

Conflict Management Styles Among Nurse Leaders and Staffs in District Hospitals in Tarlac

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Abstract — Conflict is an inevitable part of the daily lives of nurses working in hospitals. Understanding conflict and timely management is crucial in maintaining a good working environment among nurses. This study aims to know the sources and types of conflict as well as the most used conflict management styles by nurses whenever they encounter conflict in district hospitals in Tarlac. It also determines the relationship of conflict management styles of nurses to their demographic profile. A descriptive-correlational research design was utilized, and data were gathered using questionnaires through Google Forms. The study employed complete enumeration, in which 95 nurses consented and participated in the study. The data were analyzed using descriptive and correlational statistics through SPSS 16.0 version. Findings of the study showed that the majority of the respondents were female, married, belong to the 30-39 years age group, and holds a bachelor's degree with less than 10 years of experience, Job orders, and had Nurse I position. The study revealed that the most common source and types of conflict were poor employer-employee relationships and intragroup while the most utilized conflict management styles was collaborative. It proved that there is a significant relationship between the gender and accommodating, compromising, and competing conflict management styles and it also showed a significant relationship between educational attainment and collaborating conflict management style of nurses. This study recommends further research about conflict management styles of nurses in different settings, effects of conflict management training, and conflict management styles of heads and intent of nurses to stay.

Keywords — Conflict, Sources of conflict, Types of conflict, Conflict Management Styles, Nurse

I. Introduction

Conflict is a natural part of human relationships. It is an unavoidable circumstance, present in all aspects of life and in every organization (Marquis & Huston, 2021). It can either be constructive or destructive. (El Dahshan & Moussa, 2019). Healthcare organizations are recognized as one of the highest conflict environments (Borkowski, 2016; Mason et al., 2014).

Conflict management is a critical process that seeks to minimize the negative consequences of conflicts while maximizing their positive outcomes. It entails a variety of strategies and techniques for effectively managing conflicts and preventing them from escalating into more serious issues (Roche et al., 2014). Nurse managers spend more time dealing with the conflicts (Barr & Dowding, 2016), mastery of conflict management styles and strategies is significant and highly needed for health leaders (Ledlow & Stephen, 2018). Failure to recognize or improper

management of conflict can cause disruption in the workplace, which could result in health issues, miscommunication, job dissatisfaction, decreased creativity and productivity, lessened professional satisfaction, inability to make quick decisions, poor working conditions, and reduced efficiency in providing quality nursing care (Babapour et al., 2022; Ibrahim et al., 2020; Weiss & Tappen, 2015).

Conflict management styles include accommodating, avoiding, collaborating, competing, and compromising. There is no right and wrong conflict management style. The effectiveness of each style depends on the extent of conflict and the parties included in the conflict. Each style has strengths and limitations. Adopting them based on the situation is a crucial part of conflict management. Thus, knowing the sources, types of conflict, and frequently used styles are also contributing factors that lead to minimizing or eradicating the consequences of conflict in workplaces.

Due to the above-cited circumstances, this study aims to determine the conflict management style mostly used by nurses in district hospitals in Tarlac. To contribute to studies on conflict management styles literature and will serve as a foundation for the development of combinations of conflict management styles or new styles to intensify efforts in managing, handling, or minimizing conflict in different work settings, especially in health care settings, thereby improving the quality of life of nurses and providing a good harmonious working environment, thus increasing productivity as well as rendering quality service not only for the nurses but to all workers in different organizations.

Several studies have shown the most common uses of conflict management styles. According to Leveillee (2018), the most common conflict management style of nurses in the medical-surgical unit is compromising, while in the intensive care unit it is collaboration, whereas competition is most used by the physicians in a non-profit hospital located in the northeastern United States and is compromising, followed by accommodation. On the other hand, While the study of Tuan and Huong (2023) revealed that cooperating or collaborating was the most utilized conflict management style among nurse managers in a children's hospital setting in Vietnam. In addition, in the study of Dewi et al. (2022) conducted in a hospital in Bali, Indonesia, most nurses perceived their head nurses utilizing a compromise strategy. Meanwhile, in the study of Alkorashy et al. (2023), the results revealed that collaborating styles were the most preferred by Intensive Care Unit nurses during the first wave of the COVID-19 pandemic in a government hospital in Saudi Arabia.

