

The Role of Nurse Leaders in Managing Workplace Conflict Using the Interest-Based Relational Model to Support Quality Care

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Abstract

Workplace conflict in healthcare settings poses a significant threat to staff morale, retention, and the provision of high-quality patient care. Nurse leaders are strategically positioned to mitigate these conflicts, requiring expertise in effective resolution strategies. This study investigates the application of the Interest-Based Relational (IBR) Model a collaborative and problem-solving approach by nurse leaders to manage conflict and its correlation with improved quality care outcomes. A mixed-methods study design, combining a survey of nurse leaders and qualitative interviews, was employed to explore the model's adoption, perceived effectiveness, and impact. Findings suggest that nurse leaders utilizing the IBR Model report higher levels of conflict resolution satisfaction and improved team communication, which are associated with reduced adverse patient events and enhanced care metrics. The study concludes that training nurse leaders in the principles and application of the IBR Model is a critical strategy for fostering a harmonious, productive work environment, ultimately supporting the delivery of optimal patient care.

Keywords: Workplace Conflict, Nurse Leaders, Interest-Based Relational (IBR) Model, Quality Care, Conflict Resolution

1. Introduction

Workplace conflict is an unavoidable reality in the complex, high-stress environment of modern healthcare, particularly within nursing units [1]. Defined as a disagreement or clash of interests, ideas, or values, conflict among nurses and interprofessional teams can manifest as incivility, communication breakdown, and decreased job satisfaction [2]. Unresolved or poorly managed conflict has been directly linked to detrimental organizational and patient outcomes, including increased staff turnover, errors, and compromised patient safety and quality of care [3]. Nurse leaders, occupying pivotal roles as mediators, managers, and mentors, bear the primary responsibility for fostering a healthy work environment (HWE) [4]. Their capacity to effectively manage conflict is a determinant factor in maintaining team cohesion and ensuring continuous, high-quality patient care delivery. Traditional conflict resolution models often adopt an adversarial, position-based approach, focusing on who is "right" or "wrong" or relying on authority to impose solutions [5]. However, these methods often

fail to address the root causes of the conflict, leading to temporary fixes and recurrent issues [6]

This study focuses on the Interest-Based Relational (IBR) Model, a problem-solving approach rooted in the principles of principled negotiation, which seeks to identify the underlying interests of the conflicting parties rather than their stated positions [5]. The core premise of the IBR Model is that by focusing on shared or compatible interests, collaborative solutions can be generated, preserving and strengthening professional relationships. The central aim of this study is to explore the extent to which nurse leaders utilize the IBR Model and the impact of this approach on managing workplace conflict to support sustained quality care outcomes.

2. Literature Review

The pervasive nature of conflict in nursing is well-documented. Studies consistently identify its negative correlation with job

satisfaction and the overall quality of care [2]. Specific to quality care, disruptive conflict undermines the critical communication necessary for safe handoffs and interprofessional coordination [7]. The Interest-Based Relational (IBR) Model, popularized by *Getting to Yes*, shifts the focus of conflict resolution from a competitive win-lose dynamic to a collaborative win-win framework [5]. Key tenets of the model include:

- **Separate the People from the Problem:** Maintaining professional respect while collaboratively attacking the issue.
- **Focus on Interests, Not Positions:** Understanding *why* someone wants something (their needs, desires, concerns) rather than *what* they are demanding.
- **Invent Options for Mutual Gain:** Creating multiple possibilities before deciding what to do.
- **Insist on Using Objective Criteria:** Relying on fair standards, independent of the parties' will, to evaluate potential solutions [5,6].

Research in organizational management outside of nursing has demonstrated the superiority of interest-based negotiation in producing durable, mutually satisfying outcomes and improving relationships [8]. Within healthcare, there is a growing consensus that adopting a collaborative communication style, which aligns with IBR principles, is essential for patient safety and quality [7]. While the benefits of the IBR approach are theoretically sound for nursing leadership, empirical research specifically examining nurse leaders' adoption of this model and its direct link to quality care metrics remains limited. This study aims to bridge this gap.

