction of dominating conflict management style and perceived organizational support (dominance x perceived organizational support) is significantly related to occupational stress in staff nurses who work in hospital-based emergency departments.

9. The interaction of integrating conflict management style and perceived organizational support (integrating x perceived organizational support) is significantly related to

occupational stress in staff nurses who work in hospital-based emergency

departments.

<u>Diagrams of relationships to be tested in this study</u>

Perceived Organizational Support $\xrightarrow{\quad - \quad}$ Occupational
Stress

      (POS)

Conflict Management Style $\xrightarrow{\quad - \quad}$ Occupational
Stress

      (Integrating)

Conflict Management Style $\xrightarrow{\quad - \quad}$ Occupational
Stress

      (Dominating)

Conflict Management Style $\xrightarrow{\quad + \quad}$ Occupational
Stress

      (Obliging)

Conflict Management Style $\xrightarrow{\quad + \quad}$ Occupational
Stress

      (Avoidant)

Moderation Model

Moderation Model

| Conflict Management Style (CMS) | → | Occupational Stress (OS) |

(Obliging CMS X POS)
Interaction Term

Moderation Model

Moderation Model

```
┌─────────────────────┐                              ┌─────────────────────┐
│      Conflict       │                              │ Occupational Stress │
│  Management Style   │ ───────────────────────────▶ │        (OS)         │
│       (CMS)         │                      ▲       │                     │
└─────────────────────┘                      │       └─────────────────────┘
                                             │
                                             │
                                   ┌─────────────────────┐
                                   │ (Integrating CMS X  │
                                   │        POS)         │
                                   │  Interaction Term   │
                                   └─────────────────────┘
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CHAPTER 3

Methods

In this chapter, the research design, sample and sampling methods, instruments, data collection procedures, and analysis plan is discussed. A descriptive, correlational design was used to investigate the relationships among perceived organizational support, conflict management style and occupational stress. The variables that represented these concepts were examined as they naturally exist without any manipulation consistent with the assumptions of correlational design (Brink & Wood, 1998).

Sampling Methods

The subjects for this study were staff nurses currently employed in hospital emergency departments in the United States (U.S.). Subjects were recruited through the use of a mailing list of registered nurses who are current members of the Emergency Nurses Association. This professional organization has a membership of over 34,000 nurses with members representing over 32 countries around the world. A mailing list of 1,000 names and addresses of nurses who identified themselves as staff nurses in hospital emergency rooms in the United States,(US) was rented from the Emergency Nurses Association. The names of nurses on the list were randomly selected from all staff nurse members in the US by the Emergency Nurses Association research and practice department. The Emergency Nurses Association required that a copy of all survey materials, a copy of the research proposal, a description of how subjects' confidentiality will be maintained, a copy of the Institutional Review Board approval letter, consent form, and the survey cover letter that includes a statement that the ENA is not sponsoring the study be submitted with the rental request.

Sample size for the study was estimated based on power analyses for correlational and regression analysis that was used to test study hypotheses. For correlational analysis, using a moderate effect size (r = .30) based on the literature (Rhoades & Eisenberger, 2002; Tabak & Koprak, 2007), a sample size of 84 was needed to obtain a power of .80 at a .05 significance level (Cohen, 1988). Using a moderate effect size (f2 = .30), based on a review of the literature (Hall, 2007; Tabak & Koprak, 2007; Verhaeghe et al., 2008) and 14 predictor variables (the total number of subscales in the instruments), a minimum sample size of 135 was needed to obtain a power of .80 at a significance level of .05 (Cohen, 1988) for regression analysis. Based on Dillman's (2007) estimate of mailed survey response rates with repeated mailings, a minimum sample size of 290 nurses was anticipated to yield more than sufficient power for statistical analyses.

To assure that an adequate number of participants were included in the study, the investigator selected 750 nurses from the rented mailing list to ensure an adequate number of responses. A systematic sampling method was used to select the names and addresses from the mailing list. According to Polit & Beck (2004), systematic sampling involves the selection of every kth case from a specific group or list. For this study a two step sample selection process was used. First, every second staff nurse was selected from the list of 1,000 names provided by the Emergency Nurses Association and then every second staff nurse was selected from the remaining 500 names (Brink & Wood, 1998).

Sample inclusion criteria included current membership in the Emergency Nurses Association, current employment as a staff nurse in a hospital-based emergency department in the United States, and a direct patient care provider. The exclusion criteria included nurses employed in education, nurse practitioner, and management roles. While

the Emergency Nurses Association sorted their membership list by current position to identify members in staff nurse roles, some members included in the rented list occupied roles that met exclusion criteria. Three hundred surveys were returned with a 40% response rate. Seventy-eight surveys were excluded because responders identified their current position as educators, nurse practitioners or nurse managers. The final analytic sample size for this study was 222 staff nurses who worked in hospital-based emergency departments.

Sample Description

The demographic characteristics of the sample are presented in Table 1. The majority of the nurses were female (n=191) who were employed full time in non-teaching hospitals and worked in their present position for more than 3 years. The mean years of nursing experience was 16 (SD=11.55). One-third of the nurses had 7 years or less of experience (n=80) while the remaining two-thirds had 8 to 47 years of experience (n=142). The mean years of emergency department experience was 10.68 (SD=9.10). One-third of the nurses less than 4 years experience (n=69); another one third of nurses had 5 to 11 years of emergency department experience (n=75) and the remaining third had 12 to 34 years of emergency department experience (n=78). The mean age of the sample was 43.75 years (SD=10.41) with a range of 22 to 69 years. Thirteen percent of the sample was less than age 30 years of age (n=28), 53% were 31 to 49 years of age (n=117), and 47% were over age 49 years of age (n=77). Fifty-nine percent of the respondents had at least a baccalaureate degree in nursing (n=130), and 36% were board certified in emergency nursing (n=81). A majority of nurses (74%) worked in facilities not designated as Magnet hospitals.

Table 1. *Sample Characteristics (n = 222)*

Variable		
Gender	**n**	**%**
Male	31	14
Female	191	86
Academic/Teaching	**n**	**%**
Yes	113	52
No	105	47
Race	**n**	**%**
African-American/Black	3	1.4
Alaskan Native or American Indian	2	.9
Asian	12	5.4
Hispanic	9	4.1
Caucasian/White	190	86
Mixed Race	5	2
Highest Nursing Degree	**n**	**%**
Diploma	15	6
Associate degree	77	35
Baccalaureate degree	122	55
Masters degree	8	4
Magnet	**n**	**%**
Yes	46	24
No	162	74
Board Certification in Emergency Nursing	**n**	**%**
Yes	81	36
No	141	64
Work Status	**n**	**%**
Full time	163	73
Part time	47	21
Per diem	12	5

Instruments

Expanded Nursing Stress Scale

The Expanded Nursing Stress Scale (ENSS) is a commonly used instrument designed

to measure nurses' perceptions of sources and frequency of stress experienced in the

workplace and was used to measure occupational stress in this study (French et al, 2000).

The ENSS is based on the Nursing Stress Scale (NSS) by Gray-Toft and Anderson

(1981). The NSS was the first instrument to target nursing stress rather than general job

stress. The ENSS is a self-report tool made up of 57 items on nine subscales. The ENSS

subscales consist of items related to the following sources of stress: (1) death and dying:

(2) conflicts with doctors: (3) inadequate emotional preparation: (4) problems with peer

support: (5) problems with supervisors: (6) workload: (7) uncertainty concerning

treatment: (8) patients and families: and (9) discrimination. For each ENSS item,

respondents were asked to rate their perceptions of the item description as stressful on a

five point Likert-type scale ranging from 1 = never stressful to 4= extremely stressful. A

zero rating (i.e., 0=does not apply) is used for items that are deemed not applicable by the

respondent. Items given a zero rating are not included in the total or subscale score

calculations. A total stress score is computed by summing the ratings on all items. The

ENSS yields a total score of 228 in 9 subscales. Similarly, Subscale scores are computed

by summing subscale item rating. The higher the score, the more the respondent agrees

that the situation is stressful.

   The psychometric properties of the ENSS were investigated by French and colleagues

(2000) in a random sample of 2,280 nurses in Ontario who worked in a wide range of

work settings. Internal consistency reliability was assessed using Cronbach's coefficient

alpha. The ENSS demonstrated acceptable reliability ($\alpha = 0.96$) (French et al, 2000).

Alpha coefficients for the ENSS subscales ranged from 0.65 (discrimination) to 0.88

(problems with supervisors).

   A confirmatory factor analysis was used to test the construct validity of the instrument.

Factor loadings for the ENSS ranged from 0.65 to 0.96, and all were found to be

statistically significant at 0.05 (French et al, 2000).

There is also evidence of ongoing support for the internal consistency reliability and construct validity of the ENSS. Por (2005), in a sample of 90 students from a school of nursing in London, examined the link between the work environment, nursing stress, and general life stress. The ENSS had a modest correlation ($r=.30$) with the stress subscales of overall life stress, indicating that nursing stress is a concept that is relatively distinct from overall life stress. The alpha reliability coefficients for the ENSS subscales in this sample ranged from 0.85 to 0.90.

In summary, reliability and the validity of the ENSS has been tested in samples of registered nurses working in hospital settings. The reported psychometric properties of the instrument suggest that the ENSS has acceptable reliability and validity in hospital-based emergency department nurses who are direct patient care providers.

<div align="center">Survey of Perceived Organizational Support (SPOS)</div>

The abbreviated Survey of Perceived Organizational Support (SPOS) (Eisenberger et al, 1986). is a widely accepted and used 17-item, self report instrument designed to measure the extent to which nurses perceive that their employer values them and was used to measure perceived organizational support in this study On a 7-point Likert scale ranging from (0) strongly disagree to (6) strongly agree, respondents are asked to rate the extent to which they disagree or agree with statements concerning the organization's value of the individual such as "The organization values my contributions and well-being" and "The organization shows very little concern for me". The possible range of SPOS scores is 17 to 119, with a higher score reflecting a higher level of organizational support perceived by the respondent.

Construct validity for the SPOS was established in a sample of 361 non-nurse employees using principal components factor analysis with varimax rotation (Eisenberger et al, 1986), and two factors emerged: perceived support and a minor factor. The two factor solution indicated that perceived organizational support accounted for 48.3% of the total variance. The second minor factor accounted for only 4.4% of total variance. This factor was eliminated. Internal consistency reliability was also tested in this study and revealed an alpha coefficient of 0.97 and inter-item correlations ranging from 0.42 to 0.83.

There is evidence of ongoing support for the internal consistency reliability of the SPOS. In a study by Chen and colleagues (2005) of 190 supervisors and employees in multiple settings, a Cronbach's alpha coefficient of 0.91 for the SPOS was reported. Patrick and Laschinger (2006) conducted a secondary analysis of 84 middle-level nurse managers working in acute care hospitals, and a Cronbach's alpha coefficient of 0.90 was reported for the SPOS.

In summary, the SPOS is a reliable and valid measure of nurses' perceived organizational support and was appropriate for use in this study sample.

<div align="center">Rahim Organizational Conflict Inventory-II (ROCI-II)</div>

