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How Exemplary Chief Nurse Executives Utilize the Six Domains of Conflict Transformational Strategies to Establish Common Ground and Produce Breakthrough Results

Michael Thompson
University of Massachusetts Global, mlee1105@gmail.com

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and Produce Breakthrough Results

A Dissertation by

Michael Thompson

University of Massachusetts Global

A Private Nonprofit Affiliate of the University of Massachusetts

Irvine, California

School of Education

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Committee in charge:

Douglas DeVore, Ed.D., Committee Chair

Tricia Kassab, Ed.D., Committee Member

Bradley Tooker, Ed.D., Committee Member

University of Massachusetts Global
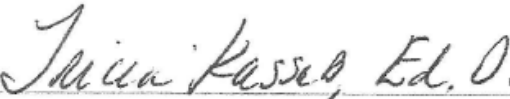
A Private Nonprofit Affiliate of the University of Massachusetts

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The dissertation of Michael Thompson is approved.

_____, Dissertation Chair

Douglas DeVore, Ed.D.

_____, Committee Member

Tricia Kassab, Ed.D.

_____, Committee Member

Bradley Tooker, Ed.D.

_____, Associate Dean

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ABSTRACT

How Exemplary Chief Nurse Executives Utilize the Six Domains of Conflict

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Purpose: The purpose of this phenomenological method study was to identify and describe strategies that exemplary chief nurse executive leaders use to identify and establish common grounds to produce breakthrough results in healthcare by using the six domains of transformational conflict strategies: collaboration, communication, emotional intelligence, ethical behaviors, problem solving, and shared interest.

Methodology: As a part of the thematic phenomenological study, the research identified and described the lived experiences of eight exemplary chief nurse executive leaders in health care who used conflict transformational strategies to find common ground to produce breakthrough results. The target population for the study included chief nurse executives from 195 general acute hospitals in Southern California. Data were collected through in-depth, one-to-one interviews that were conducted as a primary method for data collection. A thematic team of eight researchers and two faculty advisors developed the semistructured interview questions.

Findings: The literature and findings from this study demonstrated how exemplary chief nurse executives used the six domains of conflict transformational strategies to establish common ground and produce breakthrough results. The semistructured interviews and artifacts resulted in 19 major themes, 376 references, six key findings, and two unexpected findings.

Conclusions: The literature and findings support that exemplary chief nurse executives showed their ability to use the six domains of conflict transformation strategies independently or in combination to establish common ground and produce breakthrough results.

Recommendations: It is recommended that acute care hospitals develop and integrate training on the six domains of conflict transformational strategies in establishing common ground and producing breakthrough results for their nurse leaders, particularly for new nurse leaders. Additionally, it is recommended that organizations develop formal leadership training to develop staff and nurse leaders on transformational leadership and skills to ensure consistency in application and practice by the nurse leaders, including the chief nurse executive.

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PREFACE

Following discussions and considerations regarding the opportunity to study

common ground in multiple types of organizations, five faculty members and six doctoral

students discovered a common interest in exploring the common ground strategies

(communication, collaboration, emotional intelligence, ethical behavior, problem-

solving, and shared interest) that exemplary leaders use to work through conflict and

achieve breakthrough results. This study is an extension of an earlier thematic study

conducted by a 12-member team using six domains of conflict leadership behaviors.

Specifically, this study was designed as a phenomenological conceptual replication study

based on the original phenomenological study. This study aimed to extend the original

study by discovering and describing how successful exemplary leaders establish common

ground and produce breakthrough results by using the six domains of conflict

transformational strategies. Exemplary leaders were selected by the team from various

public, for-profit and nonprofit organizations to examine these professionals' leadership

strategies. Each researcher interviewed eight exemplary leaders to determine what

strategies helped find common ground in producing breakthrough results. The team

cocreated the purpose statement, research questions, definitions, interview questions,

survey, and study procedures to ensure thematic consistency.

Throughout the study, the term *peer researchers* refers to the other researchers

who conducted this thematic study. These were Monica Berro, school principals in

elementary schools in Orange County and Los Angeles County; Lawrence Edwards,

nonprofit leaders serving the homeless community in the Washington State Seattle-

Tacoma area; Megan De La Mater, K-12 female superintendents in California school

districts; Amber Ramirez, Student Support Service leaders with California K-12 public

schools; Ieisha Smith, California Community College vice presidents of Student Services

in Southern California.

CHAPTER I: INTRODUCTION

Conflict exists everywhere. Conflict is seen, heard, and felt in all facets of human lives. Conflict is inevitable in every corner of life as it affects individuals, organizations, nations, and governments (Haraway & Haraway, 2005). The conflict stems from differences in ideology, culture, perception, feelings, ideas, or faith and does not initially directly manifest from physical attributes. Its very existence is due to perceived disagreement between two individuals. If unresolved, the perceived conflict or misunderstanding of the context could lead to an argument that obstructs an individual from achieving an outcome the individual seeks to achieve (Marren, 2012). Subsequently, the competing agendas could result in a disparity that negatively affects unresolvable differences as a result of differences in perception, ideas, or ideology (Bonomi et al., 2021; Eidelson & Eidelson, 2003) The disparity in perception, beliefs, or ideology could lead to a conflict resulting in financial, emotional, physical, or discernible impairment or damage to individuals, teams, and organizations (Bonomi et al., 2021; Eidelson & Eidelson, 2003; Hauss, 2010; Henry, 2009).

Conflict could be advantageous or disadvantageous to an organization (Lencioni, 2002). Conflict is advantageous if it brings a positive impact. For instance, organizational incompatibility or differentiation between a team or group could produce creativity or clarity on an issue. On the other hand, a conflict would be destructive or have a negative impact on an organization if the conflict is not addressed when there is a lack of cooperation or increased misinformation among the team members. Organizationally, ambiguous variability in communication that lacks clear direction could lead to organizational conflict (Ellis, 2021). For example, it may lead to conflict if an

organizational leader cannot make or set clear directions because of uncertainty, insecurity, or dubiety.

Consequently, a conflict in a health care organization, particularly an unresolved conflict, could negatively affect patient care (Sexton & Orchard, 2016). A chief nurse executive's inability to provide clear direction related to patient or staff management may place the nursing staff at a disadvantage in providing safe patient care (Scott & Gerardi, 2011; McKibben, 2017). For example, an unresolved conflict between providers could lead to an adverse event, an injury, or harm to a patient because of miscommunication and medical mismanagement. A health care organization's overall goal or common ground is to deliver safe patient care and prevent adverse events (Scott & Gerardi, 2011; Sexton & Orchard, 2016). For example, a chief nurse executive's inability to resolve patient-related issues or conflict may delay delivery of patient care and place the patient at risk of harm. Hence, nursing leaders must use various conflict resolution strategies, such as communication and shared interests, to find common ground in resolving conflicts (Jacobsen, 2000, Sportsman & Hamilton, 2007). Conflict resolution or conflict management skills by nursing leaders is an essential aptitude that the leader must have to operate the organization effectively and efficiently, mainly when the overall goal of the health care organization is to provide and deliver quality and safe patient care (McKibben, 2017).

Background

The first documented conflict by a historian was the geopolitical war between Sumer and Elam in Mesopotamia in 2,700 B.C. (Mark, 2009). Conflict prehistorically existed and will continue to exist as long as there are two parties who disagree on a specific matter or interest. As such, conflict is unavoidable (Haraway & Haraway, 2005).

Conflict is impartial and impacts individuals, organizations, government entities, and society as a whole. Conflict results from change or disagreement in individual or organizational, governmental, or global status, particularly if the opposing party has inequitable leverage of power, resulting in unjust power over the others. Conflict could also result from the difference in perception of ideology, societal issues, or culture and is inevitable (Haraway & Haraway, 2005; Wall & Callister, 1995). Conflict could give rise to a disparate outcome, which could be either a positive or a negative result (Almost, 2006; Jehn & Bendersky, 2003; Lencioni, 2002). The outcome depends on the involved party's ability to reach a mutually beneficial agreement. One of the primary causes of conflict is communication. Communication plays a vital role in finding common ground and in conflict resolution. Perceived or implied intentions, actions, or lack of clarity in communication between parties could lead to misunderstanding and eventual conflict.

Organizational conflict is an inescapable occurrence that is an integral part of the organization that produces a meaningful outcome (Qian et al., 2013). It is an essential facet and culture of the organization and could be perceived as a normalized culture and norm. Conflict is a necessary evil, per se, that allows the organization to be innovative and productive. Hence, conflict could result in a positive outcome, mainly if the differing ideas and opinions produce a constructive and positive outcome that improves procedural processes or achieves organizational goals. However, conflicts must be addressed and resolved (Lencioni, 2002). They should not be left unresolved because unresolved conflict is detrimental to organizational culture (Fisher, 2000; Kouzakova et al., 2012).

The Role of Chief Nurse Executive

A chief nurse executive is a senior member of the executive management team who is responsible and accountable for nursing activities throughout the organization,

including day-to-day operational and administrative management. The chief nurse

executive's roles include strategic planning, which includes integration of nursing

processes and delivery of quality and safe patient care, innovative ideas to improve work

efficiencies, such as using artificial intelligence for surgical procedures, and decision

making that impacts administration and operations (Caroselli, 2010; Mullally, 2000).

Chief nurse executives must wear multiple hats and find common ground in

resolving conflicts with multidisciplinary patient care teams who may hinder patient care

and optimize patient safety while fulfilling the strategic and organizational vision.

Furthermore, the chief nurse executive must be fully aware of the quality and delivery of

care provided to the patient because patient safety is the crucial factor that will influence

the overall drive of the organization. Therefore, their ability to lead and resolve conflict is

essential to the overall operations and safety of patients and staff (Disch et al., 2011).

Theoretical Foundation

Great Man Theory of Leadership

The great man theory is a theoretical framework that is applied to leadership and

organizations (Borgatta et al., 1954). The premise of the great man theory is that great

leaders are born so that the individuals inherently have specific personalities and

attributes and can lead organizations (Organ, 1996; Spector, 2016). Spector (2016)

further stated that great leaders can function and demonstrate the ability to control their

emotional and cognitive behaviors and dynamically partake in constructive and positive

social behaviors. Additionally, the great man theoretical framework implies that great

leaders have influence and respect and have an implicit organizational impact,

subsequently influencing conflict resolution and management (Borgatta et al., 1954).

Common Ground

The common ground theory of communication is a theoretical framework for two parties to agree to a compatible and mutually beneficial decision-making process (Clark & Brennan, 1991). The decision-making process consists of three common factors that are essential for two parties to have a successful communication that requires unanimity (Clark & Brennan, 1991; Sanchez-Anguix et al., 2014). Additionally, when there is a conflict with multiple groups or organizations, communication is essential in identifying the underlying issues, common ground, or conflict of interest to reach a consensus-based decision that is acceptable to all the parties to resolve conflicts (Harvey & Drolet, 2005).

Theoretical Framework

Six Domains of Conflict Transformational Strategies

Leaders have used various strategies to manage and resolve conflict because unresolved and unmanaged conflict could negatively affect the organization on an individual department level and enterprise wide (Almost, 2006; Jehn & Bendersky, 2003; Lencioni, 2002). Consequently, organizational leaders have used singular or multiple forms of conflict management and resolution strategies. The six domains of conflict transformational behaviors include communication, collaboration, emotional intelligence, ethical behavior, problem solving, and shared interest. Effective conflict management by using any combination of the six strategies allows diverse individuals with differing perspectives and ideas to be productive and contribute to the organization's success.

Communication

One of the key components in resolving conflict is communication. The clarity in communication prevents misinformation and allows sharing of ideas in finding common ground to resolve conflict. Kecskes and Zhang (2009) emphasized that purposeful

communication clarifies misconceptions, and misinformation reduces the intricacy of disagreement. Communication is also essential for exchanging information between parties to create common ground through an agreement and mutual collaboration. Additionally, communication stimulates and encourages dialogues and interaction among parties in moderating conflict outcomes. Therefore, communication is also a fundamental component in facilitating collaboration, and a leader's ability to facilitate open dialogues effectually with clarity influences daily interactions and conflict resolution (Suter et al., 2009; Walczak & Absolon, 2001).

Chief nursing executives must collaborate and communicate with various medical providers and nonmedical staff to ensure optimal medical center operations in providing quality and safe patient care. Communication is essential to ensure the organization's directives are communicated enterprise-wide to ensure medical clinicians and ancillary staff collaborate to create a synergy in providing quality and safe patient care. Therefore, the chief nurse executive needs practical communication skills to resolve conflict by finding common ground.

Emotional Intelligence

Emotional intelligence theory states that being aware of one's own emotions and others' emotions will direct one's behavioral activities in relational management (Bradberry & Greaves, 2009). Leaders who recognize and are aware of their own and other's emotions can skillfully manage the relational behaviors of. Chief nurse executives who can leverage emotional intelligence traits and empathize with their staff can build and manage relationships through effective communication in establishing a collaborative arrangement. Leaders need to manage the relationship between others and themselves in defining and determining common ground (Goleman, 2009; Martinez, 2020). A chief

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nurse executive with an emotional awareness of self and others can lead the organization

to bring forth collaborative teamwork to promote high-quality patient care and outcomes.

Collaboration

Collaboration in health care is essential in delivering and providing quality patient

care. A collaborative environment and culture encourage multidisciplinary patient care

teams to work toward a collective goal of developing effective patient care practices.

Collaboration is an intentional formation and sustainment of collaborative partnerships

between stakeholders to pursue expected outcomes based on shared interests and goals

(McKee et al., 2008). Leaders who emphasize an intentional, collaborative approach and

thinking inspire teamwork to find common ground by guiding others toward collective

information sharing to achieve a common goal (Cramton, 2002; Waugh & Streib, 2006;

Williams, 2015).

A nursing leader who encourages an intentional, collaborative environment and

communicates such behavioral intent could improve interdisciplinary collaboration

between the team members (Disch et al., 2011; Johansen, 2012). The interdisciplinary

collaboration results in finding the common interest of providing quality patient care,

even with varying personalities. Interdisciplinary collaboration between interdisciplinary

patient care teams is essential to achieving a common interest of producing a shared

outcome, which is caring for the patients (Disch et al., 2011; Johansen, 2012; Williams,

2015).

Ethics

Ethics is a principle that leads one's intellectual, perceptive, emotional, social,

and behavioral conduct derived from an individual's cultural principles and morals

(Ciulla, 1995). Additionally, ethical judgment is a good predictor of ethical decision

making (Sparks & Pan, 2010). Moreover, a leader's moral and justice compass of fairness is based on an individual's ethical judgment and interpretation of what is right or wrong (Mudrack & Mason, 2013).

A leader's ethical principle is critical to the development and establishment of organizational values. Hence, the leader's moral character is essential in demonstrating ethical values. Moral character shapes the leader's leadership practice with honesty and moral value that lead to a just culture and development of trust that results in unbiased conflict resolution facilitation (Barry & Robinson, 2002; Ciulla, 1995; Thomas et al., 2004). Exemplary chief nurse executives must not be persuaded by internal and external influences that impede unbiased patient care and must remain objective when resolving conflicts. Exemplary chief nurse executives need to remain neutral and objective in addressing conflicts to address and reduce undesirable outcomes, particularly if the conflict revolves around patient care and patient outcomes. Additionally, nursing leaders have an ethical obligation and responsibility to make the right decision even though the consequences of such a decision may be unfavorable (Rahim, 2002). A chief nurse executive's primary goal or obligation is to ensure patient care and outcomes are met even though the organizational outcome is unfavorable. For example, providing additional patient care would put an additional financial burden on the organization. The additional financial burden is a small financial hardship when compared to human lives.

Problem Solving

Problem solving is the method of finding a solution through a systematic process in which a simple or complex issue may be resolved through a collaborative and collective efforts of a team. For a team to collaborate in the problem-solving process, the group must acknowledge the existence of similarities and dissimilarities within the group

(Jablokow, 2008). Acknowledging the dissimilarities or similarities allows the group to foster a trusting relationship, leading to effective collaboration in resolving a problem. According to Carmeli et al. (2014), leaders who cultivate a creative problem-solving environment will permit a process of requesting, giving, receiving, and providing feedback and create an environment of problem solving.

An exemplary nursing leader must work with multidisciplinary care providers to resolve challenges impacting patient care by using problem-solving strategies to find common ground in conflict resolution. To resolve conflict, exemplary chief nurse executives have included members of the multidisciplinary care team to problem solve in the patient care processes. Inclusiveness of patient care teams from multiple disciplines enhances creativity and decision making in finding common ground to problem solve and resolve varying conflicts (Paulus et al., 2010).

Shared Interest

Conflicts could be resolved if a common interest, a need that creates the conflict in a situation, is determined and addressed (Butler, 1999). When a common concern or common interest is identified, which could be a value, idea, or ideology, it is a step toward resolving conflict between parties. As a leader, finding a collective goal, which is viewed as a common shared interest, allows parties to find a tangible solution. Through shared interest or purpose, exemplary chief nurse executives can develop a relationship with the stakeholders (patient care team) to pursue collective organizational goals in developing, integrating, and sustaining a process to provide quality patient care. The ability of a leader to comprehend the complexities linked to various conflicts of an organization, internally or externally, can address the underlying issues by identifying the

shared interest or common interest among the parties to resolve the conflict (Msila, 2012).

Statement of the Research Problem

Human conflict has long existed before man's ability to historically document conflicts, let alone how they were resolved. Conflicts were typically resolved by finding a mutually shared common interest, such as sharing a meal. For example, during the Cold War, world leaders used common ground to maintain peace. Similarly, the North Atlantic Treaty Organization (NATO) has used mutually shared common interests to broker peace between two warring factions mediated by a third party (Hauss, 2010).

According to Jacobsen (2000), leaders resolve conflicts by identifying and finding common ground. Venkat (2004) alluded that in creating a common ground, the relationship is built between the leader and followers by fostering collaboration through clear communication and shared interests that connect the followers and the leader, thus leading to mutual trust and conflict resolution. Thus, by identifying and creating common ground, leaders allow people with different ideas, beliefs, and values to work together to accomplish a goal that would benefit the collective organization or community. The collaborative work toward finding common ground is a common theme in literature by leaders in other professions, such as school administrators; however, it has not been identified in health care (Cooper, 2015; Dodds, 2016; Weiner, 2011).

Health care leaders, such as chief nurse executives, are trained to develop and transform an organization by influencing their followers to achieve a common goal of delivering quality and safe patient care. Chief nurse executives are aware that although 50 patients could present 50 different conflicts and issues, delivery of quality and safe patient care could be hindered or delayed if unresolved conflict exists with the patient

care team (Bochatay et al., 2017; Brennan et al., 2006; Stulberg et al., 2010). Consequently, existing or potential conflicts must be identified and resolved to prevent impairment of providing quality and safe patient care.

Although little is reported on how nursing leaders can resolve and manage conflict by finding common ground, many articles exist on leadership traits and communication for conflict resolution and management (Adelman, 2012; Reed, 2017; Sexton & Orchard, 2016). However, little is written on the conflict being resolved effectively by chief nurse executives by finding common ground or shared interests (Guttman, 2003; Smiley, 2018).

Purpose Statement

The purpose of this phenomenological method study was to identify and describe strategies that exemplary chief nurse executive leaders use to identify and establish common grounds to produce breakthrough results in healthcare by using the six domains of transformational conflict strategies: collaboration, communication, emotional intelligence, ethical behaviors, problem solving, and shared interest.

Research Questions

Central Question

What are the lived experiences of exemplary chief nurse executive leaders in establishing common ground and producing breakthrough results by engaging in elements of the six domains of conflict leadership strategies?

Subquestions

1. How do exemplary chief nurse executive leaders use communication to create common ground and breakthrough results?

2. How do exemplary chief nurse executive leaders use collaboration to create common ground and breakthrough results?

3. How do exemplary chief nurse executive leaders use emotional intelligence to create common ground and breakthrough results?

4. How do exemplary chief nurse executive leaders use ethical behavior to create common ground and breakthrough results?

5. How do exemplary chief nurse executive leaders use problem solving to create common ground and breakthrough results?

6. How do exemplary chief nurse executive leaders use shared interest to create common ground and breakthrough results?

Significance of the Problem

Conflict in health care is an everyday occurrence and an integral part of patient care. Conflicts could occur between the interdisciplinary patient care team or nonmedical personnel in all health care environments. Additionally, each patient, patient's caretakers, or multidisciplinary patient care team could present with individual conflicts that might hinder the delivery of patient care.

Furthermore, conflicts leading to indecision on the patient's plan of care or operational processes by the patient care team or nursing leaders could hinder any acute care facility's primary goal and mission to provide safe and quality patient care. For example, over 100,000 patients will die each year as a result of the treatment received, which could have been averted if there had been transparency with communication or collaboration (Rodzieicz et al., 2021).

Moreover, according to Johansen (2012), it is critical of the nursing leader to resolve the conflict expeditiously. That includes working interactions and collaborations

with other health care personnel and partners that are essential to inpatient care and the operation of the unit. For example, a communication breakdown or lack of collaboration would have a negative impact on patient safety that could lead to patient errors. More importantly, the unresolved conflict impacts staff, the organization, and patient outcomes that could result in detrimental patient harm or sentinel events. A sentinel event is an event that results in permanent or severe temporary harm or in the death of the patent. According to Maxfield et al. (2005), lack of effective communication from chief nurse executives or clinicians who are involved with patient care as a result of communication barriers, misinformation, lack of clarity or transparency could lead to poor teamwork, lack of trust, and ineptitude that could lead to medical and patient error. Therefore, it is essential for chief nurse executives, nurse leadership team, and clinicians to facilitate clear communication in resolving clinical and nonclinical discord that affects the delivery of patient care.

Organizational conflict is an inescapable occurrence that is an integral part of the organization that produces a meaningful outcome. It is an essential facet and culture of the organization and could be perceived as a normalized culture and norm (Tjosvold, 2008). As such, conflict is necessary to allow the organization to be innovative and productive. Hence, conflict could result in a positive outcome, mainly if the differing ideas and opinions produce a constructive and positive outcome that improves procedural processes or achieves organizational goals. Conflicts must be addressed and resolved to produce a constructive and positive result. They should not be left unresolved because unresolved conflict is detrimental to organizational culture (Fisher, 2000; Kouzakova et al., 2012). Similarly, conflict in the health care organization, particularly in an acute care

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facility, which occurs frequently and often, must be resolved effectively and efficiently to improve patient outcomes (Bosslet et al., 2015).

Although works of literature illustrate the use of communication or emotional intelligence by nursing leaders in resolving and managing conflicts, there is little literature on resolving and managing conflicts by nursing leaders related to common ground (Smiley, 2018; Walczak & Absolon, 2001). This significant study is needed to investigate how exemplary chief nurse executive leaders use six conflict transformational strategies to build trust and collaboration by establishing common ground to resolve conflict. In addition, the study is instrumental to learn how exemplary chief nurse executives share ideas, knowledge, and the collective vision to improve patient outcomes. The results from the study could help chief nurse executives use the six domains of conflict transformational strategies to find common ground to resolve conflicts, improve patient outcomes, and improve collaboration, organizational culture, staff collaboration, and organizational transformation.