3. Methodology

3.1. Study Design

A convergent, parallel **mixed-methods** design was employed [9]. This approach involved the simultaneous collection and analysis of quantitative (QUAN) and qualitative (QUAL) data to provide a comprehensive understanding of the phenomenon.

- **QUAN Component:** A cross-sectional survey of nurse leaders was used to assess the frequency of IBR Model component utilization and to correlate these findings with unit-level quality care metrics.
- **QUAL Component:** Semi-structured interviews with a subset of survey participants provided rich, in-depth accounts of nurse leaders' experiences, perceptions of the model's effectiveness, and its observable impact on their units.

3.2. Sample and Setting

The target population was registered nurse leaders (e.g., Nurse Managers, Charge Nurses, Directors) working in acute care hospital settings across a multi-state health system in the United

States.

- **QUAN Sample:** A convenience sample of 150 nurse leaders were invited to participate in the online survey. A total of **105 completed surveys** were received (70% response rate).
- **QUAL Sample:** A purposive subsample of **15 nurse managers** who indicated high or low utilization of IBR principles in the survey were selected for follow-up interviews to capture a range of experiences.

3.3. Data Collection Instruments

- **Quantitative Survey:** A 30-item survey, adapted from the Conflict Resolution Style Instrument (CRSI) and the Principled Negotiation Self-Assessment (PNSA), measured the frequency of IBR component use (e.g., "I inquire about the underlying needs of the parties" or "I develop multiple solutions before selecting one"). Responses utilized a 5-point Likert scale (1 = Never to 5 = Always). The survey also collected demographic data and unit-specific quality care metrics (e.g., Nurse-Sensitive Quality Indicators [NSQIs] such as patient fall rate, catheter-associated urinary tract infections [CAUTI] rate, and Nurse-reported Job Satisfaction scores) for the previous quarter.
- **Qualitative Interview Guide:** The guide included open-ended questions such as: "Describe a recent significant conflict you managed. How did you approach it?" and "In what ways, if any, do you believe your conflict management style impacts the quality of care delivered on your unit?"

3.4. Data Analysis

- **QUAN Analysis:** Descriptive statistics (means, standard deviations) were calculated for IBR utilization scores. Inferential statistics, specifically **Pearson correlation analysis** (r), were performed to assess the relationship between IBR utilization scores (independent variable) and the unit-level quality care metrics (dependent variables: fall rates, CAUTI rates, and job satisfaction). Statistical significance was set at $p < 0.05$.
- **QUAL Analysis:** Interview transcripts were analysed using thematic analysis [11]. A phased approach involved: (1) familiarization with the data, (2) generating initial codes, (3) searching for themes, (4) reviewing themes, (5) defining and naming themes, and (6) producing the report.

4. Findings

4.1. Quantitative Findings

The mean IBR Utilization Score for the 105 nurse leaders was 3.82 ($D = 0.71$), indicating a generally high self-reported adoption of IBR principles.

Quality Care Metric	Pearson Correlation (r)	pvalue	Finding	
Unit Patient Fall Rate	-0.35	<0.001	Significant Correlation	Negative
CAUTI Rate	-0.28	0.004	Significant Correlation	Negative

Nurse Job Satisfaction Score	+0.42	<0.001	Significant Correlation	Positive
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Table 1: Correlation between IBR Utilization and Quality Care Metrics

The results indicate a statistically significant negative correlation between the nurse leader's self-reported utilization of the IBR Model and unit patient fall rates ($r = -0.35, p < 0.001$) and CAUTI rates ($r = -0.28, p = 0.004$). This suggests that units led by nurses who more frequently use IBR principles tend to have lower adverse patient event rates.

Furthermore, there was a statistically significant positive correlation between IBR utilization and nurse-reported job satisfaction scores ($r = +0.42, p < 0.001$).

4.2. Qualitative Findings

Three major themes emerged from the thematic analysis of the 15 nurse manager interviews:

Theme 1: The Shift from Positional Power to Collaborative Inquiry

Nurse managers described a conscious effort to move away from using their positional authority to dictate conflict outcomes. They highlighted the power of asking "why" to uncover interests.

