Conflict Management and Perceived Team Cohesion of Nurses in Affiliated Hospitals of Dali University, People's Republic of China*

การจัดการความขัดแย้งและความเหนียวแน่นในทีมตามการรับรู้ของพยาบาลในโรงพยาบาลในเครือของมหาวิทยาลัยต้าหลี่ สาธารณรัฐประชาชนจีน*

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บทคัดย่อ

    ความเหนียวแน่นในทีมเป็นปัจจัยสำคัญในทีมสหสาขาวิชาชีพ และช่วยให้ทีมสามารถทำงานที่สร้างสรรค์และซับซ้อนได้ การศึกษาเชิงพรรณนาแบบหาความสัมพันธ์นี้ มีวัตถุประสงค์เพื่อศึกษารูปแบบการจัดการความขัดแย้ง ระดับความเหนียวแน่นในทีม และความสัมพันธ์ระหว่างรูปแบบการจัดการความขัดแย้งแต่ละรูปแบบและการรับรู้ความเหนียวแน่นในทีม ของพยาบาลในโรงพยาบาลในเครือของมหาวิทยาลัยต้าหลี่ สาธารณรัฐประชาชนจีน กลุ่มตัวอย่าง คือ พยาบาลที่ทำงานในโรงพยาบาลมหาวิทยาลัย 2 แห่ง ในมณฑลยูนนาน จำนวน 339 ราย เครื่องมือที่ใช้ในการรวบรวมข้อมูล ได้แก่ 1) แบบทดสอบดัชนีเพื่อการเผชิญกับความขัดแย้ง (DUTCH) ซึ่งพัฒนาโดย แวนเดอเวอร์ท (Van de Vliert, 1997) และแปลเป็นภาษาจีนโดย ลอ (Luo, 2011) 2) แบบวัดกลุ่มความเหนียวแน่น พัฒนาโดย กูด และเนลสัน (Good & Nelson, 1973) และแปลเป็นภาษาจีนโดย เซ (Hsieh, 1998) วิเคราะห์ข้อมูลโดยใช้สถิติพรรณนา วิเคราะห์ความสัมพันธ์ระหว่างตัวแปรที่ศึกษา โดยใช้สัมประสิทธิ์สหสัมพันธ์สเปียร์แมน

    ผลการศึกษาครั้งนี้ พบว่า

    1. พยาบาลส่วนใหญ่ ใช้การจัดการความขัดแย้งรูปแบบเดียวเพื่อจัดการกับสถานการณ์ความขัดแย้ง ในจำนวนนี้พยาบาลร้อยละ 43.36 ใช้การจัดการความขัดแย้งแบบการหลีกเลี่ยง ร้อยละ 19.17 ใช้การจัดการความขัดแย้งแบบการแก้ปัญหาหรือการร่วมมือกัน ร้อยละ 3.25 ใช้การจัดการความขัดแย้งแบบการประนีประนอมหรือการบังคับ และร้อยละ 2.07 ใช้การจัดการความขัดแย้งแบบการยินยอม

    2. พยาบาลรับรู้ว่ามีความเหนียวแน่นในทีมอยู่ในระดับปานกลาง ($\bar{X}$ = 4.41, SD = 2.20)

    3. ความเหนียวแน่นในทีมมีความสัมพันธ์ทางบวกกับคะแนนการจัดการความขัดแย้งแบบการแก้ปัญหา (r_s = .51, p < .01) และคะแนนการจัดการความขัดแย้งแบบการประนีประนอม (r_s = .33, p < .01) และพบว่า ความ

เหนียวแน่นในทีมมีความสัมพันธ์ทางลบกับคะแนนการจัดการความขัดแย้งแบบการหลีกเลี่ยง (r$_s$ = -.21, p < .01) และคะแนนการจัดการความขัดแย้งแบบการบังคับ (r$_s$ = -.18, p < .01) อย่างไรก็ตาม ไม่พบความสัมพันธ์ระหว่างความเหนียวแน่นในทีมกับคะแนนการจัดการความขัดแย้งแบบการยินยอม (r$_s$ = -.08, p > .05)