Definitions

The following section defines pertinent key terms related to the study. The terms were defined in collaboration with the peer researchers who identified, provided, and clarified the theoretical and operational terms and definitions used for this study.

Theoretical Definitions

Breakthrough results. Breakthrough results are achievements beyond the normal expectations of others, driven through creativity and innovation (Anderson & Ackerman-Anderson, 2010; Linkner, 2021).

Collaboration. Collaboration is the ability to involve others from diverse backgrounds in a mutually beneficial and accountable manner to find creative solutions and reach agreed-upon goals (Garcia, 2013; Hansen, 2009).

Common ground. Common ground is the convergence of intentions of people from different social, political, economic, and cultural backgrounds and how they work through their differences with shared information to find a foundation of common understanding (Clark, 2020; Frick, 2017; Horowitz, 2007; Jacobsen, 1999; Kecskes & Zhang, 2009; Moore, 2013; Snowe, 2013; Tan & Manca, 2013).

Communication. Communication is a process of transmitting and receiving verbal and nonverbal messages to create common meanings and understanding (Allen, 1958; Murphy et al., 1997; Shaikh, 2012).

Conflict. Conflict is a dispute between individuals, groups, and organizations that arises from differences in cognitive, emotional, and behavioral perceptions (Kouzakova et al., 2012; Liddle, 2017; B. Mayer, 2012; Welch, 2017).

Conflict transformation. Conflict transformation is the art of turning hostile disputes and power struggles into healthier and more equitable relationships using ethical behavior, shared interests, emotional intelligence, problem solving, collaboration, and communication (Hooper, 2020; Larick & White, 2015; Lederach, 2003; Martin, 1997; Miall, 2004; Ty, 2011).

Emotional intelligence. Emotional intelligence is the combination of self-awareness, motivation, regulation, empathy, and social skills that enable an individual to understand the emotions of others in social settings, allowing for the management of behavior and relationships (Bradberry & Greaves, 2009; Goleman, 2011, 2019; Hellriegel & Slocum, 2011).

Ethical behavior. Ethical behavior is making choices and acting according to written and unwritten rules and practices of human conduct that support the common good of individuals and groups (April et al., 2010; Ciulla, 1995; Soltis et al., 2005).

Problem solving. Problem solving is identifying the nature of the problem and developing processes for arriving at an acceptable solution through deliberations with appropriate individuals and groups (Bentzen et al., 2020; Puncochar, 2013).

Shared interests. Shared interest is an approach that allows people on different sides of a contentious issue to see the values and interests of another and develop creative options that will meet those interests in a mutually beneficial way without jeopardizing their own interests or values (Burton, 1990; Coleman, 2014; Kriesberg, 2012; Susskind & Cruikshank, 2006; Ury, 1993; Väyrynen, 2003).

Operational Definitions

Acute care facility/hospital. Acute care facility/hospital is a facility that provides acute medical care and inpatient care, including other medical services and procedures related to short term medical services (Hirshon et al., 2013).

Chief nurse executives. For this study, the chief nurse executive is defined as the organizational nurse leader of a health care system or hospital. The chief nurse executive, also known as the chief nursing officer, provides operational and strategic leadership guidance to health care and non-health care staff related to patient care, including but not limited to overseeing a team of nurses and ancillary staff, including operational functions of an acute facility, to ensure quality and safe patient care is delivered (Disch et al., 2011; Kerfoot, 2009).

Exemplary leader. An exemplary leader is someone set apart from peers in a superior manner, suitable to serve as an example to model behavior, principles, or

intentions (Goodwin et al., 2014). Additionally, according to Kouzes and Posner (1987), exemplary leaders demonstrate five leadership traits and employ the characteristics as behaviors that inspire a shared vision, empower others to take action, encourage the heart, model the way, and challenge the process. As such, exemplary leaders encourage and empower followers to perform above their expectations and inspire the organization's shared vision.

Provider. A provider is a term used in health care to define an individual who provides health care or patient care services, such as a nurse, nurse practitioner, or a medical doctor (Julliard et al., 2006).

Delimitations

This study was delimited to eight exemplary chief nursing leaders in Southern California. An exemplary leader is someone set apart from peers in a superior manner, suitable to serve as an example to model behavior, principles, or intentions (Goodwin et al., 2014). The thematic research team determined the exemplary leader participants must have met the following criteria:

1. evidence of successful relationships with stakeholders,
2. evidence of breaking through conflict to achieve organizational success,
3. five or more years of experience in that profession or field,
4. evidence of having written, published, or presented at conferences or association meetings,
5. recognition by their peers, and
6. membership in associations of groups focused on their field.

Organization of the Study

The study's remainder encompasses four chapters, references, and appendices. Chapter II contains a comprehensive literature review that provides an essential architecture for understanding how exemplary leaders in nursing use the six domains of conflict transformational strategies to find common ground. Chapter III provides the research methodology and design of the study, including population, sample size, instrumentation used, procedure in data collection and analysis, and limitations of the study.

CHAPTER II: REVIEW OF THE LITERATURE

Chapter II comprises a comprehensive literature review on how exemplary chief nurse executives in the nursing profession use the six domains of conflict transformational strategies to find common ground in producing breakthrough results when confronted with conflicts. Chapter II is organized into five sections. The first section discusses existing literature on leaders' challenges and the quest to find common ground. The second section provides a literature review on theoretical foundations relevant to leadership. The third section discusses the theoretical framework of the six domains. The fourth section provides the conclusion drawn from the literature review. Finally, the fifth section provides the synthesis matrix which merges all the resources to facilitate information on the research study topic.

Review of the Literature

Health care leaders are inundated with ongoing conflicts that impede patient care, involving personnel, operations, budgets, and patients. For example, personnel, budgetary, operational, and operational conflicts are common in overseeing a health care organization. Consequently, health care leaders must identify common ground with stakeholders and use conflict resolution and management strategies such as communication, emotional intelligence, and collaboration to resolve daily challenges and conflicts with stakeholders.

In health care, similar to other professions, conflict starts with a disagreement of beliefs, ideas, opinions, or incompatibility resulting in disharmony between individuals, groups, and organizations disrupting the organization (Wall & Callister, 1995). Conflicts within an organization are inevitable as individuals with different opinions, ideas, and personalities work collectively to accomplish a shared goal and vision. Conflict is

unavoidable and sometimes necessary with differing minds as solutions to a problem may be founded within the conflict (Lencioni, 2002). However, conflict needs to be managed and resolved objectively, and conflict outcomes depend on how the conflict is addressed and managed (Almost et al., 2010). Conflicts are resolved and managed by engaging leadership strategies that include behavioral approach strategies, such as listening with intent and openness and leveraging common grounds to ensure conflict transformation into a maintainable transformation (Jacobsen, 2000; Sportsman & Hamilton, 2007).

Common ground allows for a resolution by sharing interests or ideas of stakeholders to work collaboratively to achieve a common interest, primarily if there are competing agendas, priorities, or ideas (Jacobsen, 2000). Therefore, finding common ground and shared interest among stakeholders will help find a sustainable resolution (Fisher, 2000; Jacobsen, 2000; Kouzakova et al., 2012).

Theoretical Foundation

According to Jacobsen (2000), common ground has been used by community leaders, school administrators, and educators to resolve conflict. Conflicts were resolved based on finding and agreeing to a shared goal or goals agreed to by all parties, thus allowing people of different ideas, beliefs, and values to work together to accomplish a goal that would benefit the collective organization or community. In creating a common ground, the relationship is built between the leader and followers by fostering collaboration through clear communication and shared interests that connect the followers and the leader, thus leading to mutual trust and conflict resolution (Venkat, 2004).

Human conflict long existed before man's ability to document, and conflicts were resolved by finding a mutually shared common interest because of differences between

the parties. For example, during the Cold War, world leaders used common ground to maintain peace. For example, the North Atlantic Treaty Organization and the United Nations maintained peace through negotiations and agreement to seek peace. Similarly, NATO has used mutually shared common interests to broker peace between two warring factions mediated by a third party (Hauss, 2010).

Health care professionals are trained to develop and transform an organization by influencing the followers to achieve a common goal, which is delivery of safe and quality patient care and positive outcome. However, although little is reported on how nursing leaders can resolve and manage conflict (Guttman, 2003), many articles have been written on leadership traits, but little has been written on how to effectively resolve conflict as a chief nurse executive (Smiley, 2018).

Leadership

Leadership is an act and process of interrelating, influencing, and helping others to optimize their performance to achieve a common goal by inspiring them. According to Bass and Avolio (1993), leaders facilitate, educate, and guide followers by cultivating an environment and culture of inspired change. In health care, expressive and demonstrative competence and innovative leadership practices, such as transformational leadership, are necessary skills to lead followers in caring for patients and their caretakers and manage and resolve conflicts (Almost et al., 2016; Shields, 2010). However, more importantly, given the complex and constant shifting of health care demands and change, health care leaders must guide the organization and the staff through change to improve health care delivery to the community. Furthermore, a leader's ability to resolve and manage conflict is crucial because of the complexity of health care organizations and vested stakeholders—especially patients and their caretakers. Hence, exemplary leaders are

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needed in health care organizations to guide them through organizational change. Furthermore, exemplary leaders must find common ground to produce breakthrough results if a conflict of interest hinders the delivery of patient care while guiding the organization through a change initiative.

Great Man Theory of Leadership

Great man theory was the first theoretical framework that was applied to leadership theory, which was based on the leadership traits (Organ, 1996). The premise of the great man theory is that great leaders are born, and the individuals inherently have specific personalities and attributes that can lead organizations (Organ, 1996; Spector, 2016). Hence, leaders are born and not made. However, Spector (2016) further stipulated that great leaders can function and demonstrate the ability to control their emotional and cognitive behaviors and dynamically partake in constructive and positive social behaviors. As such, exemplary transformational leaders are able to guide and lead the organization while inspiring and influencing the followers to perform to their optimum, producing great outcomes while partaking in constructive and positive social behaviors. Additionally, the great man theoretical framework implies that great leaders have the attributes of influence and respect and have an implicit organizational impact, subsequently influencing conflict resolution and management (Borgatta et al., 1954; Burns, 1978). Although the premise of the great man theory stipulates that great leaders lead because of born traits, leadership theory evolved to such theories as the exemplary leadership theory and transformational leadership theory to indicate that along with born traits of the individual's ability to lead, the individual's values, learned experiences, and characteristics, such as empathy, ability to inspire, and integrity, contribute to one becoming an exemplary leaders (Bass & Avolio, 1993; Kouzes & Posner, 1987).

Transformational Leadership

As Bass and Avolio (1993) indicated, the essence of leadership is to inspire, facilitate, and guide the followers during culture of change. Hence, leadership is the art of influencing the followers by using various leadership strategies, such as emotional intelligence and communication, to develop relationships to motivate the followers, particularly during a changing environment, to fulfill the organization's vision. The ability to inspire and influence the followers depends on the relationship between the leader and followers (Krishnan, 2004).

According to Burns (1978), the fundamental premise of leadership is built on developing a relational construct between the leader and followers. Relational development allows the leader to foster a purpose and collective goal representing the organization and the followers by elevating each other to a higher magnitude of morality and motivation. Burns identified such leadership style as transformational leadership. Transformational leadership is the ability of the leader to create a positive and trusting environment and culture by encouraging, cultivating, nurturing, and strengthening the relationship between the leader and followers. Additionally, developing a sanguine relationship between the leadership and follower produces highly motivated and engaging followers who move conjointly toward fulfilling organizational goals (Bass & Riggio, 2006; Burns, 1978). Thus, transformational leaders motivate and encourage their followers to move beyond their self-interest and perform beyond their capacity and expectation (Bass, 1985).

Bass (1985) identified four major concepts in a transformational model: idealized influence, inspirational motivation, individualized consideration, and intellectual stimulation. Idealized influence discusses the leader's ability to display vulnerable

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behaviors while painting an inspiring vision. This influence provides members with a strong sense of purpose. Inspirational motivation compels followers to embody and model the vison. Inspirational leaders motivate others through optimism and belief in a promising future (Bass & Avolio, 1993). Individualized consideration is exhibited when the leader coaches and mentors others and is aware of their individual needs. Finally, intellectual stimulation promotes innovation and organizational problem solving by leaders who intentionally encourage their followers to develop and grow (Bass & Riggio, 2006; Yammarino et al., 1993).

Nursing has adopted transformational leadership as its core leadership framework for a senior nurse leadership team, which includes a chief nurse executive. In addition, transformational leadership practice is the norm for hospitals seeking magnet designation. The American Nursing Credentialing Center issues magnet designation to health care organizations that exemplify leadership excellence and to organizations that align patient outcomes with strategic nursing goals (Moon et al., 2019). One of the essential requirements for magnet designation is the transformational leadership practice of the senior nurse leadership team and the organization in creating a strategic vision and support of the nurses to lead change. Hence, transformational leadership practice is the expected foundational leadership framework for exemplary chief nurse executives in leading the organization for Magnet-designated or nonmagnet-designated organizations. The chief nurse executives expect to lead the organization and its followers successfully through change, particularly during the turbulent health care environment, while influencing the delivery of quality and safe patient care excellence.

Exemplary chief nurse executives provide nursing and organizational leadership. A chief nurse executive's role as a leader is to provide leadership to the clinical nursing

team and ancillary staff, including oversight of the hospital administration, such as personnel and budgetary management. Additionally, chief nurse executives provide directives and establish patient care standards, expectations, protocol, and processes while collaborating with other health care professionals. Furthermore, chief nurse executives act as change agents by recommending various strategies to improve the quality of care and directional impact of the organization. In essence, the chief nurse executive is a vital member of the leadership who leads the organization and inspires the followers during the change process by instilling a vision that would impact the organization. For example, the role of the chief nurse executive was crucial during the COVID-19 pandemic in guiding the nurses, ancillary staff, and health care professionals through the critical change process of addressing the pandemic while empowering the followers to execute and deliver safe patient care to the community.

Exemplary Leadership Model

According to Kouzes and Posner (1995), exemplary leaders express five leadership behavioral practices and employ the behaviors in practice. Kouzes and Posner's exemplary leadership model indicated that leadership is not about a title or position. Instead, leadership is based on a specific application of behavioral practices that serve as a directional guide to achieving exceptional accomplishments. Furthermore, Kouzes and Posner's exemplary leadership model emphasized developing leader and follower relationships and trust associated with performance outcomes, which aligns with the transformational leadership theory.

Transformational leadership theory served as the foundational cornerstone for Kouzes and Posner's (1995) exemplary leadership model and the development of the five behavioral and practice applications. The exemplary leadership model provided specific

guidance on leadership practices and how extraordinary leaders are exemplified and developed. The five exemplary practices of leadership are to model the way, inspire a shared vision, challenge the process, enable others to act, and encourage the heart.

Modeling the way is a behavior characteristic of exemplary leaders in which the leader displays specific behavioral values and actions, such as integrity, for the followers to model. In essence, modeling the way translates to the practical application of acting according to the way in which one informs others to act or behave. Therefore, according to Kouzes and Posner (2011), exemplary leaders lead by example by setting a specific behavioral paradigm for the followers to replicate and follow. By modeling the way, leaders establish an ideal behavioral paradigm in enabling and motivating the followers to emulate the same behavior. Inspiring a shared vision is the application of engaging and sharing the organizational or personal vision to inspire the followers with the hopes of achieving a common goal.

Second, sharing the vision with the followers is to create a collective and common shared vision. Kouzes and Posner (2011) believed that the followers would commit their efforts, time, and energy to creating a great synergy of achieving a great outcome when a vision is shared.

Third, challenging the process is akin to a transformative practice of change process in transforming the organization or individual by introducing new ideas or innovations to improve the organization or individual (Kouzes & Posner, 2011). Exemplary leaders seek opportunities to challenge the process or take risks, such as thinking outside of the box or changing the organization's status quo to transform the organization for the future of the organization in pursuit of the vision (Kouzes & Posner, 2011). The organizational transformation could be in the form of innovative ideas,

driving cultural change by building new mindsets and behaviors of leaders and followers or modeling the way of embracing and accepting change to ensure operational efficiency and excellence.

The fourth practice of Kouzes and Posner's (2011) exemplary leadership model is enabling others to act. The premise of allowing others to perform is to foster a collaborative partnership with the followers and, more importantly, to empower the followers to move and act toward the collective and collusive identity and common goal.

The fifth and final practice of Kouzes and Posner's (2011) exemplary leadership model is encouraging the heart of the followers. Encouraging the heart refers to the ability of the leader to motivate and encourage the followers to have a collective mindset in pursuing and fulfilling organizational goals. To encourage the heart of the followers, the leaders need to be celebratory with small milestone achievements even if the successes are incremental. Being open to celebratory wins is essential in developing an intimate and significant interconnection between the leader and followers. Moreover, leaders need to encourage and inspire followers during a change process because changes could demoralize them and make them disenchanted, especially if the changes are complex. For example, during the COVID-19 pandemic, frontline nurses were discouraged and disillusioned with leadership and the overwhelming burden of patient care. Therefore, an exemplary leader would encourage the heart of the nurses to inspire them to perform. A leader who recognizes the followers during celebratory accomplishments and during challenging times will be able to inspire and encourage the followers to perform to their optimum.

Exemplary leaders use Kouzes and Posner's (2011) exemplary leadership model in their practice to transform the leadership practices during an organizational change. In

applying Kouzes and Posner's exemplary leadership model, the leader will make a difference to the individual followers and the organization. By being a role model for the followers, the leader can engage them by sharing their visions to inspire them to work toward a common purpose and goal. Furthermore, by applying the five practices of exemplary leadership, the leaders can engage and motivate the followers and foster a relationship that will transform the organization and followers, including the leaders (Jackson & Parry, 2011).

Common Ground

The common ground theory of communication is a framework that posits for two parties to agree to a compatible and mutually beneficial decision-making process, they must identify and possess common factors such as communication and vested interests, which are essential for them to have a successful deliberation and negotiation and arrive at the required unanimity to produce a breakthrough result (Clark & Brennan, 1991; Sanchez-Anguix et al., 2014). According to Harvey and Drolet (2005), communication is essential to identify the underlying issues and arrive at a consensus-based decision acceptable to the parties to resolve conflicts when there is a conflict with multiple groups or organizations. Furthermore, communication and mutual understanding, specifically effective communication, are the key variables and necessary foundation for establishing common ground. Participants must be able to exchange and share mutually comprehensible information that is beneficial to both parties to establish a common ground (Stalnaker, 2022). It is foreseeable that intended communicative interactions, expressive or nonexpressive, may be misunderstood, particularly if the parties have different agendas and interests or are from a different geographical location or culture, for example, when establishing a common ground. Hence, one of the main elements that

influence common ground is the conveyance of interests that would bring the parties together and engage them in the use of comprehensible and effective communication of interests that are important to producing a breakthrough result.

Common ground is having mutually shared common or consensual ideas, knowledge, goals, or beliefs between individuals or stakeholders to accomplish a collective goal (Schiffer, 1972; Stalnaker, 2002). Clark (1992) defined common ground as sharing mutual information, including ideology, beliefs, and knowledge. Similarly, Keysar et al. (1998) stated that mutual knowledge, which leads to mutual understanding and awareness, is essential to establishing a common ground. Establishing mutual knowledge and comprehension through common ground leads to a collective process of shared interests in accomplishing a common goal of remedying conflicts. Furthermore, the establishment and sharing of shared knowledge reduce the differences between parties' perceived differences and bring the parties to work collectively to find a common resolution. Jacobsen (2000) further alluded that common ground provides people with various and differing backgrounds, such as culture or social, to collaborate on finding solutions. Although common ground provides a path toward a conclusive collaboration on finding a solution, common ground does not provide absolute resolutions to conflicting issues. Instead, common ground brings two parties with differing perspectives to collaborate on the feasibility of finding common ground to resolve the conflict (Kouzakova et al., 2012; Stalnaker, 2002).

Conflict

Conflict is an inevitable and essential function that occurs daily in all facets of an individual's professional and personal life as a result of the individual's beliefs, principles, interests, or opinions. Wall and Callister (1995) stated that conflict results

from a disagreement in beliefs, ideas, opinions, or incompatibility that causes discord between individuals, groups, and organizations. Conflict also occurs in all facets of the local, state, national, and global stages impacting, influencing, or directing geopolitical governmental directives and interactions. It impacts and influences the social activities of individuals or organizations' directives and decision-making processes as conflict does not discriminate against individuals, groups, or local, national, or geopolitical regions. In addition, conflict is often due to miscommunication and misunderstanding of others' intentions and behaviors (Fisher, 2000). Similarly, conflicts within an organization are inevitable as individuals with different opinions, ideas, and personalities work collectively to accomplish organizational goals and vision (Wall & Callister, 1995).

Conflict is inevitable and sometimes necessary with differing minds as solutions to a problem may be founded within the conflict (Almost, 2006; Rahim & Katz, 2020). A conflict that occurs is typically due to an individual's incompatibility with another person's ideology, belief, position, or opinion (Wall & Callister, 1995). The inability to manage differing interests or opinions incompatible with the perceived objectives could result in unfavorable results that could prove detrimental to the engaged participants (Maxwell et al., 2014). For example, frequent changes in policy during the COVID-19 pandemic led to staff and leadership conflict as a result of a lack of clarity and difference in goals and values at a local hospital. Conflict could produce a negative or positive outcome depending on the involved party's ability to resolve the issue or not. For example, nations disagreeing with the political policy could lead to political war between nations whereas conflict within an organization could lead to dissatisfied staff or delays in production.

Rahim (2011) classified six different conflicts based on the origination of conflicts. The six conflict classifications are affective conflict, substantive conflict, conflict of interest, conflict of values, goal conflict, and realistic versus nonrealistic Conflict. Each conflict classification results from the absence of compatibility, transparent communication, or agreement between the individuals in which one individual cannot tolerate inequality or dogmatism, whether actual or perceived.

According to Rahim (2011), affective conflict results from two social entities becoming aware of each other's sentiments or emotions becoming incompatible, for example, the incompatibility of two individuals as a result of interpersonal differences. Substantive conflict is due to task or content disagreement between two entities. Substantive conflict is substantiated by disagreement on problems, policies, or work issues.

Conflict of interest arises as a result of discord in the vested interest, leading to incompatibility because of preexisting interest in the outcome (Rahim, 2011). Most conflict is attributed to conflict of interest when individuals have competing solutions. For example, a conflict of interest is implementing a process that would benefit one entity over the other. The conflict of value results from the discord of ideology or belief on various affairs between parties. An example of conflict of value is not clocking out when leaving early or clocking in for work but taking a more extended lunch period.