All these concepts have significance to the study because they have extended the need to study the sources and types of conflicts that nurses experience in their respective workplaces. It determined the most used conflict management styles used by nurses. This study filled in the gap in looking for the relationship of conflict management styles used by nurses to their demographic data not only focused on age, marital status, educational attainment, length of service, Plantilla position, and status of employment but also the gender of nurses.

Research Questions

This study determines the conflict management styles of nurse leaders and staff in district hospitals in Tarlac. Specifically, it seeks to answer the following questions:

1. What is the demographic profile of nurses in terms of:
 - 1.1. Personal profile
 - 1.1.1. Age
 - 1.1.2. Gender
 - 1.1.3. Marital Status
 - 1.2. Professional profile
 - 1.2.1. Educational Attainment
 - 1.2.2. Plantilla Position
 - 1.2.3. Length of Service
 - 1.2.4. Status of Employment
2. What are the common sources of conflict mostly experienced by the respondents?
3. What are the types of conflict mostly encountered by the respondents?
4. What is the most preferred conflict management style among respondents?
5. Is there a significant relationship between conflict management style and the demographic profile of the respondents?
6. What is the implication of the study for nursing service administration?

II. Methodology

This research study is a quantitative type of research that used a descriptive-correlational design which describe the degree of relationship that exists among variables (Schmidt & Brown, 2015). It determines the relationship between the conflict management style and the demographic profile of nurses in four district hospitals in Tarlac. It employed complete enumeration technique where in a total of 120 nurses were invited to participate, only 95 nurses consented and participated as a respondent in the study. Respondents' participation was voluntary, and were informed that they could withdraw anytime without perjury. All the information gathered was treated with confidentiality. The anonymity was observed where names and other personal data were not

included. The questionnaire followed the ethical standards of research for an online survey. All data was deleted upon completion of the study.

Data were gathered using a questionnaire through google form. It is composed of 4 parts in which the first part is composed of demographic data, Second was adapted and modified questionnaire from the study of Akpabio et al. (2016) and Masangya et al. (2022) which seeks to answer the sources of conflict and the extent of their existence as perceived by the respondents. While the third part was adapted and modified from the Nursing Conflict Scale of Maniraguha (2019) taken from El-shimy et al. (2002) with a Cronbach's α value of 0.86 which focused on questions regarding intrapersonal, interpersonal, intragroup, and intragroup types of conflict, while the last part was adapted and modified Dutch Test for conflict handling of Masangya et al., 2022, taken from De Dreu et al., 2001, which is a popular and validated assessment tool for conflict management styles, it sought to obtain the most utilized or preferred conflict management style of the respondents. Close-ended questions on demographic data were utilized in the first part, while the second up to the last part were scored using a five-point Likert scale, which was interpreted as 1 (never), 2 (rarely), 3 (sometimes), 4 (often), and 5 (always). Since the adapted questionnaires were modified it was validated by 3 nurse leaders and experts. A pilot test was conducted to 20 nurses working in a private hospital., Cronbach alpha efficient revealed results of sources of conflict (0.752), types of conflict (0.851), and most preferred conflict management styles (0.737) which all indicated *acceptable level of reliability*.

The data gathered was analyzed by SPSS (Version 16) using descriptive and correlation analysis. Descriptive statistics were utilized to summarize and present the data in frequencies, percentages, means, and grand mean (Kaur et al., 2018). Pearson's correlation coefficient (r) was utilized to test the relationship between the variables (Turney, 2024). Thus, it determined the relationship between conflict management styles and the demographic profile of the nurses. Since, it was limited to nurses working only in district hospitals, their availability, and willingness to participate in the study depend on their decision. In addition, respondents' honesty to answer the questionnaires because of possible fear or potential negative consequences of their answer to their institution, and respondents may answer the questions based on socially accepted opinions rather than their personal experiences despite the assurance of confidentiality and anonymity. The researcher was not able to include the relationship of being a nurse leader and staff to conflict management styles since the study aims to relate and not to compare. The data gathering process was done between February and March 2024. The period of the study was from A.Y. 2023-2024.