There are several instruments that are used to measure conflict management style. The Thomas-Kilman Instrument (TKI) and the Rahim Organizational Conflict Inventory-II (ROCI-II) have been used to measure interpersonal conflict. However, the TKI has been roundly criticized on methodological grounds. Studies designed to test the psychometric properties of the TKI have identified several limitations. First, the results of a non-random sample of college students were generalized to a more experienced old and less

educated population. Second, reliability and validity of an instrument required testing on

large sample (Polit & Beck, 2004). Third, there was no evidence provided for the factor

independence of the five scales of conflict management. For this study, the Rahim

Organizational Conflict Inventory-II scale (ROCI-II) was selected because conflict

among subordinates, peers and supervisors are common in the emergency department.

The ROCI-II measures the five styles of handling interpersonal conflict (integrating,

obliging, dominating, avoidant and compromising) and the two basic dimensions

(concern for self and concern for others) among subordinates, supervisors and peers

(Rahim, 1983b). Item selection for the ROCI-II was based on extensive and repeated

feedback from a national sample of graduate Masters in Business Administration students

(N=60) and managers selected from the Penton/IPC list of 1.3 million executives (N= 38)

(citation). Using a 5-point Likert scale ranging from (1) strongly agrees to (5) strongly

disagrees, participants were asked to assess the degree to which that behavior reflected

their own behavior in a conflict situation. After the participants completed the

questionnaire, an item by item discussion with the participants was initiated by the

researcher, and items that were reported as difficult, inconsistent, or confusing were

eliminated or revised. Successive administrations of the instrument were given to

executives, teachers, principals, hospital management personnel, and students (Rahim,

1983 b). The data were factor analyzed using principal components factor analysis with

varimax rotation. Items were eliminated if loadings were <.40 or ambiguous.

Approximately 105 items were initially considered for inclusion in the instrument. The

final instrument consisted 28 items with 5 subscales representing the independent

dimensions of conflict management style. Each conflict management style yields a mean

score ranging from 1 to 5. The higher the subscale score, the higher the likelihood of using a specific conflict management style. The instrument contains Forms A, B, and C which measures how a member of an organization manages conflict with peers, subordinates, or supervisors, respectively (Rahim & Psenicka, 1995). While Rahim (1983 b) provides statistically significant evidence indicating that an individual's conflict management style varies with the role status of the other party, the magnitude of these differences is small. Additionally, as a practical matter, it is difficult to get participants to answer the same question three times. Hence, for the benefit of parsimony, the phrase "with the people at work" was used as a referent for these items.

There is evidence of ongoing support for the construct validity of the ROCI-II (Rahim & Magner, 1995). A confirmatory factor analysis using structural equation modeling on data from a collegiate sample and four organizational samples (484 full-time management students: 550 public administrators: 250 bank managers and employees in Bangladesh: 578 managers and employees in the United States) was conducted to investigate the convergent and discriminant validity of the ROCI-II. Factor loadings were found to be highly significant, with t values ranging from 5.54 to 15.70. The Goodness of Fit Index (GFI) ranged from .68 to .97. The hypothesized five factor instrument, that is, five styles of conflict management, was supported by the data in this study (Rahim & Magner, 1995).

Internal consistency reliability of the ROCI-II was established by Weider-Hatfield (1988) in eight studies that included samples of managers, supervisors, non-supervisors and students, (sample size range = 70 to 1219). Chronbach's alpha coefficients for all ROCI-II subscales in these studies ranged from 0.72 to 0.74.

Recently, internal consistency reliability of the ROCI-II has been established in nurses. Friedman et al (2000) examined the link between conflict management style and occupational stress in a sample of 82 from a clinical medical department at a major southeastern university. The sample was comprised of doctors (29%); nurses and other healthcare professionals (19%); researchers (12%); and support staff (40%). Chronbach's alpha for 4 of the 5 subscales, (integrating, dominating, avoidant and obliging), ranged from .75 to .93.

The test-retest reliability of the ROCI-II has also been tested (Rahim, 1983 b). The ROCI-II was administered twice to 119 college students at a one week interval, and test-retest correlations for the five scales were reported as follows; integrating .83; obliging, .81, dominating, .76; avoidant, .79; and compromising, .60.

In summary, the ROCI-II has evidence of adequate reliability and validity in various populations including nurses. Therefore, the instrument was appropriate for use in this study.

<div align="center">Demographics Questionnaire</div>

A Demographics Questionnaire was developed for this study. The following demographic and employer data was collected to describe the study sample: age, ethnicity, gender, highest nursing degree, highest non-nursing degree, current position, number of years employed in nursing, number of years of emergency department experience, emergency department nurse specialty certification (yes/no), hospital type-teaching (yes/no), Magnet certification by the American Nurses Credentialing Center (yes/no).

Procedure for Data Collection and Analysis

Survey questionnaires were mailed using the Tailored Design Method by Dillman

(2007). The Tailored Design Method (TDM) requires the investigator to use multiple

communications or contacts with the potential respondent in order to maximize the

response rate. Response rates using the TDM have been reported ranging from 58% to

78%. Consistent with TDM methodology, participants received a survey packet sent by

first class mail to their homes. Each packet contained the study instruments and a cover

letter from the principal investigator (PI) that included 1) an explanation of the study

purpose and invitation to participate, 2) an assurance of confidentiality and anonymity

and the participant's right to choose not to participate or to terminate participation at any

time, 3) a summary of risks and benefits, 4) contact information for the PI and Rutgers

University IRB, and 5) instructions to place the completed instruments in a self-addressed

stamped envelope provided in the packet for return to the PI. Nurses were informed in the

cover letter that completion of the survey will serve as their consent to participate. Each

survey was pre-coded with a unique identifier code to facilitate tracking of survey returns

and follow-up mailings to non-responders. A record of non-responders was maintained

by the investigator.

One week following the survey mailing, a reminder/thank you postcard was sent to

participants. A second survey packet was mailed to non-responders three weeks after the

initial contact followed by a reminder/thank you postcard.

This study was submitted to the Institutional Review Board (IRB) of Rutgers, The

State University of New Jersey to ensure that the rights of human subjects are protected.

An expedited IRB approval was sought and obtained as study instruments will be coded, and nurse participant names will be linked to each unique code.

<div align="center">Data Analysis Plan</div>

A statistical database was created by the PI using the using Statistical Package for the Social Sciences (SPSS) version 16.0 for Windows (SPSS, 2007). Demographic, occupational stress, perceived organizational support, and conflict management style data were entered into the SPSS database by the PI. A descriptive analysis of the demographic data was conducted to describe the sample characteristics. Frequency tables, histograms, and scatterplots were used to assess distribution of study variables for normality. Tests for skewness and kurtosis were also conducted. Data was inspected for inconsistencies, outliers, and wild data entry codes. Included in the data analysis was the description of the sample including means and standard deviations. A code book which included copies of the original data set and the cleaned data set, copies of the basic descriptives, correlations and regression analyses, syntax and output, and notes to self was created to document the analysis file.

Correlational analysis of the study variables was conducted using both Pearson Product Moment Correlation and chi square for nominal level data. In line with a conservative approach, a two-tailed test of significance set at .05 level was used, even if the hypothesized relationship was directional (Polit & Beck, 2004). The correlation matrix was examined to determine if there were any demographic variables that were significantly correlated with the dependent variable that needed to be controlled in subsequent analyses. In addition, the correlation matrix was examined to determine if perceived organizational support and conflict management style total and/or subscale

scores were significantly related to ENSS scores. Hierarchical multiple regression analysis was used to (1) determine the extent to which perceived organizational support and conflict management style predict occupational stress; (2) test the moderator effects of perceived organizational support on the relationship between avoidant conflict management style and occupational stress; (3) test the moderator effects of perceived organizational support on the relationship between obliging conflict management style and occupational stress; (4) test the moderator effects of perceived organizational support on the relationship between dominating conflict management style and occupational stress; and (5) test the moderator effects of perceived organizational support on the relationship between integrating conflict management style and occupational stress.

Baron and Kenny's (1986) method for testing moderation effects was used in this study. For each moderation model that was examined, hierarchical regression analysis was conducted. According to Baron and Kenny (1986), the first step in testing a moderator effect requires entering the two independent variables into the regression model to test their main effects on the dependent variable. In the second step, the interaction term is entered. An interaction term is computed as the product of two independent variables and represents the joint relationship between the two independent variables that account for additional variance in the dependent variable beyond that explained by either variable alone (Baron & Kenny, 1986). If the interaction term is significantly related to the dependent variable, a moderator effect is deemed to be present (Baron & Kenny, 1986).

In the first model for this study, the moderator effect of perceived organizational support on the relationship between avoidance conflict management style and

occupational stress was tested. Avoidant conflict management style scores and perceived organizational support scores were entered first into the regression equation to test their main effects on occupational stress (Baron & Kenny, 1986). In the second step, the interaction term (avoidant conflict management style x perceived organizational support) was entered (Baron & Kenny, 1986). To test the moderator effect of perceived organizational support on the relationship between obliging conflict management style and occupational stress, this procedure was repeated using obliging conflict management style scale scores and perceived organizational support scores as the independent variables. To test the moderator effect of perceived organizational support on the relationship between dominating conflict management style and occupational stress, this procedure was repeated using dominating conflict management style scale scores and perceived organizational support scores as the independent variables. To test the moderator effect of perceived organizational support on the relationship between integrating conflict management style and occupational stress, this procedure was repeated using integrating conflict management style scale scores and perceived organizational support scores as the independent variables.

Demographic variables were not significantly related to occupational support and hence no covariates were entered into the regression equations (Tabachnick and Fidell, 2007).

Human Subjects Protection

A request for an expedited review was submitted and granted by the Institutional Review Board (IRB) of Rutgers, The State University of New Jersey. Risks to nurse participants were no greater than minimal, where the magnitude of harm or discomfort anticipated in the proposed research is not greater, in and of themselves, than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.