Goal conflict occurs when one individual discards the other individual's goal or interest to fulfill his or her own goal (Rahim, 2011). The goal conflict could arise because of competing values or interests between the two individuals. An example of goal conflict is predominately seen in a team driven by a production reward system. The realistic versus nonrealistic conflict addresses the disagreement of unrealistic demands made by

the individuals compared to what is presently available. According to Rahim (2011), realistic conflict is linked with a goal-oriented dispute. In contrast, nonrealistic conflict is associated with the individual's hostility directed to disrupt or cause detrimental impairment to the other individual involved in the conflict.

Institutional versus noninstitutional conflict is characterized by the two entities disagreeing on explicit policy or rules that disrupt the relationship (Rahim, 2011). An example of institutional versus noninstitutional conflict is labor and management collective bargaining. Rahim (2011) stipulated that retributive conflict could arise when there is an institutional versus noninstitutional conflict in which one party would prolong the conflict to penalize the other party. An example of retributive conflict is the lack of collaboration between the labor and organizational management to resolve the collective bargaining expeditiously.

The last two conflict classifications are misattributed conflict and displaced conflict. According to Rahim (2011), misattributed conflict results from misconstrued causes leading to the conflict. In comparison, the displaced conflict happens when the individuals displace or blame others who are not involved.

Theoretical Framework: Six Domains of Conflict Transformational Strategies

The six domains of conflict transformational strategies examined as part of this thematic research are communication, collaboration, emotional intelligence, ethics, problem solving, and shared interest. The identified six domains of conflict transformational strategies are strategies that leaders use to find common ground to produce breakthrough results. Each of the six domains of conflict transformational strategies could be applied individually or in combination to find common ground that will produce breakthrough results in resolving a conflict.

Communication

Communication is one of the key factors in resolving conflicts. Fisher (2000) indicated that ineffective communication leads to conflict as a result of misunderstanding or lack of clarity whether actual or perceived. Additionally, communication is essential for establishing a successful common ground. Kecskes and Zhang (2009) alluded to the fact that in seeking and creating a common ground, communication plays an important purpose in reducing the intricacy of misinformation and disagreement. Furthermore, communication is necessary and required to initiate an exchange of information between parties to create an environment of common ground through cooperation and agreement (Zhao & Rosson, 2009). Additionally, research has stipulated that communication influences the interaction and dialogue between parties in mitigating conflict outcomes, whether verbal, nonverbal, or written (Allen, 1958; Murphy et al., 1997; Shaikh, 2012). Furthermore, communication is crucial in facilitating collaboration, and a leader's ability to facilitate dialogues effectually and communicate with clarity influences daily interactions and conflict outcomes (Suter et al., 2009; Walczak & Absolon, 2001). For example, the facilitation of cohesiveness and collaboration by health care staff in producing quality patient outcomes requires effective communication skills by the chief nurse executives (Johansen, 2012; Sherman, 2006). Hence, chief nurse executives must use different communication strategies to create a distinctive approach and solution with the staff and multicultural and multigenerational patient populations to resolve conflicts that may impede patient care and patient outcome (Sherman, 2006).

Collaboration

Collaboration or teamwork is creating and maintaining collaborative partnerships and interactions between stakeholders. Furthermore, it is the development of a shared

vision and pursuing common goals based on common interests (McKee et al., 2008). Moreover, collaboration is the ability to involve others from diverse backgrounds in a mutually beneficial and accountable manner to find creative solutions and reach agreed-upon goals (Garcia, 2013; Hansen, 2009).

Leaders who communicate and model the behavioral intent of collaboration and bringing stakeholders together can find common interests even if there are different personalities. Cramton (2002) stated that collaborative thinking leads to cognitive collaboration and connection to identify and find common ground. Collaboration in leadership is necessary for bridging stakeholders while closing the gap difference because of a lack of understanding or knowledge and maintaining objective and independent ideas (Schot et al., 2020). Schot et al.(2020) indicated that collaboration between intradepartmental collaboration between health care providers from different sectors reduces the gap between professional differences and perspectives related to patient care.

Additionally, according to Thomas et al. (2004), mutual empowerment of others establishes a behavioral enrichment that accentuates coherence and steadiness while promoting others over self in leading to a desired positive outcome. In addition, the importance of collaboration in establishing collaborative activities allows the leader to guide others toward a collective vision-based enterprise-wide drive and information sharing (Waugh & Streib, 2006; Williams, 2015). The premise of collaboration and moving toward a collective and desired outcome is particularly important for successful conflict resolution (Mohr & Spekman, 1994). For collaboration to be effective in producing a desirable outcome between individuals, the individuals must recognize and acknowledge different perspectives of the problems that exist, and the difference must be

communicated to allow for a collaborative movement toward a desirable outcome (Leever et al., 2010; Marek et al., 2015).

Emotional Intelligence

Emotional intelligence is awareness of one's emotions and others' emotions, which direct one's activities in behavioral management and relationships (Bradberry & Greaves, 2009). Understanding the fundamental principle of emotional intelligence would allow an individual to effectively manage the relationship and behavior of the followers (Bradberry & Greaves, 2009; Goleman, 2011; Hellriegel & Slocum, 2011). Furthermore, self-awareness realizes one's limitations and abilities, and understanding what factors would trigger the emotions of others and self would contribute to successful leadership (Cavallo & Brienza, 2002; Goleman, 2009). Therefore, leaders who can recognize and comprehend the emotions of others and themselves can adeptly manage the relational behaviors of others, thus leading to a more significant contribution to the overall performance of the followers (Bradberry & Greaves, 2009; Goleman, 2011). The ability to leverage emotional intelligence traits to build and manage relationships and social skills helps with communication and establishing collaborative arrangements (Barczak et al., 2010). Barczak et al. (2010) indicated that leaders' application of emotional intelligence improves team dynamics and produces collaborative team capabilities. Accordingly, building and managing relationships are essential in determining and establishing common ground (Goleman, 2009; Martinez, 2020).

Ethics

Ethics is a principle that guides and directs one's cognitive and emotional behavioral conduct derived from one's cultural values and morals (Ciulla, 1995). Additionally, an individual's ethical judgment predicts ethical decision making

contingent on the issues (Sparks & Pan, 2010). Therefore, leaders' moral decisions of

fairness and justice are based on their ethical judgment based on their interpretation of

what is morally right or wrong (Mudrack & Mason, 2013). The leader's choice is to make

the moral decisions that allude to and demonstrate their ethical behavior. This moral

behavior leads to making choices and acting according to written and unwritten rules and

practices of human conduct, which support the common good of individuals and groups

(April et al., 2010; Ciulla, 1995; Soltis et al., 2005). Sims (1992) defined ethical behavior

as when an individual's behavior in a situation is accepted as being good or right as

opposed to wrong or bad.

The leader's moral character is critical in demonstrating good communication,

fostering relations, and reinforcing decision-making processes that will allow leaders and

stakeholders to engage in a collective pursuit of a common goal (Thomas et al., 2004).

Consequently, leaders are held to higher ethical standards as they are tasked to make

complex decisions. The application or reliance on moral principles leads to a clear and

influential directive in supporting the common good of the individuals because they are

the primary influencer on ethical conduct and behaviors (Mihelic et al., 2010; Thomas et

al., 2004). Leaders who present and uphold ethical behavior are the primary motivators

on establishing organizational norms in which the followers will routinely act ethically

(Thomas et al., 2004). Ethical leaders set cultural norms within the organization that

foster and expect principled actions by which ethical behavior becomes the standard.

Furthermore, ethical leaders who practice leadership with authenticity, honesty,

and moral value lead to the development of trust and just culture in the organization

allowing for equitable facilitation of resolving conflicts ethically (Barry & Robinson,

2002; Ciulla, 1995). Furthermore, ethical leadership is essential for resolving follower

conflict as ethical leaders are trusted and respected by the followers, leading to increased

collaboration and avoidance of potential conflict (Babalola et al., 2018). A. Wong et al.

(2019) further stated that ethical leaders manage conflict by fostering trust and

collaborative conflict management and resolution. Hence, to foster trust, a leader must

not be swayed by personal interests but be objective and remain unbiased to create an

environment that will foster a common ground as leaders are seen as trustworthy.

Additionally, the leader has an ethical responsibility to decide for or against it even

though the consequences of such a decision may be unfavorable (Rahim, 2002).

Problem Solving

Problem solving is the means of solving an issue through the process of finding a

suitable remedy by assessing the situation and implementing an intervention or a solution

to the problem (Harvey et al., 2002; R. Mayer & Wittrock, 2006). The process of

analyzing and finding a resolution to a simple or complex problem may not be solved by

one individual but by collaborative and collective efforts. If there are no collaborative

efforts to identify the disposition by the individuals, the disposition will create a barrier

that will impede the individuals from finding a common ground to produce a

breakthrough result. By identifying the disposition of the problem, the problem may be

solved by developing and implementing a process to arrive at an acceptable resolution by

the individual or group (Bentzen et al., 2020; Puncochar, 2013). Consequently, leaders

explore various and suitable solutions that would resolve the problem to address the

needs of the individuals (Harvey & Drolet, 2005). The exploration of solutions or

interventions is made after assessing the environment in which the problem occurred or

impediment of progression. For example, chief nurse executives must assess and evaluate

the current environment or condition that hinders or impedes forward progression leading to delivery of care or organization prior to implementation of any solution.

To resolve a problem, the individuals within the group must acknowledge the individual dissimilarities and similarities (Jablokow, 2008). Acknowledging and identifying differences or similarities is a step to creating and facilitating a trusting and collaborative relationship, which allows for effective communication and problem solving. According to Carmeli et al. (2014), leaders who can cultivate a creative problem-solving environment that will permit a process of requesting, giving, receiving, and providing feedback would create an environment of problem solving. According to Harvey et al. (2002), there is a six-step process to resolving a problem. The six-step process is the mindset, problem definition, solution criteria, possible solutions, solution choice, and implementation. The mindset process is to identify the stakeholders to identify and define the problem. Including all stakeholders will ensure that all issues, barriers, and challenges are identified and addressed. The second step in problem solving is to define the problem or identify the root cause of the problem. The discovery and recognition of the problem allow the stakeholders to affirm the problem collectively. The third process is the solution criteria or specifying various solutions that will provide the most effective means of resolving the problem. The fourth step of the process is the possible solution, in which the stakeholders specify, list, and develop all the plausible and alternative solutions. Next, the stakeholders should assess each solution related to the problem and decide on one viable solution. If there is more than one potential method of resolving the problem, the stakeholders should merge the elements of the potential solutions. The fifth process is the solution choice or selection of the solution when all the solutions are prioritized from most effective to least effective based on feasibility and

implementation. The final step of the Harvey et al. problem-solving process is implementation. During the implementation phase, the stakeholders must actively be involved and aware of the implementation to ensure the desired outcome is achieved and maintained. It is essential that all stakeholders are directly and actively involved in the problem-solving process to resolve the problem because the decision made by the stakeholders will impact the outcome.

Shared Interest

Conflicts can be managed if a commonly identified issue or shared interest, a need that creates the conflict in a situation, is determined and addressed (Furlong, 2020; Rahim, 2002). For example, conflict could arise as a result of parties' disagreements in interests, ideology, or perspectives on the transaction or activities (Rahim, 2002). However, conflict can be resolved or managed if the common or shared interest is identified and a progression toward a resolution is taken toward resolving conflict between parties. To find a viable solution, the stakeholders must initiate communication and be willing to exchange information of shared interest (Zhao & Rosson, 2009). The communication and exchange of information between the stakeholders will foster a collaborative environment of cooperation and agreement that will lead to discovering shared interests to produce breakthrough results.

Shared interest is an approach that allows people on different sides of a contentious issue to see the values and interests of others and develop creative options that will meet those interests in a mutually beneficial way without jeopardizing their interests or values (Burton, 1990; Coleman, 2014; Kriesberg, 2012; Susskind & Cruikshank, 2006; Ury, 1993; Väyrynen, 2003). There must exist a shared interest between the individuals in identifying a course of action to procure a solution that is

mutually beneficial to the individuals to resolve a problem or conflict. Hence, as an exemplary leader, identifying the mutually shared interest between the parties is essential to finding a tangible solution in establishing common ground to produce breakthrough results.

Conclusions

Literature review in the health care and nursing profession showed that only select strategies, such as communication and emotional intelligence, are used to resolve conflict, rather than all six domain of conflict transformational strategies collectively by chief nurse executives. Further research showed the importance of using all six domain variables or a combination of any of the six domains in finding common ground in establishing breakthrough results. Research further showed that an effective leader would use a combination of the six domains to shift and transform conflict between parties to an agreeable mindset of identifying and establishing a common ground to achieve a breakthrough result. It should be noted that this study was necessary because it addresses how exemplary chief nurse executives could use the six domains for transformational conflict strategies to achieve breakthrough results.

There is literature on finding common ground in mitigating conflict and using any of the six domains of conflict transformational strategies to produce breakthrough results. There is, however, a gap in the literature on their application to exemplary nursing leaders in the health care profession in using the six domain of transformational conflict strategies to produce breakthrough results. Although works of literature exist related to communication and emotional intelligence, for example, regarding conflict resolution, an extensive literature review resulted in a lack of literature on how exemplary chief nursing officers would use the six domains of conflict transformational strategies and common

ground to resolve and manage conflict in health care (Smiley, 2018; Walczak & Absolon, 2001).

Synthesis Matrix

A synthesis matrix is a chart that allows the researcher to organize the literature reviewed in its application to the study to help align the research articles with the variables being considered for the study. A complete matrix integrates all the different resources to facilitate information on the research study topic (see Appendix A).

CHAPTER III: METHODOLOGY

Chapter III describes the phenomenological methodology used in this study, which aimed to determine how exemplary chief nurse executive leaders in acute care hospitals find common ground using the six domains of conflict transformational strategies in resolving conflicts. In addition, the study focused on the lived experiences of exemplary chief nurse executives (McMillan & Schumacher, 2010; Patton, 2015).

Purpose Statement

The purpose of this phenomenological method study was to identify and describe strategies that exemplary chief nurse executive leaders use to identify and establish common grounds to produce breakthrough results in healthcare by using the six domains of transformational conflict strategies: collaboration, communication, emotional intelligence, ethical behaviors, problem solving, and shared interest.

Research Questions

Central Question

What are the lived experiences of exemplary chief nurse executive leaders in establishing common ground and producing breakthrough results by engaging in elements of the six domains of conflict leadership strategies?

Subquestions

1. How do exemplary chief nurse executive leaders use communication to create common ground and breakthrough results?

2. How do exemplary chief nurse executive leaders use collaboration to create common ground and breakthrough results?

3. How do exemplary chief nurse executive leaders use emotional intelligence to create common ground and breakthrough results?

4. How do exemplary chief nurse executive leaders use ethical behavior to create common ground and breakthrough results?

5. How do exemplary chief nurse executive leaders use problem solving to create common ground and breakthrough results?

6. How do exemplary chief nurse executive leaders use shared interests to create common ground and breakthrough results?

Research Design

To illustrate how exemplary chief nursing executive leaders establish a common ground to produce breakthrough results in resolving conflicts by using the six domains of conflict leadership strategies, the research design methodology used for this thematic study was a qualitative phenomenological inquiry methodology. Qualitative research was used because the research necessitated asking the research participants about what transpired in their lived experiences and thus allowed me to obtain understanding and awareness to the participant's lived experiences.

According to Smith (2002), methodology provides an explanation of the method and procedure to provide a substantial method or direction to conducting the research. The research methodology used for this thematic research study that provided a method, approach, and procedure was phenomenological inquiry methodology (Austin & Sutton, 2014; Smith, 2002). The qualitative phenomenological inquiry methodology concentrates on the lived experiences of the participants to explain phenomena from the individuals' perspective obtained from questionnaires and interviews (McMillan & Schumacher, 2010).

The phenomenological inquiry endeavored to recognize and acknowledge the sense of common expressive significance of the lived experiences of the individual or

group participants rather than the differences (Austin & Sutton, 2014; Patton, 2015). The phenomenological inquiry methodology provided the researcher the ability to recognize and appreciate the subjective and lived experiences in which the participant's behavior led to achieving a phenomenon of producing a breakthrough result from the participant's individual perceptive even though the participants may have shared a common day-to-day experience (Austin & Sutton, 2014). Thus, the phenomenological inquiry methodology strives to investigate the lived experiences of the exemplary chief nursing executives in applying the six conflict transformational strategies in finding a common ground to produce breakthrough results by comprehending the individuals' experiences, behaviors, interactions, attitudes, and beliefs (Pathak et al., 2013).

Population

The group from whom the result from the study could be generalized based on specific conditions is identified as the population (McMillan & Schumacher, 2010). The population is further defined and expressed by Patten and Newhart (2018) to include a group of individuals whom the researcher wishes to describe and explain. The population for the study is derived from the total number of general acute care hospitals in Southern California. There are 195 general acute care hospitals in Southern California at the time of this study (California Department of Health and Human Services, 2022). A chief nursing executive is assigned to each acute care hospital to oversee the acute care hospital's clinical and administrative operations related to patient care and direct and indirect ancillary staff. The population does not consider chief nurse executives who oversee long-term subacute care and hospice facilities.

Sampling Frame

The sampling frame identified for the phenomenological study was the exemplary chief nurse executives leading acute care hospitals in Southern California, specifically from Los Angeles County, Orange County, and San Diego County. A sampling frame is generally a group of individuals from a larger population from which a sample group may be acquired (McMillan & Schumacher, 2010). A sample group or participants is a group of individuals who have been explicitly identified to participate in the study.

A target group is determined for the efficiency and practicality of the study. A study of a large population group may be unreasonable and unpractical because of logistics and availability of resources, including financial resources. The sampling frame for this study was the eight exemplary chief nurse executives from eight independent acute care hospitals in Southern California. Based on the data obtained from the California Department of Health and Human Services (2022), there were 195 chief nurse executives in Southern California at the time of this study. Of the 195 chief nurse executives, eight were selected within the geographical areas of Los Angeles County and Orange County in Southern California.

Sample

A sample is a group of participants selected from the target population for the study. The information is compiled and generalized and can be obtained to collect specific data and analysis (McMillan & Schumacher, 2010; Patton, 2015). The sample for this study included eight exemplary chief nursing executive leaders selected from acute care hospitals in southern California, specifically from Los Angeles County and Orange County. The selected eight chief nurse executives represented the exemplary chief nurse executives sample for this study (Roberts, 2010). The study used nonprobability sampling

consisting of purposeful sampling (Patton, 2015). Unlike probability sampling, the preferred sampling methodology, the individual population participants do not have the same or equal opportunity for being selected or participating in the study in nonprobability sampling (Acharya et al., 2013; Etikan et al., 2016). In probability sampling, each participant from the population has the same and equivalent chance of being chosen for the study. Furthermore, the selection of the participation from the population is based on the subjective bias of the researcher (Acharya et al., 2013).

Purposeful sampling is a commonly used method in qualitative research to provide information-rich data derived from limited resources (Creswell & Poth, 2016; Patton, 2015). Purposeful sampling allows the researcher to select the individual participants based on the researcher's knowledge and judgment of the intentional comprehension of the study (McMillan & Schumacher, 2010; Patton, 2015). Furthermore, the purposeful sampling allows the selection of participants such as exemplary chief nurse executives who meet the research study criteria of having the knowledge and experience regarding the phenomenon of interest (Creswell & Plano Clark, 2011). The participants' experience and knowledge are essential to the phenomena of interest because the participants can share, communicate, and provide explicit and meaningful information-rich data.

Instrumentation

The instrument used to gather pertinent data for the research was a list of interview questions based on the primary research questions and purpose statement (see Appendix B). The research questions were designed to obtain qualitative data based on the semistructured interview questions (see Appendix C). The semistructured interview format and questions provides for a comparable data collection that is reliable in

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qualitative research (Cohen & Crabtree, 2006). Furthermore, the semistructured interview empowers the participants with the flexibility and freedom to convey and communicate their perspective of lived experiences freely without constraints. Thus, the researcher is able to collect qualitative data by investigating the participants' beliefs, expressions, behaviors, or emotions on a specific research topic. The data collected from a semistructured interview format and questions provided in-depth information from exemplary leaders addressing how six transformational conflict strategies are used to find common ground in resolving conflict. It should be noted that the researcher acts as an instrument in qualitative research because the researcher collects data during the interview from the participants based on their behavior and his evaluation of the respondent's answers (Patton, 2015).

The interview questions were developed in collaboration with six members of the thematic team including the panel of faculty advisors on the research study. The interview questions, which are semistructured to impetrate participants' responses, were developed to complement the study's research questions and purpose statement. Accordingly, the alignment table (Appendix D) was used to construct and provide substance to the interview questions, which address the six domains of transformational conflict strategies. The interview questions were constructed from the literature review to support the research questions.

The developed interview questions, including probe questions, were presented to the faculty advisors and thematic group members for feedback and revised for use. The purpose of the probe question was to solicit further clarification of the participant's response to the interview questions and to ascertain the deeper comprehension and sense related to finding common grounds to produce breakthrough results by using the six

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domains of transformational conflict strategies. The participants were interviewed by referencing the interview questions developed and composed by peer researchers who were a part of the thematic research team. The interview questions focused on the six domains of conflict transformational strategies and their relation to finding common ground to achieve a breakthrough (see Appendix C). The six domains are ethical behaviors, shared interest, emotional intelligence, problem solving, collaboration, and communication.

Field Testing

The purpose of the field test is to reduce the partiality and give or assure the instrument's validity and reliability (McMillan & Schumacher, 2010). The six peer researchers conducted the field test on their respective exemplary leaders who were not included in the sample for the research study and who met the delineation criteria. The subjects for the field tests were conducted in person or virtually using a remote conferencing platform, such as Zoom. The process for the field test was conducted by

1. identifying the participant for the field study who would not be included in the study;

2. providing interview questions (see Appendix C) that were developed by the thematic members and faculty advisors to the participant and observer for the field test;

3. providing the participant (see Appendix E) and observer (see Appendix F) with their respective feedback forms. The intent of the feedback form was to obtain feedback on the length of the interview and on the quality, appropriateness, and clarity of the interview questions.

The feedback received from the participants and observers obtained from each of the thematic members was reviewed and presented to the faculty advisors for further advice to modify and ameliorate the interview and probe questions.

Validity and Reliability

Validity and reliability are key indicators of the quality of a measuring instrument. Instrument validity is constructed to measure what it is meant to measure (McMillan & Schumacher, 2010; Patton, 2015). Reliability is the consistent measurement and evaluation of events over time that will produce the same result by the instrument (Roberts, 2010). The validity and reliability section describes the process used to establish and support validity and reliability in the instrument used to collect and analyze the data for the study.