"Before, I would just tell them, 'You need to stop arguing and figure it out.' Now, I approach it by asking each person, 'What is your main concern, or what are you trying to protect?' I found that 90% of the time, the interest is patient safety, even though the position is about a scheduling or assignment disagreement." (Participant 7, High IBR Score)

Theme 2: Durable Solutions and Enhanced Team Cohesion

Participants noted that IBR-based resolutions were more enduring and less likely to resurface. The process itself was perceived as an investment in the relationship, leading to greater trust and communication.

"When they are part of inventing the solution when I help them brainstorm a few options, they both can live with their own it. The conflict stays resolved. It has fostered a more respectful environment. Now, they communicate better even when they aren't fighting. That translates directly to better patient handoffs." (Participant 11, High IBR Score)

Theme 3: Direct Link to Quality and Safety Culture The managers connected reduced conflict to improved safety culture, citing specific examples related to reporting, communication, and procedural adherence.

"If the environment is tense and people are holding grudges, they are not going to call out a peer's mistake, or they won't feel comfortable questioning an order. By reducing that interpersonal toxicity with the IBR approach, my staff are more willing to speak up. We've seen a decline in our CAUTI incidents because nurses are communicating about the need for catheter removal much sooner." (Participant 3, High IBR Score)

5. Discussion of Findings

The findings of this mixed-methods study strongly support the premise that the application of the Interest-Based Relational Model by nurse leaders plays a crucial role in mitigating workplace conflict and, consequently, improving quality care outcomes.

5.1. Conflict Management and Quality Care Nexus

The significant negative correlations between IBR utilization and adverse patient events (patient falls and CAUTIs) are the most compelling quantitative finding. This suggests that the process of conflict management is a latent variable in the patient safety equation. Nurse leaders who employ the collaborative, interest-based approach create a psychologically safer environment [11]. In such an environment, nurses are more likely to engage in crucial "voice behaviours" speaking up about concerns, questioning unsafe practices, and communicating effectively during care transitions all of which are vital for preventing errors and improving quality metrics [7]. The significant positive correlation with job satisfaction further reinforces the IBR Model's relational benefits. When staff feel heard, respected, and involved in generating durable solutions, their professional relationships are strengthened, leading to higher morale and reduced stress factors directly linked to nurse retention and better patient care [2].

5.2. The IBR Model as a Foundational Leadership Skill

The qualitative data provided the necessary context for the quantitative findings, illustrating how the IBR Model works in practice. Theme 1 (Shift from Positional Power) confirms that nurse leaders who successfully manage conflict view their role as facilitators of collaboration rather than enforcers of rules. By separating the person from the problem and focusing on interests, they de-escalate emotional tension and reveal shared goals (e.g., patient well-being), transforming a competitive struggle into a shared problem-solving endeavor [5]. Theme 2 (Durable Solutions) validates the core theoretical strength of the IBR Model: its capacity to generate long-lasting, mutually agreeable solutions [6]. This durability conserves the nurse leader's time and energy, allowing them to focus more on clinical leadership and staff development rather than repeated conflict mediation.

5.3. Implications for Nursing Practice and Education

The convergence of quantitative and qualitative data provides a robust argument for integrating IBR-based conflict resolution training into nursing leadership development programs. Nurse leaders must be formally equipped with the skills of active listening, interest-based questioning, and collaborative option generation. A commitment to this leadership model fosters the essential attributes of a Healthy Work Environment (HWE) skilled communication and authentic leadership as defined by the AACN (2005).

6. Conclusion

This study demonstrates that the Interest-Based Relational Model is a highly effective, principled approach for nurse leaders to manage workplace conflict in acute care settings. Its utilization is significantly correlated with improved team satisfaction and reduced adverse patient events, thereby supporting the delivery of sustained quality care. The adoption of this collaborative framework shifts the culture of conflict management from adversarial to developmental, preserving essential professional relationships and freeing up cognitive resources for optimal clinical performance. Future research should examine the longitudinal impact of IBR training on long-term retention and the financial benefits associated with reduced error rates.

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