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Organizational Conflict Causes and Resolution Style among First Line Manager and Hospital Administration

Maha Atta Mohammed*, Sanaa Mohamed Araf, Sahar Ahmed abood*****

***Bachelor of nursing Faculty of Nursing, Minia University**
****Assist. Professor of Nursing Administration, Faculty of Nursing, Minia University**
*****Professor of Nursing Administration, Faculty of Nursing, Minia University**

Abstract

Background: Conflict is a fact of human lives and if they are able to understand it and its impact on work effectiveness, they can make conflict useful and use them to achieve better results **Aim** of the current study is to identify organizational conflict causes and resolution style among first line managers and hospital administration. **Design**: A descriptive research design was utilized in the current study. **Subjects** of this study compromised convenient sample of all available nurse) first line managers who working at hospitals during the period of data collection (no 156). **Setting**: the study was carried out at Minia University Hospitals. **Tools**: two tools were used to collect data of the study; Organizational Conflict Causes Questionnaire and Organizational Conflict Resolution Styles Scale. **Results**: The study results revealed that three quarter of hospital administrative and first line manager agreed about causes of conflict. The most conflict styles used by hospital administrative were collaborating, accommodating, and competing while, first line manager preferred compromising, avoiding, and competing styles, with statistically significant difference. **Conclusion**: this study concluded that, all participants agreed about causes of conflict; as well hospital administrative preferred collaborative style and first line manager preferred compromising style. **Recommendations**: Establishment of training courses for all nursing educators to improve their skill for conflict resolution.

Key words: Organizational Conflict Causes, Resolution Style, First Line Manager, Hospital Administration.

Introduction

Conflict is a common issue in our everyday lives. Caused by disagreement in goals, motivations, or actions between two parties that can be real or only perceived to exist, conflict is seen as a perceived incongruity of interests. Whether it results due to a difference of opinions, harsh words or direct action to solve competing goals, conflict has the potential to occur in many domains of our lives. Conflict is considered to be the normal and inevitable consequence of social and organizational life (1,2).

Furthermore, conflict is a fact of human lives and if they are able to understand it and its impact on work effectiveness, they can make conflict useful and use them to achieve better results. Every organization encounters conflicts on a daily basis. The conflict cannot be avoided, but it is possible to manage them in a way that people recognize conflict symptoms in time. Thus, it is necessary to continuously track the organizational signals which point to their existence. As well as, everyone has to deal with conflict both in the workplace and personal lives (3).

Conflict is a situation where there is a disagreement between parties. It connotes a stressful, unhappy, distressing, depressing, annoying and frustrating state of affairs. Also, conflict occur because individuals have different perceptions, beliefs and goals; as well conflict is inevitable when managers are making important decisions as they would face opposing pressures from different sources (4,5).

Also, conflict between people are caused for several reasons, some of which include incompatible goals, different values and beliefs, ambiguity and role conflict, problems of communications resulting from confusion or refusal to cooperate, ambiguous rules, authority conflict, inconsistent evaluation and reward system, job stress, task conflict, and deficiency of information system, etc.; which in turn can affect the managers and staff's satisfaction (6, 7).

Managing conflict in the workplace is a time-consuming but it is necessary task for the nurse and physician leader. Conflict may range from disagreements to major controversies that may lead to litigation or violence. Conflict has an adverse effect on productivity, morale, and patient care. Also, it may result in high employee turnover and certainly limit staff contributions and impede efficiency (7, 8).

The workplace conflicts in the healthcare environment tend to be far more complicated because in hospital one would interact with different human resources with diversity, including physicians, nurses, managers and personnel's from same or other departments. However, some time nurses are working under difficult and stressful situation which can lead to negative interpersonal relationship with other co-workers, and they are so busy in their work to reflect upon and to resolve it (8, 9).