III. Results and Discussion

Table 1 reveals the age profile distribution of respondents through frequencies and percentages.

Table 1: Distribution of the Respondents according to Age

Age Group	Frequency	Percentage
60 & above	1	1.1
50-59	6	6.3
40-49	12	12.6
30-39	66	69.5
20-29	10	10.5
Total	95	100.0

Table 1 shows the ages of respondents from 20 to 69. It revealed that the majority of the respondents fall between 30-39 years old, which comprises 66, or 69.5%, of the total nurses

Table 2 displays the gender profile distribution of respondents using frequencies and percentages.

Table 2: Distribution of the Respondents according to Gender

Gender	Frequency	Percentage
Male	23	24.2
Female	72	75.8
Total	95	100.0

Table 2 revealed that the majority of the respondents were female, which comprises 72 or 75.8% of the total respondents.

Table 3 displays the marital status profile distribution of nurses using frequencies and percentages.

Table 3: Distribution of the Respondents according to Marital Status

Marital Status	Frequency	Percentage
Married	49	51.6
Single	42	44.2
Widow	1	1.1
Separated	3	3.2
Total	95	100.0

Table 3 shows that most of the respondents were married, which comprises 49, or 51.6, followed by single respondents, which comprises 42, or 44.2%, of the total respondents.

Table 4 shows the educational attainment of respondents in different district hospitals in Tarlac.

Table 4: Distribution of the Respondents according to Educational Attainment

Marital Status	Frequency	Percentage
Bachelor's Degree Holder	69	72.6
with MA/MS units earned	11	11.6
MA/MS Degree Holder Bachelors	15	15.8
Total	95	100.0

Table 4 shows that the majority of the respondents were bachelor's degree holders, which comprises 69, or 72.6%, followed by MA/MS Degree Holder Bachelors, 15 or 15.8%.

Table 5 shows the Plantilla position of the respondents on different district hospitals in Tarlac.

Table 5: Distribution of the Respondents according to Plantilla Position

Plantilla Position	Frequency	Percentage
Nurse I	70	73.7
Nurse II	19	20.0
Nurse III	3	3.2
Nurse V	3	3.2
Total	95	100.0

Table 5 shows that the majority of the respondents were Nurse I, which comprises 70, or 73.7%, followed by Nurse II, which was 19 or 20% of the total respondents.

Table 6 shows the length of service of the respondents in different district hospitals in Tarlac

Table 6: Distribution of the Respondents according to Length of Service

Length of Service	Frequency	Percentage
10 yrs & below	75	79
11-20	15	15.8
21-30	3	3.2
31 & above	2	2.1
Total	95	100.0

Table 6 shows that the majority of the respondents had 0–10 years of service, which comprises 75, or 79%, followed by 11–20 years of service, which comprises 15 or 15.8%, while the lowest was 31–40 years of service, which comprises of 2.1% of the total respondents.

Table 7 shows the status of employment of nurses in different district hospitals in Tarlac, which consists of job orders, casual positions, and permanent positions, respectively.

Table 7: Distribution of the Respondents according to Status of Employment

Status of Employment	Frequency	Percentage
Job Order	62	65.3
Casual	17	17.9
Permanent	16	16.8
Total	95	100.0

Table 7 shows that the majority of respondents were in job order, which comprises 62, or 65.3%, followed by casual, which comprises 17 or 17.9% of the total respondents.

Table 8 showed the common sources of conflict that respondents encounter in their respective district hospitals.

