Emotional Intelligence and Conflict Management Styles among Nurse Managers at Assiut University Hospitals

Dr Fatma Rushdy Mohamed *and Dr. Hala Ramzy Yousef
Nursing Administration Department, Faculty of Nursing, Assiut University, Egypt.
*E-mail of the corresponding author: drfatmarushdy@yahoo.com

Abstract
Nursing is an emotionally charged profession. The competence to manage emotion and interpersonal conflict effectively is essential for nurse managers. The aims of the present study are to determine emotional intelligence and conflict management styles used by nurse managers at Assuit University Hospitals, and examine the relationship between Emotional Intelligence and Conflict Management Styles among nurse managers at Assiut University Hospitals. A descriptive design is utilized in the present study. The present study conducted in all units of Assiut University Hospitals, The present study included all nurses' managers who are working in different departments at the time of the study. Self–administered questionnaire sheet which consist of three parts: 1st part Personal characteristics data as name of the hospital, age, gender, marital status, educational level, and years of experience, 2nd part Emotional Intelligence Questionnaire which consists of seventeen items, and 3rd part Conflict Management Questionnaire which consists of 21 items. Results displayed a highest mean scores of conflict management styles used by nurse managers was smoothing at main Hospital ,While, at Women Health Hospital was forcing style compared to confrontational conflict management style at Pediatric Hospital. More than half of nurse managers at Assiut University Hospitals had a mild emotional intelligence level. there is a negative correlation between emotional intelligence and avoiding conflict style (-0.080). The study concluded that forcing and smoothing conflict management styles were the most two used by the nurse managers in handling conflict with their subordinates. Emotional Intelligence level was mild among studied nurse managers. Emotional intelligence was positively associated with forcing and smoothing conflict management styles that used by nurse managers. The study recommended of **a**pplying of conflict management training programs to teach people to step back and consider outcomes including EI from the perspective of team objectives,
Keywords: Nurse managers- Emotional intelligence- conflict- Management- Styles.

1.Introduction

Cognitive intelligence is primarily associated with memory and problem solving capacity, the founders of the modern concept of intelligence recognized the possibility of non-cognitive forms such as Emotional intelligence (EI) which includes the ability to monitor one's own and others' feelings and emotions, to discriminate among them and to use this information to guide one's thinking and actions, also the capacity to perceive emotions, assimilate emotion-related feelings, understand the information of these emotions and manage them . According to such researches, EI is supported as a vital element in excellent job performance profiles, in employee behavior and organizational practices leading to an outstanding climate for service delivery and in employee concern for quality and ability to deal with workplace conflict **(Morrison, 2008)**.

Goleman, (1998) defined emotional intelligence as the ability to comprehend, perceive and manage the feelings, emotions and motivation of one's self and of others**.**

In addition, **Marquis and Huston , (2009)** defined emotional intelligence is the process of regulating both feelings and expressions. Organizationally desired emotions are considered standards of behavior that indicate which emotions are appropriate in each relationship and how these emotions should be publicly expressed or displayed . Theorists studying EI posit that it is a critical ingredient of leaders, which enables them to build a cooperative and effective team. Leaders possess the ability to identify emotions in themselves and others, use emotions in their thought processes, manage emotions in themselves and others , and understand and reason with emotions.

Lack of emotional intelligence (EI) is one of the leading causes of conflict. Researchers in EI express the view that a lack of emotional intelligence is one of the leading causes of conflict in our society. It is difficult to argue with this logic. At the root of all conflict is a lack of sensitivity on the part of one or both parties. Sensitivity is directly related to one's emotional intelligence. Many employees today are familiar with work place stress and work place conflict. If you're like many people, there have been days where you dreaded going to work, as you knew you would have to deal with a difficult co-worker, or even worse, a difficult boss. Regardless, emotional intelligence can greatly alleviate conflict when it is used **(Exforsys, 2009).**

Conflict is a situation where there are at least two differing perspectives, which can lead to nonproductive results or can be beneficially resolved and lead to quality final products. Therefore, learning to resolve conflict is integral to high performance teams and profit achievements. According to past research, there are significant relationships between emotional intelligence and subordinates' styles of handling conflict with supervisors**.**

Subordinates who have supervisors with high emotional intelligence will use the integrating style (both parties find a creative solution to satisfy both parties' concerns) and the compromising style (both parties win some and lose some, in an attempt to reach a consensus) of conflict management **(Yu et al., 2006)**.