As a result, patient care will be compromised and organization would lose its productivity. Health care professionals, who understand each other's roles and can work effectively together, have been shown to provide higher quality care. Hence, to achieve desire out comes in patient care, it is essential to have good interpersonal relationship in terms of cooperation, collaboration, listen, and respect the values or positions of each other. It is usually observed in our context that physicians showing dominancy and lack of acceptance of role of nurses are the root causes of interpersonal conflict in health care settings (10, 11).

Conflict management is a complex process, which demands time and energy. Thus, managing conflict and ultimately resolved it, is critical to the effective functioning of the organization and its ability to creatively move forward. The management and the subordinates must be concerned and devoted to resolving conflict among coworkers by being willing to listen and to find accurate solutions (12, 13).

Interpersonal conflicts can be handled with various styles of behavior; there are five styles of resolve conflict avoiding, accommodating, compromising, competing, and collaboration. The person who has avoiding style neglects the conflict or denies the availability of conflict. One seeks for neither own concerns nor others'. In this mode, one

prefers to evade an issue or put it off until later (Unassertive and uncooperative) (14, 15).

Accommodating style had to overlook own concerns to satisfy those concerns of others. It is a form of selfless generosity that followed by yielding to others' wishes when one would prefer not to do (Unassertive and cooperative). Compromising style seek for a mutually acceptable solution that satisfy both parties partially via addressing some concerns of both parties and neglecting others by exchanging concessions and finding a middle-ground position (Moderately assertive and moderately cooperative) (14, 15).

Competing style seeks for own concerns at the expense of others' concerns by using all appropriate power to win the position and defend something that is believed to be correct (Assertive and uncooperative). The collaborative style pursuit of all concerns of both parties through a solution that satisfy both parties completely as a result of parties collaboration to address all underlying concerns and attempts to find alternatives to satisfy all of them (Assertive and cooperative) (15, 16).

Significance of the Study

Nursing is a profession based on collaborative relationships between nurses and others. When two or more people view issues from different perspectives, these relationships resulting in conflict. Conflict that was managed effectively by first line nurse managers can lead to personal and organizational growth. If conflict is not managed effectively, it can hinder a nurse's ability to provide high quality nursing care and escalate to violence. Therefore conflict has an adverse effect on productivity, morale, and patient care; it may result in high employee turnover and certainly limit staff contributions in participation in decisions and impede efficiency.

Moreover, during working in Minia University hospitals it has been observed that multiple problems related to conflicts occur between in the top level (directors of nursing services) with middle level (supervisors) and first level (head nurses) and in the other side hospital administrative. Therefore, it is important to assess the causes of conflict among organizational staff and resolution style among first line manager and hospital administration.

Aim of the study

The aim of the current study is to identify organizational conflict causes and resolution style among first line manager and hospital administration.

Research questions:

- What are the causes of organizational conflict among first line managers and hospital administrative?
- What are the organizational conflict resolution style among first line manager and hospital administrative?

Subjects& Methods

Research design

A descriptive correlation research design was used to achieve the aim of the present study and answer the research question.

Subjects:

The subject of this study was included convenient sample of the available first line manager (140 included nurses and physicians) and administrative authority (16 included nurses and physicians) at time of data collection.

Study settings:

The study was carried out at Minia University Hospitals, at Minia City, Egypt. The study was conducted over two months during year 2017.

Tools of data collection:

Data was collect through the utilization of two tools as follows:

Tool No I: it included two parts

Part I: Personal Data sheet; it included age, sex, marital status, level of education, current department, current position, years of experience, and years of experience of current position.

Part II: Organizational Conflict Causes Questionnaire

This tool developed by Hasani et al. (2014) (17) and was adopted by researcher to measure first line managers and hospital administrative response opinions about conflict causes. It consist of 13 items with three point Likert scale ranged as (agree = 3, neutral = 2, and disagree =1). The higher score, the higher agreement about causes of conflict

Tool No II: Organizational Conflict Resolution Styles Scale

Developed by Grace (2012) (18) and was adopted by researcher to measure first line managers and hospital administrative responses opinions about Conflict resolution styles. It consist of 25 items with three point Likert scale ranged as (agree = 3, neutral = 2, and disagree =1). This tool was divided by the researcher into five styles as follow: collaborating style included (5) items; competing style included (6) items; avoiding style included (5) items; accommodating style included (4) items; and compromising style included (5) items. The higher score of style score, the higher dominant style of participants.