จากผลการวิจัยครั้งนี้ มีประโยชน์ต่อผู้บริหารทางการพยาบาลในการแก้ปัญหาความขัดแย้งในทีมสหวิชาชีพ ผู้บริหารทางการพยาบาลควรมีการส่งเสริมให้เกิดความเหนียวแน่นในทีมสหวิชาชีพด้วยการกระตุ้นให้พยาบาลใช้การแก้ปัญหาและการประนีประนอมในการจัดการกับความขัดแย้ง

คำสำคัญ: การจัดการความขัดแย้ง ความเหนียวแน่นในทีมตาม การรับรู้ โรงพยาบาลในเครือของมหาวิทยาลัยต้าหลี่

Abstract

Team cohesion is an important factor in multidisciplinary teams and can inspire teams to perform creative and complex work. The purpose of this descriptive correlational study was to examine the styles of conflict management and levels of team cohesion, as well as to explore the relationship between each style of conflict management and perceived team cohesion among nurses in affiliated hospitals of Dali University in the People's Republic of China. The sample consisted of 339 nurses who worked in two university hospitals in Yunnan province. Research instruments included: 1) Dutch Test for Conflict Handling (DUTCH) developed by Van de Vliert (1997) and translated into Chinese by Luo (2011) and 2) Group Cohesion Scale developed by Good and Nelson (1973) and translated into Chinese by Hsieh (1998). Data were analyzed by descriptive statistics and Spearman's rank-order correlations.

The results of this study were as follows:

1. The majority of nurses used one style of conflict management to deal with conflict situations. Among these nurses, 43.36% used the avoidance conflict management style, 19.17% used the problem-solving conflict management style, 3.25% used compromise or forcing conflict management styles, and 2.07% of nurses used the yielding conflict management style.

2. Nurses perceived team cohesion at a moderate level ($\bar{X}$ = 4.41, SD = 2.20).

3. There was a positive relationship between team cohesion and the problem-solving conflict management style ($\bar{X}$ = .51, p < .01) and the compromise conflict management style ($\bar{X}$ = .33, p < .01). It also indicated that team cohesion was negatively related to the avoidance conflict management style ($\bar{X}$ = -.21, p < .01), and the forcing conflict management style ($\bar{X}$ = -.18, p < .01). However, there was no relationship between team cohesion and the yielding conflict management style ($\bar{X}$ = -.08, with p > .05).

The findings of this study are beneficial for nurse managers to resolve internal multidisciplinary team conflict. Nurse managers can promote the development of multidisciplinary team cohesion by encouraging nurses to use the problem-solving and compromise styles to handle conflicts within their team.

Background and Significance

The development of a team environment has become increasingly important in healthcare delivery systems. Multidisciplinary team approaches utilize the skills and experiences of individuals from different disciplines in order to accomplish the best and the most cost-effective outcomes for patients and clients (Borrill et al., 2000). It has been recognized that the two most important members of the multidisciplinary team are nurses and physicians, and by working together, they improve team effectiveness achieving optimal patient outcomes (Mickan & Rodger, 2005). Nevertheless, poor team communication, unresolved conflicts and lack of coordination among healthcare providers have been shown to impact care effectiveness, resulting in unnecessary hospital days and costs, increased readmissions and mortality rates (Temkin-Greener, Gross, Kunitz, & Mukamel, 2004). Effective teamwork in the health care is therefore extremely important.

Team cohesion is a vital component of effective teamwork. It is defined as all the forces that influence members to stay in a particular group and group attractiveness (Good & Nelson, 1973). Good and Nelson proposed two subscales to measure team cohesion: perceived cohesiveness and group attractiveness. Team cohesion plays a crucial role in teams, many benefits have been demonstrated. Patient care teams with greater cohesiveness are associated with a better quality of care and higher patient satisfaction (Deeter-Schmelz & Kennedy, 2003).

Team cohesion was a significant predictor of nurses' turnover intention (Shader, Broome, Broome, West, & Nash, 2001) and job satisfaction (Bontrager, Hart, & Mareno, 2014). In addition, nurses who work in cohesive teams are more likely to have a sense of belonging and commitment to the team, mutual trust, and respect for each other. Furthermore, team cohesion is a requisite for effective team performance, team autonomy, effective collaboration, and problem solution (Deeter-Schmelz & Kennedy, 2003). Some study findings show that team cohesion in Chinese health care system needs to be explored. Wu, Chen, and Jin (2004) investigated interpersonal communication and team cohesion at Guangdong Provincial Traditional Chinese Medicine Hospital. The results showed that team cohesion was at a low level (M = 24.3, SD = 6.4). Ling and Hu (2016) reported that 279 temporary nurses resigned from one tertiary hospital in Jiangsu, China, and reported these nurses had a lesser sense of belonging to the nursing team. Wang, Lin, Liang, Pang and Zhang (2015) indicated that nurses were dissatisfied with the multidisciplinary team and had a low level of willingness to work together in the team. The findings may imply that the teamwork in Chinese hospitals leaves much to be desired.

