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Exploring the Lived Experiences of Nurse Managers in Using Emotional Intelligence in Conflict Management and Teamwork Development in Diverse Nursing Units

Shayne A. Dinolan[1], Dr. Joel John A. Dela Merced[2]
https://orcid.or//0009-0001-1772-1133[1], https://orcid.org//0000-0002-1459-5274[2]
St. Bernadette of Lourdes College[1,2]
sdinolan24@sblc.edu.ph[1] jdelamerced@sblc.edu.ph[2]

ABSTRACT

This qualitative descriptive phenomenological study explored the lived experiences of nurse managers who utilized emotional intelligence (EI) for conflict management and team development across diverse nursing units in Aklan, Philippines. Through in-depth interviews with eleven nurse managers and the application of Colaizzi's seven-step method, the study uncovered four major themes: the leader as an emotional ground wire, dismantling silos through institutionalized psychological safety, acute trauma buffering, and identity validation as the core of conflict resolution. The findings establish that EI is a foundational clinical competency essential for stabilizing unit ecosystems. The study concludes that emotionally intelligent leaders transform conflict by functioning as trauma buffers and mediators of professional identity, thereby mitigating burnout and enhancing psychological safety.

Keywords: *Emotional intelligence, nurse managers, conflict management, teamwork development, descriptive phenomenology, clinical leadership*

INTRODUCTION

The contemporary healthcare landscape is characterized by high-acuity environments and an increasingly diverse workforce. In nursing units where differences in generation, culture, and clinical specialty intersect, the potential for friction is high. Conflict, if poorly managed, erodes relationships, compromises patient safety, and accelerates nursing burnout (Edwin et al., 2023). Navigating these challenges requires Emotional Intelligence (EI)—the capacity to recognize and manage one's own emotions while influencing others. According to Vaughan et al. (2023), EI is a primary driver of successful conflict resolution.

Statement of the Purpose

Nurse managers face increasingly complex challenges within diverse nursing units. While EI is recognized as a vital leadership competency, there remains a profound lack of contextual understanding of how managers experience and use EI in the day-to-day realities of clinical settings. To address this gap, this study centers on a single, open-ended Grand Question: ***How do nurse managers experience and apply Emotional Intelligence (EI) to manage conflicts and foster teamwork across diverse nursing units?***

Scope and Delimitations

This qualitative study is confined to exploring the lived experiences of nurse managers regarding the utilization of emotional intelligence in conflict management and teamwork development within diverse nursing units. The scope is geographically limited to selected tertiary government and private hospitals in the province of Aklan, Philippines. The participants are exclusively limited to eleven (11) purposively selected Nurse Managers, Head Nurses, or Unit Supervisors (Nurse II or Nurse III positions) with a minimum of three years of management experience. The study focuses solely on the hospital-based clinical setting and utilizes a descriptive phenomenological design, excluding quantitative measurements of emotional intelligence or the experiences of other allied health professions.

Review of Related Literature

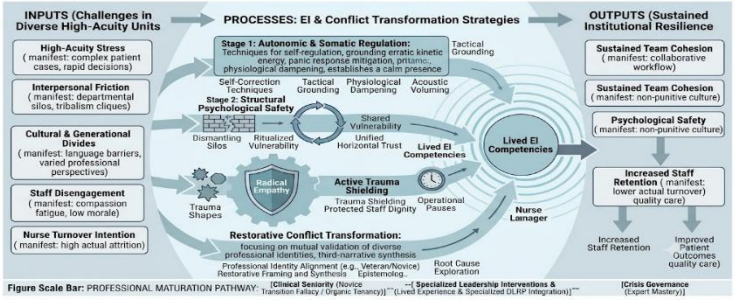
The application of emotional intelligence (EI) in nursing leadership is increasingly recognized as a critical clinical competency for navigating the complexities of modern, diverse nursing units. Vaughan et al. (2023) highlight that EI functions as a vital tool for managing workforce diversity, enabling leaders to interpret underlying tensions and build team cohesion through empathetic interventions. Furthermore, the lived experience of nursing leadership often involves navigating moral distress, where managers with high EI are better equipped to maintain ethical, stable environments without succumbing to burnout (Pishgooie et al., 2023; Edwin et al., 2023). However, the actual practice of EI during clinical crises remains an exhausting emotional labor that requires compassionate leadership to sustain psychological safety and alleviate team stressors (Mubarak et al., 2022; Wei et al., 2022).

Philosophical Underpinning and Theoretical Framework

This research is grounded in the descriptive phenomenological philosophy of Edmund Husserl, seeking to uncover the invariant, universal structures (the "essence") of the lived experience without the interference of unexamined theoretical presuppositions (Ray & Locsin, 2023). The theoretical framework is anchored in Goleman's Theory of Emotional Intelligence (incorporating self-awareness, self-management, social awareness, and relationship management) and supported by Conflict Transformation Theory (Lederach, 2023), which views disputes as catalysts for structural growth.