Validity of the tools:

A jury of 5 experts in the field of nursing administration field has been submitted with tools to determine its applicability and content validity. Necessary modification was done.

Reliability of the tool:

Reliability of the tools was performed to confirm consistency of tools. The internal consistency measured to identify the extent to which the items of the tools measured what is intended to measure. Also, the tools were tested for internal reliability by using Cronbach' alpha test (α=0.89 for tool I, and α =0.88 for tool II).

Study procedure:

- A written approval to carry out the study was obtained from faculty of nursing dean and ethical committee

- A written approval to carry out the study was obtained from the hospital directors and from nursing directors after explaining the aim of the study.
- After getting approval the investigator explained purpose, nature, and significance of the study for the director of nursing services, supervisors, head nurses, resident physicians and hospital administrative.
- Work schedule of supervisors, head nurses, resident physicians was obtained, to estimate time for data collection, the time consumed to fill the questionnaire was between 20 to 30 minutes.
- According to the plan of time schedule, the questionnaires were collected from them during their break time.
- Data collection was done during morning and afternoon shifts and lasted for two months during year 2017.

Ethical Consideration:

A written initial approval was obtained from the Research Ethical Committee of the Faculty of Nursing, Minia University, and then a written approval was obtained from the directors of Minia university hospitals. Consent was obtained from the subjects. Confidentiality was assured to them. Each participant was interviewed individually by the investigator to fulfill the necessary data. Subjects have the right to withdraw from the study without any rational.

Statistical analysis of data

The collected data of the study tools were categorized, tabulated, analyzed; and data entry were done using SPSS software version 20 (Statistical Package for Social Science). Data were presented using descriptive statistics in the form of frequencies and percentages, mean, standard deviation and chi-square. Tests of significance were performed to test the study hypotheses (i.e. t- test, and ANOVA test). Pearson correlation analysis was used for assessment of the interrelation among quantitative variables. Statistical significance was considered at p- value ≤ 0.05.

Results:

Table (1): Distribution of the study participant personal data (n=156)

Characteristics	(N=16)	%	(N=140)	%
Age				
• 25-35 year	-	-	124	88.6
• 36-46 year	10	62.5	15	10.7
• 47-57 year	6	37.5	-	-
• >57 years	-	-	1	0.7
Mean + SD 43.75+4.21			30.94+4.68	
Sex				
• Male	5	31.3	65	46.4
• Female	11	68.8	75	53.6
Qualification				
• Bachelor	11	68.8	139	99.3
• Master	-	-	1	0.7
• Doctorate	5	31.3	-	-
Job				
• Directors Administration	2	6.3	Residence	95	67.9
• Assistant Directors Administration	3	18.8			
• High head nurses	11	6.3	Head nurses	45	32.1
Marital statues				
• Single	-	-	67	47.9
• Married	15	93.8	71	50.7
• Divorced	-	-	-	-
• Vidual	1	6.3	2	1.4
Experience				
• 1-10	-	-	102	72.9
• 11-21	8	50	36	25.7
• 22-32	8	50	1	0.7
• <32	-	-	1	0.7

It was noted from table (1) that the about two third (62.5%) of administrative subjects were in age group (36-46), while majority (88.6%) of first line manager were in age group (25-35). Regarding sex, more than two third (68.8%) of administrative subjects were female, and more than half (53.6%) of first line were female. Regarding qualification there were about one third (31.3%) of administrative subjects had doctoral degree, while no one (0%) of first line had doctoral degree. Speaking about marital status the majority (93.8%) of administrators, and the half (50.7%) of first line married. About years of experiences, half of administrators had (11-21) years and half had (22-32), while about three quarter (72.9%) of first line had (1-10) years of experiences.

