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# EFFECT OF A CONFLICT MANAGEMENT TRAINING PROGRAM ON STAFF NURSES' ORGANIZATIONAL COMMITMENT

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**Abstract**

*Organizational commitment is a key determinant of nurse retention and quality of care, and unresolved workplace conflict may weaken nurses' attachment to their organizations. This study aimed to evaluate the effect of a conflict management training program on staff nurses' organizational commitment. A quasi-experimental one-group design with pre-program, immediate post-program, and follow-up assessments was used with a convenience sample of 68 out of 82 staff nurses at Mudhailif General Hospital, Makkah Region, Saudi Arabia. The program comprised eight two-hour sessions delivered over four weeks in September 2025. Organizational commitment was measured using a 24-item questionnaire covering affective, continuance, and normative commitment (Cronbach's alpha = 0.70); conflict management knowledge and strategies were also assessed. The total organizational commitment mean score increased from 38.75 ± 10.10 before the program to 54.84 ± 9.10 immediately after it and 58.69 ± 2.82 at follow-up ($p < 0.01$). Affective commitment increased from 9.61 ± 3.10 to 16.42 ± 2.60 and 18.86 ± 0.94, and continuance commitment from 12.05 ± 4.10 to 20.90 ± 3.80 and 22.86 ± 0.94, whereas normative commitment changed little (17.09 ± 2.20, 17.52 ± 2.10, and 16.97 ± 0.94). The proportion of nurses with a high level of commitment rose from 22.1% before the program to 70.6% immediately after it and 100% at follow-up. Organizational commitment correlated strongly with the use of conflict management strategies ($r = 0.84$) but not with conflict management knowledge ($r = 0.06$). Conflict management training appears to be a promising strategy for strengthening nurses' organizational commitment, particularly its affective component.*

**Index Terms:** *Affective Commitment, Conflict Management, Nurse Retention, Organizational Commitment, Quasi-Experimental Study, Saudi Arabia, Staff Nurses, Training Program.*

## 1. INTRODUCTION

Retaining nurses is a priority for health systems worldwide. The global nursing shortage is projected to decline to 4.1 million by 2030, yet nearly 70% of the remaining shortfall is expected to be concentrated in the African and Eastern Mediterranean regions, which include Saudi Arabia [1]. Turnover compounds the problem, with a pooled turnover prevalence of 18% reported among nursing staff worldwide [2].

Organizational commitment is one of the strongest attitudinal predictors of whether nurses stay. Mowday, Steers, and Porter [3] described it as the relative strength of an individual's identification

DOI: 10.5281/zenodo.24387831
Vol: 63 | Issue: 11 | 2026

with and involvement in an organization, and Allen and Meyer [4] distinguished affective commitment (emotional attachment), continuance commitment (awareness of the costs of leaving), and normative commitment (a sense of obligation to remain). Meta-analytic evidence identifies organizational commitment as a major protective factor against hospital nurses' turnover intention [5], and nurses who are more committed report lower intention to leave [6]. Higher commitment has also been associated with less missed nursing care [7], and a systematic review concluded that affective commitment improves performance and patient safety culture [8].

Workplace relationships are central to nurses' commitment. In Saudi Arabia, leadership style and work engagement predicted nurses' commitment [9], and a more favorable work environment was associated with higher commitment in Makkah Cluster hospitals [10]. Organizational justice has been linked to commitment among Egyptian staff nurses [11] and to affective commitment among Japanese nurses [12], and organizational support is inversely associated with turnover intention [13]. Conflict, by contrast, erodes these relationships: interpersonal conflict at work was associated with higher turnover intention in a large multi-center study [14], and conflict is common among nurses, especially in high-pressure settings [15], [16].