Blake and Mouton, (1964) cited by *Abas, (2010)* presented a grid for classifying the modes of handling interpersonal conflicts that are associated with the attitudes of managers into five types: forcing, withdrawal, smoothing, compromise and confrontation. **Rahim and Bonoma (1979)** cited by *Abas, (2010)*differentiated the styles of handling interpersonal conflict along two basic dimensions. The first dimension pertains to the degree to which an individual attempts to satisfy his or her own concern, while the second dimension pertains to the attempt to satisfy the concern of others. Combining these two dimensions results in five styles of handling interpersonal conflicts: integrating, obliging, dominating, avoiding and compromising*.*

The organizational conflict theory looks at conflict as a strategic activity that moves an organization to greater productivity and creativity. This strategic activity can enhance decision-making, adaptation, cooperation and communication in the workplace. It is necessary for employees to learn to handle conflict productively with cooperative goals and good communication skills. The characteristic of human behavior in conflict situations is integrated into conflict management **(Deutsch, 1993).**

Nurse's emotions must be handled effectively and appropriate conflict skills must be developed or health care institutions will face the challenge of rectifying the problems which result **(Moss, 2002).**

2. Significance of the study

It is interesting that up to this moment, nationally there is no study has been found to link the concept of EI and conflict management styles. Therefore, the topic of conflict management styles of managers for better decisions becomes extremely important. There are two main objectives in this study. First, as it would be extremely valuable to determine the emotional intelligence and conflict management styles of nurse managers at Assiut University Hospitals. Secondly, this study examines the relationship between emotional intelligence and conflict management styles. We propose that as nurse managers with high emotional intelligence are more sensitive to their own, as well as others' emotion.

3. Aims of the Study
The present study aims to:

1. Determine Emotional intelligence and conflict management styles used by nurse managers at Assiut University Hospitals.

2. Examine the relationship between Emotional Intelligence and Conflict Management Styles among nurse managers at Assiut University Hospitals.

4. Subject and Methods
4.1. **Study Design**

A descriptive design is utilized in the present study.

4.2. **Setting**

The present study conducted in all units of Assiut University Hospitals, Main Hospital with bed capacity 1789; Pediatric Hospital with bed capacity 216; Women Health Hospital with bed capacity 303.

4.3. **Subjects:-**

The present study included all nurse managers who are working in different departments at the time of the study at Assiut University Hospitals.

4.4. **Data collection tools**

Self–administered questionnaire sheet which consist of three tools.

1) Personal characteristics data

It was designed to collect personal data about study participants: name of the hospital, age, gender, marital status, educational level, and years of experience.

2) Emotional Intelligence Questionnaire

The Emotional Intelligence Questionnaire was adopted from *Hussan El malea (1985).* It consists of seventeen items which used to determine nurse managers emotional intelligence level.

3) Scoring System.

The used scoring system is (1 = most of the time, 3 = often of the time, 5 = sometimes, 7 = rarely, and 9 = never). The levels of Emotional Intelligence are classified into the following: from 50 to less than 70 is a very low level of Emotional Intelligence, 70- less than 85 is a low Emotional Intelligence, 85 to less than 115 is a mild level of Emotional Intelligence, 115 to less than 130 is a High level of Emotional Intelligence, 130 to 150 is a Genius Emotional Intelligence.

4) Conflict Management Questionnaire

It adopted from *Ebrahem (1999)*. It consists of 21 items for assessment nurse managers conflict management

styles. Responses were 5-point likert scale ranging from "always" to "never". Scores of 5,4,3,2, or 1 were respectively given to the responses from "always" to "never".

4.5. **Pilot study:**

The pilot study served to test the feasibility of the study, the clarity and practicability of the data collection tool. It was carried out on 20 nurse managers from different inpatient departments at Main Assiut University Hospital. The pilot study sample was excluded from the total sample. Data collected from the pilot study were reviewed and used in making the necessary modifications prior to the finalization of the data collection tool.

Fieldwork:

An official permission was obtained from the hospitals directors, the nursing service directors, and the head of each department before embarking on the study. After the finalization of the study tool, the actual data collection was started in March 2013 and ended in April 2013. The researchers met with the eligible nurse managers, explained to them the aims of the study, and asked for their oral consent to participate. Those who agreed to participate were given the tool and asked to fill it out and return it anonymously in the same setting or at most the next day. The researchers were available for any clarifications.

4.6. **Ethical considerations:**

All the relevant principles of ethics in research were followed. The study protocol was approved by the pertinent authority. Participants' consent to participate was obtained after informing them about their rights to participate, refuse, or withdraw at any time. Total confidentiality of any obtained information was ensured. The study maneuver could not entail any harmful effects on participants.