Validity

Validity is determined by the extent to which the instrument produces the result of what it was constructed to measure (McMillan & Schumacher, 2010). The process used in instrument validation was to determine the instrument's reliability and credibility and minimize bias that may encumber its validity (McMillan & Schumacher, 2010; Roberts, 2010). The instrument for the study, particularly the questions, was developed by the thematic research team and reviewed by the thematic chair. In addition, the instrument's validity was reviewed and examined by peers and scholars on the thematic team, thus reducing plausible bias (McMillan & Schumacher, 2010).

Reliability

The reliability of an instrument is measured by the extent to which the instrument performs and produces the same result consistently when used repeatedly (Roberts,

2010). The instrument's reliability was established using data's internal and intercoder reliability.

Internal Reliability of Data

Internal reliability is the process of assessing the consistency in the data collection. The peer thematic research team appraised the interview questions to create a trustworthy standardized instrument for the application. The instrument's validation process supported the internal reliability mainly because the data were collected consistently by the thematic research team.

Intercoder Reliability

Because there is a risk of researcher bias because the researcher is an instrument, the intercoder reliability reduces the risk of bias (Patton, 2015). Intercoder reliability is achieved if more than two different researchers agree on how the data should be coded (Creswell & Creswell, 2017; Patton, 2015). In addition, intercoder reliability is achieved if the acceptance rate results in 8% or greater based on 10% of the coded data (Lombard et al., 2010).

Data Collection

The interview was the primary methodology used for data collection. However, before data collection, a field test was conducted to clarify and revise the interview questions, and approval from the UMass Global Institutional Review Board (IRB) was obtained. The field testing allowed the thematic research members and the faculty advisors to measure the questions' effectiveness in getting the respondents' lived experiences. Furthermore, the field test allowed the thematic team members and faculty advisors to revise the interview and probing questions, if needed, for clarity. Furthermore, to increase the measure of validity and creditability of the data for this study,

triangulation method, which includes observation, interviews, and artifacts, should be used (McMillan & Schumacher, 2010; Patton, 2014).

Institutional Review Board

The IRB's approval is required to proceed with the data collection for the study. The IRB reviews the standard protocol of the research to ensure participants' safety and confidentiality are ensured. Furthermore, the IRB reviewed the research process to ensure that the research complied with ethical principles and regulatory guidelines related to the research and participants' involvement with the research study. Upon receipt of approval from the IRB (see Appendix G), the process of collecting data could move forward by conducting interviews with the participants. All the participants were provided an Informed Consent (see Appendix H) and Bill of Rights documents (see Appendix I) prior to participating. The research and interviews were not completed, nor was data collection conducted from the participants, without first obtaining approval from the IRB and the consent from the participants.

Interview

Data collection was conducted through personal interviews in person or through Zoom of the chief nurse executives, and artifacts were gathered as needed. For the interviews, three qualitative variations of the interview methods were considered: the open-ended, the conversational, and the general interview guide (Patton, 2015). The open-ended interview method was used to gather the information to address the use of the six domains of conflict transformational strategies (see Appendix C). The open-ended interview method allowed the respondents to respond in their words and elaborate on what is essential to their approach to conflict resolution. More importantly, the interview

allowed the individual exemplary chief nursing executives to share their lived experiences.

The interview questions, including probing questions, were reviewed and standardized before use by the thematic research members and faculty advisors. The rationale for creating standardized questions and the verbiage used for each question was to create a consistent application, inquiry, and response from the participants. The probing question sought to obtain an in-depth response and feedback from the respondents to augment and elaborate on the respondent's initial response to the interview question.

Artifacts

Artifacts were collected when appropriate and, if needed, from the institution where the chief nurse executive was employed to help understand the interview and data analysis. In addition, artifacts provide a tangible illustration of evidence and information about the individual's and organization's values and culture and to reinforce the use of the six conflict transformational strategies in finding common grounds to produce breakthrough results (McMillan & Schumacher, 2010; Patton, 2015). Examples of artifacts included but were not limited to organizational profile and documents or social media postings that would describe the individual's achievements and actions.

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Data Analysis

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In qualitative research, the data analysis process interprets a large quality of unrefined aggregate data by identifying specific patterns and themes and placing the data in a structural format to make them sensible and comprehensible (Creswell & Creswell, 2017; Patton, 2015). Essentially, the data analysis process is an interpretative process that entails the interpretation of collected data and processing them through an analytic

induction to derive an objective conclusion. For this qualitative thematic study, the research study applied the phenomenological analysis methodology to obtain the participants' lived experiences. The interpretive process or data interpretation is deducing the data to make them comprehensible and meaningful (Patton, 2015).

The raw data obtained were from the participant interviews, which included probing questions and artifacts related to the primary research questions. The information was gathered from the interview through recording of the participants and interview transcription. The recording was then transcribed and compared to the recording and interview transcription for accuracy. Themes from the interview were identified and organized using the NVivo software. The NVivo software allows data to be easily arranged, resulting in facile data analysis. The identified themes were then analyzed to connect the themes with exemplary chief nursing executives' exercise and application of finding common grounds to produce breakthrough results using the six transformational conflict strategies. Furthermore, a frequency table was developed to organize the identified themes to allow for the data to be captured.

Limitations

The study limitations were design features or methodology applied to the study that may have placed limitations or constraints on study results and generalizability that would impact the study (Roberts, 2010). The limitation factors for the study included sample size, time, and geography.

Sample Size

The sample size used for the study was based on eight exemplary nursing leaders in the nursing profession. The sample size may not have provided an accurate inferential

representation of the population. As a result, the sample size limited the expected conclusion or generalizability.

Time

Time with the chief nurse executives was limited to 60 min. Hence, time was a limitation for this study. The interview time was limited because of the chief nurse executives' schedules.

Geography

The study participants, chief nurse executives, were located in different counties in Southern California. However, the geography was a limiting factor because I was located in Orange County at the time of this study.

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Summary

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The phenomenological qualitative research study methodology was used to describe the lived experiences of exemplary chief nurse executives in the nursing profession. The study evaluated how the chief nurse executives used the six domains of conflict transformational strategies to find common ground in producing breakthrough results when confronted with conflict. Chapter III included the purpose, research questions, research design, population, sample criteria, instrumentation, data collection, data analysis, and study's limitations. Chapter IV includes data findings and descriptions. Finally, Chapter V provides study result synthesis, conclusion, and future study recommendations.

CHAPTER IV: RESEARCH, DATA COLLECTION, AND FINDINGS

This qualitative phenomenological study explored the lived experiences of exemplary chief nurse executives to ascertain themes that contributed to how they found common ground to produce breakthrough results using the six domains of conflict transformational strategies. The peer researchers and faculty advisors collaborated extensively on the qualitative phenomenological research design that would collect rich descriptions of exemplary leaders' lived experiences in finding common ground to produce a breakthrough result using the six domains of conflict transformational strategies.

Chapter IV commences with restating the purpose statement for this study, the central research questions, and the subquestions for the research. Chapter IV further provides a brief synopsis of the research methods and data collection procedures and an overview of the research demographics. This chapter also presents a narrative of the data analysis and a summary of the key findings.

Purpose Statement

The purpose of this phenomenological method study was to identify and describe strategies that exemplary chief nurse executive leaders use to identify and establish common grounds to produce breakthrough results in healthcare by using the six domains of transformational conflict strategies: collaboration, communication, emotional intelligence, ethical behaviors, problem solving, and shared interest.

Research Questions

This study was guided by one central research question and six subquestions, one related to each of the six domains.

Central Question

What are the lived experiences of exemplary chief nurse executive leaders in establishing common ground and producing breakthrough results by engaging in elements of the six domains of conflict leadership strategies?

Subquestions

1. How do exemplary chief nurse executive leaders use communication to create common ground and breakthrough results?

2. How do exemplary chief nurse executive leaders use collaboration to create common ground and breakthrough results?

3. How do exemplary chief nurse executive leaders use emotional intelligence to create common ground and breakthrough results?

4. How do exemplary chief nurse executive leaders use ethical behavior to create common ground and breakthrough results?

5. How do exemplary chief nurse executive leaders use problem solving to create common ground and breakthrough results?

6. How do exemplary chief nurse executive leaders use shared interests to create common ground and breakthrough results?

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Research Methods and Data Collection Procedures

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A qualitative, phenomenological research inquiry framework was used for the study. In-depth interviews were conducted with eight exemplary chief nurse executives who led the organization and patient care team, including doctors, nursing staff, and ancillary patient care team, through conflict resolution to find common grounds to produce breakthrough results using the six domains. The primary construct of the data

collection for this study was completed by interviewing chief nurse executives who currently hold the position of chief nurse executive for the organization.

Interview questions (see Appendix C) were presented to discover how common ground was identified and used to produce breakthrough results when conflict arises. The interview questions consisted of 12 open-ended, semistructured scripted questions for each of the six domains: communication, collaboration, emotional intelligence, ethical behavior, problem solving, and shared interest. Each of the questions was designed by peer researchers and faculty advisors.

The participants who agreed to participate in the research were given an invitation letter, which described the purpose of the study. Additionally, the participants were provided with the Letter of Invitation to Participate (see Appendix J), and Research Inform Consent Form (see Appendix H), and the Research Participant's Bill of Rights (see Appendix I) prior to the interview and data collection via email. I adhered to the university's protocol regarding participant confidentiality.

Interviews with the participants were held via Zoom, a virtual video meeting platform. During the interview, probing questions were asked to obtain further detailed information on their lived experiences. Each interview lasted 45 to 50 min. In addition to the digital recording, artifacts, such as meeting minutes, were gathered to support the research and data collection. In addition, coding of the interview transcripts and artifacts were coded for themes.

Population

The population for the study was derived from the total number of general acute care hospitals in Southern California. There are 195 general acute care hospitals in Southern California (California Department of Health and Human Services, 2022). A

chief nursing executive is assigned to each acute care hospital to oversee the acute care hospital's clinical and administrative operations related to patient care and direct and indirect ancillary staff. The population did not include chief nurse executives who oversee long-term subacute care and hospice facilities.

According to McMillian and Schumacher (2010), a population is a group from whom the study results can be generalized based on specific conditions and stipulations. The population was further defined and expressed by Patten and Newhart (2018) to include a group of individuals with whom the researcher is captivated and interested in describing and explaining.

Sampling Frame

The sampling frame identified for the phenomenological study was the exemplary chief nurse executives leading acute care hospitals in Southern California, specifically from Los Angeles County, Orange County, Riverside County, and San Diego County. A sampling frame is generally a group of individuals from a larger population from whom a sample group may be acquired (McMillan & Schumacher, 2010). A sample group or participants is a group of individuals who have been explicitly identified to participate in the study.

A target group for the research was determined for its study efficiency and practicality because a large population group may make logistics and use of resources unreasonable and impractical. Therefore, the sampling frame for this study was the eight exemplary chief nurse executives from eight independent acute care hospitals in Southern California. Based on the data obtained from the California Department of Health and Human Services (2022), there were 195 chief nurse executives in Southern California at

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the time of this study. Of the 195 chief nurse executives, eight were selected within the geographical areas in Southern California.

Sample

For this research, purposeful sampling was used to provide information-rich data from select individual participants who could provide efficacious and valuable information (Creswell & Poth, 2016; Patton, 2015). Furthermore, purposeful sampling allows for the select participants, such as exemplary chief nurse executives, who meet the research study criteria of having the knowledge and experience regarding the phenomenon of interest (Creswell & Plano Clark, 2011). The participants' experience and knowledge were essential to the phenomena of interest because the participants shared, communicated, and provided detailed and meaningful information-rich data.

A sample is a group of participants selected from the target population for the study from whom the information for the study can be compiled, generalized, and collected for analysis (McMillan & Schumacher, 2010; Patton, 2015). The sample size of eight was determined to be appropriate for the study by the peer researchers and faculty advisors for data collection and facilitation of data analysis to provide meaningful and enriched conclusions.

The sample for this study included eight exemplary chief nurse executive leaders selected from acute care hospitals in southern California, specifically from Los Angeles, San Bernardino, Riverside, San Diego, and Orange County. The selected eight chief nurse executives represent this study's exemplary chief nurse executive sample (Robert, 2010). The criteria that the exemplary chief nurse executives were required to meet to be eligible for the study participants were

1. evidence of successful relationships with stakeholders,

2. evidence of breaking through conflict to achieve organizational success,

3. five or more years of experience in that profession or field,

4. evidence of having written, published, or presented at conferences or association meetings,

5. recognition by their peers, and

6. membership in associations of groups focused on their field.

The study also used purposeful nonprobability sampling (Patton, 2015). Unlike probability sampling, the preferred sampling methodology is nonprobability sampling, the individual population participants do not have the same or equal opportunity for being selected or participating in the study (Acharya et al., 2013; Etikan et al., 2016). In probability sampling, each participant from the population has the same and equivalent chance of being chosen for the study. Furthermore, the selection of the participants from the population is based on the subjective bias of the researcher (Acharya et al., 2013).

Demographic Data

All participants were provided pseudonyms to ensure confidentiality. The participants met or exceeded this study's selection criteria (see Table 1). Table 1 shows the eight participating exemplary chief nurse executives who have shown the ability to resolve conflict to ensure organizational success and continuity to ensure delivery of safe and quality patient care. The participants showed evidence of building and maintaining a successful relationship with the stakeholders, achieving breakthrough results during a conflict to ensure organizational success, and being recognized by their peers. Furthermore, the participants had a minimum of 5 years of experience in the field, provided oratory evidence of resolving conflicts between two individuals or groups, had

presented within the organization, and had a membership in associations of groups focused in their respective fields. Table 2 shows the participant's general demographic information, such as age, gender, and years of experience.

Table 1

Qualifying Criteria for Exemplary Chief Nurse Executive

Participant	1	2	3	4	5	6	7	8
Evidence of successful relationships with stakeholders	✓	✓	✓	✓	✓	✓	✓	✓
Breaking through conflict to achieve organizational success	✓	✓	✓	✓	✓	✓	✓	✓
Five or more years of experience in that profession or field	✓	✓	✓	✓	✓	✓	✓	✓
Written, published, or presented at conferences or association meetings	✓	✓	✓	✓	✓	✓	✓	✓
Membership in associations of groups focused on their field	✓	✓	✓	✓	✓	✓	✓	✓
Recognized by their peers	✓	✓	✓	✓	✓	✓	✓	✓

Note. Qualifying chief nurse executives must have met at least three of the six criteria.

Table 2

Demographic Information for Study Participants

Participant	Age range	Gender
CNE 1	60–70	Female
CNE 2	50–60	Male
CNE 3	40–50	Female
CNE 4	50–60	Female
CNE 5	40–50	Male
CNE 6	50–60	Female
CNE 7	40–50	Female
CNE 8	40–50	Male

Note. Demographic data at the time of the study. All participants have 5 or more years of experience in their profession or field.

Presentation and Analysis of Data

The findings of the study were determined using the anecdotal events of the lived experiences in response to the scripted questions presented during the individual interview. The anecdotal events were evaluated and validated with data from interviews and artifacts. Observations, which should have been included as a part of triangulation to test for validity and consistency in the findings from the data, were not possible because interviews were conducted virtually, and only artifacts were obtained from the participants. The findings were then documented based on the relationship to the central research question and subquestions.

Data Analysis

The qualitative analysis process requires raw data to identify and capture relevant patterns and themes that are significant to the study (Patton, 2015). As such, the qualitative data analysis software NVivo was used to analyze the data to identify themes and draw relevant conclusions. NVivo is a software application tool for data coding, storage, and retrieval. Data analysis consisted of placing key phrases and ideas from the interviewed transcription to create a corresponding code to create a theme. The corresponding code correlated to the six conflict transformational strategy domains. The researcher derived the meaning and interpretation of the findings based on the code. Based on the analysis result, I was able to understand how exemplary chief nursing executives find common ground to produce a breakthrough result using the six domains of conflict transformational strategies.

Reliability

The reliability of an instrument used for the research was measured by the extent to which the instrument performs and produces the same result consistently when used

repeatedly (Roberts, 2010). The instrument used to obtain the data was based on the interview questions to the central research question and subquestions that peer researchers and faculty advisors reviewed. Additionally, intercoder reliability was used to reduce the risk of researcher bias because the researcher is an instrument (Patton, 2015). Intercoder reliability was achieved by having more than one researcher agree on how the data should be coded (Creswell & Creswell, 2017; Patton, 2015). Intercoder reliability is obtained if another researcher codes 10% of the data from the primary researcher and an 80% or greater acceptance agreement and reliability on the data coded is achieved (Lombard et al., 2010). For example, a peer researcher reviewed 10% of the coded data, which resulted in a greater than 80% acceptance rate, thus indicating that the coded data was reliable.

Central Question and Subquestions Data

The central question and subquestions organize the data analysis and results of the study. The central question analysis and data provide a general overview of the major theme frequencies for the themes identified. The subquestion analysis of data provides the findings and interpretations of how the chief nurse executives produced breakthrough results by finding common ground when using the six domains for conflict transformational strategies.

Central Question

The central research question for the study examined, "What are the lived experiences of exemplary chief nurse executive leaders in establishing common ground and producing breakthrough results by engaging in elements of the six domains of conflict transformational strategies?" As part of the interview process, participants were asked to provide examples of the types of conflicts they experienced, which provided the

construct of the themes. Figure 1 presents examples of types of conflict identified by the chief nurse executives.

Figure 1

Types of Conflict Experienced by Chief Nurse Executives

Types of Conflict
• Conflict between senior executives (chief executive officer, chief financial officer) and boards
• Conflict with directors related to directive from senior executives
• Conflict with doctors and other providers related to patient care
• Conflict with frontline bedside nurses related to patient care
• Conflict between units related to bed placement and patient care
• Conflict with patient care team related to quality of care and patient safety
• Conflict with ancillary care team related to patient care and collaboration between other care team
• Conflict with patient and patient's caretaker
• Conflict related to budgeting, resource availability, and resource allocation
• Conflict resulting from miscommunication and lack of collaboration

Types of Conflict Identified by Exemplary Chief Nurse Executives

Rahim (2017) stated that inevitable conflict is a natural outcome of human interactions. Consequently, to manage and resolve conflict, there must be a collaboration of communication, information exchange, and identifying and examining differences and shared interests between the discerning parties to reach an acceptable solution. Figure 1 provides examples of conflicts experienced by the study participants. Most of the conflicts, if not all, revolve around providing and delivering safe patient care. Conflicts with operational teams could have an indirect impact on the patient care team, which ultimately has an impact on patient care. The chief nurse executive is responsible for ensuring that the acute care hospitals are running at their optimum to make sure the patients are cared for in a timely and safe manner. Additionally, they are also accountable

for ensuring the delivery of patient care is at its optimum, which entails adequate availability of resources and staffing, for example.

An unresolved conflict involving the delivery of patient care can negatively affect patient care (Sexton & Orchard, 2016). Hence, organizationally, it is the chief nurse executive's responsibility and accountability to provide explicit directives to the patient care team that includes both the health care providers and ancillary non-health care team to ensure the delivery of quality and safe patient care (McKibben, 2017; Scott & Gerardi, 2011). For example, one chief nurse executive had to resolve a conflict from different medical units regarding the triage of patients to ensure adequate and proper care was delivered instead of creating a delay in care. Moreover, the chief nurse executive is also accountable for ensuring there is clear and concise communication with the patient care teams to ensure good collaboration between the patient care team to prevent miscommunication and medical mismanagement that could harm or injure the patients and the health care staff, such as collaboration between the medical provider and nursing staff on patient care (Scott & Gerardi, 2011; Sexton & Orchard, 2016). The delay in collaboration between the health care team could also create conflict between the patient and caretakers. Consequently, chief nurse executives must use transformational strategies to resolve conflicts among health care and ancillary stakeholders to provide and deliver quality and safe patient care to the patient and the community (McKibben, 2017).

Central Question Results

After review and analysis of the data, 20 major themes were derived from the coded data on how exemplary chief nurse executives used the six domains for conflict transformational strategies to find common ground to produce breakthrough results with two or three themes per domain. The six domains of conflict transformational strategies

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are communication, collaboration, emotional intelligence, ethical behavior, problem solving, and shared interest. The collected data from each of the six domains of conflict transformational strategies were used to obtain an outcome to support the research composition. Major themes were derived from each of the six domains of conflict transformational strategies. The themes were included as a part of the data if the minimum of five out of eight participants (62.5%) referenced the theme during the interview (see Table 3). Additionally, the frequencies identified for each of them and included in the data represented a minimum of 10% or more of the total frequencies coded within a domain.

Table 3

Major Themes for Each Domains

Conflict domain	Major themes
Communication	3
Collaboration	4
Emotional intelligence	3
Ethical behavior	3
Problem solving	3
Shared interest	3

The total frequencies referenced for each of the domains include frequencies identified from the two sources, which are the interview and artifacts, instead of three sources, which are interviews and artifacts. Observation was not possible or included in the total frequencies because interviews were conducted virtually via Zoom. Consequently, I was only able to obtain artifacts and resulting artifact frequency from the participants. As such, the total frequencies which should include frequencies from interviews and artifact do not include observation frequency.

Figure 2 shows the distribution of major themes that emerged across the six domains of conflict transformational strategies with collaboration having the most themes with four. Three major themes were identified for all other domains: communication, collaboration, emotional intelligence, ethical behavior, problem solving, and shared interest.