Conflict management training may therefore offer a route to stronger commitment. A systematic review recommended tailored conflict management training for nurses [17], and conflict management programs have improved nurses' conflict management and performance [18] and, in one Egyptian study, organizational commitment and structural empowerment [19]. Other educational programs targeting autonomy [20], talent management [21], shared governance [22], and total quality management [23] have also been associated with improvements in nurses' commitment. Nevertheless, evidence on the effect of conflict management training on staff nurses' commitment in Saudi hospitals is lacking, and baseline commitment among staff nurses in small general hospitals tends to be moderate [24], [25].

Therefore, this study aimed to evaluate the effect of a conflict management training program on staff nurses' organizational commitment at Mudhailif General Hospital. It was hypothesized that staff nurses' perceived organizational commitment mean score after program implementation would differ from that before the program.

## 2. METHODS

### 2.1 Design

A quasi-experimental one-group design with repeated measurements (pre-program, immediately post-program, and follow-up) was used. The program was organized according to Lewin's three-stage change model (unfreezing, changing, and refreezing) [Lewin reference required]. The effects of the program on conflict management knowledge and strategies and the baseline commitment profile are reported in companion papers [cite the companion papers].

### 2.2 Setting

The study was conducted at Mudhailif General Hospital, a 61-bed governmental hospital in the Makkah Region, Saudi Arabia, in the male department (15 beds), female department (17 beds), intensive care unit (3 beds), long-term and palliative care unit (4 beds), neonatal intensive care unit (4 beds), well-baby unit (2 beds), and emergency department (16 beds).

### 2.3 Participants

The population comprised all staff nurses working in these departments (N = 82). Nurses who could read and write English were eligible. Using the formula $n = N / (1 + N e^2)$ with a 5% margin of error,

DOI: 10.5281/zenodo.24387831
Vol: 63 | Issue: 11 | 2026

the required sample was n = 82 / (1 + 82 × $0.05^2$) ≈ 68. A convenience sample of 68 staff nurses participated [confirm that all 68 nurses completed the three assessments, or report attrition].

**2.4 Instruments**

The personal and work-related data sheet recorded age, gender, working unit, marital status, educational level, years of experience in the hospital and current unit, and previous attendance of conflict management training courses. Organizational commitment was measured using the Staff Nurses' Organizational Commitment Questionnaire, developed by the investigator and guided by Mowday et al. [3] and Cook, Hepworth, Wall, and Warr (1989) [full reference required]. It comprised 24 items in three domains: affective commitment (7 items), continuance commitment (9 items; items 7 and 9 reverse coded), and normative commitment (8 items; items 3, 4, 5, 6, and 8 reverse coded). Responses were rated on a three-point scale (1 = disagree, 2 = neutral, 3 = agree), giving possible ranges of 7 to 21, 9 to 27, 8 to 24, and 24 to 72 for the three domains and the total, respectively. The total score was converted into a percentage [specify the conversion formula], and commitment was classified as low (< 50%), moderate (50% to 75%), or high (> 75%) [El-Hessewi, 2014 – full reference required]. Conflict management knowledge was assessed using a 25-item multiple-choice questionnaire, and the use of conflict management strategies using a 28-item self-report questionnaire adapted from the Rahim Organizational Conflict Inventory-II [26]; both instruments are described in detail in the companion paper.

**2.5 Validity and Reliability**

Content and face validity were established by three experts from the Nursing Administration Department, Faculty of Nursing, Cairo University. Cronbach's alpha was 0.70 for the organizational commitment questionnaire, 0.86 for the knowledge questionnaire, and 0.77 for the strategies questionnaire.