Conceptual Framework

Figure 1. Conceptual Framework: The Lived Experience of EI in Diverse Nursing Units



METHODOLOGY

This study utilized a qualitative descriptive phenomenological design rooted in the philosophy of Edmund Husserl to capture the prereflective reality of leadership (Creswell & Poth, 2023).

Research Design

The study utilized a qualitative descriptive phenomenological design rooted in the transcendental philosophy of Edmund Husserl. This approach was specifically chosen to capture the prereflective and prepredicative reality of leadership—how EI is experienced by managers before it is filtered through management theories or external interpretations.

Research Steps

The research was executed in three phases: Preparatory (securing clearances), Implementation (in-depth, semi-structured interviews while practicing bracketing), and Post-Interview (verbatim transcription and member checking).

Data Collection and Sample Selection

Conducted in Aklan, Philippines, purposive sampling identified eleven (11) Nurse Managers overseeing diverse staff. Data saturation was reached at this sample size. Data was collected through audio-recorded, semi-structured interviews utilizing a formulated guide.

Data Analysis Methods

Data analysis strictly adhered to Colaizzi's Seven-Step Method, ensuring an auditable trail. Steps included familiarization, identifying significant statements, formulating meanings, clustering themes, developing an exhaustive description, and producing the fundamental structure.

Research Assumption and Validation

The study assumed that EI acts as "social glue" and that managers engage in hidden emotional labor. Validation was established through credibility (member checking), transferability (thick description), dependability (audit trail), and confirmability (reflexive journaling).

Study Limitations and Ethical Considerations

The study adhered to principles of autonomy, beneficence, non-maleficence, and justice, securing IRB clearance and informed consent. A limitation is the geographical confinement to Aklan, meaning essences uncovered are highly contextual to regional tertiary care.

RESULTS AND DISCUSSION

Theme 1: The Leader As An "Emotional Ground Wire" Leadership is a profound, embodied practice of somatic regulation. Nurse managers act as "emotional ground wires," absorbing the kinetic energy of crises. Participants framed staff panic as a biological event, engaging in tactical psychological first aid rather than punitive reprimands. Through "cognitive pausing" and conscious somatic regulation, leaders neutralize the contagious nature of acute unit stress (Saikia et al., 2024).

Theme 2: Dismantling Silos Through Psychological Safety. Psychological safety is engineered into the unit's daily rhythm. Managers combat traditional stoic attitudes by "ritualizing vulnerability" (e.g., emotional huddles), granting staff permission to admit exhaustion (Wei et al., 2022). To bridge competitive cliques, leaders utilized experiential empathy, mandating cross-shift shadowing to force structural perspective-taking, transforming tribalism into resilient teamwork (Lee et al., 2023).

Theme 3: Acute Trauma Buffering And Radical Empathy Managers intentionally disrupt standard hospital operations to protect the psychological well-being of their staff. By instituting rigid safety nets like "Decompression Protocols," managers allow the autonomic nervous system to reset following a sentinel event. Managers frequently subordinate hospital metrics to absorb clinical trauma themselves, preserving workforce psychological health and shielding staff from moral injury (Edwin et al., 2023).

Theme 4: Identity Validation as Conflict Resolution. Conflict is understood as a manifestation of threatened professional identities and systemic exhaustion. Managers deliberately expose themselves to raw negative energy, acting as "neutral anchors" to allow physiological stress to be metabolized (Assi & Eshah, 2023). Emotionally intelligent leaders act as cultural translators, bypassing surface-level arguments to neutralize identity threats through mutual validation (Vaughan et al., 2023).

SUMMARY

This inquiry uncovered four major themes: The Leader as an "Emotional Ground Wire", Dismantling Silos, Acute Trauma Buffering, and Identity Validation. The synthesis illustrates that EI is a dynamic mechanism for navigating the emotional ecosystem. By institutionalizing vulnerability and acting as trauma buffers, these leaders counter burnout and transform fragmented units into resilient communities.

CONCLUSIONS

EI is a foundational clinical competency essential for operating high-acuity units. The nurse manager’s role encompasses shielding staff from moral injury, as protecting psychological well-being is vital. Workplace conflicts are complex manifestations of threatened professional identities requiring psychological mediation. Teamwork is most effective when psychological safety is structurally institutionalized rather than passively encouraged.

RECOMMENDATIONS

Based on the conclusions, institutions should adopt the Clinical Leadership Resilience (CLR) Framework and implement mandatory "tactical pauses" following traumatic events. Hospitals must integrate Psychological Safety into metrics, tracking staff retention alongside clinical KPIs. Management should utilize "Identity-Alignment Sessions" for mediation, and academic curricula must integrate neurobiology and trauma-informed leadership.

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AI DECLARATION STATEMENT

AI-supported tools were utilized to assist with grammar, formatting, and manuscript structure. No AI tools were used in the collection, analysis, or interpretation of research data; all authors are credited for their original academic contributions. Additionally, AI-supported tools were used to generate the conceptual framework diagrams. The foundational concepts, variable relationships, and structural logic depicted in these illustrations were originally conceptualized and provided by the author through detailed, manual prompting.

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