**Figure 2**

Major Themes by Domain
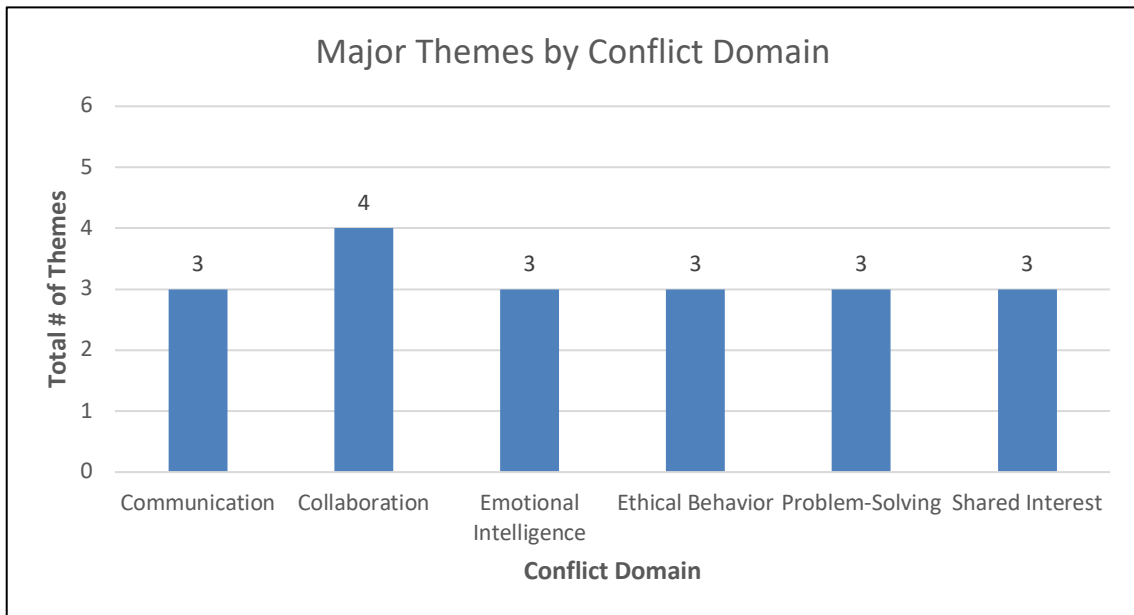
As illustrated in Figure 3, the frequencies of major themes for each of the domains show communication as a key theme expressed by the exemplary chief nurse executives as an essential component in finding common ground to produce breakthrough results. Additionally, frequencies based on major themes and subquestions are illustrated in Figure 4. Based on participants' responses, active listening for the communication domain was referenced the most out of all the themes referenced with 77 for the six domains of conflict transformational strategies. Communication is key to producing a successful outcome in conflict resolution and management (Adejimola, 2009; Mohr &

Spekman, 1994). Similarly, having proficient communication skills and the ability to communicate effectively between multi-disciplinary patient care teams will mitigate conflicts that will minimize delays in patient care (Johansen, 2012; McKibben, 2017). Additionally, communication was referenced by the participants as a critical factor used in other elements of the conflict transformational strategies in establishing common ground and producing breakthrough results. In addition, in determining the number of frequencies for each of the themes for each conflict domain, communication domain had more identified total frequencies than problem solving, 77 for communication and 46 for problem solving, respectively. Figure 4 shows the breakdown of total number of frequencies and the corresponding percentage for each of the six domains.

Figure 3

Number of Frequencies per Domain

Total Participant Responses, Frequencies, and Percentage of Frequency per Domain.
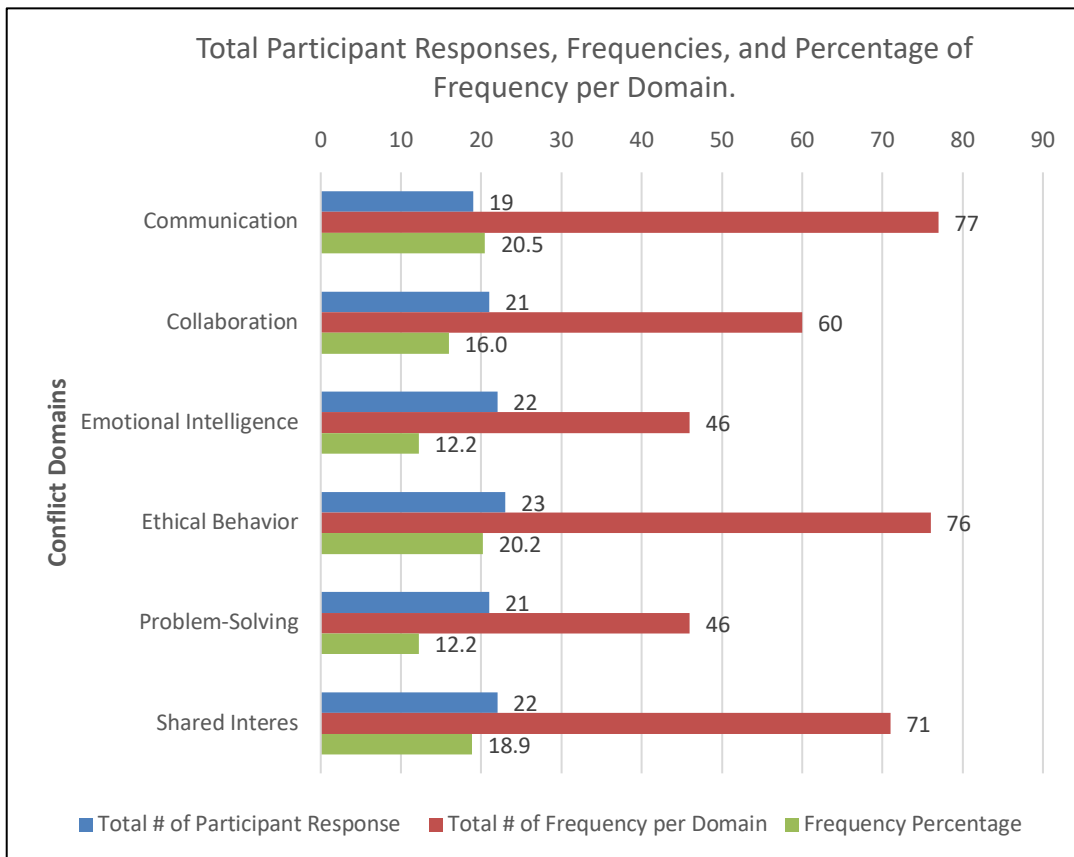
Figure 4

Subquestion Codes and Frequencies per Theme.
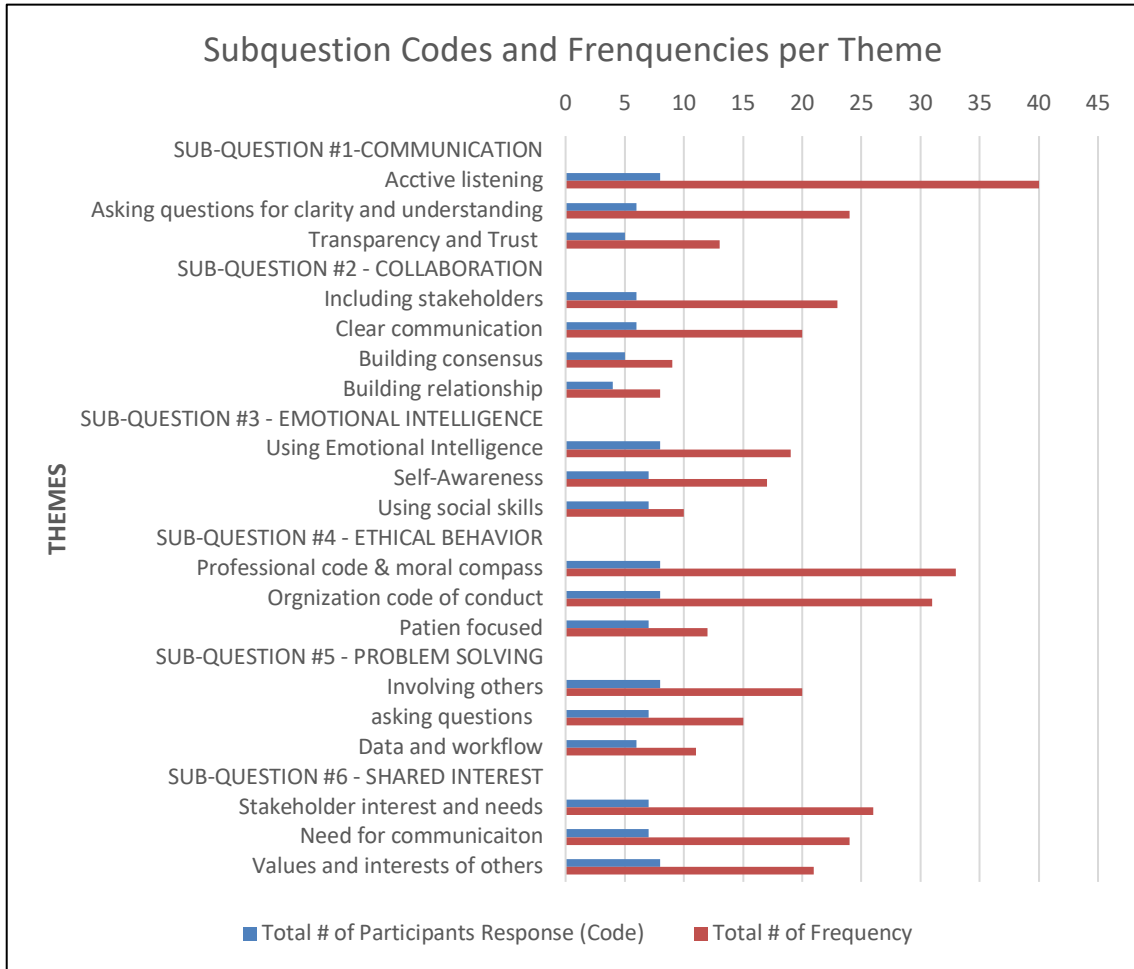
There were 376 frequencies identified from the data derived from the six domains of conflict transformational strategies (see Table 4). Of the 376 frequencies, communication had the most references, with 77 (20.5%), whereas problem solving and emotional intelligence had the least referenced, with 46 (12.2%). The second highest references, with 76 (20.2%), were ethical behavior, followed by shared interest with 71 (18.9%), collaboration with 60 (16.0%), and shared interest with 71 (14.7%). Each of the conflict transformational strategies is addressed individually.

Table 4

Overall Frequency Percentage

Conflict transformational domain	Total # of participant response	Total # of frequency (reference) per domain	Overall frequency percentage
Communication	19	77	20.5
Collaboration	21	60	16.0
Emotional intelligence	22	46	12.2
Ethical behavior	23	76	20.2
Problem solving	21	46	12.2
Shared interest	22	71	18.9
Total	128	376	100.0

Subquestion 1: Communication

How do exemplary chief nurse executive leaders use communication to create common ground and breakthrough results?

The thematic research team defined communication as transmitting and receiving verbal and nonverbal messages to create common meanings and understanding (Allen, 1958; Murphy et al., 1997; Shaikh, 2012). The communication domain had the highest references when compared to other conflict transformational domains. All participants expressed the importance of having practical communication skills in creating a common ground to produce breakthrough results.

There were 77 references to communication made by the chief nurse executives (see Table 4). They have used communication with individuals or involved groups, such as doctors, frontline nurses, multidisciplinary care teams, or unions from diverse backgrounds or interests, to identify a common ground to produce breakthrough results. The 77 references were derived from three different major communication themes which

represented 20.5% of all references derived from interviews and artifacts. Table 5 shows

the collaboration themes that were identified from the collaboration domain.

Table 5

Communication Themes

Communication themes	# of sources of themes	# of artifact sources	# of frequency from source	# of frequency from artifact	Total frequency	% of frequency
Active listening	8	0	40	0	40	51.9
Asking questions for clarification and understanding	6	0	24	0	24	31.2
Transparent communication	5	2	11	2	13	16.9
Total	19	2	55	2	77	100.0

Note. Total frequency derived from interview and artifacts.

Active Listening

There were 40 references for the communication domain theme of active

listening, representing 51.9% of all references derived from interviews and artifacts (see

Table 5). Listening is a communication skill essential to obtaining and comprehending

the topic of discussion and relating to the speaker. More importantly, active listening is

listening attentively and communicating with the intent that leads to effective conflict

resolution (Drollinger, 2018; Jahromi et al., 2016; Weger et al., 2010). Additionally,

active listening allows the listener to isolate, relate, and decipher the speaker's message

and content to recognize the intended message, find common ground, and produce

breakthrough results. Active listening is an essential skill to have and use in health care

and patient care because it engages the listener to focus on the speaker and allows them to

express their concerns (Lang et al., 2000). One participant shared, "Communication to

where the people feel heard often, like the most contentious situations … in most situations it's best to kind of be the active listener, and just to be neutral until you've heard everybody's feedback and then figure it out." Another participant shared that to deescalate a contentious situation is "to listen without interrupting and showing that you understand what they are saying, and repeating back to them what you heard." Similarly, another participant shared that "you have to be able to listen and listen more than you talk."

All eight participants shared the importance of using active listening communication skills to successfully build stakeholder relationships and effectively manage and reduce conflict. In addition, the participants concurred that active listening helps build relationships that foster the finding of common ground and produce breakthrough results.

Asking Questions for Clarification and Understanding

There were 24 references for the communication domain theme of asking questions to clarify and understanding, representing 31.2% of all references derived from interviews and artifacts (see Table 5). As a process of finding common ground to produce breakthrough results, asking clarifying questions is an effective communication skill that can be used to find solutions (Marquardt, 2014). Additionally, asking questions leads to discovery, understanding, and consensus on the issue to be resolved. One of the participants shared that clarifying questions are asked to understand the problem. Another participant shared that many questions are asked during a meeting to understand the issue better. The participants regarded the ability to ask questions as essential to their role in creating common ground with the stakeholders to produce a breakthrough result.

Transparent Communication

There were 13 references for the communication domain theme of transparent communication, representing 16.9% of all references derived from interviews and artifacts (see Table 5). Communication allows the receiver and sender to receive and send information and meaning through verbal or nonverbal transmission, which can be conducted between individuals or in a group environment. Therefore, transparent communication allows for an open communication environment that allows sharing of information and ideas openly, which engages the staff in finding a common interest when resolving conflicts. Additionally, transparency between the leaders and stakeholders is essential to building a trusting relationship (Jahansoozi, 2006). This is particularly true in health care when dealing with patients and patient care because it fosters trust, understanding, and association between nurse leaders, providers, frontline nurses, and patients (Wehmeier & Raaz, 2012). One participant shared, "I have very open communication with my team. … I think it is important again that we lay all the cards on the table and have a full and clear communication." Another participant shared what determines a good leader when it comes to communication. The participant shared,

> You are not a good leader if you are not transparent with your people.

> The participants, chief nurse executives, expressed the importance of transparency with the stakeholders as it builds trust, improves relationships, and shares ideas when finding common ground and producing breakthrough results.

Subquestion 2: Collaboration

How do exemplary chief nurse executive leaders use collaboration to create common ground and breakthrough results?

The thematic research team defined collaboration as the ability to involve others from diverse backgrounds in a mutually beneficial and accountable manner to find creative solutions and reach agreed-upon goals (Garcia, 2013; Hansen, 2009). There were 60 references to collaboration made by the chief nurse executives in which they individually collaborated with an individual or involved groups, such as doctors, frontline nurses, multidisciplinary care teams, or unions from diverse backgrounds or interests, to find a solution or address an issue to produce breakthrough results in delivering safe patient care.

The 60 references were derived from four different major communication themes, which represented 16.5% of all references derived from interviews and artifacts. Table 6 shows the collaboration themes that were identified from the collaboration domain.

Table 6

Collaboration Themes

Collaboration theme	# of sources of themes	# of artifact sources	# of frequency from source	# of frequency from artifact	Total frequency	% of frequency
Including stakeholders	6	3	20	3	23	38.3
Clear communication	6	3	17	3	20	33.3
Building consensus	5	3	6	3	9	15.0
Building relationships	4	0	8	0	8	13.3
Total	21	9	51	9	60	100.0

Note. Total frequency derived from interviews and artifacts.

Including Stakeholders

There were 23 references for the collaboration domain theme of including stakeholders, representing 38.3% of all references derived from interviews and artifacts

(see Table 6). The participants expressed the importance of including stakeholders with a vested interest in the resolution even though it may not directly impact their respective workflow. The importance of including other departments, such as engineering, is that patient care can indirectly influence their operations when changes or resolutions are finalized. One participant stated that ancillary department leaders are included in a separate panel because they can provide insight into the problem.

Including key stakeholders and others who may be indirectly impacted is essential to finding common ground to produce a positive outcome. It is important to involve individuals or groups of interest to work together collaboratively to identify potential resolutions and refine processes in finding common ground to resolve issues (Grabinger & Dunlap, 1995; Hansen, 2009; Schusler et al., 2003). Including stakeholders ensures the sustainability of any implemented global changes based on the collective resolution. A participant stated that the engagement of stakeholders in the decision-making process would result in a positive outcome. The overall consensus of the participants was that it is important to include and involve all identifiable stakeholders, including outlier stakeholders, in the communication and decision-making process in finding a solution to ensure a sustainable outcome.

Clear Communication

There were 21 references for the collaboration domain of clear communication, which represented 33.3% of all references derived from interviews and artifacts (see Table 6). Garcia (2013) and Hansen (2009) described the collaboration as the ability to involve others from diverse backgrounds in a mutually beneficial and accountable manner to find creative solutions and reach agreed-upon goals. For a mutually beneficial and agreeable solution to be derived through a collaborative effort by diverse individuals,

communication must be clear and concise between the parties to arrive at a mutually agreeable solution.

O'Daniel and Rosenstein (2008) stated that effective and clear communication enhances collaborative efforts by the team, particularly within the health care team that is providing medical care to the patients. Conversely, ineffective communication leads to inadequate team collaboration and care coordination, which can result in patient and staff harm (Lancaster et al., 2015). Accordingly, the study participants expressed that communication is vital to successful collaboration and reaching a mutually agreeable solution. One participant stated that clarifying questions are asked during a meeting to seek clarification to understand better the situation that resulted in misunderstanding or disagreement with the individual or the staff.

The participants expressed explicitly and implicitly that communication is a key factor to have a successful and cohesive collaboration between parties to produce a positive outcome. Therefore, effective communication will lead to effective collaboration that can produce a positive result. Conversely, ineffective collaboration with the patient care team or nursing leadership can be a detriment to the patient.

Building Consensus

There were 9 references for the collaboration domain theme of building consensus, representing 15.0% of all references derived from interviews and artifacts (see Table 6). Consensus is individuals' ability to agree on a shared idea or opinion to reach a mutually agreeable solution. According to Margerum (2002), building consensus among stakeholders is a required criterion for having a cohesive collaboration and resolving conflict. However, Margerum also stated that effective communication is essential to building consensus. Furthermore, consensus building requires the involvement of

stakeholders with a vested interest in the decision-making process and in the outcome of involving others in the decision-making process. One participant indicated that group consensus is sought in resolving a contentious topic. In addition, another respondent indicated that building a consensual collaborative process was done by including all stakeholders in every decision-making process.

The overall agreement of the participants was that shared agreement is required by involving stakeholders and others who may have a vested interest in the outcome to ensure cohesive collaboration in finding common ground to produce a positive outcome. Otherwise, a lack of consensual agreement would delay or hinder the collaborative efforts to find a solution.

Building Relationships

The chief nurse executives expressed the importance of collaboration between opposing parties to foster relationships and connections in finding common ground to produce breakthrough results. There were 8 references for the collaboration domain theme of building relationships, representing 13.3% of all references derived from interviews and artifacts (see Table 6). Collaboration is a process of solving problems among stakeholders or a community of people of interest from different backgrounds and experiences to work collectively to produce breakthrough results (Grabinger & Dunlap, 1995; Schusler et al., 2003). To find a mutually agreeable solution, all stakeholders with a vested interest in the outcome must be included in the decision-making process. Hence, the chief nurse executives stated that building and fostering relationships among the stakeholders is essential to producing a collaborative effort in achieving breakthrough results. Fostering and building a relationship with the stakeholders allows the chief nurse executives to work collaboratively on finding a viable solution that will produce a

sustainable result. One participant indicated that getting to know the key stakeholders in all the departments, such as physicians and directors, allows for more open dialogue in working together to find common ground to find a viable solution.

Getting to know the key stakeholders involved in a project builds and fosters a relationship, thus enhancing the collaborative efforts in finding common ground to produce breakthrough results. One respondent stated that nurse leaders must collaborate with people. Moreover, to do so, nurse leaders must be able to build relationships with their issues, interests, and needs.

VanVactor (2012) stated that developing and building a collaborative relationship with the stakeholders builds trust and a culture of success within the organization. Furthermore, active listening to understand the participant's interest builds trust in creating a collaborative relationship between the leader and participants (Aij & Rapsaniotis, 2017; Slater, 2008). Another participant indicated that one must include all participants and listen to their concerns to build relationships. The study participants expressed that to facilitate collaborative efforts to produce breakthrough results, it is important to build and foster relationships to create a trusting environment that results in a sustainable outcome.

Subquestion 3: Emotional Intelligence

How do exemplary chief nurse executive leaders use emotional intelligence to create common ground and breakthrough results?

The thematic research team defined emotional intelligence as the combination of self-awareness, motivation, regulation, empathy, and social skills that enable an individual to understand the emotions of others in social settings, allowing for the management of behavior and relationships (Bradberry & Greaves, 2009; Goleman, 2011,

2019; Hellriegel & Slocum, 2011). There were 46 references to emotional intelligence made by the participants. They have individually used elements of emotional intelligence with an individual or involved groups during a contentious situation to transform a difficult conflict into a positive breakthrough result or manage another person's behavior during a contentious situation. The 46 references were derived from three different major emotional intelligence themes, which represented 12.2% of all references derived from interviews and artifacts. Table 7 shows the emotional intelligence themes that were identified for emotional intelligence.

Table 7

Emotional Intelligence Themes

Emotional intelligence theme	# of sources of themes	# of artifact source	# of frequency from source	# of frequency from artifact	Total frequency	% of frequency
Emotional intelligence elements	8	0	19	0	19	41.3
Self-awareness	7	0	17	0	17	37.0
Using social skills	7	0	10	0	10	21.7
Total	22	0	46	0	46	100.0

Note. Total frequency derived from interviews and artifacts.

Emotional Intelligence Elements

The peer researchers and faculty advisors defined the elements of emotional intelligence to include self-awareness, motivation, regulation, empathy, and social skills. An individual can use any element or combination of all the elements to manage the behavior and relationships of others by understanding their emotions in a social setting (Bradberry & Greaves, 2009; Goleman, 2011, 2019; Hellriegel & Slocum, 2011).

There were 19 references for the emotional intelligence domain theme of emotional intelligence elements, representing 41.3% of all references derived from interviews and artifacts (see Table 7). The exemplary chief nurse executives consistently referenced emotional intelligence to communicate, comprehend, and relate to others' emotions and behaviors to create a common ground to produce a breakthrough result. For example, one participant used one of the elements, empathy, to understand the stakeholder's perspective and resistance to organizational structural change to minimize potential conflict and generate a common ground to improve the relationship between the participant and others. Another participant shared, in relation to staff retention, that if the nursing leaders showed understanding and provided a little empathy, the organization would be able to retain staff, thus increasing the retention rate.

The participants shared that demonstrating high emotional intelligence and applying the emotional intelligence elements, such as self-awareness, helps with managing relationships and creating common ground to produce breakthrough results.

Self-Awareness

There were 17 references for the emotional intelligence domain theme of self-awareness, representing 37.0% of all references derived from interviews and artifacts (see Table 7). According to Bratton et al. (2011), leaders who practice self-awareness or change their behavior to accommodate others to achieve a desired outcome or collaborate toward a collective objective are seen as efficacious leaders with effective leadership and managerial skills. One participant expressed that an influential leader should be aware of verbal and nonverbal behaviors. Additionally, a leader who lacks self-awareness may display ineffective leadership and conflict management skills. One participant shared a

similar view that emotional intelligence is essential to any successful leader. To help

others, one needs to have a good self-awareness of one's emotions to move forward.