**2.6 Procedure and Intervention**

Preparatory phase (unfreezing). The pre-program assessment was conducted from the beginning to the end of August 2025; the commitment questionnaire took approximately 15 to 25 minutes to complete. The program was designed on the basis of the assessment results. Program description and implementation (changing). The program aimed to provide staff nurses with the knowledge and strategies needed for conflict management and to use them to enhance organizational commitment. It was delivered from the beginning to the end of September 2025 during morning and afternoon shifts in eight two-hour sessions (16 hours in total) over four weeks. The sessions covered the definition and characteristics of conflict; types and positive and negative aspects of conflict; causes and sources of conflict in healthcare organizations; the difference between conflict management and negotiation; the definition and importance of conflict management; barriers to conflict management; the conflict management process and strategies; and the role of staff nurses in conflict management. Teaching methods included lectures, group discussions, role play, and brainstorming, supported by handouts, PowerPoint presentations, brochures, scenarios, and video films. Each session began with an overview of its objectives and ended with participants' feedback. Evaluation phase (refreezing). The same instruments were administered immediately after the program, during October 2025, and at follow-up from the beginning to the end of February 2026 approximately three months after the program.

**2.7 Ethical Considerations**

The study was approved by the Scientific Research Ethics Committee of the Faculty of Nursing, Cairo University, and by the Institutional Review Board of the Ministry of Health branch in the Makkah Region, Saudi Arabia, in accordance with ICH Good Clinical Practice guidelines. Official permission was

DOI: 10.5281/zenodo.24387831
Vol: 63 | Issue: 11 | 2026

obtained from the administration of Mudhailif General Hospital. Participation was voluntary, the nurses were informed that the study posed no risk and that they could withdraw at any time, each participant signed an informed consent form, and confidentiality was ensured.

### 2.8 Statistical Analysis

Data were analyzed using SPSS version 22. Descriptive statistics (frequencies, percentages, means, and standard deviations) were calculated. Analysis of variance (ANOVA) was used to compare commitment scores across the three assessment periods [specify repeated-measures ANOVA and the post hoc test used], the chi-square test was used to compare commitment levels across periods [a test for related samples is more appropriate], and Pearson's correlation coefficient was used to examine the relationships among commitment, knowledge, and strategy scores. A p-value of less than 0.05 was considered statistically significant.

## 3. RESULTS

### 3.1 Characteristics of the Participants

As shown in Table 1, most staff nurses were female (86.8%), married (92.6%), aged 30 to less than 40 years (63.2%), and held a baccalaureate degree in nursing (89.7%); 67.6% had less than five years of experience in the hospital.

**Table 1: Personal and Work-Related Characteristics of Staff Nurses (N = 68)**

| Characteristic | No. | % |
|---|---|---|
| Gender | | |
| Male | 9 | 13.2 |
| Female | 59 | 86.8 |
| Age (years) | | |
| 20 to < 30 | 20 | 29.4 |
| 30 to < 40 | 43 | 63.2 |
| 40 to 50 | 5 | 7.4 |
| Marital status | | |
| Single | 5 | 7.4 |
| Married | 63 | 92.6 |
| Educational level | | |
| Diploma in nursing | 5 | 7.4 |
| Baccalaureate degree in nursing | 61 | 89.7 |
| Master's degree in nursing | 2 | 2.9 |
| Years of experience in the hospital | | |
| < 5 | 46 | 67.6 |
| 5 to < 10 | 13 | 19.1 |
| 10 to < 15 | 9 | 13.2 |
| Years of experience in the current unit | | |
| < 5 | 67 | 98.5 |
| 5 to < 10 | 1 | 1.5 |
| Attended a conflict management training course | | |
| Yes | 66 | 97.1 |
| No | 2 | 2.9 |

*Counts for gender, age, and years of experience in the hospital were derived from the reported percentages. Percentages may not total 100 because of rounding.*

DOI: 10.5281/zenodo.24387831
Vol: 63 | Issue: 11 | 2026

### 3.2 Organizational Commitment Scores

Table 2 shows that the total organizational commitment mean score increased from 38.75 ± 10.10 before the program to 54.84 ± 9.10 immediately after it and further to 58.69 ± 2.82 at follow-up ($F = 18.49$, $p < 0.01$). Affective commitment increased from 9.61 ± 3.10 to 16.42 ± 2.60 and 18.86 ± 0.94, and continuance commitment from 12.05 ± 4.10 to 20.90 ± 3.80 and 22.86 ± 0.94. Normative commitment scores were similar across the three periods (17.09 ± 2.20, 17.52 ± 2.10, and 16.97 ± 0.94; $F = 28.01$, $p = 0.00$).