Table (2): The frequency distribution by percentage regarding to opinion of the hospital administrative regarding to causes of organizational conflict (N=16)

NO	Items	Disagree (1)		Neutral (2)		Agree (3)	
		N	%	N	%	N	%
1	Lack of responsibility and commitment at work	12	75%	0	0%	4	25%
2	Lack of cooperation among the staff	0	0%	0	0%	16	100%
3	Diverging opinions and actions to perform work	0	0%	3	18.7%	13	81.3%
4	Lack of motivation and devaluation of work	6	37.5%	7	43.8%	3	18.7%
5	Lack of information and dialogue among professionals	0	0%	0	0%	16	100%
6	Gossip at the workplace	0	0%	0	0%	16	100%
7	Lack of human and material resources	4	25%	0	0%	12	75%
8	Incompatible goals	1	6.3%	2	12.4%	13	81.3%
9	Different values and beliefs	5	31.2%	1	6.3%	10	62.5%
10	Problems of communications	1	6.3%	3	18.8%	12	75%
11	Ambiguous rules	1	6.3%	5	31.2%	10	62.5%
12	Job stresses	1	6.3%	2	12.5%	13	81.3%
13	Deficiency in information system	1	6.3%	3	18.7%	12	75%
Total	Causes of organizational conflict	0	0%	4	25%	12	75%

Table (2) shows that all (100%) of administrative manager agreed that (Lack of cooperation among the staff, Lack of information and dialogue among professionals, and Gossip at the workplace) were the most causes of organizational conflicts. Moreover, the majority of them agree that (Diverging opinions and actions to perform work, Incompatible goals, and Job stresses) causes of organizational conflicts. Also, there were three quarter of them (75%) agreed about causes of conflict.

Table (3): The frequency distribution by percentage regarding to opinion of the first line managers in relation to causes of organizational conflict (N=140)

NO	Items	Disagree (1)		Neutral (2)		Agree (3)	
		N	%	N	%	N	%
1	Lack of responsibility and commitment at work	17	12.1%	47	33.6%	76	54.3%
2	Lack of cooperation among the staff	6	4.3%	64	45.7%	70	50%
3	Diverging opinions and actions to perform work	9	6.4%	66	47.2%	65	46.4%
4	Lack of motivation and devaluation of work	21	15%	71	50.7%	48	34.3%
5	Lack of information and dialogue among professionals	24	17.1%	41	29.3%	75	53.6%
6	Gossip at the workplace	20	14.3%	43	30.7%	77	55%
7	Lack of human and material resources	15	10.7%	34	24.3%	91	65%
8	Incompatible goals	17	12.1%	55	39.3%	68	48.6%
9	Different values and beliefs	37	26.4%	55	39.3%	48	34.3%
10	Problems of communications	21	15%	43	30.7%	76	54.3%
11	Ambiguous rules	18	12.8%	40	28.6%	82	58.6%
12	Job stresses	20	14.3%	19	13.6%	101	72.1%
13	Deficiency in information system	20	14.3%	37	26.4%	83	59.3%
Total	Causes of organizational conflict	8	5.7%	28	20%	104	74.3%

Table (3) shows from the first line managers perceptions that (Job stresses, Lack of human and material resources, Deficiency in information system, Ambiguous rules, and Gossip at the workplace) were the most causes of organizational conflict (72.1, 65, 59.3, 58.6, and 55 respectively) . Also, there were about three quarter of them (74.3%) agreed about causes of conflict.

Table (4) the comparison between Hospital Administrative and First Line regarding to Causes of Organizational Conflict (N156)

Variable	Causes of organizational conflict		T	P
	Mean	+ SD		
Hospital administrative (n=16)	33.37	+3.59	1.69	0.091
First line managers (n=140)	31.10	+5.19		NS

In table (4) it was noted that mean score regarding causes of conflict among hospital administrative was (33.37+3.59) and among first line manager was (31.10+5.19) with no statistical significance difference between two groups.