The sources of research data were a demographic questionnaire and the study instruments. The data will be destroyed after the 3 year mandatory Institutional Review Board data maintenance period.

Potential participants were recruited from the Emergency Nurses Association. A cover letter included in the survey packet mailed to potential participants included an explanation of the purpose of the survey and an assurance of confidentiality and anonymity. The cover letter also included an explanation of participant's rights as study subjects; that is, they may choose not to participate in the study and may terminate their participation at any time. Participants were also informed in the cover letter that completion of study questionnaires served as their consent to participate. Completed surveys are being stored in a locked file cabinet in the principal investigators office.

A computer list of participants', names, addresses and code numbers are being maintained by the principal investigator. Data collected from this study was entered into a computer data base (SPSS). All computer files are password protected, and only the principal investigator will have access to the password. Computer files are backed up

onto a computer disc (CD) that is kept in a locked file cabinet in the principal

investigator's office at Rutgers, The State University of New Jersey.

CHAPTER 4

Analysis of the Data

The purpose of this study was to examine the relationships among perceived

organizational support, conflict management style, and occupational stress in emergency

department staff nurses. The conflict management styles under investigation included

avoidant, dominating, obliging and integrating. A convenience sample of 222 nurses

identifying themselves as staff nurses working in hospital emergency departments in the

United States participated in this study. The following instruments were used; (1)

Demographics Questionnaire developed, by the investigator for this study, was used to

collect data on the participants' age, gender, race, working status, educational

preparation, current position, number of years in current position, years of experience as

an emergency department nurse, emergency department nurse specialty certification and

Magnet hospital designation; (2) occupational stress was measured by the Expanded

Nursing Stress Scale (ENSS) (French et al, 2000); (3) perceived organizational support

was measured by the Survey of Perceived Organizational Support (SPOS) (Eisenberger et

al, 1986); and (4) conflict management style was measured by the Rahim Organizational

Conflict Inventory-II (ROCI-II) (Rahim, 1983 b). This chapter presents findings from the

analysis of the data.

Statistical Description of the Study Variables

Dependent Variable

Total occupational stress scores were computed, and the mean total occupational

stress score was 128.05 (SD=27.39, range 67 -217). Seventy-three percent of the sample

(n=161) occasionally experienced stress, and the remaining 27% (n=54) reported frequent

experiences of stress. Normal distribution of variables and data quality were assessed

using frequency tables, histograms, and skewness (Munro, 2005; Tabachnick & Fidell,

2007). Skewness was assessed by converting the skewness statistic for independent and

dependent variable scores to Fisher's z scores, and any z score between +1.96 and -1.96

was considered to represent a normal distribution of scores (Hildebrand, 1986). Fisher z

scores for total occupational stress scores indicated that they were normally distributed.

Perceived organizational support scores were slightly skewed. Integrating and obliging

CMS scores were negatively skewed. Square root transformations were attempted to

correct the skewness without success (Tabachnick & Fidell, 2007) (See table 1). Munro

(2005) suggests that when transformations are not successful, continuous variables

should be recoded to a categorical variable. Although some of the conflict management

styles were skewed and some were not, for ease of interpretation of the data, all of the

conflict management styles were changed from continuous to dichotomous categories.

The variables were transformed from a 5-point scale ranging from strongly disagree to

strongly agree to the discrete dichotomous categories of 0 = no or 1 = yes. The recoded

CMS variables were then used for hypothesis testing.

Table 2

Distribution of Independent and Dependent Variable Scores

	Skewness	SE	Skewness z-score	Kurtosis	SE	Kurtosis z- Score
ENSS	.360	.166	2.16	.004	.330	0.12
Survey Perceived Organizational Support	.032	.164	-0.13	-.510	.326	-0.83

Integrating CMS	-.822	.164	-5.01	1.887	.327	5.77
Obliging CMS	-.484	.163	-2.97	.625	.325	1.92
Dominating CMS	-.061	.164	-0.37	-.103	.326	-.031
Avoidant CMS	.071	.164	0.43	-.237	.326	0.72

Independent Variables

Perceived Organizational Support

Total perceived organizational support scores ranged from 8-94 with a mean score of 50.15 (SD=18.70). Sixty-six percent of the sample perceived their work environment as unsupportive.

Conflict Management Style

Frequencies for use of conflict management style (yes/no) were examined for each of the five dimensions of conflict management style. Eighty-seven percent reported use of an integrating conflict management style; 71%, an obliging conflict management style; 7%, a dominating conflict management style; and 28%, an avoidant conflict management style.

Psychometric Properties of the Instruments

Internal consistency reliability for each of the instruments was computed, and their coefficient alphas were acceptable (Tabachnick & Fidell, 2007). See table 3.

Table 3. *Alpha reliability coefficients for study instruments*

	ENSS	Integrating CMS scale	Obliging CMS scale	Dominating CMS scale	Avoidant CMS scale	SPOS
Cronbach's alpha	0.95	0.84	0.78	0.76	0.82	0.91

Hypotheses Testing

Hypotheses 1-5 were tested with Pearson product moment correlational analyses and linear regression using the Statistical Program for Social Sciences (SPSS) statistical package version 16.0. For this study, a two-tailed test of significance set at the .05 level was used to test the hypothesized relationships. Pearson product moment correlational analysis was also conducted to determine if any demographic variables were significant covariates of the dependent variable, occupational stress. Demographic variables were not found to be significantly related to occupational stress and hence no covariates were entered into the regression equations (Tabachnick and Fidell, 2007).

Hypotheses 6-9 were tested using linear regression. Before conducting the analyses, data were assessed to assure they met assumptions for regression analysis (Tabachnick & Fidell, 2007). Bivariate relationships between independent and dependent variables were checked for linearity and statistical significance (Munro, 2005). Next, the independent variables were checked for multicollinearity. Tolerance and Variance Inflation Factor (VIF) measures were used to assess multicollinearity. A tolerance of less than 0.20 or 0.10 and/or a VIF of 5 or greater indicates multicollinearity between variables (Munro, 2005). The tolerance values for this study ranged from .691 to .906 and the VIF ranged from 1.103 to 1.448, indicating no evidence of multicollinearity among the independent variables. Because the independent variables, theoretically, did not differ from each other in terms of order or importance, they were entered into the regression simultaneously (Tabachnick and Fidell, 2007).

Hypothesis 1

 Hypothesis 1 stated that there would be an inverse relationship between perceived organizational support and occupational stress in staff nurses who work in hospital-based emergency departments. Correlational analysis demonstrated a significant negative relationship between perceived organization support and occupational stress ($r=-.292$, $p=.000$).

Hypothesis 2

 Hypothesis 2 stated that integrating conflict management style is negatively related to occupational stress in staff nurses who work in hospital-based emergency departments. Correlational analysis revealed a negative and insignificant relationship between the use of an integrating conflict management style and occupational stress ($r=-.024$, $p=.785$). Hypothesis 2 was not supported.

Hypothesis 3

 Hypothesis 3 stated that a dominating conflict management style is negatively related to occupational stress in staff nurses who work in hospital-based emergency departments. Correlational analysis revealed an insignificant relationship between the use of a dominating conflict management style and occupational stress ($r=.012$, $p=.890$). Hypothesis 3 was not supported.

 Hypothesis 4

 Hypothesis 4 stated that an obliging conflict management style is negatively related to occupational stress in staff nurses who work in hospital-based emergency departments. Correlational analysis revealed an insignificant relationship between the use of an

obliging conflict management style and occupational stress (*r*=.125, *p*=.215). Hypothesis 4 was not supported.

Hypothesis 5

Hypothesis 5 stated that an avoidant conflict management style is negatively related to occupational stress in staff nurses who work in hospital-based emergency departments. Correlational analysis revealed a significant positive relationship between the use of an avoidant conflict management style and occupational stress *(r =.300, p = .000).*

Linear Regression Analysis: Hypotheses 1 and 5

Since perceived organizational support and avoidant conflict management style were significantly related to occupational stress, linear regression analysis was used to further test the independent relationships between these independent variables and occupational stress. Perceived organizational support was independently related to occupational stress (*β*=-.262, *p*=.003), while controlling for the effects of avoidant conflict management style on occupational stress. Therefore, hypothesis one was supported

Avoidant conflict management style was also independently related to occupational stress (*β*=.209, *p*=.018), while controlling for the effect of perceived organizational support on occupational stress. Therefore, hypothesis five was supported. Table 4 summarizes the relationships between the independent and dependent variables.

Table 4. *Relationships between Independent Variables and Occupational Stress*

	r	*β*
Perceived Organizational Support	-.292**	-.262**
Integrating CMS	-.024	

Dominating CMS	.012	
Avoidant CMS	.300**	.209*
Obliging CMS	.129	

*p<.05, **p<.01

Hypothesis 6

Hypothesis 6 tested the moderator effect of perceived organizational support on the

relationship between avoidant conflict management style and occupational stress and

stated that the interaction of avoidant conflict management style and perceived

organizational support (avoidance CMS x perceived organizational support) is

significantly related to occupational stress in staff nurses who work in hospital-based

emergency departments. Baron and Kenny's (1986) two step hierarchical multiple

regression method was used to test this contingent relationship.

In the first step, the predictor (avoidant conflict management style) and the

moderator (perceived organizational support) were entered simultaneously to examine

their independent effects on the dependent variable (occupational stress). Both avoidant

conflict management style (β=.209, p=.05) and perceived organizational support

(β=-.262, p=.001) independently predicted occupational stress, while controlling for the

effects of the other on occupational stress. In the second step, the interaction term,

(perceived organization support x avoidant conflict management style), was entered into

the model (Baron & Kenny, 1986). Baron and Kenny (1986) state that the independent

variable or the moderator does not have to be significantly related to the dependent

variable to test for moderation. This relationship accounts for additional variance in the

outcome variable that is not explained by either single variable alone (Baron & Kenny,

1986). If the interaction term is significant, then a moderating effect is present. The interaction of avoidant conflict management style and perceived organizational support ($\beta=-.225$, $p=.281$) was not a significant predictor of occupational stress in staff nurses who work in hospital-based emergency departments. This finding did not support, as theorized, the hypothesis that perceived organizational support moderates the negative effect of avoidant conflict management style on occupational stress in staff nurses who work in hospital-based emergency departments.

Hypothesis 7

Hypothesis 7 tested the moderator effect of perceived organizational support on the relationship between obliging conflict management style and occupational stress and stated that the interaction of obliging conflict management style and perceived organizational support (obliging CMS x perceived organizational support) is significantly related to occupational stress in staff nurses who work in hospital-based emergency departments. Baron and Kenny's (1986) two step hierarchical multiple regression method was used to test this contingent relationship.