One challenge to team cohesion is conflict, which is one of the factors that make the environment either a positive or a negative one for professional nurses (Almost, 2010). Conflicts in the workplace are normal and inevitable

and can lead to lowered morale, which leads to decreased productivity and poor team performance (Jehn & Mannix, 2001). In addition, conflict can make interacting with team members a negative experience and reduce cohesion (Grossman, 2014). Nurses who learn to manage conflict effectively can increase their cooperation within their workgroups. Conversely, ineffective conflict management generates even more conflict. Conflict management refers to the behavioural reaction to others through the combination of self-concern and other-concern (Pruitt & Rubin, 1986). Pruitt and Rubin, based on two motives, concern for self and concern for others, proposed five styles of conflict management, including problem-solving, forcing, yielding, avoidance, and compromise. Although much research has been done related to conflict management among nurses in various settings, different preferences of conflict management were demonstrated within different cultural settings.

The affiliated hospitals of Dali University, Level-A tertiary hospitals in Yunnan Province, serve as institute-affiliated medical centers that combine health care, medical education, and scientific research. These hospitals are responsible for providing advanced health care services to local residents and people throughout the province. The nursing work environment in these hospitals is characterized by a heavy workload and a considerable shortage of nurses. Nurses frequently work overtime and it is difficult for them to achieve effective teamwork. In Chinese hospitals, conflicts commonly exist between nurses and physicians,

and multidisciplinary collaboration is negatively impacted. When nurses are dissatisfied with the multidisciplinary team, they will have low levels of morale and sense of team belongingness and will believe that the team does not have high productivity or efficiency (Sun, Wang, Ji, & Zhang, 2015).

Different styles of dealing with conflict are associated with different levels of effective teamwork in the organization (Hempel, Zhang, & Tjosvold, 2009). Many scholars have attempted to study the relationship between conflict management and team cohesion in various settings, including healthcare settings (Tekleab, Quigley, & Tesluk, 2009; Liu, Fu, & Liu, 2009). However, several gaps exist in the study of conflict management and team cohesion. Firstly, different preferences for conflict management were demonstrated according to different cultural settings. Furthermore, there is no research examining conflict management among nurses in Dali, Yunnan Province. Secondly, while there are many studies regarding team cohesion in Western countries, the results may not explain the nature of team cohesion in a Chinese context. Thirdly, not only did these studies illustrate inconsistent findings in the relationship between conflict management and team cohesion, only three examined a range of possible conflict management styles with team cohesion. Hence, including all five conflict management styles might result in a more comprehensive understanding of how conflict management styles interact with team cohesion. Lastly, most recent studies have been conducted regarding the relationship between

these two variables among non-health person-nel. No study extends the research to include multidisciplinary healthcare teams in China. Therefore, developing a better understanding of the influence of conflict management on team cohesion in the Chinese context is indispensable. Nurse administrators could apply the results of this study as baseline information to foster value-positive work environments and respectful working relationships.

Objectives

This study aimed to examine the styles of conflict management and the level of team cohesion, as well as to examine the relationship between each style of conflict management and perceived team cohesion of nurses in affiliated hospitals of Dali University in the People's Republic of China.

Conceptual Framework

The conceptual framework of conflict management was based on the Dual Concern Theory (Pruitt & Rubin, 1986), which included five styles: forcing, yielding, avoidance, problem-solving, and compromise. Team cohesion was based on Good and Nelson's cohesion model (1973), which included two dimensions: perceived cohesiveness and group attractiveness. Effective conflict management such as problem-solving and compromise might influence team cohesion by neutralizing any negative impact that conflict had on team cohesion. Ineffective conflict management, such as forcing, yielding and avoidance, may be negatively associated with team cohesion.