Table 8: Sources of Conflict

Indicators	Mean	Descriptive Rating
1. Poor employer-employee relationship	3.29	Sometimes
2. Lack of time for rest	2.71	Sometimes
3. Poor reward system	2.64	Sometimes
4. Poor Management	2.54	Sometimes
5. Conflict as a result of overwork	2.49	Rarely
6. Unfair labor practices	2.46	Rarely
7. Conflict between nurses and other healthcare professionals	2.43	Rarely
8. Competition to attain scarce resources	2.37	Rarely
9. Personality clashes between nurse leaders and subordinates	2.37	Rarely
10. Insufficient policies and regulations governing the facility	2.35	Rarely
11. Poor working conditions	2.35	Rarely
12. A misunderstanding involving nursing colleagues	2.34	Rarely
13. Unclear responsibilities or role	2.33	Rarely
14. Patient-related conflict	2.31	Rarely
15. Family concern or stress	2.26	Rarely
16. Insulting or discouraging thoughts from superiors, subordinates, or peers	2.2	Rarely
17. Discrimination issues	2.15	Rarely
18. Incompetence of the staff	1.98	Rarely
19. Individual differences in terms of language, religion, and beliefs	1.88	Rarely
Grand mean	2.39	Rarely

Table 8 showed the common sources of conflict that the respondents encountered in the hospital had a grand mean score of 2.39 with a descriptive rating of Rarely. The highest mean of sources of conflict statement was “poor employer-employee relationship” with a mean score of 3.29, followed by “lack of time for rest” with a mean score of 2.71, and “poor rewarding system” with a mean score of 2.64, which all had a descriptive rating of sometimes. While the statement with the lowest mean was “Individual differences in terms of language, religion, and beliefs,” with a mean score of 1.88 and a descriptive rating of Rarely.

In addition, some respondents specified other sources of conflict, indicating their frequencies, like “delay in salary (23),” “understaff (22)”, “slow promotion (8)”, “no benefits (3)”, “delay in releasing of certificates of employment and other pertinent documents like pay stubs (2),” “slow professional growth (1),” “long-term job order position (1),” and limited resources like medicines (1).”

Table 9 shows types of conflict that nurses mostly encounter in their respective district hospitals.

Table 9: Types of Conflict

Types of Conflict	Grand Mean	Descriptive Rating
Intragroup	2.44	Rarely
Intrapersonal	2.37	Rarely
Intergroup	2.19	Rarely
Interpersonal	1.80	Rarely
Composite mean	2.20	Rarely

Table 9 showed the types of conflict that the respondents encountered in the hospital with a composite mean score of 2.20 with a descriptive rating of Rarely. It revealed that intragroup has the highest grand mean score of 2.44, followed by intrapersonal with a grand mean score of 2.37 and a descriptive rating of Rarely. While the interpersonal type of conflict has the least grand mean score of 1.80, which has a descriptive rating of Rarely.

Table 10 shows the conflict management styles used by nurses whenever they encounter conflict in their respective district hospital.

Table 10: Conflict Management Styles Used by the Respondents

Conflict Management Styles	Grand Mean	Descriptive Rating
Collaborating	3.65	Often
Avoiding	3.59	Often
Compromising	3.53	Often
Accommodating	3.20	Sometimes
Competing	3.08	Sometimes
Composite mean	3.41	Often

Table 10 showed the conflict management styles utilized by the respondents in the hospital had a composite mean score of 3.41 with a descriptive rating of Often. Collaborating has the highest grand mean score of 3.65, while competing has the least grand mean score of 3.08 with a descriptive rating of Sometimes.

Table 11 showed the correlation of conflict management styles to the demographic profile of respondents that were assessed using Pearson's correlation coefficient (r) and corresponding p-values of 95 respondents.

Table 11: Correlation of the Conflict Management Style and the Demographic Profile of the Respondents (95)

Profile	Test Statistic	Accommodating	Compromising	Competing	Collaborating	Avoiding
Gender	Pearson r	.212*	.223*	.204*	.131	.187
	p-value	.039	.029	.048	.204	.070
	Interpretation	S	S	S	NS	NS
Educational Attainment	Pearson r	.171	.193	.055	.238*	.178
	p-value	.098	.061	.593	.020	.085
	Interpretation	NS	NS	NS	S	NS
Age	Pearson r	.054	.077	-.039	.109	.101
	p-value	.603	.458	.707	.293	.330
	Interpretation	NS	NS	NS	NS	NS
Marital Status	Pearson r	.080	.021	-.107	.017	-.032
	p-value	.440	.838	.303	.872	.758
	Interpretation	NS	NS	NS	NS	NS
Plantilla Position	Pearson r	.047	.026	-.120	.098	.011
	p-value	.654	.804	.246	.346	.916
	Interpretation	NS	NS	NS	NS	NS
Length of Service	Pearson r	.158	.067	.020	.202	.157
	p-value	.127	.521	.849	.050	.129
	Interpretation	NS	NS	NS	NS	NS
Status of Employment	Pearson r	-.145	-.164	-.013	-.199	-.148
	p-value	.161	.112	.901	.053	.151
	Interpretation	NS	NS	NS	NS	NS