4.7. **Statistical analysis:**

Data entry and statistical analysis were done using SPSS 16.0 statistical software package. Data were presented using descriptive statistics. Pearson correlation analysis was used for assessment of the inter-relationships among quantitative variables, and Spearman rank correlation for ranked ones. Statistical significance was considered at p-value <0.05.

5. Results

Table 1. Personal characteristics of the nurse managers at Assuit University Hospitals (n=152)

Personal characteristics	Main Hospital (n=95)		Women Health Hospital (n=27)		Pediatric Health Hospital (n=30)		Total (n=152)	
Age: (years)	No.	%	No.	%	No.	%	No.	%
< 30	22	23.15	21	**77.78**	12	40.0	55	36.18
≥ 30	73	**76.85**	6	22.22	18	**60.0**	97	**63.82**
Mean ± SD	34.01±7.47		26.96±5.27		31.96±7.15		31.96±7.15	
Range	23-53		23-40		22-50		22-53	
Marital status:								
Single	17	17.89	18	**66.67**	6	20.0	41	26.97
Married	76	**80.0**	9	33.33	24	**80.0**	109	**71.71**
Widow	2	2.11	0	0.0	0	0.0	2	1.32
Educational qualification:								
Diploma of nursing school	3	3.16	0	0.0	0	0.0	3	1.97
Bachelor of nursing science	**82**	**68.32**	**27**	**100.0**	**30**	**100.0**	139	**91.45**
Master degree	10	10.52	0	0.0	0	0.0	10	6.58
Gender								
Male	3	3.2	0	0.0	0	0.0	3	1.97
Female	**92**	**96.8**	**27**	**100.0**	**30**	**100.0**	149	**98.03**
Years of experience:								
< 5	11	11.57	17	**62.96**	7	23.33	35	23.03
5 - >10	41	43.15	6	22.22	13	**43.33**	60	**39.47**
10 or more	**43**	**45.28**	4	14.82	10	33.34	57	37.50
Mean ± SD	10.82±6.19		4.47±4.90		9.01±6.05		9.34±6.38	
Range	1-30		1-17		1-27		1-31	

Table (1): Displays that personal characteristic of nurse managers in the study sample. As the table shows more than three quarters of nurse managers at main Hospital and Women Health Hospital were aged more than 30 yrs compared to nearly to 60% of nurse managers from Pediatric Health Hospital. The majority of nurse managers were married (80%) from main Hospital and Pediatric Health Hospitals compared to two thirds of nurse

managers were single from Women Health Hospital (66. 67%). Mean while, all nurse managers in Women and Pediatric Health Hospitals had Bachelor degree compared to (68.32%) at main Hospital. The table also shows that all of study subject were female in Women and Pediatric Health Hospitals as compared to (98.8%) at main Hospital. Nearly to two thirds had less than 5 yrs of experience from Women Health Hospital compared to less than half of study subject at main Hospital had from 10 to more years of experience and (43.33%) had from 5 to less than 10 yrs of experience at Pediatric Health Hospital.

Table 2. Distribution of emotional intelligence levels among the studied nurse managers at Assuit University Hospitals (n=152)

Levels of emotional intelligence	Main Hospital (n=95)		Women Health Hospital (n=27)		Pediatric Health Hospital (n=30)		Total (n=152)	
	No.	%	No.	%	No.	%	No.	%
• Very low	6	6.31	6	22.22	3	10.00	15	9.87
• low	15	15.79	6	22.22	5	16.68	26	17.10
• Mild	57	**60.00**	14	**51.85**	18	**60.00**	89	**58.55**
• High	15	15.79	1	3.70	2	6.66	18	11.84
• Genius	2	3.10	0	0.00	2	6.66	4	2.63

Table (2): Illustrates that more than half of nurse managers at Assiut University Hospitals (Main Hospital ; Women Health Hospital; Pediatric Health Hospital) had a mild emotional intelligence level (60%; 51.85%; and 60%) respectively.

Table 3. Total mean scores of conflict management styles among the studied nurse managers at Assuit University Hospitals (n=152)

Items of conflict management styles	Main Hospital (n=95)	Women Health Hospital (n=27)	Pediatric Health Hospital (n=30)	Total (n=152)
	Mean ± SD	Mean ± SD	Mean ± SD	Mean ± SD
• **Forcing**	11.60 ± 2.26	**11.40 ± 2.09**	11.56 ± 1.83	11.56 ± 2.14
• **Compromising**	11.30 ± 2.15	10.96 ± 2.24	11.90 ± 2.05	11.36 ± 2.15
• **Avoiding**	10.00 ± 2.75	10.70 ± 2.41	10.00 ± 3.12	10.12 ± 2.77
• **Smoothing**	**12.12 ± 2.12**	11.18 ± 2.64	13.03 ± 1.90	**12.14 ± 2.24**
• **Confrontational**	12.10 ± 2.07	11.07 ± 2.67	**13.10 ± 1.72**	12.12 ± 2.20

Table (3): Shows that the highest mean scores of conflict management styles was smoothing at main Hospital (12.12 ± 2.12). While, at Women Health Hospital was forcing style (11.40 ± 2.09) compared to confrontational conflict management style at Pediatric Hospital (13.10 ± 1.72).