In the first step, the predictor (obliging conflict management style) and the moderator (perceived organizational support) were entered simultaneously to examine their independent effects on the dependent variable (occupational stress). Controlling for the effect of perceived organizational support, obliging conflict management style did not independently predict occupational stress ($\beta=.128$, $p=.191$). However, perceived organizational support did independently predict occupational stress while controlling for the effect of obliging conflict management style ($\beta=-.354$, $p=.000$). In the second step, the interaction term (perceived organization support x obliging conflict management

style) was entered into the model and did not significantly predict occupational stress (β=-.075, p=.837). This finding did not support, as theorized, the hypothesis that perceived organizational support moderates the negative effect of obliging conflict management style on occupational stress in staff nurses who work in hospital-based emergency departments.

Hypothesis 8

Hypothesis 8 tested the moderator effect of perceived organizational support on the relationship between dominating conflict management style and occupational stress and stated that the interaction of dominating conflict management style and perceived organizational support (dominating CMS x perceived organizational support) is significantly related to occupational stress in staff nurses who work in hospital-based emergency departments. Baron and Kenny's (1986) two step hierarchical multiple regression method was used to test this contingent relationship.

In the first step, the predictor (dominating conflict management style) and the moderator (perceived organizational support) were entered simultaneously to examine their independent effects on the dependent variable (occupational stress). Controlling for the effect of perceived organizational support, dominating conflict management style did not independently predict occupational stress (β=.061, p=.449). However, perceived organizational support did independently predict occupational stress while controlling for the effect of dominating conflict management style (β=-.344, p=.000).

In the second step, the interaction term (perceived organization support x dominating conflict management style) was entered into the model and did not significantly predict occupational stress (β=-.262, p=.308). This finding did not support, as theorized, the

hypothesis that perceived organizational support moderates the effect of a dominating conflict management style on occupational stress in staff nurses who work in hospital-based emergency departments.

Hypothesis 9

Hypothesis 9 stated that the interaction of an integrating conflict management style and perceived organizational support (integrating CMS x perceived organizational support) is significantly related to occupational stress in staff nurses who work in hospital-based emergency departments. A two step hierarchical multiple regression analysis testing moderator effects was conducted according to Baron and Kenny (1986).

In the first step, the predictor (integrating conflict management style) and the moderator (perceived organizational support) were entered simultaneously to predict the dependent variable (occupational stress). Controlling for the effect of perceived organizational support, integrating conflict management style did not independently predict occupational stress (β=.062, p=.501). However, perceived organizational support did independently predict occupational stress while controlling for the effect of integrating conflict management style (β=-.242 p=.010).

In the second step, the interaction term (perceived organization support x integrating conflict management style) was entered into the model. The interaction term of integrating conflict management style was not a significant predictor of occupational stress in staff nurses who work in hospital-based emergency departments (β=-.182, p=.713). This finding did not support, as theorized, that perceived organizational support moderates the effect of integrating conflict management style on occupational stress in staff nurses who work in hospital-based emergency departments.

In summary, perceived organizational support was found to have a negative and significant independent relationship with occupational stress in staff nurses who work in hospital-based emergency department settings. Avoidant conflict management style was found to have a positive and significant independent relationship with occupational stress in staff nurses who work in hospital-based emergency department settings. The moderating effects of perceived organizational support on the relationships between conflict management styles and occupational stress were all found to be insignificant.

<div align="center">Additional Findings</div>

In order to better understand the relationships among perceived organizational support, conflict management style, and occupational stress, additional analyses were conducted. Specifically, the additional analyses that were undertaken included the following: 1) correlational analysis to examine the relationships between perceived organizational support, conflict management styles, and each of the 9 dimensions of occupational stress (death and dying; conflict with physicians; inadequate preparation; problems with peers; problems with supervisors; workload; uncertainty concerning treatment; patients and their families; and discrimination); (2) linear regression analysis to determine the independent effects of perceived organizational support and conflict management style with dimensions of occupational stress; and 3) hierarchical regression analysis to test the moderating effects of perceived organizational support on the relationship between conflict management styles and dimensions of occupational stress.

Correlational Analysis: Perceived Organizational Support, Conflict Management Styles, and Dimensions of Occupational Stress

Correlational analysis was undertaken to examine the relationships between the independent variables, perceived organizational support and conflict management styles, and each of the nine dimensions of occupational stress,. Perceived organizational support was found to be significantly related to four of the nine dimensions of stress including problems with peers, problems with supervisors, workload, and patients and their families (Table 5). Avoidant CMS was significantly related to two of the nine dimensions of occupational stress including, problems with peers and problems with supervisors (Table 5). On the other hand, integrating conflict management style was only significantly related to the problems with supervisors dimension of occupational stress (Table 5). Obliging conflict management style was only significantly related to inadequate preparation dimension of occupational stress. Notably, dominating conflict management style was not related to any dimension of occupational stress.

Table 5. *Significant Correlations Between Dimensions of Occupational Stress, Perceived Organizational Support and Conflict Management Styles*

Dimension of Occupational stress	Perceived Organizational Support *r*	Avoidant CMS *r*	Integrating CMS *r*	Obliging CMS *r*
Inadequate preparation				.14*
Problems with peers	-.40**	.21**		
Problems with supervisors	-.51**	.29**	-.21**	
Workload	-.28*			

Patients and their families	-.16*			

*p < .05, **p<.01

Multivariate Regression Analysis: Perceived Organizational Support, Conflict

Management Styles, and Occupational Stress

A series of linear regression analyses were conducted to determine the independent

effects of perceived organizational support and the conflict management styles on each

dimension of occupational stress to which they were significantly related. Bivariate

relationships were checked to be sure that they were linear (Munro, 2005). Next the

independent variables were checked for multicollinearity. Tolerance and Variance

Inflation Factor (VIF) measures were used to assess multicollinearity. Because perceived

organizational support and conflict management styles significantly associated with the

dimensions of occupational stress all variables were entered into the regression

simultaneously (Tabachnick & Fidell, 2007).

In the first regression, the independent effects of perceived organizational support and

avoidant conflict management style on the problem with peers dimension of occupational

stress was examined. The predictor (avoidant conflict management style) was entered in

the regression model first, and the moderator (perceived organizational support) was

entered in the second step. Controlling for the effects of each other in the second model,

perceived organizational support independently predicted stress from problems with

peers (β = -.36, p = .000) and avoidant conflict management style did not (β=.10,

p=.136).

A second regression analysis was conducted to examine the independent effects of

perceived organizational support, avoidant conflict management style and integrating

conflict management style on the problems with supervisors dimension of occupational stress. Both predictors (avoidant and integrating conflict management styles) and the moderator (perceived organizational support) were entered in three steps to examine their independent effects on the dependent variable (problems with supervisors dimension of occupational stress). Controlling for the effect of each other in the model, perceived organizational support and avoidant conflict management style independently predicted stress from problems with supervisors (β= -.47, p <.01, β=.15, p= <.01.respectively) and, integrating conflict management style did not (β= -.02, p=.327).

A third linear regression analysis was conducted to examine the independent effects of obliging conflict management style on the inadequate preparation dimension of occupational stress. Results revealed that obliging conflict management style predicted the experience of occupational stress from inadequate preparation (β= .14, p=.042).

Another fourth linear regression analysis was conducted to examine the independent effects of perceived organizational support and avoidant conflict management style on the workload dimension of occupational stress. The results revealed that perceived organizational support was a predictor of the workload dimensions of occupational stress (β= -.28,, p=.000).

Finally, a fifth linear regression was conducted to examine the independent effects of perceived organizational support on the patients and their families dimension of occupational stress. Perceived organizational support independently predicted this dimension of occupational stress (β=-.16, p=.020).

In summary, perceived organizational support was found to be a unique and independent predictor of four dimensions of occupational stress: problems with peers,

problems with supervisors, workload, and patients and families. Avoidant conflict management style was found to independently predict two dimensions of stress including problems with peers and problems with supervisors. Obliging conflict management style predicted the inadequate preparation dimension of occupational stress, and integrating conflict management style was not a predictor of any dimension of occupational stress.

Moderating Effects of Perceived Organizational Support on the Relationship Between Conflict Management Style and Occupational Stress Dimensions

Hierarchical regression analyses were conducted to test the moderating effects of perceived organizational support on the relationship between avoidant conflict management style and the two dimensions of occupational stress significantly related to avoidant conflict management (problems with peers and problems with supervisors). Findings revealed that perceived organization support did not moderate any of the significant relationships between avoidant conflict management style and these two dimensions of occupational stress. (Table 6)

Table 6. *Moderating Effects of Perceived Organizational Support for Avoidant Conflict Management Styles Significantly Related to the Dimensions of Stress*

Dimension of Occupational Stress	Perceived organizational support x avoidant CMS β	p value
Problems with peers	-.315	.183
Problems with supervisors	001	.997

CHAPTER 5

Discussion of the Findings

The purpose of this study was to examine the relationships among perceived organizational support, conflict management style, and occupational stress in emergency department staff nurses. The conflict management styles under investigation included avoidant, dominating, obliging and integrating. This chapter interprets the findings of the hypotheses tested in light of the theoretical and empirical support from which they were derived.

Occupational Stress

Theorists suggest that the physical and psychological reactions to stress are part of a cognitive appraisal process that is influenced by person and environmental factors that, in turn, triggers the selection of coping processes (Cannon, 1929; Folkman & Lazarus, 1988; Selye, 1976). Nurses who work in emergency departments are especially susceptible to occupational stress due to a work environment that includes constant change, poor communication, and the direct involvement in critical incidents such as unexpected patient deaths and other life changing events (ENA, 2007; Hipwell, 1989; IOM, 2006; Oster & Doyle, 2000).