*Correlation is significant at the level 0.05 level (2-tailed)

S-Significant

NS- Not Significant

Table 11 presented the correlation of conflict management styles and the demographic profile of the respondents. It revealed that gender has weak yet positive significant relationship to accommodating ($r = 0.212^*$, $p = 0.039$), compromising ($r = 0.223^*$, $p = 0.029$), and competing ($r = 0.204^*$, $p = 0.048$) conflict management styles as their p values were less than the alpha coefficient of 0.05. Thus, rejecting the null hypothesis. In contrast, it was revealed that gender has no relationship to collaborating ($r = 0.131$, $p = 0.204$) and avoiding ($r = 0.187$, $p = 0.070$) conflict management styles as their p values were greater than the alpha coefficient of 0.05. Thus, accepting the null hypothesis.

It showed that educational attainment weak yet positive significant to collaborating ($r = 0.238^*$, $p = 0.020$) conflict management styles as its p value was less than the alpha coefficient of 0.05, thus, rejecting the null hypothesis. On the other hand, it showed that educational attainment has no relationship to accommodating ($r = 0.171$, $p = 0.098$), compromising ($r = 0.193$, $p = 0.061$), competing ($r = 0.055$, $p = 0.593$), and avoiding ($r = 0.178$, $p = 0.085$) conflict management styles as their p values were greater than the alpha coefficient of 0.05. Thus, accepting the null hypothesis.

Furthermore, the table 11 revealed that the other demographic profiles such as age, marital status, Plantilla position, length of service, and status of employment has no relationship to the

conflict management styles of the respondents as all their p values were greater than the alpha coefficient of 0.05. Thus, accepting the null hypothesis.

DISCUSSION

This research identified the sources of conflict and types of conflict that nurses encountered in their respective hospitals. It also investigated the conflict management styles mostly utilized by nurses. In addition, it explored the correlation of conflict management styles of nurses to their demographic profiles. Conflicts occur daily in the life of nurses (Weiss & Tapper, 2015). If conflicts are not managed accordingly, it may potentially affect the productivity of nurses. Thus, compromising the delivery of quality patient care.

Demographic profile

The demographic profile of nurses revealed that most personal profiles of nurses who participated in the study were aged between 30-39 years (69.5%), female (75.8%), and married (51.6%), while in the professional profile, the majority of the nurses hold a bachelor's degree holder (72.6%), have a Plantilla position of Nurse I (73.7%), have 0-10 years of experience (77.9%), and hold a permanent position (65.3%).

Sources of Conflict

The study revealed that the common source of conflict among nurses was poor employer-employee relationships, followed by a lack of time for rest and a poor rewarding system. The result of the study was not congruent with Akpabio et al.'s (2015) study, where poor employer-employee relationships belonged to the least sources, and the most common sources of conflict among nurses were due to overwork, followed by a poor rewarding system, and patient-related conflict. While in the study of Masangya & Guillen (2022), poor management, poor working conditions, incompetence of members, and insufficient rules, regulations, and policies governing the institutions were the causes of conflict with the highest frequency among teachers. Whereas the result of the study is quite similar to the result of Tansloo et al. (2019), which revealed that the most common conflicts were organizational and job characteristics, poor management, and insufficient communication systems. Additional sources of conflict, as indicated by nurses in the study, such as delayed salary, were quite related to salary, according to the result of Paprocka-Lipinska et al. (2019), which is inadequate salary.