Table 4. Correlation between the scores of emotional intelligence, conflict management styles and nurse managers personal characteristics

Characteristics	Spearman rank correlation coefficient					
	Emotional Intelligence	Scores of conflict Management Styles				
		Forcing	Compromising	Avoiding	Smoothing	Confrontational
Age[#]	0.326**	0.233**	0.230**	0.045	0.309**	0.248**
Marital status (reference married)	0.260**	0.197*	0.158	-0.026	0.280**	0.165*
Qualification (reference: Bachelor)	-0.022	0.066	-0.014	0.072	0.083	-0.073
Experience years	0.404**	0.249**	0.258**	-0.005	0.355**	0.279**
Emotional Intelligence	-------	0.221**	0.071	-0.080	0.170*	0.156

(#) Pearson correlation coefficient
(*) Statistically significant at $p < 0.05$
(**) Statistically significant at $p < 0.001$

Table (4): Reveals that , there is a negative correlation between marital status and avoiding conflict management style (-0.026), qualification with emotional intelligence , comprising and confrontational conflict management

styles(-0.022, -0.014, and -0.073) respectively. In addition, there is a negative correlation between emotional intelligence and avoiding conflict style (-0.080). Mean while there is a positive correlation between personal characteristics and emotional intelligence with conflict management styles.

6. Discussion:

High levels of EI have been shown to affect individual communication skills. In this case, individuals regard their own emotions and the emotions of others as a basis to determine which styles are appropriate in communicating with others **(Shih &Susanto , 2010; Yousefi , 2005 and Lopez et al., 2003)** have indicated that individuals' EI level may effect on their communication skills and conflict management styles directly.

Table (1) shows that all of study subject were female in Women and Pediatric Health Hospitals compared to 98.8% at main Hospital. This might be attributed to the feminist nature of the nursing profession. These result was consistent with **Morrison, (2008)** his study illustrated that gender differences were not evident in his study , this may be due to the nature of the nursing profession . Nursing is known as a nurturing profession and the person attracted to this type of job, whether male or female , may possess this same quality.

As shown in **(table , 2)** nearly two thirds of the study subject were had mild level of emotional intelligence .These   might attributed to nearly to half have less than ten years of experience and may be not facing a lot of conflict situation during their years of employment that may improve their emotional intelligence.

As indicated by the present study results, the compromising , smoothing , and confrontational conflict resolution styles were associated with more effective resolution **(table, 3)** . The discrepancy in the styles used might be related to differences in the years of experience , as well as cultural differences. In agreement with these present study findings, **Kantek and Kavla (2007)** , in a study on nurse-nurse manager conflict, and how do nurse managers manage it in Turkey, have determined the conflict management styles used by nurse managers when in conflict with nurses. The study was conducted on 71 nurse managers. The most commonly used style by nurse managers when in conflict was integrating, and the least commonly used was avoiding. In addition, The findings were congruence with previous studies that have emphasized the merits of these positive approaches to manage conflicts, compared to the avoiding or the forcing styles. Therefore, as *Xu and Davidhizar (2004)* have clarified, it is essential for health care team members and managers to be cognizant of different conflict behaviors as well as different conflict management styles so that styles can be designed to build a health care team that is able to effectively achieve group and organizational objectives. Moreover, learning to manage conflict at an early stage is crucial to the effective functioning of nursing organizations. There is no appropriate or inappropriate style to deal with conflict. However, detecting initial symptoms of conflict and adopting the most effective behavior to conflict resolution is essential in nursing units *(Vivar, 2006).*

According to the present study findings , the use of compromising conflict management style was higher among bachelor/ master degree nurses. This might be explained by tendency towards satisfying all parties in conflict resolution.

The result of the present study shows that the highest mean scores of conflict management styles was smoothing at main Hospital. While, at Women Health Hospital was forcing style compared to confrontational conflict management style at Pediatric Hospital **(table , 3) ,** was supported with *Jordan and Troth, (2002)* who indicated that individuals with high emotional intelligence prefer to seek collaborative solutions when confronted with conflict.