Using Social Skills

There were 10 references for the emotional intelligence domain theme of using

social skills, representing 21.7% of all references derived from interviews and artifacts

(see Table 7). Social skills or competence are necessary for the leader to facilitate,

understand, and manage relationships with others (Melita Prati et al., 2003). For example,

one participant addressed a potential confrontation by tactfully redirecting and deflecting

the situation by requesting to reconvene after a cooling-off period. Similarly, another

participant used social skills to recognize the contentious issue and discuss it in detail

later. The cooling-off period allows the individual or group to take a break from a

contesting conflict to reduce the tension, thus allowing for a more constructive approach

to conflict resolution (Thomas, 2004).

The participants expressed the importance of using emotional intelligence and the

elements associated with emotional intelligence to reduce implied and expressed conflicts

of interest. Applying and incorporating emotional intelligence to their daily leadership

and managerial skills helped reduce potential conflicts and helped find common ground

to produce breakthrough results.

Subquestion 4: Ethical Behavior

How do exemplary chief nurse executive leaders use ethical behavior to create

common ground and breakthrough results?

The peer researchers and faculty defined ethical behavior as making choices and

acting according to written and unwritten rules and practices of human conduct that

support the common good of individuals and groups (April et al., 2010; Ciulla, 1995;

Soltis et al., 2005). There were 76 references to ethical behavior made by the participants in which ethical behavior or position of the organization or individual created common ground in producing breakthrough results. The 76 references (see Table 8) were derived from three different major ethical behavior themes, which represented 20.2% of all references derived from interviews and artifacts. Table 8 shows the ethical behavior themes that were identified for ethical behavior.

Table 8

Ethical Behavior Themes

Ethical behavior theme	# of sources of themes	# of artifact sources	# of frequency from source	# of frequency from artifact	Total frequency	% of frequency
Professional code and moral compass	8	8	25	8	33	43.4
Organizational code of conduct	8	8	23	8	31	40.8
Patient care focused & driven	7	0	12	0	12	15.8
Total	23	24	60	16	76	100.0

Note. Total frequency derived from interviews and artifacts.

Professional Code and Moral Compass

There were 33 references for the ethical behavior domain theme of professional code and moral compass, representing 43.4% of all references derived from interviews and artifacts (see Table 8). Professional code and moral compass are essential to leaders and staff, particularly in nursing and health care. A professional code of ethics provides nurses and nursing leaders with an ethical framework, guidelines, and best practices related to their roles, responsibilities, behaviors, and client judgment (Olson & Stokes,

2016; Schick-Makaroff & Storch, 2019). This approach is also applied to any ancillary staff and other service line professionals who receive care from nurses. According to Weiss et al. (2019), nursing leaders' professional behavior and conduct, as guided by the code of ethics, is an essential component of nursing practice. Therefore, chief nurse executives play an important role in creating an environment and culture of ethical practice for the nurses and other ancillary staff. The nurses' professional code of ethics can be referenced from the American Nurses Association (American Nurses Association, 2001).

One participant expressed,

Nursing is about code of ethics and it is our responsibility to ourselves as a nurse to uphold that code of ethics. So I think to a great degree, the decision we make are grounded in an ethical sort of framework.

Another participant expressed that by continuing with patient care treatment when the treatment protocol will not benefit the patient, it gives the caretakers false hope. The participants shared that their demonstration of ethical practice is essential when making the right decision for the patient and guiding their staff.

Organization Accountability and Expectations

There were 31 references for the ethical behavior domain theme of organization accountability and expectations, representing 40.8% of all references derived from interviews and artifacts (see Table 8). An organization's accountability and expectations or code of conduct (ethic) provide the organization, leaders, and staff with the ethical framework and guidelines to resolve disputes effectively (Isa, 2015; Prokopenko et al., 2016). For example, one participant referenced the organization's code of conduct to address questionable behavior by staff and conflict between staff. As a result, the

behavior and conflict were resolved by referencing and using the code of conduct as a guideline.

All eight participants shared that an organizational code of conduct is essential to guiding the staff and leaders to work together to resolve the conflict. The code of conduct provides guidelines for an individual's professional behavior and conduct, such as being respectful toward one other.

Patient Care Focused and Driven

There were 12 references for the ethical behavior domain theme of patient care focused and driven, representing 15.8% of all references derived from interviews and artifacts (see Table 8). Ethics and morality in nursing are driven by doing what is suitable for the patient. The ethical behavior of the patient care team, including chief nurse executives, is driven by providing safe patient care.

The primary ethical issue and considerations in health care revolve around doing what is right for the patient. Whenever there is a conflict of interest that arises operationally or with patients, the ethical behavior and consideration by the organization and its staff, the professional code of ethics, such as the code of ethics for nurses and the organization's code of conduct, are referenced in providing equitable and respectful guideline related to ethical behavior with patients and colleagues.

One participant shared, "When it comes to nursing leadership, there isn't really any ethical situations I've come across that have not been patient care related." Similarly, another participant shared that health care professionals must consider what is essential for the patients. Hence, they must do what is ethically suitable for the patient and family related to medical treatment and care. The participant shared, "Sometimes the right thing

to do is to stop everything and not continue to do what you are doing and give the family false hope."

Subquestion 5: Problem Solving

How do exemplary chief nurse executive leaders use problem solving to create common ground and breakthrough results?

The peer researchers and faculty defined problem solving as identifying the nature of the problem and developing processes for arriving at an acceptable solution through deliberations with appropriate individuals and groups (Bentzen et al., 2020; Puncochar, 2013). There were 46 references to problem solving made by the chief nurse executives in which they indicated that using problem-solving skills, such as identifying elements that contribute to conflict, helps with establishing common ground and producing breakthrough results. The 46 references were derived from three different major problem-solving themes, which represented 12.2% of all references derived from interviews and artifacts. Table 9 shows the problem-solving themes that were identified for problem solving.

Table 9

Problem-Solving Themes

Problem-solving theme	# of themes source	# of artifact source	# of frequency from source	# of frequency from artifact	Total frequency	% of frequency
Involving stakeholders	8	3	17	3	20	43.5
Asking questions	7	0	15	0	15	32.6
Data and workflow	6	1	10	1	11	23.9
Total	21	4	42	4	46	100.0

Note. Total frequency derived from interviews and artifacts.

Involving Stakeholders

There were 20 references for the problem-solving domain theme of involving stakeholders, representing 43.5% of all references derived from interviews and artifacts (see Table 9). Including stakeholders is key to problem solving in finding common ground and producing breakthrough results. Stakeholder inclusion promotes stakeholder engagement, participation, communication, collaboration, problem solving, and deriving a mutually agreeable solution (Voinov & Bousquet, 2010). All eight participants described the importance of identifying and involving stakeholders in the discussion to address and clarify any elements of the issue that would lead to a positive development of an acceptable solution.

One participant expressed that if there is a problem, involving the individuals is essential to finding a solution. The participant shared that they, "involve the people who are bringing forward the issue, and then … work to find a reasonable solution." Another participant expressed that getting the stakeholder buy-in input from the stakeholders is essential to problem solving. The participant shared that their approach includes "making certain you have the input from all the stakeholders … completely eliminated and resolved the conflict." All of the participants expressed the importance of involving all the stakeholders in all facets of the decision-making and problem-solving processes and developing a viable solution to deliver safe patient care.

Asking Questions

There were 15 references for the problem-solving domain theme of asking questions, representing 32.6% of all references derived from interviews and artifacts (see Table 9). According to (Marquardt, 2014), successful leaders ask questions to obtain insight and clarity the problem. However, because of the complexity of an organization's

operational structure, leaders do not have proficient knowledge in each department related to its processes, workflow, or problems. Hence, to facilitate the problem-solving process, leaders must actively ask clarifying questions to seek understanding to find a solution. One participant shared that questions are asked to seek clarification and understanding. The participant stated that they "seek to clarify, seek to understand. You find the problem, involve the people who are bringing forward the issue, and then let's work to find a reasonable solution."

Another participant shared,

You find out that there's a problem that they need resolved to you had a different interpretation of what their problem was. So just trying to clarify to so that we are on the same page when we have a problem.

All eight participants shared the importance of asking questions to obtain further information and insight into the problem because it provides information on the unknown factors and variables to identify the root cause of the problem.

Data and Workflow

There were 11 references for the problem-solving domain theme of data and workflow, representing 23.9% of all references derived from interviews and artifacts (see Table 9). In health care, data and formal analysis processing tools, such as SWOT analysis (strengths, weaknesses, opportunities, and threats) or a Fishbone diagram, are used to identify the cause of operational workflow errors, such as medication and medical errors. Hence, data, which are obtained and leveraged to identify the root cause of the problem precisely, are analyzed to improve and correct the problem. One participant shared that data is reviewed to prompt questions. They stated, "What is the data we're looking at? What are we trying to solve? What is the coal for the outcome of this

resolution?" The participants recognized the importance of leveraging data and proper

analytic processing tools to improve workflow efficiency, accountability, and overall

quality of care by identifying the point of reference that may place the patient at the most

significant risk.

Subquestion 6: Shared Interest

How do exemplary chief nurse executive leaders use shared interest to create

common ground and breakthrough results?

The peer researchers and faculty defined shared interest as an approach that

allows people on different sides of a contentious issue to see the values and interests of

another and develop creative options that will meet those interests in a mutually

beneficial way without jeopardizing their interests or values (Burton, 1990; Coleman,

2014; Kriesberg, 2012; Susskind & Cruikshank, 2006; Ury, 1993; Väyrynen, 2003). In

addition, the 71 references to shared interest were made by the participants when

identifying shared conflict of interest would lead to finding common ground and

producing breakthrough results mutually beneficial to the parties involved.

The 71 references were derived from three different major shared interest themes

(see Table 10). The 71 references represented 18.9% of all references derived from

interviews and artifacts. Table 10 shows the shared interest themes that were identified

for shared interest.

Stakeholder Interest and Needs

There were 26 references for the shared interest domain theme of stakeholder

interest and needs, representing 36.6% of all references derived from interviews and

artifacts (see Table 10). Identifying and establishing stakeholders' interests and needs is

instrumental when determining their shared interest during contentious issues to establish

Table 10

Shared Interest Themes

Shared interest theme	# of themes source	# of artifact source	# of frequency from source	# of frequency from artifact	Total frequency	% of frequency
Stakeholder interest and needs	7	0	26	0	26	36.6
Communication	7	0	24	0	24	33.8
Values and interests of others	8	0	21	0	21	29.6
Total	22	0	71	0	71	100.0

Note. Total frequency derived from interviews and artifacts.

a common ground to resolve the conflict in a mutually beneficial way (Gunton & Day, 2003). To determine the stakeholders' interests and needs, one participant expressed the importance and necessity of asking questions about the goal and how to achieve it. Additionally, another participant shared that questions are asked to determine what is important to them. One participant stated that it is important to find out what is important to stakeholders by asking them. The participants generally shared that by asking inquisitive questions to discover the stakeholders' interests and needs will help facilitate the crafting of finding common ground and producing breakthrough results.

Communication

There were 24 references for the shared interest domain theme of communication, representing 33.8% of all references derived from interviews and artifacts (see Table 10). For people involved in a conflict to see the values and interests of one another and develop creative options to create a common ground and produce breakthrough results, communication among the people involved in the conflict is essential (Burton, 1990; Coleman, 2014; Kriesberg, 2012; Susskind & Cruikshank, 2006; Ury, 1993; Väyrynen,

2003). Effective communication is key to identifying and establishing a common ground and resolving conflicts (Fisher, 2000; Kecskes & Zhang, 2009). However, ineffective communication leads to misunderstanding or lack of clarity regarding the issue, which causes a delay in finding a resolution (Fisher, 2000). A part of finding a shared interest is bringing the people with a vested interest in the matter to discuss and obtain clarity related to the issue. Hence, having a common or shared interest allows people to work together toward a mutual solution.

One participant shared that a meeting with the stakeholders is held to clarify and discuss the issues. Moreover, another participant shared that "clarifying questions are always helpful … such as what is the purpose? If we know the purpose, then we can help get clarity."

Having shared interest among the people in a contentious situation helps to create a common ground and produce breakthrough results. However, to identify the shared interest, communication plays a significant role in establishing shared interests and common ground because doing so provides information to make informed decisions in producing breakthrough results.

Values and Interest of Others

There were 21 references for the shared interest domain theme of values and interest of others, representing 29.6% of all references derived from interviews and artifacts (see Table 10). According to Cloke et al. (2000), finding common or shared interests significantly improves contentious issues by providing a framework for resolving disputes. In an acute patient care setting (hospital), the particular shared interest or common ground for the chief nurse executive and employee is providing quality and

safe patient care. One participant shared that patient safety is the common ground (shared interest).

In an acute health care environment, a multicultural ethnic workforce makes up the staff. Therefore, it is prudent for the chief nurse executive and other nurse leaders to understand the interest and values of their constituents. In addition, understanding and acknowledging an individual's beliefs and cultural values will help mediate and resolve contentious disputes (Gregory et al., 2001; B. Wong, 2005). Consequently, resolving conflicts can be complex if individual values, including cultural values, are not understood or considered because individual values may differ from those in dispute. One respondent shared,

> I think that's what makes leadership challenging right is because you have to know what is everyone else's values, and you have to tailor what you need to each person to get to their value set, you know, and it can be very challenging. But I think it's really important to know.

Additionally, another respondent shared that understanding the values of the individual or group is key to producing a positive outcome. The participant shared, "I think it's key with the staff. I think that their value is on feeling supported and being able to practice it."

The consensus of the participants shared that given the diversity of the employees, it is essential to understand others' values and interests because that will help in dispute mitigation and increase the opportunity to produce breakthrough results.

Key Findings

Seven key findings were identified for each of the six domains of conflict transformational strategies used by the exemplary chief nurse executives in achieving

common ground and producing breakthrough results. The following findings reflect the top two themes in each domain and include seven key findings in conflict transformation.

Key Finding 1: Communication

Chief nurse executives who were successful in transforming conflict

- used active listening skills to convey understanding and to build trust.

- asked clarifying questions to have a clear comprehension and find common ground.

Key Finding 2: Collaboration

Chief nurse executives who were successful in transforming conflict

- included all the stakeholders that may be impacted by the circumstance.

- provided clear communication and information to enhance successful collaboration among stakeholders to reach mutually agreeable solution.

Key Finding 3: Emotional Intelligence

Chief nurse executives who were successful in transforming conflict

- used components emotional intelligence, such as empathy, self-awareness, or relationship management, to manage difficult situations.

- used self-awareness, a component of emotional intelligence, to understand others and oneself in avoiding unnecessary conflict.

Key Finding 4: Ethical Behavior

Chief nurse executives who were successful in transforming conflict

- referenced professional code of ethics as a guideline to do what is right.

- used organization code of conduct (ethics) as a guideline for conflict transformation.

Key Finding 5: Problem Solving

Chief nurse executives who were successful in transforming conflict

- included stakeholders in the process.

- asked open-ended questions to identify problem elements.

Key Finding 6: Shared Interest

Chief nurse executives who were successful in transforming conflict

- identified shared interest with stakeholders by understanding their interest and needs.

- used communication as a framework to identify shared interest.

Summary

This phenomenological research study was designed to discover and describe how exemplary chief nurse executives created common ground and produced breakthrough results using the six domains of conflict transformational strategies. The six domains of conflict transformational strategies are communication, collaboration, emotional intelligence, ethical behavior, problem solving, and shared interest. Eight exemplary chief nurse executives were interviewed in Southern California. The data were collected and derived from eight interviews and artifacts.

This chapter began with a purpose restatement, the central research question, the subquestions, a review of the population, the sampling frame, and the sample. Additionally, the chapter presented a data summary and significant themes associated with each of the research subquestions. The findings from the 20 major themes provided insight into the lived experiences of the chief nurse executives and strategies used to create common ground and produce breakthrough results.

Chapter V provides a more in-depth discussion of the findings, including significant findings, unexpected findings, conclusions, implications for action, and recommendations. Finally, Chapter V concludes with final remarks and reflections.

CHAPTER V: FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

This qualitative phenomenological study explored the lived experience of exemplary chief nurse executives on how six domains of conflict transformational strategies were used to establish common ground and produce breakthrough results. The six domains of conflict transformational strategies are communication, collaboration, emotional intelligence, ethical behavior, problem solving, and shared interest.

Chapter V begins with a restatement of the purpose, the central research question, and the subquestions and contains the research methodology, data collection procedures, and population sample. The chapter presents an analysis of the data generated from in-depth, semistructured interviews and artifacts. The analysis revealed 19 themes, six major findings, and two unexpected findings. The chapter includes conclusions reached based on results from the data analysis of interview data and comprehensive literature review.

Implications for action are addressed next; these are potential actions by chief nurse executives, health care organizations, and academia to develop, train, and provide resources and tools to nurse leaders at all levels on the use of six domains of conflict transformational strategies to find common ground and produce breakthrough results. Recommendations for future studies are discussed next. Last, the chapter concludes with final remarks and reflections.

Purpose Statement

The purpose of this phenomenological method study was to identify and describe strategies that exemplary chief nurse executive leaders use to identify and establish common grounds to produce breakthrough results in healthcare by using the six domains of transformational conflict strategies: collaboration, communication, emotional intelligence, ethical behaviors, problem solving, and shared interest.

Research Questions

This study was guided by one central research question and six subquestions, one related to each of the six domains.

Central Question

What are the lived experiences of exemplary chief nurse executive leaders in establishing common ground and producing breakthrough results by engaging in elements of the six domains of conflict leadership strategies?

Subquestions

1. How do exemplary chief nurse executive leaders use communication to create common ground and breakthrough results?

2. How do exemplary chief nurse executive leaders use collaboration to create common ground and breakthrough results?

3. How do exemplary chief nurse executive leaders use emotional intelligence to create common ground and breakthrough results?

4. How do exemplary chief nurse executive leaders use ethical behavior to create common ground and breakthrough results?

5. How do exemplary chief nurse executive leaders use problem solving to create common ground and breakthrough results?

6. How do exemplary chief nurse executive leaders use shared interests to create common ground and breakthrough results?

Research Methods and Data Collection Procedures

A qualitative, phenomenological research inquiry framework was used for the study to conduct in-depth interviews with eight exemplary chief nurse executives who lead an acute health care organization with the patient care teams that include doctors,

through conflict resolution to find common grounds to produce breakthrough results. The primary construct of the data collection for this study was completed by interviewing chief nurse executives who held the position of chief nurse executive for the organization at the time of this study.

The participants who agreed to participate in the research were given an invitation letter to participate, which described the purpose of the study. Additionally, the participants were provided with the Letter of Invitation to Participate (see Appendix J), Research Inform Consent Form (see Appendix H), and the Research Participant's Bill of Rights (see Appendix I) prior to the interview and data collection via email. I adhered to the University's protocol on the participant's confidentiality.

The interview questions (see Appendix C) were presented to discover how common ground was identified and used to produce breakthrough results when conflict arose. The interview questions consisted of 12 open-ended, semistructured scripted questions for each of the six domains: communication, collaboration, emotional intelligence, ethical behavior, problem solving, and shared interest. Each of the questions were designed by peer researchers and faculty advisors, and a field test was conducted prior to the interview for comprehension and validity.

Eight participants were interviewed via Zoom, a virtual video meeting platform. During the interview, probing questions were asked to obtain further detailed information on their lived experiences. Each interview lasted 45 to 50 min. In addition to the interview, observation and artifacts, additional data were collected for the purpose of data triangulation. However, because interviews were conducted via a virtual platform, observation data were not included in the overall data collection and analysis. Artifacts,

such as meeting minutes, were gathered to support the research and data collection. In addition, the interview transcripts and artifacts were coded for themes.

Population

The population for this study included eight chief nurse executives from 195 general acute care hospitals in Southern California (California Health and Human Services, 2022). Of the eight chief nurse executives, three were male and five were female. All participants had over 5 years of experience in the chief nurse executive role with oversight of acute care hospitals from a privately operated organization to a county-sponsored organization.

The study population did not include chief nurse executives who oversaw long-term subacute care and hospice facilities. According to McMillan and Schumacher (2010), a population is a group from whom the study results can be generalized based on specific conditions and stipulations. The population was further defined and expressed by Patten and Newhart (2018) to include a group of individuals whom the researcher is captivated and interested to describe and explain.

Sampling Frame

The sampling frame for this study was the eight exemplary chief nurse executives leading acute care hospitals in Southern California. A sampling frame is generally a group of individuals from a larger population from which a sample group may be acquired (McMillan & Schumacher, 2010). A sample group or participants is a group of individuals who have been explicitly identified to participate in the study.

A target group for the research was determined for its study efficiency and practicality because a large population group may make logistics and use of resources unreasonable and impractical. Based on the data obtained from the California Department

of Health and Human Services (2022), there were 195 chief nurse executives in Southern California at the time of this study. Of the 195 chief nurse executives, eight were selected within the geographical areas in Southern California.

Sample

For this research, purposeful sampling was used to provide information-rich data from select individual participants who could provide efficacious and valuable information (Creswell & Poth, 2016; Patton, 2015). Furthermore, purposeful sampling allows for the select participants, such as exemplary chief nurse executives who met the research study criteria of having the knowledge and experience regarding the phenomenon of interest (Creswell & Plano Clark, 2011). The participants' experience and knowledge were essential to the phenomena of interest because the participants shared, communicated, and provided detailed and meaningful information-rich data.

A sample is a group of participants selected from the target population for the study from whom the information for the study can be compiled, generalized, and collected for analysis (McMillan & Schumacher, 2010; Patton, 2015). The sample size of eight was determined to be appropriate for the study by the peer researchers and faculty advisors for data collection and facilitation of data analysis to provide meaningful and enriched conclusions.

The sample for this study included eight exemplary chief nurse executive leaders selected from acute care hospitals in southern California. The criteria that the exemplary chief nurse executives were required to meet to be eligible for the study participants were the following:

1. evidence of successful relationships with stakeholders,
2. evidence of breaking through conflict to achieve organizational success,

3. five or more years of experience in that profession or field,

4. evidence of having written, published, or presented at conferences or association meetings,

5. recognition by their peers, and

6. membership in associations of groups focused on their field.

The study also used purposeful nonprobability sampling (Patton, 2015). Unlike probability sampling, the preferred sampling methodology, in nonprobability sampling, the individual population participants do not have the same or equal opportunity for to be selected or participate in the study (Acharya et al., 2013; Etikan et al., 2016). In probability sampling, each participant from the population has the same and equivalent chance of being chosen for the study. Furthermore, the selection of the participants from the population is based on the subjective bias of the researcher (Acharya et al., 2013).