Methodology

Population and Sample

This descriptive correlational research was designed to study a population of 1,091 nurses who had worked at least one year in two affiliated hospitals of Dali University, the People's Republic of China. The sample size needed in the study was 293, according to the formula of Yamane (1973). Considering an estimated 20% of loss of participants, the total sample size was adjusted to 352 nurses. Proportional stratified random sampling method was employed to recruit participants.

Research Instrument

The instruments used in this study included the following three parts: 1) Demographic data form was developed by the researcher. It consists of information about age, gender, marital status, educational level, professional title, working department, working duration, working shift, and employment status. 2) The Chinese version of the Dutch Test for Conflict Handling (DUTCH) was developed by Van de Vliert and translated into Chinese by Luo (2011). This instrument consists of 20 items with 4 items for each of 5 subscales, including forcing, yielding, avoidance, problem-solving, and compromise. The response format was based on a 5-point Likert scale ranging from 1 (not at all) to 5 (very much). Comparing the mean score of five subscales, a higher score represents a great tendency to use that particular conflict style. The Cronbach's alpha coefficient for the five subscales of DUTCH, forcing, yielding, avoidance, problem-solving, and compromise were .80, .81, .86, .81, and .83, respectively. 3) The

Chinese version of Good and Nelson's (1973) Group Cohesion Scale was translated by Hsieh (1998). This questionnaire has 6 items with two subscales, including perceived cohesiveness (4 items) and group attractiveness (2 items). The statements were scored on a 7-point Likert scale to assess the level of team cohesion. The mean score was a summation and average of the items, with the score ranging from 1 and 7. The average score was classified into three levels: low level (1.00-3.00), moderate level (3.01-5.00), and high level (5.01-7.00). The reliability of Good and Nelson's Group Cohesion Scale was .83, and the Cronbach's alpha coefficient of the subscales of perceived cohesiveness and group attractiveness were .88 and .84.

Ethical Considerations

The study was approved by the Research Ethics Committee, Faculty of Nursing, Chiang Mai University, Thailand as well as by the directors of the Nursing Departments at each hospital where data were collected. All participants were informed of the purpose and the methods of the study. They were notified that their participation in the study was voluntary and that they could refuse to participate or withdraw from the study at any time without being penalized or losing any benefits. To assure the protection of human rights of the participants, a research consent form was handed to the participants before data collection. Anonymity and confidentiality of all the information was maintained by using numerical codes in the questionnaires instead of using the real names of the participants.

Data Collection

After receiving the approval from the Research Ethics Committee of Faculty of Nursing, Chiang Mai University, permissions for data collection were obtained from the administrative authorities at the affiliated hospitals of Dali University in China. The research package was delivered to the head nurse of the department. The participants responded to the questionnaires within two weeks and returned the completed questionnaires in sealed envelopes in a locked box provided in the nursing department. Data were collected from February to March 2017. Out of the 352 questionnaires distributed, 342 questionnaires were returned. The researcher checked all returned questionnaires for completeness and missing data. Of the 342 questionnaires collected, 339 questionnaires (96.31%) were completed and used for data analysis.

Data Analysis

The Statistical Package for the Social Sciences (SPSS) version 13.0 was used for data analysis. Frequency, percentage, mean, and standard deviation (SD) were used to describe the demographic characteristics of the participants, styles of conflict management, and level of team cohesion. The data showed a non-normal distribution and Spearman's rank order correlations were used to determine the relationships.

Results

Demographic data

The participants were 339 staff nurses from eight departments in two affiliated hos-

pitals of Dali University. The majority of the participants (97.05%) were female with an average age of 31.73 years (SD = 7.11). More than three-quarters of the participants were married (76.99%). About 51.33% of the participants held a bachelor degree and 43.36% held a diploma degree. The largest proportion of participants was senior nurses who held qualification (66.08%). More than half of the participants (50.15%) had between 3-10 years' of work experience with a mean tenure of 10.32 years (SD = 7.98). In addition, a majority of the participants (64.60%) worked on rotating shifts.

Among the total nurses, 34.81% worked in medical departments and 22.71% worked in surgical departments. About 31.86% were permanent nurses and 68.14% were temporary.

Conflict Management

The frequency and percentage of the nurses by different styles of conflict management are shown in Table 1. About 71.10% of the participants used one style of conflict management and about 28.90% used more than one style of conflict.