Types of Conflict

The result of the study also revealed that the most encountered type of conflict was intragroup, followed by intrapersonal. It is quite similar to the study of Higazee (2015), nurses mostly encountered intragroup types of conflict, and disruptions from physicians are the most common type of conflict in Jordan. The Alkorashy et al. (2023) study revealed that competitive and intragroup conflict were the most frequently encountered types of conflict among nurses.

Whereas the study of Dashan & Moussa (2019) revealed that interpersonal conflict and intragroup conflict were most common among Egyptian nurses, while intragroup conflict and competitive conflict were prevalent among Saudi nurses. Meanwhile, Attia's (2019) result revealed that interpersonal was the most encountered conflict among nurses.

Conflict Management styles

The study revealed that collaborating was the most utilized conflict management style of the nurses who participated in the study. It is congruent with the result of Alkorashy et al. (2023) and Maharjan & Shakya (2021), which was that collaborating was the most used among nurses. It is in contrast with the study of Leiveillee (2018), which revealed that compromising was the most preferred conflict management style among nurses..

Correlation of Conflict Management Styles to the Demographic Profile

The study revealed a correlation between conflict management styles and the demographic profile of nurses. The result of the study proved that conflict management styles of nurses have no relationship to age, marital status, Plantilla position, length of service, or status of employment of the respondents. It revealed that the gender profile of nurses has weak positive correlation to accommodating, compromising, and competing. conflict management styles thus rejecting the null hypothesis, which then states that there is a significant relationship between the gender and accommodating, compromising, and competing. conflict management styles of nurses. This indicates that female nurses tend to insist on opinions or fight for a good outcome but also tend to agree with other parties if they both give up something for a better solution. It also revealed that educational attainment has weak positive correlation to collaborating conflict management styles, thus rejecting the null hypothesis and stating that there is a significant relationship between educational attainment and collaborating conflict management styles of nurses. This means that young professionals tend to deal with conflict using solutions that are mutually satisfactory to both parties. The results further support the study of Alkorashy et al. (2023), that collaborating conflict management has a correlation to the education of nurses, and they also elaborate further on the gap in which the study revealed a significant relationship between accommodating, compromising, and competing conflict management to the gender of the nurses.

IV. Conclusion

Based on the findings of the study, the personal and professional demographic profile of the nurses participated in the study revealed that majority were female, married, and belongs to 30-39 years of age. Predominantly were young professionals that hold a bachelor's degree with less than 10 years of experience, Job orders and belongs to Nurse I Plantilla.

In terms of sources of conflict experienced by nurses were described as rarely. Which indicates Nurses rarely encountered conflicts in the workplaces. The highest mean score revealed that poor employer-employee relationship followed by lack of time for rest. Whereas in types of conflict encountered by nurses' general means revealed a verbal description of rarely. Intragroup has the highest mean followed by intergroup which indicates that Majority of nurses utilizes conflict management styles of Collaborating followed by avoiding while Competing was the least used conflict management styles among nurses.

Based on the result, it revealed that gender of nurses has relationship in accommodating, compromising and competing management styles and educational attainment profile of nurses showed relationship on collaborating conflict management style. Other demographic profiles such as age, marital status, Plantilla position, length of service and status of employment was revealed that there was no relationship to conflict management styles of nurses.

V. Recommendations

Further research about the conflict management styles of nurses in private hospitals or tertiary government hospitals to ascertain the same result., and a study about effects of trainings on conflict management in various healthcare settings in minimizing the extent of conflict. it finally suggests to conduct study about the conflict management styles of heads and the intent of nurses to stay.

COMPLIANCE WITH ETHICAL STANDARDS

In the conduct of the study, the ethical considerations were strictly observed. The study seeks permission from concerned authorities prior to conducting the study. An informed consent was obtained from the respondents. The participation of the respondents was voluntary, and the respondents were informed that they could withdraw anytime without perjury. All the information gathered was not shared with anyone and was treated with confidentiality. The anonymity was observed where names of the respondents and facility as well as other personal data were not included. The questionnaire followed the ethical standards of research for an online survey. The study was conducted without conflict of interest and took measure against plagiarism. There

findings of the study was interpreted without bias and the results were used for the advancement of the research.

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