Table (5) Distribution by percentage regarding to opinion of the hospital administrative in relation to resolution styles of organizational conflict (N=16)

Items	Least		Backup		Dominant		Mean +SD	Min	Max
	N	%	N	%	N	%			
-Collaboration	0	0	0	0	16	100	13.81+0.83	13	15
-Competing	0	0	13	81.3	3	18.7	12.19+1.16	11	14
-Avoiding	16	100	0	0	0	0	6.25+1.12	5	8
-Accommodating	2	12.5	10	62.5	4	25	8.81+1.64	6	12
- Compromising	16	100	0	0	0	0	6.63+1.20	5	6

In table (5) it was noted that all of hospital administrative preferred the collaborative style with mean (13.81=0.83) and there was one quarter (25%) of them had dominant level and (62.5%) had backup level for the accommodating style, and majority of them (81.3%) had the competing style with backup level, while all of them (100%) less use/preferred the avoiding or compromising style.

Table (6) Distribution by percentage regarding to opinion of the first line managers in relation to resolution styles of organizational conflict (N=140)

Items	Least		Backup		Dominant		Mean +SD	Min	Max
	N	%	N	%	N	%			
-Collaboration	122	87.1	12	8.6	6	4.3	6.21+1.03	5	8
-Competing	60	42.9	30	21.4	50	35.7	11.49+4.01	6	18
-Avoiding	28	20	28	20	84	60	11.79+3.08	5	15
-Accommodating	59	42.1	74	52.9	7	5	6.93+1.89	4	12
- Compromising	4	2.9	40	28.6	96	68.6	12.64+2.16	5	15

In table (6) it was noted that there was more than two third (68.6%) of first line manager had the dominant level of the compromising style, and (60%) of them had the avoiding style with dominant level; while majority of them (87.1%) less use the collaboration style.

Table (7) the comparison between Hospital Administrative and First Line regarding to resolution style of Organizational Conflict (N=156)

Variable	Hospital administrative N= (16)		First line managers N=(140)		T	P
	Mean	+ SD	Mean	+ SD		
Collaboration	13.81	+0.83	6.21	+1.03	28.42	.000**
Competing	12.19	+1.16	11.49	+4.00	0.69	0.488 NS
Avoiding	6.25	+1.12	11.79	+3.08	7.11	.000**
Accommodating	8.81	+1.64	6.93	+1.89	3.80	.000**
Compromising	6.63	+1.20	12.64	+2.16	10.88	.000**

* $p \leq 0.05$ (significant) T-test: P – value based on independent sample t-test,
NS= No Significant difference * Statistical significant difference

In table (7) it was noted that there were highly statistical significance differences for all conflict resolution style between hospital administrative and among first line manager (p=0.000) except the competing style (p=0.488).

Discussion

The recent general trend has been to consider conflict as something normal, an everyday social phenomenon, and a simple and natural characteristic of human social systems. Society by its very nature, as human beings themselves, is not perfect, so disharmony and contradictions are inevitable parts of social development. To deal with a conflict effectively, it first needs to be analyzed and understood. Conflict analysis to determine its causes is the most important and necessary step that has to be taken before any conflict intervention can be carried out, and aims at gaining a clearer and deeper understanding of the origin, nature and dynamics of the conflict in question.

It was noted in the current study that the about two third of hospital administrative were in age group (36-46), while majority of first line manager were in age group (25-35). Regarding sex, more than two third of hospital administrative, and more than half of first line were female. Regarding qualification there were about one third of hospital administrative had doctoral degree, while no one of first line had doctoral degree. Speaking about marital status the majority of administrators, and the half of first line married. About years of experiences, half of administrators had (11-21) years and half had (22-32), while about three quarter of first line had (1-10) years of experiences.

The current study revealed that there were three quarter of hospital administrative agreed about total causes of conflict; as well as administrative manager agreed that most causes of conflict were: lack of cooperation among the staff; lack of information and dialogue among professionals; gossip at the workplace; diverging opinions and actions to perform work; incompatible goals; and job stresses.