Table 1 Frequency and Percentage of Participants Categorized by Styles of Conflict Management (n = 339)

Type of conflict management	Frequency (%)
One style	241 (71.10)
Avoidance	147 (43.36)
Problem solving	65 (19.17)
Compromise	11 (3.25)
Forcing	11 (3.25)
Yielding	7 (2.07)
More than one style	98 (28.90)

Team Cohesion

The participants perceived team cohesion at a moderate level ($\bar{X}$ = 4.41, SD = 2.20). Relationship between conflict management and team cohesion

Table 2 illustrates the relationship between each style of conflict management and team cohesion. There was a positive relationship between team cohesion and problem solving and compromise. The results also indicated that team cohesion was negatively related to avoidance and forcing. However, there was no relationship between team cohesion and yielding.

Table 2 Relationship between Conflict Management and Team Cohesion (n = 339)

	Team Cohesion
	r
Type of Conflict Management	
Problem Solving	.51**
Compromise	.33**
Avoidance	-.21**
Forcing	-.18**
Yielding	-.08

**p < .01

Discussion

Conflict Management

The avoidance style of conflict management was most frequently utilized by nurses in the study (43.36%). The findings of this study could be explained by Chinese culture. Chinese people are collectivists with a strong emphasis on maintaining relationships. Collectivism leads them to be hesitant about engaging in aggressive interaction that may challenge the social face of others (Tjosvold, Hui, & Sun, 2000). They are highly averse to interpersonal hostility and assertive ways of handling frustrations and problems. Furthermore, the demographic profile of nurses in this study may be another reasonable explanation for this result. In this study, the majority of the participants (97.05%) were female. Women are more likely to consider their partner's interests, preferring more tactful strategies, whereas men prefer competitive, unyielding, and aggressive strategies (Valentine, 1995). Moreover, more than half of the participants (57.82%) were aged between 22-30 years and 50.15% of the participants had only 3-10 years' of work experience. Research has revealed that younger nurses with less work experience tend to use the avoidance style more than those with more work experience (Li & Zhu, 2010). Therefore, nurses adopt the avoidance style as a way to manage conflict while also attempting to maintain harmony and preserve relationships.

Team Cohesion

The study results indicated that the participants perceived overall team cohesion at a moderate level ($\bar{X}$ = 4.41, SD = 2.20). Possibly, the result reported here flows from the perceived benefits of working in the team among nurses. It is recognized that teams are more effective than single practitioners in providing a range of important outcomes for the organization, team members and patients (Mickan & Rodger, 2005). There is substantial empirical evidence that the introduction of teamwork can lead to reduced hospitalization time and costs, reduced unanticipated admissions, better accessibility for patients, and improved coordination of care. Concurrently, patients report benefits of enhanced satisfaction, acceptance of treatment (Mickan & Rodger, 2005). In the

university hospitals of Yunnan Province, ongoing team-building projects have been implemented which support team-based working, thus ensuring the best use of available resources in delivering high-quality patient care in hospitals. Nurses who work in multidisciplinary teams are more likely to pursue their team goals to increase the effective delivery of both quantity and quality of care or services.

However, there are also some barriers to working as a team in health care, which impacts nurses' perception of team cohesion. In this study, more than half of the participants were junior nurses who had between 3-10 years' of work experience and were aged between 22-30. Lucas, Atwood, & Hagaman (1993) pointed out that nurses with less experience in nursing practice had less team cohesion. Moreover, the hospital organization environment could be another barrier where nurses often fail to show good organization support in their work. Hayhurst, Saylor, & Stuenkel (2005) indicated that a lack of support in the work environment diminished nurses' perception of group cohesion. The rigid hierarchical structure in Chinese healthcare settings means that nurses are at the lowest status of other health professionals in the entire healthcare system (Zhang & Cao, 2008). In Yunnan, nurses have inadequate opportunities for professional development and rarely get enough money and materials to perform their work. Additionally, power is centralized in Chinese public and nurses have little opportunity to participate and express their thinking in important decision-making. Furthermore, nurses stated a lack of support

and a lack of positive feedback from superiors with little encouragement from nurse managers in China.