In this study, 73% of nurses reported low levels of occupational stress, and 27% experienced moderate to high levels. These findings are similar to previous empirical work that revealed 39% of staff nurses working in hospital-based inpatient units reported frequent experiences of occupational stress (Parikh et al, 2004). These findings also suggest that occupational stress in emergency department nurses may be a prevalent problem that can potentially have negative effects on both nurse and patient outcomes.

Perceived Organizational Support and Occupational Stress

One factor that has been identified as an important source of occupational stress is perceived organizational support and conflict management style (Friedman et al, 2000; Laschinger et al 2006; Rhoades & Eisenberg, 2002).

Hypothesis 1 stated that there would be an inverse relationship between perceived organizational support and occupational stress in staff nurses who work in hospital-based emergency departments. The hypothesis was derived from the theoretical premise which indicates that perceived organizational support decreases stress by providing supportive external resources identified as supervisor support, fairness, information sharing, organizational rewards and favorable job conditions (Cameron et al, 2003; Patrick & Laschinger, 2006; Rhoades and Eisenberger, 2002). The hypothesis was supported in this study. A significant relationship was found between perceived organization support and occupational stress, indicating that nurses who work in emergency room settings with greater levels of perceived organizational support experience less occupational stress. These findings are consistent with findings from previous studies that have found a significant relationship between perceived organizational support and occupational stress in both non-nurse and nurse samples (Hall, 2007; Rhoades and Eisenberger, 2002). Moreover, while this relationship has been previously tested in nurses who work in hospital-based, inpatient settings (Hall, 2007), findings from this study indicate that perceived organizational support may be an important antecedent to occupational stress for nurses who work in emergency department environments as well.

Conflict Management Style and Occupational stress

A second factor identified as an important source of occupational stress is conflict management style (Friedman et al, 2000; Laschinger et al 2006; Rhoades & Eisenberg, 2002). Hypotheses 2 and 3 stated that integrating and dominating conflict management styles are negatively related to occupational stress in staff nurses who work in hospital-based emergency departments. The hypotheses was derived from Friedman and colleagues' (2000) who postulated that individuals who use integrating and dominating conflict management styles experience lower levels of occupational stress. The hypotheses were not supported in this study. No direct relationship was found between an integrating conflict management style and dominating conflict management style and occupational stress, indicating that emergency department nurses who use these behavioral approaches to managing conflict do not experience less occupational stress. These findings differ from another study that found significant relationships between integrating and dominating conflict management styles and occupational stress in nurses in hospital settings (Tabak & Koprak, 2007). An alternative explanation for the lack of empirical support for the hypotheses might lie in the theorized complex relationship between conflict management style and stress. Friedman and colleagues (2000) asserts that conflict management styles are dispositional and hence the approach to managing conflict is chosen to match the situation at hand. Friedman also contends that the effects of conflict management styles on stress occur not necessarily in a direct path but rather an indirect path via task conflict and relationship conflict respectively. That is, conflict management style may be indirectly related to occupational stress through conflict experiences such as task conflict or relationship conflict, which are shaped by particular

conflict management styles. Using structural equation modeling, Friedman and his colleagues' (2000) examined the complex relationship among conflict management style, conflict type, and stress in healthcare professionals. Their findings revealed an insignificant direct relationship between both integrating and dominating conflict management styles and work stress. However, integrating and dominating conflict management styles were found to have indirect relationships with work stress through task and relationship conflict. Thus, the theoretical assertion that conflict management style is directly related to occupational stress was not supported in this study, and an alternative explanation could be that the path to occupational stress for nurses who use integrating and dominating conflict management styles is through their experience of task and relationship conflict.

Hypothesis 4 stated that obliging conflict management style is positively related to occupational stress in staff nurses who work in hospital-based emergency departments. The hypothesis is derived from Friedman and colleagues' (2000) proposition that those individuals who approach conflict resolution with an obliging conflict management style experience higher levels of occupational stress. Hypothesis 4 in the present study was not supported. That is, no direct relationship was found between an obliging conflict management style and occupational stress indicating that emergency department nurses who use an obliging conflict management approach do not experience high levels of occupational stress. The insignificant relationship between obliging conflict management style and occupational stress in this study is incongruent with a previous empirical study that revealed a direct relationship between obliging conflict management style and occupational stress in nurses in hospital settings (Tabak & Koprak, 2007). A possible

theoretical explanation is offered by Friedman and colleagues (2000) who suggests that those who use an obliging conflict management style face an interesting paradox: obliging conflict management style decreases work stress by decreasing relationship conflict, but it also increases work stress by abating the individual's ability to assert their own interests (Friedman et al, 2000). Thus, the path to occupational stress in nurses who use an obliging conflict management style may be indirect through relationship conflict experiences.

Hypothesis 5 stated that avoidant conflict management style is positively related to occupational stress in staff nurses who work in hospital-based emergency departments. This hypothesis was also derived from the proposition put forth by Friedman and colleagues (2000) which stipulates that those individuals who approach conflict resolution with an avoidant conflict management style experience higher levels of occupational stress. Hypothesis 5 was supported. A significant direct relationship was found between an avoidant conflict management style and occupational stress suggesting that emergency department nurses who use this conflict management approach are likely to experience occupational stress. The findings from this study support this theoretical premise and are congruent with a previous study, which demonstrated a direct relationship between avoidant conflict management style and occupational stress in nurses in hospital settings (Friedman et al, 2000; Tabak & Koprak, 2007).

Empirical evidence also suggests that there are occasions when it might be useful to examine the dimensions of stress to assess the strength and direction of the relationships between work environments, conflict management styles and the particular source of stress (Dewe, 1987; Gottlieb et al, 1996; Laschinger, 2008). Ancillary analyses revealed

perceived organizational support and avoidant conflict management style were significantly related to several dimensions of stress including conflict with peers and supervisors. This particular finding suggests that the use of avoidant conflict management by emergency department nurses may be significantly related to stress due to interpersonal conflict. In one study, the perception of supervisor support was inversely related to occupational stress (Hall, 2007). That is, nurses who perceived that their supervisors were supportive experienced reduced occupational stress. In this study, the findings suggest that in addition to perceived organizational support, avoidant conflict management style is maybe an important antecedent to occupational stress. These findings also point to the need to examine the contingent relationships among conflict management style, task and relationship conflict, and occupational stress in nurses in emergency department settings.

Moderator Role of Perceived Organizational Support

Hypotheses 6 through 9 state that the following interactions were significantly related to occupational stress in staff nurses who work in hospital-based emergency departments: avoidant conflict management style and perceived organizational support; obliging conflict management style and perceived organizational support; dominating conflict management style and perceived organizational support; and integrating conflict management style and perceived organizational support. The hypotheses were derived from the theory proposition that perceived organizational support buffers the negative effects of conflict management style styles on occupational stress (Cameron et al, 2003; Laschinger et al, 2006; Laschinger et al, 2008; Patrick & Laschinger, 2006; Rhoades and Eisenberger, 2002). None of the hypotheses were supported. One plausible explanation

for the lack of empirical support for the role of perceived organizational support as a moderator of the effects of conflict management styles on occupational stress may be the low levels of perceived organizational supported reported by nurses in the study sample; 60% of nurse respondents did not perceive their work environment as supportive. Perceived organizational support theory indicates that when organizations are perceived as highly supportive, they meet employees' needs for emotional support, affiliation, esteem, and approval, and this needs-fulfilling role served by organizational support, as sensed by the worker, may assist in buffering the negative effects of conflict management styles on occupational stress (Eisenberger et al., 1986; Laschinger et al, 2006; Laschinger et al, 2008). It may also be possible that, rather than the role of perceived organizational support as a moderator of the negatives effects of conflict management approaches on occupational stress, perceived organizational support may mitigate the negative effects of obliging and avoidant conflict management styles on task and relationship conflict that is theorized to arise in response to these conflict management approaches (Friedman et al, 2000). The moderating role of perceived organizational support on the relationships between obliging and avoidant conflict management approaches and task and relationship conflict should be explored.

In summary, hypothesis 1 was supported. A significant negative relationship was found between perceived organizational support and occupational stress, thus supporting the theoretical proposition that perceived organizational support decreases stress by fostering the perception that the availability of material aid and emotional resources when needed (George et al, 1993; Rhoades and Eisenberger, 2002).

Hypotheses 2 and 3 were not supported. No significant relationships were found between integrating and dominating conflict management styles and occupational stress. Thus, the theory proposition that asserts that individuals who use integrating and dominating conflict management styles experience lower levels of occupational stress was not supported (Friedman et al, 2000).

Hypothesis 4 was not supported. There was no significant relationship found between obliging conflict management style and occupational stress and the theory proposition that individual who use an obliging conflict management style experience higher levels of occupational stress (Friedman et al, 2000) was not supported.

Hypothesis 5 was supported. There was a significant relationship found between avoidant conflict management style and occupational stress thereby supporting the theory proposition that individuals who use an avoidant conflict management style experience higher levels of occupational stress.

Hypotheses 6 through 9 were not supported. No significant relationships were found between the interactions of avoidant conflict management style and perceived organizational support, obliging conflict management style and perceived organizational support, dominating conflict management style and perceived organizational support and integrating conflict management style and perceived organizational support and the level of occupational stress in staff nurses who work in hospital-based emergency departments. Thus, the theory proposition that perceived organizational support moderates the negative effects of conflict management style styles on overall occupational stress (Cameron et al, 2003; Laschinger et al, 2006; Laschinger et al, 2008; Patrick & Laschinger, 2006; Rhoades and Eisenberger, 2002) was not supported.