**Table 2: Staff Nurses' Organizational Commitment Scores Across Assessment Periods (N = 68)**

| Commitment domain (no. of items; range) | Pre-program Mean ± SD | Immediately post Mean ± SD | Follow-up Mean ± SD | F | p |
|---|---|---|---|---|---|
| Affective (7; 7–21) | 9.61 ± 3.10 | 16.42 ± 2.60 | 18.86 ± 0.94 | 12.45 | 0.00* |
| Continuance (9; 9–27) | 12.05 ± 4.10 | 20.90 ± 3.80 | 22.86 ± 0.94 | 15.01 | 0.00* |
| Normative (8; 8–24) | 17.09 ± 2.20 | 17.52 ± 2.10 | 16.97 ± 0.94 | 28.01 | 0.00* |
| Total organizational commitment (24; 24–72) | 38.75 ± 10.10 | 54.84 ± 9.10 | 58.69 ± 2.82 | 18.49 | 0.00* |

**Significant at $p \leq 0.05$; p-values are reported to two decimal places.*

### 3.3 Levels of Organizational Commitment

As shown in Table 3, more than three quarters (77.9%) of the nurses had a moderate level of organizational commitment before the program and 22.1% had a high level. Immediately after the program, the proportion with high commitment increased to 70.6%, and at follow-up all nurses (100%) had a high level of commitment. No nurse had a low level at any assessment.

**Table 3: Levels of Organizational Commitment among Staff Nurses Across Assessment Periods (N = 68)**

| Commitment level | Pre-program No. (%) | Immediately post No. (%) | Follow-up No. (%) | $\chi^2$ | p |
|---|---|---|---|---|---|
| Low (< 50%) | 0 (0.0) | 0 (0.0) | 0 (0.0) | 22.4 | 0.00* |
| Moderate (50% to 75%) | 53 (77.9) | 20 (29.4) | 0 (0.0) | | |
| High (> 75%) | 15 (22.1) | 48 (70.6) | 68 (100.0) | | |

**Significant at $p \leq 0.05$.*

### 3.4 Relationships among Commitment, Knowledge, and Strategies

Table 4 shows a strong positive correlation between organizational commitment and the use of conflict management strategies ($r = 0.84$, $p < 0.01$) and a moderate positive correlation between conflict management knowledge and strategies ($r = 0.36$, $p < 0.01$). No significant correlation was found between conflict management knowledge and organizational commitment ($r = 0.06$, $p = 0.32$) [specify the assessment period(s) on which the correlations were computed].

**Table 4: Correlations among Conflict Management Knowledge, Conflict Management Strategies, and Organizational Commitment (N = 68)**

| Variable | Knowledge r (p) | Strategies r (p) | Commitment r (p) |
|---|---|---|---|
| Conflict management knowledge | 1 | | |
| Conflict management strategies | 0.36 (0.00*) | 1 | |
| Organizational commitment | 0.06 (0.32) | 0.84 (0.00*) | 1 |

**Significant at $p \leq 0.05$.*

DOI: 10.5281/zenodo.24387831
Vol: 63 | Issue: 11 | 2026

## 4. DISCUSSION

This study evaluated the effect of a conflict management training program on staff nurses' organizational commitment. Commitment increased substantially after the program, and the proportion of nurses with high commitment rose from about one fifth before the program to more than two thirds immediately afterward. These findings support the hypothesis and agree with those of Elgamal et al. [19], who reported that a conflict management training program for staff nurses improved organizational commitment immediately and three months after implementation. They are also consistent with studies of other educational programs: an autonomy program increased the proportion of staff nurses with high commitment from 20% to 80% after the program and 73.3% at follow-up [20]; a talent management program improved all three types of commitment among nurse managers [21]; a shared governance program for head nurses was associated with high commitment among most of their staff nurses after the program and at follow-up [22]; and a total quality management intervention among Jordanian nurses was associated with improved commitment and job performance [23].