Another possible reason for this finding may be due to the heterogeneous characteristics of the multidisciplinary team members in Chinese healthcare settings. The members of multidisciplinary teams, especially nurses and physicians, differ in their education, status, experience, attitude, and theoretical orientations to teamwork. The diverse characteristics of multidisciplinary team members may detract from members' perceptions of each other's commitment and reduce their sense of "togetherness," thereby weakening cohesion. The above reasons could result in a lack of supportiveness among nurses in the university hospitals of Yunnan, leading to a moderate level of team cohesion.

Relationship between conflict management and team cohesion

The result showed that there was a positive relationship between problem-solving and team cohesion (r_s = .51, p < .01). Problem-solving was considered a collaborative conflict management strategy (Van de Vliert, Nauta, Giebels, & Janssen, 1999). The probable explanation may be that problem-solving conflict management is a win-win strategy, aiming to take cooperation and attempting to find a solution that optimizes outcomes of all parties involved (Pruitt & Rubin, 1986). People who adopt a problem-solving conflict management style attend to the issue openly, frankly, and neutrally by communicating with others (Flanagan & Runde, 2008), and facilitate

friendship, effective interaction, and communication. Furthermore, problem-solving in conflict situations increases individual satisfaction and a feeling of self-efficacy, develops trust, reduces the likelihood of future conflict, and maintains a better interpersonal relationship, thus promoting team cohesion (Alper, Tjosvold, & Law, 2000; Tjosvold, 1997).

This study found a positive association between compromise conflict management and team cohesion (r_s = .33, p < .01). Compromise is seen as half-hearted problem solving with intermediate concern for self and intermediate concern for others (Pruitt & Rubin, 1986). It is associated with behaviors of seeking middle-ground and mutually acceptable solutions through giving and taking to solve the conflict. In conflict situations, a compromise style can encourage team members to work together to manage conflicts between them (Dobkin & Pace, 2006), and parties try to solve the conflict cooperatively. The more positive a member feels about his or her team, the more motivated the person is to promote in-group solidarity, cooperation, and support.

There was a negative relationship between avoidance conflict management and team cohesion (r_s = -.21, p < .01). Avoidance is a lose-lose strategy that involves taking a passive stance and attempts to reduce and downplay the importance of the conflict issues, as well as attempts to suppress thinking about the issues (Pruitt & Rubin, 1986). An avoidance approach does not help solve conflicts, instead exacerbating the dysfunctional effects of the conflict on team cohesion (Liu, Fu & Liu, 2009).

In doing so, individuals may feel less interested in the team and feel that being a member of this team is not worth the effort. Accordingly, people who tend to avoid conflicts have lower team cohesion.

This study found that there was a negative relationship between team cohesion and forcing conflict management style (r_s = -.18, p < .01). A forcing conflict management style is a win–lose oriented strategy in a conflict. It involves using coercive behaviors to get others to conform to one's position. Forcing comprises behavior of threats and bluffs, which frustrate communication, undermines trust, and result in deadlocks or imposed solutions (Pruitt & Rubin, 1986). Researchers have shown that people who try to surpass one another do not utilize each other's ideas and resources, that they hide information, and block each other's efforts (Tjosvold, Hui, Ding, & Hu, 2003), which results in decreased team cohesion.

The result of this study reveals that there was no significant correlation between a yielding conflict management style and team cohesion (r_s = -.08, p > .05) (Table 4-4). The possibility for the result may be that there were only a few participants in this study who used this style to manage conflict (n = 7). Thus, there is a possibility that team cohesion scores of this group are small, resulting in no relationship between yielding conflict management and team cohesion.

Conclusions and Recommendations

The study findings revealed that avoidance was the conflict management style

most frequently utilized by Chinese nurses and nurses perceived team cohesion was at a moderate level. Additionally, there was a positive relationship between team cohesion and problem-solving and compromise conflict management style. It also indicated that team cohesion was negatively related to the avoidance and forcing conflict management styles. However, there was no relationship between team cohesion and the score of yielding.

The findings of this study can provide valuable information for administrators who should be encouraged to identify various strategies to improve team cohesion in multi-disciplinary teams and develop a support system for nurses. Moreover, nurse managers can promote the development of multidisciplinary team cohesion by encouraging nurses to use problem-solving and a compromise to handle conflict situations within their team.

This study should be replicated in other types of hospitals and in other regions of China. An intervention to improve nurse team cohesion should be implemented in further research. Moreover, research should identify factors that improve or impede team cohesion among nurses, such as team behaviors, leadership styles, and situational variables.

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