CHAPTER 6

Summary, Conclusions, Limitations, Implications and Recommendations

The purpose of this study was to examine the relationships among perceived organizational support, conflict management style, and occupational stress in emergency department staff nurses. Theoretical propositions derived from theories of occupational stress (Cannon, 1929; Folkman & Lazarus, 1988; Selye, 1976), perceived organizational support (Laschinger et al 2006, Rhoades & Eisenberg, 2002), and conflict management styles (Friedman et al, 2000; Rahim, 1983b) were tested in this study. The conflict management styles under investigation included avoidant, dominating, obliging and integrating.

Occupational stress, the dependent variable in this study, was defined as harmful physical and emotional responses resulting from interactions between the individual and the work environment where the demands of the job exceed the individual's capabilities and resources (Alves, 2005; Lu & Shiau, 1997; Maudgalya et al, 2006; Parikh et al, 2004; Tabak & Koprak, 2007). Theorists suggest that the physical and psychological reactions to stress are part of a cognitive appraisal process which is influenced by person and environmental factors that, in turn, triggers the selection of coping processes (Cannon, 1929; Folkman & Lazarus, 1988; Selye, 1976).

Perceived organizational support is conceptualized as the general belief by an employee that support will be readily available from the organization when stressful situations arise and urgent needs are addressed (Laschinger et al 2006, Rhoades & Eisenberg, 2002). Theorists posit that perceived organizational support is expected to decrease stress by fostering the perception that material aid and emotional resources will

be available when needed to deal with stressors, such as work conflict (George et al, 1993; Rhoades and Eisenberger, 2002). This study hypothesized that perceived organizational support would be negatively related to occupational stress in staff nurses who work in hospital-based emergency departments

Conflict management style is a multidimensional concept that consists of five styles of conflict management including integrating (problem-solving), obliging (smoothing), dominating, avoidant, and compromising (Friedman et al, 2000; Kressel, et al, 2007; Sportsman & Hamilton, 2007). Theorists propose that the conflict management style rendered in response to conflict may directly affect the level of occupational stress (Friedman et al, 2000; Montoro-Rodriguez & Small, 2006; Sportsman & Hamilton, 2007; Vivar, 2006).Thus, this study hypothesized that, in staff nurses who worked in hospital-based emergency departments, integrating and dominating conflict management styles would be negatively related to occupational stress, and obliging and avoidant conflict management styles would be positively related to occupational stress.

Perceived organizational support theorists indicate that perceived organizational support not only reduces occupational stress directly, but it also buffers the negative effects of conflict management style on occupational stress (Friedman et al, 2000; Laschinger et al, 2008). And so, in this study it was hypothesized that perceived organizational support moderates the stressor-strain relationship of avoidant and obliging conflict management styles on occupational stress (Baron & Kenny, 1986; Brotheridge, 2001; Viswesvaran et al, 1999).

Based on the theoretical and empirical literature, the following hypotheses were derived for this study:

1. Perceived organizational support is negatively related to occupational stress in staff nurses who work in hospital-based emergency departments.

2. Integrating conflict management style is negatively related to occupational stress in staff nurses who work in hospital-based emergency departments.

3. Dominating conflict management style is negatively related to occupational stress in staff nurses who work in hospital-based emergency departments.

4. Obliging conflict management style is positively related to occupational stress in staff nurses who work in hospital-based emergency departments.

5. Avoidant conflict management style is positively related to occupational stress in staff nurses who work in hospital-based emergency departments.

6. The interaction of avoidant conflict management style and perceived organizational support (avoidance x perceived organizational support) is significantly related to occupational stress in staff nurses who work in hospital-based emergency departments.

7. The interaction of obliging conflict management style and perceived organizational support (obliging x perceived organizational support) is significantly related to occupational stress in staff nurses who work in hospital-based emergency departments.

8. The interaction of dominating conflict management style and perceived organizational support (dominance x perceived organizational support) is

significantly related to occupational stress in staff nurses who work in hospital-based emergency departments.

9. The interaction of integrating conflict management style and perceived organizational support (integrating x perceived organizational support) is significantly related to occupational stress in staff nurses who work in hospital-based emergency departments

The study sample consisted of 222 nurses who met the inclusion criteria of current membership in the Emergency Nurses Association, current employment as a staff nurse in a hospital-based emergency department in the United States, and a direct patient care provider. Potential nurse participants were excluded if they were employed in education, as a nurse practitioner, and or were in management roles. Females comprised 86% of the sample. The age range of the sample was 22 years to 69 years with a mean age of 43.75 years. Fifty-nine percent of the respondents had at least a baccalaureate degree in nursing, and 37% were board certified in emergency nursing. Seventy three percent of the sample worked in facilities not designated as Magnet hospitals.

All data were collected using the Demographics Questionnaire developed by the investigator; the Expanded Nursing Stress Scale (ENSS) (French et al, 2000); the abbreviated Survey of Perceived Organizational Support (SPOS) (Eisenberger et al, 1986); and the Rahim Organizational Conflict Inventory-II (ROCI-II) (Rahim, 1983b).

Hypotheses 1 through 5 were tested using Pearson's Product Moment correlations. Hypothesis 1, which stated that there is an inverse relationship between perceived organizational support and occupational stress in staff nurses who work in hospital-based emergency departments, was supported. Hypotheses 2 and 3 stated that integrating and

dominating conflict management styles are negatively related to occupational stress in staff nurses who work in hospital-based emergency departments. These hypotheses were not supported. Hypothesis 4 and 5 stated that obliging and avoidant conflict management styles were positively related to occupational stress in staff nurses who work in hospital-based emergency departments. Hypothesis 4 was insignificant, but hypothesis 5 was supported.

Hypotheses 6 through 9 stated that the interactions of perceived organizational support with avoidant, obliging, dominating, and integrating conflict management styles were significantly related to occupational stress in staff nurses who work in hospital-based emergency departments. None of the hypotheses were supported.

In summary, only two of the theoretical propositions that were tested to explain occupational stress in a sample of staff nurses who work in hospital-based emergency departments were found to be independently related to occupational stress in multivariate analysis. Perceived organizational support was positively and independently related to occupational stress, and avoidant conflict management style was negatively and independently related to occupational stress in staff nurses who worked in hospital-based emergency departments.

<p style="text-align:center;"><u>Limitations</u></p>

There are limitations that should be considered when interpreting the findings of this study:

1) This study relied upon self-report measures, and as a consequence runs the risk of potential common method variance which could inflate the reported relationships.

2) There may also be unmeasured variables such as task and relationship conflict which could affect the results.

3) More objective organizational variables such as hospital type (urban, rural, and suburban), trauma level, and hospital size, and shift work could affect relationships.

4) Use of only registered nurses who are current members of the Emergency Nurses Association decreases the generalizability of these study findings.

<u>Conclusions</u>

Conclusions that may be drawn from this study of 222 staff nurses who work in hospital-based emergency departments include the following theoretical relationships:

1) A significant negative relationship exists between perceived organizational support and occupational stress.

2) A significant positive relationship exists between avoidant conflict management style and occupational stress.

3) Perceived organizational support did not moderate the hypothesized relationships between the dimensions of conflict management style and occupational stress.

<u>Implications for Nursing</u>

Research has shown that nurses who work in emergency departments are especially susceptible to occupational stress due to a stressful work environment (ENA, 2007; Hipwell, 1989; IOM, 2006; Oster & Doyle, 2000). Theory and empirical factors that have been identified as important sources of occupational stress in this population of nurses are organizational support and conflict management style (Friedman et al, 2000; Laschinger et al 2006; Rhoades & Eisenberg, 2002). Findings from this study showed that 73 % of emergency department nurses reported occasional experiences of occupational stress, and

66% perceived their work environment lacked organizational support. These findings point to the need for organizations, such as emergency departments, to document the prevalence of occupational stress among its employees, including nurses. The National Institute for Occupational Safety and Health (NIOSH) (2008) recommends that administrative strategies for assessing occupational stress among workers may include the routine distributions of occupational stress surveys, analysis of existing employees' data such as injury and illness logs or worker compensation data, or tracking staffing patterns. Secondly, the identification of work stressors and the development and implementation of interventions to minimize work stressors is also recommended by NIOSH as useful strategies for the reduction of occupational stress among workers.

Conflict management styles are the behavioral approaches that are used to resolve conflict (Almost, 2006). This study demonstrated that there is a direct relationship between an avoidant conflict management style and occupational stress. That is, emergency department staff nurses who favor an avoidant conflict management style experience higher levels of occupational stress. In addition, the present study demonstrated that avoidant conflict management style and perceived organizational support were significantly related to several dimensions of stress problems with peers, problems with supervisors, workload, and patients and their families. These findings suggest that nurses who use avoidant approaches to manage conflict in emergency departments may be at risk for occupational stress, and they underscore the priority that the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) (2008) has placed on the use of effective conflict management strategies in hospitals. In fact, JCAHO recommendations (2008) suggest that nursing administrators in emergency

departments should provide an opportunity for staff nurses to examine or become aware of conflict management styles and should provide skills based training and coaching in constructive conflict resolution. However, the relationship between conflict management style and occupational stress is complex and theory and empirical findings suggest that conflict management style may be indirectly related to occupational stress through conflict experiences such as task conflict or relationship conflict, which are shaped by particular conflict management styles. Thus, conflict management theory suggests that training should not be limited to the management of interpersonal conflicts but should also target specific relationship conflicts that result in stress as revealed in this study including relationships with physicians, peers, and supervisors. More research-based evidence, however, is needed in this area.

Perceived organizational support reduces occupational stress by fostering perceptions that material aid and emotional resources will be available when needed to deal with stressors, such as work conflict (George et al, 1993; Rhoades and Eisenberger, 2002). Theorists posit that perceived organizational support not only reduces occupational stress directly, but it also buffers the negative effects of conflict management style on occupational stress. In this study, a significant relationship was found between perceived organizational support and occupational stress, indicating that nurses who work in emergency room settings with greater levels of perceived organizational support experience less occupational stress. JCAHO (2008) recommendations suggest that the establishment of emergency department policies and guidelines that foster a supportive environment may facilitate collaborative practice and encourage inter-professional dialogues across disciplines as a proactive way of addressing conflict issues, working