Major Findings

This phenomenological study aimed to describe and explore how exemplary chief nurse executives use the six domains of conflict transformational strategies to establish common ground and produce breakthrough results. The six domains of conflict transformational strategies are communication, collaboration, emotional intelligence, ethical behavior, problem solving, and shared interest. Chapter V presents the summary of key research findings and results of the coding of themes, which included the frequencies from the interviews and artifacts concerning the central research question and subquestion discussed in Chapter IV.

Major Key Finding 1: Chief Nurse Executives Use Active Listening Communication Skills to Find Common Ground

Research Question 1 asked, "How do exemplary chief nurse executive leaders use communication to create common ground and produce breakthrough results?" This major finding addresses the importance of using active listening communication skills to find common ground to produce breakthrough results. This theme was referred to 40 times for the communication domain, representing 51.9% of all references from interviews and artifacts. Active listening conveys an understanding of the issue being communicated by the stakeholders because it allows the stakeholders to express their concerns (Lang et al., 2000). One exemplary chief nurse executive shared the importance of being an active listener to obtain the stakeholder's input and concerns before finding a resolution. Another participant shared that active listening communication skills foster an interest in understanding others with intent and reaffirming one's understanding of their concerns. Furthermore, active listening actively engages the listener and effectively communicates with the speaker by reaffirming one's comprehension of the issue to effectively resolve the conflict (Drollinger, 2018; Jahromi et al., 2016; Weger et al., 2010). The expressed intent of actively listening to the speaker further strengthens the relationship and trust between the stakeholders and chief nurse executives. It allows for collaborative efforts to find common ground.

Major Key Finding 2: Chief Nurse Executives Include Stakeholders in Finding Common Ground

Research Question 2 asked, "How do exemplary chief nurse executive leaders use collaboration to create common ground and produce breakthrough results?" Chief nurse executives who successfully transformed conflict included the stakeholders that may be

impacted by the conflict of interest in the communication and decision-making process to create a mutually agreeable solution. This major finding was referenced 23 times for the collaboration domain and represented 38.3% of all references derived from interviews and artifacts. According to Hansen (2009) and Grabinger and Dunlap (1995), it is essential to include stakeholders with a vested interest in the conflict to work together to identify potential resolutions and refine processes to find common ground to resolve issues. Chief nurse executives shared the importance of identifying and including all the stakeholders directly or indirectly impacted by the issue because the resolution could impact their department and workflow. Including stakeholders in finding common ground and producing breakthrough results promotes a collective and collaborative understanding of the issue (Addison et al., 2013). Additionally, inclusion improves knowledge sharing and communication between parties, builds trust and relationships, and facilitates a mutually agreeable resolution and outcome.

Major Key Finding 3: Chief Nurse Executives Use Emotional Intelligence to Build Relationship, Minimize Potential Conflict, and Create Common Ground

Research Question 3 asked, *"How do exemplary chief nurse executive leaders use emotional intelligence to create common ground and produce breakthrough results?"* This significant finding was referenced 19 times for the emotional intelligence domain, representing 41.3% of all references from interviews and artifacts. An individual can use any element or combination of all the elements to manage the behavior and relationships of others by understanding their emotions in a social setting (Bradberry & Greaves, 2009; Goleman, 2011, 2019; Hellriegel & Slocum, 2011). For example, the chief nurse executives who successfully transformed conflict used components of emotional intelligence, such as empathy, self-awareness, or relationship management, to manage

difficult situations and find common ground to produce breakthrough results. An exemplary chief nurse executive used elements of emotional intelligence such as empathy to relate to and understand the staff's frustration to address their concerns about staff shortage and retention. The participants shared that awareness of one's emotions and behaviors (self-awareness) and their influence and effect on decision making and others is essential to building relationships and creating a common ground. According to Cox (2011), self-awareness enhances an individual's ability to initiate, control, and organize change, thus resulting in an enhanced collaboration that contributes to effective conflict resolution and produces a positive outcome.

Major Key Finding 4: Professional Code of Ethics Used as a Guide to Create Common Ground and Produce Breakthrough Results

Research Question 4 asked, "How do exemplary chief nurse executive leaders use ethical behavior to create common ground and produce breakthrough results?" Chief nurse executives who successfully transformed conflict referenced the professional code of ethics as a guideline to do what is morally and ethically correct when a conflict or issue arises related to patient care, for example. This major finding was referenced 33 times for the ethical behavior domain theme, representing 43.4% of all references from interviews and artifacts. Chief nurse executives play an essential role in upholding the code of ethics and creating an environment and culture of ethical practice for the nurses and other ancillary staff concerning their professional behaviors and doing what is morally correct for their peers and patients.

The nurses' code of ethics provides nurses and nursing leaders with an ethical framework, guidelines, and best practices related to their roles, responsibilities, behaviors, and client judgment (Olson & Stokes, 2016; Schick-Makaroff & Storch,

2019). Additionally, according to Weiss et al. (2019), nursing leaders' professional

behavior and conduct, as guided by the code of ethics, are essential to nursing practice.

One chief nurse executive expressed that the nurses' and nursing profession's

responsibility is to uphold the code of ethics and do what is right for the patients.

Consequently, the chief nurse executive can find and achieve common ground by using

the code of ethics as a reference and producing breakthrough results by doing what is

ethically and morally right. Furthermore, the code of ethics and code of conduct can be

used in maneuvering a complex environment of ethical, moral, and value conflicts

encompassing patient care (Cole Edmonson, 2010). Therefore, chief nurse executives

should model ethical behaviors by consistently applying the code of ethics and inspiring

others to do the same.

Major Key Finding 5: Chief Nurse Executives Should Involve Stakeholders in

Finding the Elements of the Problem or Conflict to Problem Solve

Research Question 5 asked, "How do exemplary chief nurse executive leaders use

problem solving to create common ground and produce breakthrough results?" Chief

nurse executives who successfully transformed conflict included stakeholders to identify

conflicts of interest, the elements of the issue or conflict, and the resolution to the

problem solve. This major finding was referenced 20 times for the problem-solving

domain and represented 43.5% of all references from interviews and artifacts. In addition,

exemplary chief executives described the importance of involving the stakeholders to

find a reasonable solution by obtaining all the input and information. According to

Voinov and Bousquet (2010), stakeholder inclusion promotes engagement, participation,

communication, collaboration, problem solving, and deriving a mutually agreeable

solution. Therefore, stakeholders' inclusion and engagement in all facets of the decision-

making and problem-solving processes and developing a viable solution are essential to delivering quality and safe patient care.

Major Key Finding 6: Chief Nurse Executives Who Can Identify Stakeholders' Shared Interest and Needs Can Find Common Ground

Research Question 6 asked, "How do exemplary chief nurse executive leaders use shared interest to create common ground and produce breakthrough results?" Chief nurse executives who successfully transform conflict can identify and formulate shared interests with stakeholders by understanding their interests and needs. This significant finding was referenced 26 times for the shared interest domain, representing 36.6% of all references from interviews and artifacts. According to Gunton and Day (2003), identifying and establishing stakeholders' interests and needs is instrumental to determine the shared interest of those involved in the conflict to find a resolution to the conflict that is mutually beneficial. Chief nurse executives described the importance of discovering what is important to the stakeholders by asking questions to ascertain their shared interests and needs. Furthermore, the chief nurse executives shared the importance of sharing a common interest in finding common ground to produce breakthrough results. According to Jiang and Ritchie (2017), for a collaboration to occur with the stakeholders in resolving conflicts, issues, or problems, at least one common interest and benefit must be achieved. Finding mutually shared interests among the stakeholders is essential to ensure collaborative engagement toward establishing a mutually agreeable common ground and outcome.

Unexpected Findings

The study resulted in two unexpected findings. The first was the minimal references to using objective data or problem-solving processes, such as SWOT analysis,

PDSA method (plan-do-study-act), or Fishbone diagram, to problem solve or to use them as a reference to identify the source of issues related to workflow or patient care interruption. The second unexpected finding from this study was related to the collaboration theme, which received the fourth most references from the participants.

The collection and use of data in health care to address issues or problems that may delay or cause ineffective delivery of patient care is essential to solving problems. Exemplary chief nurse executives and nurse leaders can use data to identify areas of concern and formulate strategies to resolve the issue or establish a common ground to transform conflicts and improve the quality of patient care (Chen et al., 2020). Hence, data and the use of data to examine the root cause of the problem assist in establishing common ground and allow the leaders to produce breakthrough results by planning, developing, implementing, and evaluating the effectiveness of solutions, particularly in improving the quality of patient care.

The second unexpected finding from the study was the minimal references made by the participants related to the collaboration theme as it relates to building relationships with the stakeholder to enhance and embrace collaboration. The building relationship theme represented 13.3% of all references from the interviews and artifacts related to the collaboration theme. For a mutually beneficial collaboration to establish common ground and produce breakthrough results, it is essential to have a trusting relationship between the stakeholders and leaders to have a successful and sustainable collaboration (Tschannen-Moran, 2001). Consequently, greater results were expected in the building relationship theme under the collaboration theme because of the importance of having a trusting, collaborative relationship between the leader and stakeholders to establish common ground and produce breakthrough results.

Conclusions

Based on the study findings, conclusions were related to how exemplary chief nurse executives establish common ground and produce breakthrough results using the six domains of conflict transformational strategies. The six domains of conflict transformational strategies are communication, collaboration, emotional intelligence, ethical behavior, problem solving, and shared interest.

Conclusion 1: Use Active Listening Communication Skills

Based on the findings of this research study and supporting literature, I concluded that exemplary chief nurse executives who use active listening could establish common ground and produce breakthrough results by using the six domains of conflict transformational strategies. According to Lang et al. (2000), active listening conveys the listener's understanding of the issue and concern being communicated to the speaker. The chief nurse executives in this study expressed the importance of active listening as a component of communication skills that enhance relationship building, build trust, and collaborative communication. For example, participants shared the importance of listening to build the relationship and trust with the stakeholders and their concerns to create common ground. Moreover, active listening engages the chief nurse executives to listen attentively with purposeful intent, which leads to finding common ground to produce positive breakthrough results (Drollinger, 2018; Jahromi et al., 2016; Weger et al., 2010). Therefore, active listening is an important communication skill for chief nurse executives because it demonstrates the listener's expressive engagement regarding the issue, finding common ground, and producing a positive outcome.

Conclusion 2: Including Stakeholders

Based on the findings of this research study and supporting literature, I concluded that exemplary chief nurse executives who embrace collaborative approaches and strategies, such as the inclusion of stakeholders, could establish common ground and transform conflict. The chief nurse executives shared that including stakeholders from the initial phase of identifying issues helps their buy-in to find and sustain a mutually agreeable resolution. Furthermore, including the stakeholders from the initial stage of identifying the root cause of the issue, developing a viable resolution, and producing positive breakthrough results enhances the stakeholders' collaboration to establish common ground (Grabinger & Dunlap, 1995; Hansen, 2009; Schusler et al., 2003). Therefore, the consensus of the chief nurse executives was the importance of including and involving all identifiable stakeholders, including outlier stakeholders, in the communication and decision-making process directly and indirectly impacted by the issue in finding a solution to ensure a sustainable outcome.

Conclusion 3: Using Emotional Intelligence

Based on the findings of this research study and supporting literature, I concluded that exemplary chief nurse executives' awareness and use of emotional intelligence components such as self-awareness and empathy can establish common ground and transform conflict. In addition, using any components of emotional intelligence singly or combined helps to build relationships and trust, thus increasing and sustaining collaborative efforts. Emotional intelligence allows the chief nurse executives to understand the emotions of others in social settings, allowing for the management of behavior and relationships (Bradberry & Greaves, 2009; Goleman, 2011, 2019; Hellriegel & Slocum, 2011). The chief nurse executives expressed that demonstrating high

emotional intelligence and applying the emotional intelligence elements such as self-awareness and empathy, help to manage relationships and create common ground to produce breakthrough results. For example, according to Cox (2011), self-awareness enhances an individual's ability to initiate, control, and organize change, thus resulting in an enhanced collaboration that contributes to effective conflict resolution and produces a positive outcome.

Conclusion 4: Leveraging the Code of Ethics and Code of Conduct

Based on the findings of this research study and supporting literature, I concluded that exemplary chief nurse executives who reference and observe the code of ethics for nurses and the organization's code of conduct to guide their actions during a conflict could establish a common ground to transform conflict by mutually agreeing to do morally what is right ethically and morally. According to Weiss et al. (2019), nursing leaders' professional behavior and conduct, as guided by the code of ethics, are essential to nursing practice. Furthermore, because the health care profession and environment, particularly when involving patients and delivery of safe patient care, is a complex environment in which ethical, value, and moral practices and conflicts are constantly raised, the code of ethics can be used to maneuver the complex environment of ethical, moral, and value conflicts (Cole Edmonson, 2010). Consequently, the code of ethics can assist the chief nurse executive to find and achieve common ground by using the code of ethics to do what is ethically and morally right to protect the patient and address many ethical dilemmas.

Conclusion 5: Involving Stakeholder and Transparent Communication

Exemplary chief nurse executives who work collaboratively with stakeholders by involving them in problem solving and maintaining open and transparent communication

can establish common ground and transform conflict. Based on the findings of this research study and supporting literature, I concluded that involving the stakeholders at the onset of the problem solving and keeping an open communication channel helps the problem-solving process. According to Voinov and Bousquet (2010), stakeholder inclusion promotes engagement, participation, communication, collaboration, problem solving, and deriving a mutually agreeable solution. The chief nurse executives referenced the importance of involving all the stakeholders in all facets of the decision-making and problem-solving processes and developing a viable solution to deliver safe patient care.

Conclusion 6: Identifying Stakeholders' Interests and Needs

Based on the findings of this research study and supporting literature, I concluded that exemplary chief nurse executives who can identify the shared interest of the stakeholders could establish common ground and transform conflict. Identification of the interest and needs of the stakeholders allows the individuals involved in the conflict to expeditiously identify and establish common ground that benefits the individuals without compromising their interests or values. According to Gunton and Day (2003), identifying and establishing stakeholders' interests and needs is instrumental to determining the shared interest of those involved in the conflict to resolve the conflict that is mutually beneficial. The chief nurse executives referenced the importance of identifying the stakeholder's interests and establishing common ground to produce mutually beneficial breakthrough results.

Conclusion 7: Establishing Common Ground

Based on the findings of this research study and supporting literature, I concluded that exemplary chief nurse executives could use any elements of the six domains of

conflict transformational strategies independently or collectively to establish a common

ground to transform conflict. Common ground in nursing and health care revolves around

the patients and delivering quality and safe patient care. Chief nurse executives and

health care professionals who are involved in patient care, whether directly or indirectly,

including the chief nurse executives, have a mutually agreeable understanding of the

decision-making process and outcome that is acceptable to all the parties, which is

ultimately providing safe patient care (Clark & Brennan, 1991). The chief nurse

executives have referenced the underlying and basic fundamental common ground,

implied or explicitly stated, as the patient. Organizational or staff issues or conflicts that

arise impact the patients and processes affecting the delivery of patient care. Hence, the

chief nurse executives shared that if the patients are placed in the center of the conflict or

issues, a mutually agreeable and beneficial consensus-based resolution can be achieved

by resolving the conflict.

Implications for Action

The implications developed from this research have the potential to influence

actions of nurse leaders, chief nurse executives, and nurse leaders who work at any health

care organization, regardless of the organization's size, who seek to establish a common

ground to produce breakthrough results within their organization.

1. The nursing profession must train current and future nurse leaders to use the six

   domains of conflict transformational strategies, including transformational

   leadership, in their leadership development. The current state of nurse leadership,

   which includes chief nurse executives, is that nursing leaders need to have

   adequate leadership training and development, particularly in transformational

   leadership and strategies such as conflict transformational strategies. Historically,

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bedside staff nurses are promoted to a leadership position with minimal leadership experience or training in conflict resolution and management or transformational leadership. Unless the individual nurse leader seeks to advance knowledge by enrolling in academia or participating in annual conferences, formal training and education are not adequately provided to nurse leaders, including senior-level nurse leaders. This lack of formal education and training in the organization contributes to nurse leaders' inability to adapt to the demands of constant change in the health care environment. Hence, to ensure nurse leaders are successful in their role as transformational leaders, the nursing profession and the health care organization should promote and provide the necessary training, resources, and tools that will enhance the nurse leaders understanding and application of being a transformational leader and the tools used, such as six domains of conflict transformational strategies.

2. The proposal to UMass Global is to create a partnership and collaborate with nursing leadership organizations to develop and implement a leadership curriculum, such as transformational leadership and six domains of conflict transformational strategies, that is geared toward new and seasoned nurse leaders. To create an appropriate and competent curriculum learning outcome, UMass Global and the nursing professional organizations can collaborate in the development, implementation, and leadership of curriculums and training in components of transformational leadership and skills. The nursing leadership organizations that UMass Global can collaborate with are, for example, the Association of California Nurse Leaders, the American College of Health care Executives, and the American Organization for Nurse Leadership. The leadership

curriculum and training will prepare the new and current nurse leaders to address current and future challenges in nursing, patient care, and health care.

3. Chief nurse executives should share their knowledge and experiences with other middle management leaders, such as managers, supervisors, and charge nurses, on transformational leadership and skills such as the six domains to transform conflict. Most middle managers need proper leadership training as staff nurses are promoted into leadership positions without significant knowledge and comprehension of leadership skills. The lack of leadership knowledge, comprehension, and experience can lead to ineffective leadership, such as loss of productivity, high staff turnover, toxic staff behaviors, low morale, and lack of direction. Hence, chief nurse executives could be essential in sharing their knowledge and experiences to guide new and current nurse leaders on transformational leadership and skills, such as collaborative communication and conflict resolution, using the six domains of conflict transformational strategies.

4. Health care organizations should provide annual or semiannual leadership development training to nurse leaders to ensure continual advancement in leadership developments, trends, and health care policy changes based on the organization's criteria. The leadership training would provide nurse leaders with additional skills and knowledge on staff engagement, conflict resolution using the six domains of conflict transformation strategies, effective communication skills, and creating a positive work environment that would reduce staff turnovers, increase staff retention, and promote positive patient outcomes. The training can be developed and provided to new and seasoned nurse leaders based on interest, curriculum advancement, or learning objectives determined by the organization.

Having such a program provided by a health care organization for its nurse leaders will enable the organization to integrate its culture and practices into the leadership program and have consistency in leadership practice and skills, such as finding common ground to produce breakthrough results using the six domains of conflict transformational strategies.

Implementing these actions could transform the culture of nursing leadership and the organization by improving and expanding the leadership skillsets and knowledge and bringing consistency to nurse leadership practice and application. Moreover, nurse leaders could create common ground to produce breakthrough results by effectively integrating and using the six domains of conflict transformational strategies into practice.

Recommendations for Further Research

Based on the findings from this study, further research in the development of common ground is recommended in the following areas:

1. Reduce 5-year criteria to 3 years. Reducing the years of experience criteria to 3 years would provide a more significant opportunity to seek and secure participants because there is a greater number of chief nurse executives with less than 5 years of experience.

2. Conduct further research on those who have started their leadership journey as a chief nurse executive (i.e., 6 months in the position). The study's results would provide an analysis of how recently promoted chief nurse executives resolve conflict, similar to this study.

3. Conduct further research based on gender demographics. A comparative analysis would provide insight into similarities or differences in finding common ground based on gender demographics.

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4. Conduct further research based on generations (i.e., Generation Z versus Millennials). Comparative analysis would provide insight into the generational approach to finding common ground and conflict transformation.

5. Conduct further research on male chief nurse executives' application and use of emotional intelligence components in finding common ground to transform conflict, particularly empathy. A future study would explain the practical application and use of emotional intelligence by male chief nurse executives.

6. Conduct further research on leadership's position and its influence on finding common ground when incorporating the six domains of conflict transformational strategies.

7. Expand research to include other nurse leaders (managers or directors) or chief nurse executives from subacute and long-term skilled nursing facilities to determine similarities or differences in approach and use of six domains of conflict transformational strategies to establish common ground and produce breakthrough results.

Concluding Remarks and Reflections

In my journey as a nurse leader, I have met exemplary nurse leaders who influenced me to start my doctoral journey to improve my leadership potential and share my knowledge and experiences with other nurse leaders. As I reflect on the process of this research, I realize the importance of leadership roles and responsibilities of the chief nurse executives and their influence on keeping the medical and ancillary patient care teams engaged to ensure the delivery of quality and safe patient care. Also, by listening to their lived experiences, I realized what makes them exemplary nurse leaders who can transform conflict as transformational leaders.

A final reflection from this study is that being an exemplary leader means being able to care for, support, and provide the resources for one's staff to succeed and the importance of finding a balance between doing what is right for the staff while fulfilling the organization's vision. In addition, one needs to stay flexible as a leader and be adaptable to the constant change in the health care environment. Hence, any combination of the six domains of conflict transformational strategies may be used at any given time, based on the situation and circumstance, to find common ground to produce breakthrough results. Finally, I learned from the lived experiences of the chief nurse executives that leadership is about relationships and communication. These two key elements can help transform conflicts. As I move into my leadership journey, I want to share and guide the next generation of nurse leaders to become transformational leaders. We need more leaders who will advocate for the nurses, patients, and the patient care team and not be swayed by corporate politics or policies. Instead, do what is suitable for the patient.