In addition , **Valentine, (2001)** found avoidance was often the approach used by nurses when faced with conflicting circumstances. She also indicated the compromising conflict style was used, which was not the case in this study , said that collaborating , accommodating, and competing were seldom used but this study indicated that the sampled nurses in South Mississippi used accommodating more often than the other conflict styles.

The result of the present study found that there is a negative correlation between emotional intelligence and avoiding conflict style **(table, 4).** This result was consistent with *Morrison,(2008)* who found that a multiple regression model was done based on the demographic variables , the emotional intelligence scores, and the conflict resolution styles (avoiding, compromising, accommodating , collaborating, and competing) the overall model was not significant.

The avoiding conflict resolution strategy was more used by nurses with more years of experience in the present study, and the difference was statistically significant **(table, 4)**. This might be explained by the cool indifferent attitude that is usually gained after years of dealing with conflict. Also, the avoiding strategy would not be effective in interpersonal or inter-group conflict types, as these usually need a more active approach, better than passive one.

In congruence with these findings and explanation, *Kantek and Kavla (2007)* mentioned that where the forcing style was used the most by those 45 years and older and those with 20 years or more of management experience, whereas the avoiding style was used by nurse managers with 6 to 10 years of management experience. Therefore, as these authors have suggested , nurse managers who are older and have management experience need to be encouraged to use effective conflict management styles.

7.Conclusions

1. The forcing and smoothing conflict management styles were the most two used by the nurse managers in handling conflict with their subordinates.
2. Emotional Intelligence level was mild among studied nurse managers.
3. Emotional intelligence was positively associated with forcing and smoothing conflict management styles that used by nurse managers**.**
4. There is a negative correlation between marital status and avoiding conflict management strategy (-0.026), qualification with emotional intelligence , comprising and confrontational conflict management styles(-0.022, -0.014, and -0.073) respectively.

8. Recommendations

1. Nurse managers need to learn more about the various conflict resolution styles to be able to use them appropriately according to conflict types.
2. Applying of conflict management training programs to teach people to step back and consider outcomes including EI from the perspective of team objectives,
3. An organizational climate survey could be administered to assess whether the organizational climate affect how nurse managers respond and use EI when facing conflict.
4. A quasi – experimental study should be conducted that compares nurse managers exhibiting higher EI to nurse managers with lower EI on their effectiveness in dealing with stress and conflict this would add support to the importance of EI in the field of nursing.

References

1. *Abas, N, (2010):* Emotional Intelligence and Conflict Management Styles Published Master of Science Degree In Applied Psychology, The Graduate School, University of Wisconsin-Stout.
2. *Ebrahem, A (1999)*: The role of organizational climate in conflict Management.
3. *Exforsys , S (2009):* Conflict Management Using Emotional Intelligencefile://localhost/I:/emtiobn/Conflict%20Management%20Using%20Emotional%20Intelligence.htm
4. Jordan J, and Troth,C (2002) :Emotional intelligence and conflict resolution in nursing. School of Management, Griffith University, Nathan, Queensland.
5. *Kantek, F and Kavla, I (2007):*Nurse-nurse manager conflict: how do nurse managers manage it ? Health care manag; 26(2):Pp. 147-51.
6. Lopes N, Salovey P, Straus R.(2003): Emotional intelligence, personality, and the perceived quality of social relationships. Personality and Individual Differences. 35(3):Pp.641-58.
7. Marquis , B and Huston , C (2009): Leadership roles and management functions in nursing, theory and application , 6th edition , Lippincott, Willam and Wikins, Pp. 336-364.
8. *Morrison, J (2008):* the relationship between emotional intelligence competencies and preferred conflict-handling styles: A correlational analysis of selected registered nurses in Southern Mississippi, Kaplan University, Hattiesburg, Mississippi 39401, USA. J nursing Management.16(8):974-83
9. Shih A, and Susanto E. (2010): Conflict management styles, emotional intelligence, and job performance in public organizations. Int J Conflict Manag ;21(2):Pp.147-68.
10. *Vivar, C (2006):*Putting conflict management into practice: A nursing case study. J Nurs Manag; 14(3): Pp. 201- 206.
11. *Xu, Y and Davidhizar, R (2004):* Conflict management styles of Asian American Nurses: Implications for the nurse manager. Health care Manag ; 23(1): Pp. 46-53.
12. Yousefi F. (2005): The relationship between emotional intelligence and communication skills in the university students. Iran Physiolo J. 3(9):Pp.5-13.
13. *Yu, C , Sardessai, R. , Lu, 1. & Zhao, J. (2006):* Relationship of emotional intelligence with conflict management styles: an empirical study in China. International Journal Management and Enterprise Development, 3(1/2), 19-29.