through them and moving toward resolution. Intervention research is needed to test the effectiveness of these recommendations on the reduction of occupational stress in nurses. The provision of both supervisor and co-worker support in emergency departments may also be a useful strategy. Supervisor and co-worker training in pro-active supervision emphasize positive feedback, employee growth and development, open lines of communication, and strong levels of support. These strategies may help to increase nurses' perceptions that the organization is supportive that may then decrease their experience of occupational stress.

<div align="center">Recommendations for Future Research</div>

Due to the limitations of this study, it would be prudent to replicate the current study in a representative sample of emergency department nurses that includes nurses who are not members of the Emergency Nurses Association in order to improve the generalizability of the study findings. Based on the findings of this study, the following research questions are proposed for future research:

1. What is the nature of task and relationship conflict among nurses in emergency departments?

2. Does task conflict mediate the relationship between conflict management style and occupational stress in nurses who work in emergency departments?

3. Does relationship conflict mediate the relationship between conflict management style and occupational stress in nurses who work in emergency departments?

4. Does perceived organizational support moderate the relationships between obliging and avoidant conflict management style on task and/or relationship conflict?

5. What is the effect of conflict management training on avoidant conflict management styles in emergency department nurses?

6. What is the relationship between the conflict management style of emergency department staff nurses and patient outcomes such as patient satisfaction, time to treatment, adverse patient events in the emergency department, and frequency of emergency room visits?

7. What is the effect of conflict management training on patient outcomes in emergency departments?

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Appendix A

Demographic Information

This section asks general questions about your background. Please circle the correct response or fill in the blank.

1. **Which of the following best describes your current position? Please circle one**

    a. Not working at the present or retired

    b. Staff nurse

    c. Charge nurse

    d. Nurse manager

    e. Nurse educator

    f. Nurse practitioner

    g. Other_____

2. **How long have you worked in your current position?**
   _____

3. **Is the hospital where you work an academic/teaching facility?(Yes or No)** _____

4. **Does the hospital where you work have ANCC Magnet certification?**
   _____

5. **What is your gender? Circle**

    a. Female

    b. Male

6. **What is your current age?** _____

7. **What is your work status?**

    a. Full time

    b. Part time

    c. Per diem

PLEASE TURN OVER THE PAGE

Appendix A (continued)

8. What is the highest nursing degree that you have earned?

    a. Diploma

    b. Associate degree

    c. Baccalaureate degree

    d. Masters degree

    e. Doctorate

9. Please indicate the highest degree that you have earned in a field other

  than nursing:

    a. Associate degree

    b. Baccalaureate degree

    c. Masters degree

    d. Doctorate

    e. No other degree

10. Please indicate your background:

    a. African-American/Black
    b. Alaskan Native or American Indian
    c. Asian
    d. Hispanic
    e. Pacific Islander
    f. Caucasian/White
    g. Mixed Race

11. How long have you been licensed as a nurse? _____

12. How long have you been an emergency department nurse? _____

13. Are you currently board certified in emergency department nursing
    (CEN)? _____

THANK YOU FOR YOUR TIME IN TAKING THIS SURVEY

Appendix B

Subject Code #_____

Expanded Nursing Stress Scale

Below is a list of situations that commonly occur in a work setting. For each situation you have encountered in your **PRESENT WORK SETTING**, would you indicate **HOW STRESSFUL** it has been for you:

	Never Stressful	Occasionally Stressful	Frequently Stressful	Always Stressful	Does Not Apply
1 Performing procedures that patients experience as painful.	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
2. Criticism by a physician	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
3. Feeling inadequately prepared to help with the emotional needs of a patient's family	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
4. Lack of opportunity to talk openly with other personnel about problems in the work setting	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
5. Conflict with a supervisor	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
6. Inadequate information from a physician regarding the medical condition of a patient	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
7. Patients making unreasonable demands	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
8. Being sexually harassed	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
9. Feeling helpless in the case of a patient who fails to improve	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
10. Conflict with a physician.	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
11. Being asked a question by a patient for which I do not have a satisfactory answer	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
12. Lack of opportunity to share experiences and feelings with other personnel in the work setting	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
13. Unpredictable staffing and scheduling.	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
14. A physician ordering what appears to be inappropriate treatment for a patient.	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
15. Patients' families making unreasonable demands	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
16. Experiencing discrimination because of race or ethnicity.	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐

PLEASE TURN OVER PAGE

Appendix B (continued)

Subject Code #_____

	1.	2.	3.	4.	5.
17. Listening or talking to a patient about his/her approaching death.	1. ☐	2. ☐	3. ☐	4. ☐	5. ☑
18. Fear of making a mistake in treating a patient	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
19.Feeling inadequately prepared to help with the emotional needs of a patient	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
20.Lack of an opportunity to express to other personnel on the unit my negative feelings towards patients	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
21.Difficulty in working with a particular nurse (or nurses) in my immediate work setting	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
22.Difficulty in working with a particular nurse (or nurses) outside my immediate work setting	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
23. Not enough time to provide emotional support to the patient	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
24.A physician not being present in a medical emergency	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
25. Being blamed for anything that goes wrong	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
26. Experiencing discrimination on the basis of sex	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
27. The death of a patient	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
28. Disagreement concerning the treatment of a patient	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
29. Feeling inadequately trained for what I have to do.	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
30. Lack of support of my immediate supervisor	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
31. Criticism by a supervisor	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
32. Not enough time to complete all of my nursing tasks	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
33.Not knowing what a patient or a patient's family ought to be told about the patient's condition and its treatment	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
34.Being the one that has to deal with the patients' families	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
35.Having to deal with violent patients	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
36. Being exposed to health and safety hazards.	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐

Appendix B (continued)

Subject Code #_____

37. The death of a patient with whom you developed a close relationship	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
38. Making a decision concerning a patient when the physician is unavailable	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
39. Being in charge with inadequate experience	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
40. Lack of support by nursing administration	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
41. Too many non-nursing tasks required, such as clerical work	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
42. Not enough staff to adequately cover the unit	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
43.Uncertainty regarding the operation and functioning of specialized equipment	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
44. Having to deal with abusive patients	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
45. Not enough time to respond to the needs of patients' families	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
46. Being held accountable for things over which I have no control	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
47. Physician(s) not being present when a patient dies	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
48. Having to organize doctors' work	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
49.Lack of support from other health care administrators	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
50. Difficulty in working with nurses of the opposite sex.	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
51. Demands of patient classification system	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
52. Having to deal with abuse from patients' families	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
53. Watching a patient suffer	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
54. Criticism from nursing administration	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
55. Having to work through breaks	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
56.Not knowing whether patients' families will report you for inadequate care	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
57. Having to make decisions under pressure	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐

Appendix C

Subject Code # _____

Survey of
Perceived Organizational Support
© University of Delaware, 1984

Listed below and on the next several pages are statements that represent possible opinions that YOU may have about working in your organization. Please indicate the degree of your agreement or disagreement with each statement by filling in the circle on your answer sheet that best represents your point of view about your organization. Please choose from the following answers:

	Strongly Disagree	Moderately Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Moderately Agree	Strongly Agree
1. My organization values my contribution to its well-being	0. ☐	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐	6. ☐
2. If my organization could hire someone to replace me at a lower salary it would do so.	0. ☐	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐	6. ☐
3. My organization fails to appreciate any extra effort from me.	0. ☐	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐	6. ☐
4. My organization strongly considers my goals and values.	0. ☐	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐	6. ☐
5. My organization would ignore any complaint from me. .	0. ☐	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐	6. ☐
6. My organization disregards my best interests when it makes decisions that affect me.	0. ☐	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐	6. ☐
7. Help is available from my organization when I have a problem.	0. ☐	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐	6. ☐
8. My organization really cares about my well-being.	0. ☐	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐	6. ☐
9. Even if I did the best job possible, my organization would fail to notice.	0. ☐	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐	6. ☐
10. My organization is willing to help me when I need a special favor.	0. ☐	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐	6. ☐
11. My organization cares about my general satisfaction at work.	0. ☐	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐	6. ☐