The improvement was most pronounced in affective commitment, which was the weakest component before the program. Emotional attachment to the organization depends heavily on the quality of workplace relationships, the fairness with which employees are treated, and support from leaders [11], [12], [9]. By teaching nurses to identify the causes of conflict and to address disagreements collaboratively, the program may have reduced interpersonal tension and improved relationships with supervisors and colleagues, thereby strengthening nurses' emotional bond with the hospital. The strong correlation between strategy use and commitment ($r = 0.84$), together with the absence of a correlation between knowledge and commitment, suggests that it is the application of constructive conflict management in practice, rather than knowledge alone, that is associated with stronger commitment. This interpretation is consistent with evidence that a supportive work environment [10] and organizational support [13] are closely linked to nurses' commitment and retention.

Continuance commitment also increased markedly. Because continuance commitment reflects the perceived costs of leaving [4], a training program would not be expected to change it directly; the increase may indicate that nurses came to value the improved working relationships and the investment the hospital made in their development, which they would lose by leaving. Normative commitment, in contrast, changed little across the three assessments. Normative commitment reflects a sense of obligation that may be shaped more by personal and cultural values than by short-term organizational interventions. Unlike previous studies, in which commitment declined slightly at follow-up while remaining above baseline [19], [20], commitment in the present study continued to increase at follow-up, and all nurses were classified as highly committed. This sustained effect may reflect continued application of the strategies learned in the program, but other factors operating during the follow-up period cannot be excluded in the absence of a control group, and the finding should therefore be interpreted with caution. These findings have practical implications. Organizational commitment is a strong predictor of lower turnover intention [5], [6], and interpersonal conflict is associated with higher turnover intention [14]. Higher commitment has also been linked to less missed nursing care [7] and to better patient safety culture [8]. Conflict management training, which is relatively inexpensive and can be delivered within the hospital, may therefore help hospital administrators strengthen nurses' commitment, with potential benefits for workforce stability and patient care [17].

## 5. LIMITATIONS

This study has several limitations. The one-group design without a control group does not allow the observed changes to be attributed with certainty to the program, because concurrent organizational

DOI: 10.5281/zenodo.24387831
Vol: 63 | Issue: 11 | 2026

changes, repeated exposure to the same questionnaire, and social desirability may have contributed. The study was conducted in a single small hospital with a convenience sample, limiting generalizability. The commitment questionnaire was developed by the investigator, used a three-point response scale, and had modest reliability (alpha = 0.70), and its cut-off points have not been validated. The follow-up period was relatively short, and repeated measurements in the same participants require statistical methods for related samples.

## 6. CONCLUSION AND RECOMMENDATIONS

The conflict management training program was associated with a substantial and sustained improvement in staff nurses' organizational commitment, particularly in its affective and continuance components, and commitment was strongly related to nurses' use of conflict management strategies. Based on these findings, the following are recommended:

1) Hospital administrators should incorporate conflict management training into continuing education and orientation programs as part of nurse retention strategies.
2) Nurse Managers should create a supportive work environment that encourages collaborative resolution of conflicts and recognizes nurses' contributions.
3) Organizational commitment should be monitored periodically using validated instruments to evaluate the effects of workforce interventions.
4) Refresher training sessions should be provided to sustain the gains in conflict management and commitment.
5) Future studies should use controlled designs, larger multi-site samples, and longer follow-up periods, and should examine the effects of conflict management training on turnover and quality of care.

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Vol: 63 | Issue: 11 | 2026

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Vol: 63 | Issue: 11 | 2026

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