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APPENDICES

APPENDIX A

Synthesis Matrix

The synthesis matrix focuses on the theoretical framework variables associated with the purpose of the research. It provides evidence for literature support for development of instrument.	Conflict	Common Ground	Collaboration	Communication	Emotional Intelligence	Ethics	Problem Solving	Shared Interest
Allen, L. A. (1958)				■				
Almost, J. (2006)	■							
Almost, J., Doran, D.M, McGillis Hall, L. & Spence, H. K (2010)	■							
April, K., Peters, K., Locke, K., & Mlambo, C. (2010)						■		
Babalola, M. T., Stouten, J., Euwema, M. C., & Ovadje, F. (2018)						■		
Barczak, G., Lassk, F., & Mulki, J. (2010)					■			
Barry, B., & Robinson, R. J. (2002)						■		
Bentzen, T. Ø., Sørensen, E., & Torfing, J. (2020)							■	
Bradberry, T., & Greaves, J. (2009).					■			
Burton, J. (1990)	■							■
Carmeli, A., Sheaffer, Z., Binyamin, G., Reiter-Palmon, R., & Shimoni, T. (2014).							■	
Cavallo, K., & Brienza, D. (2002)					■			
Ciulla, J. B. (1995)						■		
Coleman, P. T. (2014)								■

The synthesis matrix focuses on the theoretical framework variables associated with the purpose of the research. It provides evidence for literature support for development of instrument.	Conflict	Common Ground	Collaboration	Communication	Emotional Intelligence	Ethics	Problem Solving	Shared Interest
Cramton, C. D., & Orvis, K. L. (2003)			■					
Fisher, R. (2000)				■				■
Furlong, G. T. (2020)								■
Garcia, M. L. (2013)			■					
Goleman, D. (2009)					■			
Goleman, D. (2011)					■			
Hansen, M. T. (2009).			■					
Harvey, T. R., Corkrum, S. M., Fox, S. L., Gustafson, D. C., & Keuilian, D. K. (2022).							■	
Harvey, T. R., & Drolet, B. (2005)							■	
Hellriegel, D., & Slocum Jr., J. W. (2011)					■			
Jablokow, K. W. (2008).							■	
Jacobsen, W. (2000)	■	■						
Jehn, K. A., & Bendersky, C. (2003).	■							
Johansen, M. L. (2012)				■				
Kouzakova, M. Ellemers, N., Harinck, F., & Scheepers, D. (2012)	■	■	■					
Kecskes, I., & Zhang, F. (2009).			■	■				
Kriesberg, L. (2012)								■
Lencioni, P. M. (2002)	■							

The synthesis matrix focuses on the theoretical framework variables associated with the purpose of the research. It provides evidence for literature support for development of instrument.	Conflict	Common Ground	Collaboration	Communication	Emotional Intelligence	Ethics	Problem Solving	Shared Interest
Leever, A. M., Hulst, M. V. D., Berendsen, A. J., Boendemaker, P. M., Roodenburg, J. L. N., & Pols, J. (2010)			■					
Marek, L. I., Brock, D. P., & Savla, J. (2015)			■					
Martinez, C. H. (2020)			■		■			
Maxwell, L., Odukova, O.K., Stone, J. A., & Chui, M. A. (2014)	■		■					
Mayer, R. E., & Wittrock, M. C. (2006)							■	
McKee, A., Boyatzis, R. E., & Johnston, F. (2008)			■					
Mihelic, K. K., Lipicnik, B., & Tekavcic, M. (2010)						■		
Mohr, J., & Spekman, R. (1994)			■					
Mudrack, P. E., & Mason, E. S.. (2013)						■		
Murphy, H. A., Hildebrandt, H. W., & Thomas, J. P. (1997)				■				
Pearce & Newsome (2010)								
Puncochar, J. (2013)							■	
Rahim, M. A. (2002)						■		■
Schot, E., Tummers, L., & Noordegraaf, M. (2020)			■					

The synthesis matrix focuses on the theoretical framework variables associated with the purpose of the research. It provides evidence for literature support for development of instrument.	Conflict	Common Ground	Collaboration	Communication	Emotional Intelligence	Ethics	Problem Solving	Shared Interest
Shaikh, S. (2012)				■				
Sherman, R. O. (2006)				■				
Sims, R. R. (1992)						■		
Soltis, J. F., Strike, K. A., & Haller, E. J. (2005)						■		
Sparks, J. R., & Pan, Y. (2010)						■		
Sportsman , S. & Hamilton, P. (2007)	■	■						
Susskind, L. E., & Cruikshank, J. L. (2006)								■
Suter, E., Arndt, J., Arthur, N., Parboosingh, J., Taylor, E., & Deutschlander, S. (2009).			■	■				
Thomas, T., Schermerhorn Jr, J. R., & Dienhart, J. W. (2004)						■		
Ury, W. (1993)								■
Vavrynen (2003)								■
Walczak, M. B., & Absolon, P. L. (2001)		■		■				
Wall, J.A., & Callister, R. R. (1995)	■							
Waugh, W. L., Jr., & Streib, G. (2006)			■					
Williams, P. S. (2015)			■					
Wong, A., Wang, X., Wang, X., & Tjosvold, D. (2019)						■		

The synthesis matrix focuses on the theoretical framework variables associated with the purpose of the research. It provides evidence for literature support for development of instrument.	Conflict	Common Ground	Collaboration	Communication	Emotional Intelligence	Ethics	Problem Solving	Shared Interest
Zhao, D., & Rosson, M. B. (2009)				■				■

Allen, L. A. (1958)				■				
Almost, J. (2006)	■							
Almost, J., Doran, D.M, McGillis Hall, L. & Spence, H. K (2010)	■							
April, K., Peters, K., Locke, K., & Mlambo, C. (2010)						■		
Babalola, M. T., Stouten, J., Euwema, M. C., & Ovadje, F. (2018)						■		
Barczak, G., Lassk, F., & Mulki, J. (2010)					■			
Barry, B., & Robinson, R. J. (2002)						■		
Bentzen, T. Ø., Sørensen, E., & Torfing, J. (2020)							■	
Bradberry, T., & Greaves, J. (2009).					■			
Burton, J. (1990)	■							■
Carmeli, A., Sheaffer, Z., Binyamin, G., Reiter-Palmon, R., & Shimoni, T. (2014).							■	

The synthesis matrix focuses on the theoretical framework variables associated with the purpose of the research. It provides evidence for literature support for development of instrument.	Conflict	Common Ground	Collaboration	Communication	Emotional Intelligence	Ethics	Problem Solving	Shared Interest
Cavallo, K., & Brienza, D. (2002)					■			
Ciulla, J. B. (1995)						■		
Coleman, P. T. (2014)								■
Cramton, C. D., & Orvis, K. L. (2003)			■					
Fisher, R. (2000)				■				■
Furlong, G. T. (2020)								■
Garcia, M. L. (2013)			■					
Goleman, D. (2009)					■			
Goleman, D. (2011)					■			
Goleman, D. (2019)					■			
Hansen, M. T. (2009).			■					
Harvey, T. R., Corkrum, S. M., Fox, S. L., Gustafson, D. C., & Keuilian, D. K. (2022).							■	
Harvey, T. R., & Drolet, B. (2005)							■	
Hellriegel, D., & Slocum Jr., J. W. (2011)					■			
Jablokow, K. W. (2008).							■	
Jehn, K. A., & Bendersky, C. (2003).	■							
Johansen, M. L. (2012)				■				
Kecskes, I., & Zhang, F. (2009).		■		■				
Kriesberg, L. (2012)								■
Lencioni, P. M. (2002)	■							

The synthesis matrix focuses on the theoretical framework variables associated with the purpose of the research. It provides evidence for literature support for development of instrument.	Conflict	Common Ground	Collaboration	Communication	Emotional Intelligence	Ethics	Problem Solving	Shared Interest
Leever, A. M., Hulst, M. V. D., Berendsen, A. J., Boendemaker, P. M., Roodenburg, J. L. N., & Pols, J. (2010)			■					
Marek, L. I., Brock, D. P., & Savla, J. (2015)			■					
Martinez, C. H. (2020)			■		■			
Mayer, R. E., & Wittrock, M. C. (2006)							■	
McKee, A., Boyatzis, R. E., & Johnston, F. (2008)			■					
Mihelic, K. K., Lipicnik, B., & Tekavcic, M. (2010)						■		
Mohr, J., & Spekman, R. (1994)			■					
Mudrack, P. E., & Mason, E. S.. (2013)						■		
Murphy, H. A., Hildebrandt, H. W., & Thomas, J. P. (1997)				■				
Pearce & Newsome (2010)								
Puncochar, J. (2013)							■	
Rahim, M. A. (2002)						■		■
Schot, E., Tummers, L., & Noordegraaf, M. (2020)			■					
Shaikh, S. (2012)				■				
Sherman, R. O. (2006)				■				

The synthesis matrix focuses on the theoretical framework variables associated with the purpose of the research. It provides evidence for literature support for development of instrument.	Conflict	Common Ground	Collaboration	Communication	Emotional Intelligence	Ethics	Problem Solving	Shared Interest
Sims, R. R. (1992)						■		
Soltis, J. F., Strike, K. A., & Haller, E. J. (2005)						■		
Sparks, J. R., & Pan, Y. (2010)						■		
Susskind, L. E., & Cruikshank, J. L. (2006)								■
Suter, E., Arndt, J., Arthur, N., Parboosingh, J., Taylor, E., & Deutschlander, S. (2009).		■		■				
Thomas, T., Schermerhorn Jr, J. R., & Dienhart, J. W. (2004)						■		
Ury, W. (1993)								■
Walczak, M. B., & Absolon, P. L. (2001).		■		■				
Waugh, W. L., Jr., & Streib, G. (2006)			■					
Williams, P. S. (2015)			■					
Wong, A., Wang, X., Wang, X., & Tjosvold, D. (2019)						■		
Zhao, D., & Rosson, M. B. (2009)				■				■

APPENDIX B

The Purpose Statement and Research Questions

Purpose Statement

The purpose of this phenomenological method study was to identify and describe strategies that exemplary chief nurse executive leaders use to identify and establish common grounds to produce breakthrough results in healthcare by using the six domains of transformational conflict strategies: collaboration, communication, emotional intelligence, ethical behaviors, problem solving, and shared interest.

Research Central Question

What are the lived experiences of exemplary chief nurse executive leaders in establishing common ground and producing breakthrough results by engaging in elements of the six domains of conflict leadership strategies?

Research Subquestions

1. How do exemplary chief nurse executive leaders use communication to create common ground and breakthrough results?

2. How do exemplary chief nurse executive leaders use collaboration to create common ground and breakthrough results?

3. How do exemplary chief nurse executive leaders use emotional intelligence to create common ground and breakthrough results?

4. How do exemplary chief nurse executive leaders use ethical behavior to create common ground and breakthrough results?

5. How do exemplary chief nurse executive leaders use problem solving to create common ground and breakthrough results?

6. How do exemplary chief nurse executive leaders use shared interests to create

   common ground and breakthrough results?

APPENDIX C

Interview and Probe Questions

1. How would you describe that ethical behavior is demonstrated in your organization?

   a. Please describe a time when a team within your organization demonstrated ethical behavior.

2. When dealing with conflict, what part does ethical behavior play in resolving problems?

   a. As the leader, how do you promote ethical behavior throughout the organization?

3. Describe a time when you worked with stakeholders on different sides of a contentious issue to develop shared interests and a positive outcome.

   a. Can you describe the strategies you used to accomplish this?

4. Can you give me an example of a time when understanding the values and interests of others during conflict contribute to a positive outcome?

   a. What role did understanding the values and interests play in contributing to a positive outcome?

5. Can you share the story of a time when your emotional intelligence helped you to transform a difficult conflict into a breakthrough result?

   a. What emotional intelligence characteristics played a part in helping you to understand the other person's point of view?

6. Describe a time when you utilized social skills to manage another person's behavior during a time of conflict.

   a. What emotional intelligence characteristics played a part in helping you manage relationships during that conflict?

7. How do you identify the element(s) of an individual or group problem during the conflict?

   a. How do you use problem-solving to bridge opposing parties during the conflict?

8. Can you tell me about a time that you used common ground to problem solve?

   a. What were the strategies you used to problem solve?

9. Could you share where you have collaborated with stakeholders to find common ground to produce breakthrough results?

   a. Based on your experiences in finding breakthrough results, what would you do differently to find common ground when using collaboration as a key element?

10. Could you share your experience in building relationships and connections to foster collaboration with stakeholders to achieve breakthrough results?

a. In finding common ground to achieve breakthrough results, what were the key points or elements of collaboration that produced the breakthrough results?

11. How do you use communication to build relationships among opposing groups to reduce conflict?

a. Can you describe a time when you used verbal communication among opposing groups to reduce conflict? How about describing a time when using nonverbal communication among opposing groups to reduce conflict?

12. What types of communication skills do you use to convey common meanings and understanding in the workplace?

a. Describe the strategies you used to convey common meanings and understanding at work.

Alignment Table

Finding Common Ground - Research Question Alignment Table

Research Question	Variable	Definition	Interview Question(s)
1. How do exemplary leaders use **ethical** behavior to create common ground and breakthrough results?	Ethical Behavior	Ethical behavior is making choices and acting according to written and unwritten rules and practices of human conduct which support the common good of individuals and groups (April et al., 2010; Ciulla, 1995; Soltis et al., 2005).	1. How would you describe that ethical behavior is demonstrated in your organization? a. Please describe a time when a team within your organization demonstrated ethical behavior. 2. When dealing with conflict, what part does ethical behavior play in resolving problems? a. As the leader, how do you promote ethical behavior throughout the organization?
2. How do exemplary leaders use **shared interests** to create common ground and breakthrough results?	Shared Interests	Shared interest is an approach that provides people on different sides of a contentious issue to see the values and interests of another and develop creative options that will	1. Describe a time when you worked with stakeholders on different sides of a contentious issue to develop shared interests and a positive outcome. a. Can you describe the strategies you

		meet those interests in a way that is mutually beneficial, without jeopardizing their own interests or values? (Burton, 1990; Coleman, 2014; Kriesberg, 2012; Susskind & Cruikshank, 2006; Ury, 1991; Väyrynen, 2003).	used to accomplish this? 2. Can you give me an example of a time when understanding the values and interests of others during conflict contribute to a positive outcome? a. What role did understanding the values and interests play in contributing to a positive outcome?
3. How do exemplary leaders use **emotional intelligence** to create common ground and breakthrough results?	Emotional Intelligence	Emotional intelligence is the combination of self-awareness, motivation, regulation, empathy, and social skills that enable an individual to understand the emotions of others in social settings, allowing for the management of behavior and relationships (Bradberry & Greaves, 2009; Goleman, 2011, 2019; Hellriegel & Slocum, 2011).	1. Can you share the story of a time when your emotional intelligence helped you to transform a difficult conflict into a breakthrough result? a. What emotional intelligence characteristics played a part in helping you to understand the other person's point of view? 2. Describe a time when you utilized social skills to manage another person's behavior during a time of conflict. a. What emotional

			intelligence characteristics played a part in helping you manage relationships during that conflict?

4. How do exemplary leaders use **problem-solving** to create common ground and breakthrough results?	Problem Solving	Problem solving is identifying the nature of the problem and developing processes for arriving at an acceptable solution through deliberations with appropriate individuals and groups (Bentzen, Sorensen, & Torfing, 2020; Puncochar 2013).	1. How do you identify the element(s) of an individual or group problem during the conflict?
			  a. How do you use problem-solving to bridge opposing parties during the conflict?
			2. Can you tell me about a time that you used common ground to problem solve?
			  a. What were the strategies you used to problem solve?

5. How do exemplary leaders use **collaboration** to create common ground and breakthrough results?	Collaboration	Collaboration is the ability to involve others from diverse backgrounds, in a mutually beneficial and accountable manner, to find creative solutions and reach agreed-upon goals (Garcia 2013; Hansen, 2009).	1. Could you share where you have collaborated with stakeholders to find common ground to produce breakthrough results? a. Based on your experiences in finding breakthrough results, what would you do differently to

			find common ground when using collaboration as a key element? 2. Could you share your experience in building relationships and connections to foster collaboration with stakeholders to achieve breakthrough results? a. In finding common ground to achieve breakthrough results, what were the key points or elements of collaboration that produced the breakthrough results?
6. How do exemplary leaders use **communication** to create common ground and breakthrough results?	Communication	Communication is a process of transmitting and receiving verbal and nonverbal messages to create common meanings and understanding (Allen, 1958; Murphy et al., 1997; Shaikh, 2012).	1. How do you use communication to build relationships among opposing groups to reduce conflict? a. Can you describe a time when you used verbal communication among opposing groups to reduce conflict? How about

			describing a time when using nonverbal communication among opposing groups to reduce conflict? 2. What types of communication skills do you use to convey common meanings and understanding in the workplace? a. Describe the strategies you used to convey common meanings and understanding at work.

APPENDIX E

Participant Feedback Questions

1. How did you feel about the interview? Do you think you had ample opportunities to describe what you do as a leader when working with your team or staff?

2. Did you feel the amount of time for the interview was ok?

3. Were the questions by and large clear or were there places where you were uncertain what was being asked?

4. Can you recall any words or terms being asked about during the interview that were confusing?

5. And finally, did I appear comfortable during the interview… (I'm pretty new at this)?

APPENDIX F

Observer Feedback Questions

1. How long did the interview take?

2. How did you feel during the interview?

3. Going into it, did you feel prepared to conduct the interview?

4. What parts of the interview went the most smoothly and why do you think that was the case?

5. What parts of the interview seemed to struggle and why do you think that was the case?

6. If you were to change any part of the interview, what would that part be and how would you change it?

7. What suggestions do you have for improving the overall process?

APPENDIX G

IRB Approval

From: Institutional Review Board <my@umassglobal.edu>
Sent: Sunday, October 23, 2022 5:16 PM
To: XXXXXXXX@mail.umassglobal.edu
Cc: XXXXXXX@umassglobal.edu; irb@umassglobal.edu
Subject: IRB Application Approved: Michael Thompson

Dear Michael Thompson,

Congratulations! Your IRB application to conduct research has been approved by the UMass Global Institutional Review Board. Please keep this email for your records, as it will need to be included in your research appendix.

If you need to modify your IRB application for any reason, please fill out the "Application Modification Form" before proceeding with your research. The Modification form can be found at IRB.umassglobal.edu

Best wishes for a successful completion of your study.

Thank You,

IRB
Academic Affairs
UMass Global
16355 Laguna Canyon Road
Irvine, CA 92618
irb@umassglobal.edu
www.umassglobal.edu

This email is an automated notification. If you have questions please email us at

irb@umassglobal.edu.

APPENDIX H

Informed Consent and Audio Recording Release

INFORMATION ABOUT: How Exemplary Chief Nurse Executives Utilize the Six Domains of Conflict Transformational Strategies to Establish Common Ground and Produce Breakthrough results.

RESPONSIBLE INVESTIGATOR: Michael Thompson, MSN, MBA, RN, CNML

PURPOSE OF THE STUDY: You are being asked to participate in a research study conducted by <u>Michael Thompson,</u> MSN, MBA, RN, CNML, a doctoral student from the School of Education at UMASS GLOBAL. The purpose of this phenomenological research study was to understand how exemplary chief nurse executives use the six domains of conflict transformational strategies to establish common ground and produce breakthrough results. The six domains of conflict transformational strategies are: communication, collaboration, emotional intelligence, ethical behavior, problem-solving, and shared interest. This study will fill the gap in the research regarding the impact on producing breakthrough results by using the six domains of conflict transformational strategies to find common ground by the Chief Nurse Executives.

The results of this study may help health care leaders the importance of identifying and finding the common ground to resolve and manage conflicts to ensure delivery of quality and safe patient care.

By participating in this study, I agree to participate in an (individual and/or group interview). The interview(s) will last approximately 45 – 60 minutes and will be conducted by (in person, phone, electronically using remote conferencing video). In addition, participants may complete an electronic survey using Survey Monkey. The survey will take approximately 20 minutes to complete. Completion of the (individual and/or group interview and/or electronic survey) will take place November through December 2022.

I understand that:

a) There are minimal risks associated with participating in this research. I understand that the Investigator will protect my confidentiality by keeping the identifying codes and research materials in a locked file drawer that is available only to the researcher.

b) I understand that the interview will be audio recorded. The recordings will be available only to the researcher and the professional transcriptionist. The audio recordings will be used to capture the interview dialogue and to ensure the accuracy of the information collected during the interview. All information will be identifier-redacted and my confidentiality will be maintained. Upon completion of the study all recordings will be destroyed. All other data and consents will be securely stored for three years after completion of data collection and confidentially shredded or fully deleted.

c) The possible benefit of this study to me is that my input may help add to the research regarding coaching programs and the impact coaching programs have on developing future school leaders. The findings will be available to me at the conclusion of the study and will provide new insights about the coaching experience in which I participated. I understand that I will not be compensated for my participation.

d) If you have any questions or concerns about the research, please feel free to contact Michael Thompson (Researcher) at XXXXXX@mail.umassglobal.edu or by phone at XXX-XXX-XXXX. Dr. Doug DeVore (Advisor) at XXXXXXX@umassglobal.edu or by phone at XXX-XXX-XXXX.

e) My participation in this research study is voluntary. I may decide to not participate in the study and I can withdraw at any time. I can also decide not to answer particular questions during the interview if I so choose. I understand that I may refuse to participate or may withdraw from this study at any time without any negative consequences. Also, the Investigator may stop the study at any time.

f) No information that identifies me will be released without my separate consent and that all identifiable information will be protected to the limits allowed by law. If the study design or the use of the data is to be changed, I will be so informed and my consent re-obtained. I understand that if I have any questions, comments, or concerns about the study or the informed consent process, I may write or call the Office of the Vice Chancellor of Academic Affairs, UMASS GLOBAL, at 16355 Laguna Canyon Road, Irvine, CA 92618, (949) 341-7641.

I acknowledge that I have received a copy of this form and the "Research Participant's Bill of Rights." I have read the above and understand it and hereby consent to the procedure(s) set forth.

_____   Date:_____
Signature of Participant or Responsible Party

_____   Date:_____
Signature of Principle Investigator

APPENDIX I

Research Participant's Bill of Rights

Any person who is requested to consent to participate as a subject in an experiment, or who is requested to consent on behalf of another, has the following rights:

1. To be told what the study is attempting to discover.
2. To be told what will happen in the study and whether any of the procedures, drugs or devices are different from what would be used in standard practice.
3. To be told about the risks, side effects or discomforts of the things that may happen to him/her.
4. To be told if he/she can expect any benefit from participating and, if so, what the benefits might be.
5. To be told what other choices he/she has and how they may be better or worse than being in the study.
6. To be allowed to ask any questions concerning the study both before agreeing to be involved and during the course of the study.
7. To be told what sort of medical treatment is available if any complications arise.
8. To refuse to participate at all before or after the study is started without any adverse effects.
9. To receive a copy of the signed and dated consent form.
10. To be free of pressures when considering whether he/she wishes to agree to be in the study.

If at any time you have questions regarding a research study, you should ask the researchers to answer them. You also may contact the UMASS GLOBAL Institutional Review Board, which is concerned with the protection of volunteers in research projects. The UMass Global Institutional Review Board may be contacted either by telephoning the Office of Academic Affairs at (949) 341-9937 or by writing to the Vice Chancellor of Academic Affairs, UMASS GLOBAL, 16355 Laguna Canyon Road, Irvine, CA, 92618.

Letter of Invitation to Participate

Dear,

I am a doctoral candidate at UMass Global researching towards the doctorate in Organizational Leadership. I am conducting a study on how exemplary Chief Nurse Executives utilize the six domains of conflict transformational strategies to establish common ground and produce breakthrough results.

I am requesting your assistance in the study by participating in an interview which will take 45-60 minutes and be set up at a convenient time. If you agree to participate in an interview, you will be assured that it will be completely confidential. No names will be attached to any notes or records from the interview. All information will remain in locked files accessible only to the researcher. No one from your organization will have access to the information obtained during the interview. You will be free to stop the interview and withdraw from the study at any time. Further, you may be assured that the researchers are not in any way affiliated with your school district.

I am available to answer questions via telephone at xxx-xxx-xxxx or via email to answer any questions you may have.

Please email or call me if you are willing to consider participating in this study. Your participation would be greatly valued.

Sincerely,

UMass Global Doctoral Candidate in Organizational Leadership