12. If given the opportunity, my organization would take advantage of me.	0. ☐	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐	6. ☐
13. My organization shows very little concern for me.	0. ☐	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐	6. ☐
14. My organization cares about my opinions.	0. ☐	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐	6. ☐
15. My organization takes pride in my accomplishments at work.	0. ☐	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐	6. ☐
16. My organization tries to make my job as interesting as possible.	0. ☐	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐	6. ☐

Appendix D

Subject Code #_____

Rahim Organizational Conflict Inventory–II, Form A

Strictly Confidential

Please check the appropriate box after each statement, to indicate *how you handle your disagreement or conflict with people you work*. Try to recall as many recent conflict situations as possible in ranking these statements.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. I try to investigate an issue with my supervisor to find a solution acceptable to us	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
2. I generally try to satisfy the needs of my supervisor	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
3. I attempt to avoid being "put on the spot" and try to keep my conflict with my supervisor to myself	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
4. I try to integrate my ideas with those of my supervisor to come up with a decision jointly	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
5. I try to work with my supervisor to find solution to a problem that satisfies our expectations	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
6. I usually avoid open discussion of my differences with my supervisor	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
7. I try to find a middle course to resolve an impasse	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
8. I use my influence to get my ideas accepted	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
9. I use my authority to make a decision in my favor	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
10. I usually accommodate the wishes of my supervisor	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
11. I give in to the wishes of my supervisor.	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
12. I exchange accurate information with my supervisor to solve a problem together.	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
13. I usually allow concessions to my supervisor.	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
14. I usually propose a middle ground for breaking deadlocks.	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
15. I negotiate with my supervisor so that a compromise can be reached	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
16. I try to stay away from disagreement with my supervisor.	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
17. I avoid an encounter with my supervisor.	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
18. I use my expertise to make a decision in my favor.	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐

PLEASE TURN OVER PAGE

Appendix D (continued)

Subject Code #_____

19. I often go along with the suggestions of my supervisor.	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
20. I use "give and take" so that a compromise can be made.	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
21. I am generally firm in pursuing my side of the issue.	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
22. I try to bring all our concerns out in the open so that the issues can be resolved in the best possible way	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
23. I collaborate with my supervisor to come up with decisions acceptable to us	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
24. I try to satisfy the expectations of my supervisor	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
25. I sometimes use my power to win a competitive situation.	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
26. I try to keep my disagreement with my supervisor to myself in order to avoid hard feelings.	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
27. I try to avoid unpleasant exchanges with my supervisor	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
28. I try to work with my supervisor for a proper understanding of a problem	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐

Appendix E

RUTGERS

College of Nursing
Ackerson Hall
Rutgers, The State University of New Jersey
180 University Avenue
Newark, NJ 07102
Ph. 973-353-5293

Dear Emergency Department Nurse,

You are being asked to participate in an important survey, which explores the emergency nurses' style of managing conflict in their work environment and occupational stress.

Your name was obtained from the Emergency Nurses Association (ENA) solely for the purposes of this study. The ENA is not sponsoring this study.

Your participation is crucial in helping create work environments in emergency department settings that support nursing practice, foster constructive conflict resolution, and lessen occupational stress!

Enclosed you will find the short, confidential survey - **it should take no more than 15 to 30 minutes to complete.** Your rights as a survey participant are summarized on the reverse side of this letter.

Please mail the completed survey using the **self-addressed, postage-paid, envelope** included in this packet.

Thank you so much for your time. Your participation in this important project is crucial to designing work environments that best support emergency department nurses in their important work.

Sincerely,

Mary Johansen MA, RN

Doctoral Candidate

35 Arcadia Way

Hillsdale, New Jersey

201 307-9293

mjohanse@.rutgers.edu

Appendix E (continued)

NURSES, PLEASE NOTE: YOUR RIGHTS AS A SURVEY PARTICIPANT

To ensure your confidentiality[1], **your name does not appear anywhere on the survey**. Instead of your name, the number in the upper right hand corner of the survey is used as a code and is available only to the researchers.

Findings will only be reported in the aggregate - **you will not be able to be identified** by ANY reports, publications, or presentations that may result from this survey.

Responding to this survey indicates your willingness to participate. Although **your responses are very important to us**, your participation is of course voluntary.

If you decide not to participate, simply place your uncompleted questionnaire in the stamped envelope provided and the investigator will remove your name from the mailing list. If neither a completed nor uncompleted survey is returned, you will receive a reminder postcard and a second survey over the next few weeks.

There are no anticipated risks to you in participating in this survey, which takes about 15 minutes to complete. Although results may not benefit you directly, findings will guide efforts to enhance nurses' work environment as well as the quality of patient care in dialysis centers across the nation.

If you have any questions or concerns about this survey, please contact the **Principal Investigator**, Mary Johansen, MA, RN, 201-307-9293 or mjohanse.rutgers.edu. If you have any questions or concerns about your rights as a survey participant or if you feel your rights have been violated, please contact the Sponsored Program Administrator, Rutgers University, ASBIII, 3 Rutgers Plaza, New Brunswick, NJ 08901-8559 or at 732-932-0150 ext. 2104 or email at humansubjects@orsp.rutgers.edu.

Mary Johansen MA,RN
Doctoral Candidate
College of Nursing
Rutgers, The State University of NJ

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[1] **Definition of Confidential: There exists a documented linkage between a subject's identity and his/her response in the research, and the investigator provides assurance in the protocol and in the informed consent form that the identity of any individual subject will not be revealed in any report of the study. Example: a subject's data record is assigned a code, and a "master list" that links the code to the subject's identity is maintained in a secure location.**

Appendix F

McGill

School of Nursing

École des sciences infirmières

McGill University
3506 University Street
Montreal, Quebec, Canada   H3A 2A7

Université McGill
3506, rue University
Montréal, Québec, Canada   H3A 2A7   Fax: (514) 398-8455

June 2, 2009

To: Mary Johansen, PhD ©

    Rutgers, The State University, College of Nursing

    35 Arcadia Way

    Hillsdale, New Jersey, 07642

From: Susan E. French, BN, MS, PhD

    Professor Emeritus, McMaster University

    Professor, Retired, McGill University

Re: The ENSS

You have permission to use the ENSS in your research. I wish you every success with your studies.

Susan E French.

Susan. E. French on behalf of French, SE. Lenton, R., Walters, V and Eyles, J

Appendix G

Center for Advanced Studies in Management
1574 Mallory Court, Bowling Green, KY 42103, USA
Phone/Fax: 270–782–2601, Email: mgt2000@aol.com

To: Ms. Mary Johansen, Rutgers University

From: Center for Advanced Studies in Management

Subject: Permission to use the ROCI–II

Date: June 29, 2009

We are pleased to authorize Ms. Mary Johansen to use the Rahim Organizational
Conflict Inventory–II in her doctoral dissertation research. She is allowed to make
up to 600 copies of the instrument.

Thanks.

Afzal Rahim

Dr. Afzal Rahim, President
Center for Advanced Studies in Management &
University Distinguished Professor
Western Kentucky University
Bowling Green, KY 42101, USA

Appendix H

RUTGERS UNIVERSITY
Office of Research and Sponsored Programs
ASB III, 3 Rutgers Plaza, Cook Campus
New Brunswick, NJ 08901

September 2, 2009

P.I. Name: Johansen
Protocol #: 09-600M

Mary L Johansen
35 Arcadia Way
Hillsdale NJ 07642

Dear Mary Johansen:

√

(**Initial** / **Amendment** / **Continuation** / **Continuation w/ Amendment**)

Protocol Title: "Conflict Management Style, Perceived Organizational Support & Occupational Stress in Emergency
Department Nurses"

This is to advise you that the above-referenced study has been presented to the Institutional Review Board for the
Protection of Human Subjects in Research, and the following action was taken subject to the conditions and
explanations provided below:

Amendment to Approval Date: 8/31/2009   **Expiration Date:**   7/19/2010   **Expedited Category:**   7

This approval is based on the assumption that the materials you submitted to the Office of Research and Sponsored
Programs (ORSP) contain a complete and accurate description of the ways in which human subjects are involved in
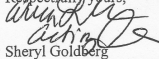your research. The following conditions apply:

- **This Approval-**The research will be conducted according to the most recent version of the protocol that was submitted. **This approval is valid ONLY for the dates listed above;**
- **Reporting-**ORSP must be immediately informed of any injuries to subjects that occur and/or problems that arise, in the course of your research;
- **Modifications-**Any proposed changes MUST be submitted to the IRB as an amendment for review and approval prior to implementation;
- **Consent Form(s)-**Each person who signs a consent document will be given a copy of that document, if you are using such documents in your research. The Principal Investigator must retain all signed documents for at least three years after the conclusion of the research;
- **Continuing Review-**You should receive a courtesy e-mail renewal notice for a Request for Continuing Review before the expiration of this project's approval. However, it is your responsibility to ensure that an application for continuing review has been submitted to the IRB for review and approval prior to the expiration date to extend the approval period;

Additional Notes: Administratively Expedited Amendment Approval per 45 CFR 46.110(b)(2) on
                9/2/09 for Minor Revisions to Cover Letter

Failure to comply with these conditions will result in withdrawal of this approval.

Please note that the IRB has the authority to observe, or have a third party observe, the consent process or the
research itself. The Federal-wide Assurance (FWA) number for the Rutgers University IRB is FWA00003913; this
number may be requested on funding applications or by collaborators.

Respectfully yours,

Sheryl Goldberg
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cc: Charlotte Thomas-Hawkins

VITAE
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1983	Baccalaureate in Science with Nursing Major, Rutgers, the State University of New Jersey, College of Nursing, Newark, New Jersey
1983-1984	Registered Nurse, St. Michael's Medical Center, Newark, New Jersey
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1998	M. A. for Nurse Executives, Columbia University, Teachers College, New York, New York
1998-2003	Director Emergency Department, Englewood Medical Center, Englewood, New Jersey
2003-present	Clinical Instructor, Rutgers, The State University of New Jersey, College of Nursing, Newark, New Jersey
2005-2009	Project Manager, Principal Investigator, Nursing Center for Bioterrorism and Emerging Infectious Diseases at Rutgers, The State University of New Jersey, Newark, New Jersey
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