Moreover, the findings of current study revealed that about three quarter of first line managers agreed about total causes of conflict perceptions. Also, the first line managers agreed that the most causes of conflict were job stresses; lack of human and material resources; deficiency in information system; ambiguous rules; and gossip at the workplace.

This explained that the hospital administrative and first line managers from physicians and nurses agreed about causes of conflicts, and there was no statistical significant difference between their opinions. This result may due to the hospital structure and resources available; as there are shortages in the medical and nurses' staff. The medical staff has pressure for official permanence, for example, the doctor is responsible for such work (emergency - department - clinic) at the same time and this leads to low performance due to the workload of the doctor. Also, head nurses have to do many roles in short time as patient care assignment, schedule for staff, managing unit equipment, manage staff problems, etc.

This was consisted with Bishop (2004) (19) who mentioned that there is a direct connection between nurses' negative experiences with conflict and the increasing nursing shortage. Also, Jackson, Clare, & Mannix, (2002) (20) acknowledged the worldwide nursing shortage increased conflict among health care providers; and mentioned that, if nurses are critical to health care, understanding nurses' experiences of conflict is necessary to ensure nurses' successful participation as health care providers

Moreover, there is absence of work objectives clarity for first line manager among doctors and nursing. Ambiguity role and overlap between the duties of hospital staff. There is disagreement among doctors and nursing about the work procedures. There is no precise and clear description of each profession that specifies the duties and responsibilities to be performed by doctors and nursing.

Furthermore, conflict can occur due to the personal characteristics of doctors and nurses which are different from each other; and the relation between health care workers which is often had poor communication. This was congruent with Obied and Ahmed (2016) (21) who show that ICU nurses perceived that personal characteristics, administrative policies, ICU work environment and nurse-physician interaction were contributing causes to conflict.

This result was also congruent with Johansen (2012) (22) and Danjoux et al (2009) (23) they found that lack of organizational support, resource allocation issues, poor communication, and staff levels of experience cause workplace conflict.

The hospital resources which include: the work overload; the lack of materials and equipment; value differences; size of unit; ambiguous job boundaries; complexity of patient care; and the administrative leadership skills and styles. This was consistent with Yufenyuy (2018) (24) who mentioned that several reasons were given as causes of conflict some of which include; identity threat, blurred job boundaries, power, personality differences, different values, and beliefs. Conflict in the healthcare setting emanate from personality differences, value differences, ambiguous job boundaries, decision making, communication, and expectation

Similarly, Azoulay et al (2009) (25) found that staff's mistrust, lack of regular staff meetings, absence of psychological support, unclear role and responsibilities, lack of cooperation, inappropriate leadership style contribute to conflict. Also they found that long working hours, size of ICU, complexity of care and caring for more than one critically ill patients lead to higher prevalence of conflict in ICU. Also Fassier (2010) (26) show that failure to set patient care goals, disregard patients and family preferences, linguistic and cultural barriers contribute to conflict

Moreover, conflict between people are caused for several reasons, some which include incompatible goals, different values and beliefs, ambiguity and role conflict, problems of communications, authority conflict, inconsistent evaluation and reward system, job stress, task conflict, deficiency of information system which is consistent with Hasani, Boroujerdi , Sheikhesmaeili and Aeini (2014) (27).

Also, Salleh and Adulpakdee (2012) (28), in their study about causes of conflict and effective methods of conflict management at Islamic secondary schools revealed that the main cause of conflicts occurring in school was the ambiguously defined responsibilities and the teachers agreed that "different perception were the major cause of conflict in school.

Regarding conflict resolution style, it was noted from the current study that all hospital administrative preferred with dominant level the collaborating style, and majority of them preferred with backup level the competing style and accommodating style; also the less style used by them was avoiding and compromising.

This result may due to the hospital administrative years of experiences they have from solving problems and conflict among staff in the hospital, and this in turn can increase their skills in handling conflict in a collaborative manner with win-win strategy. Also, this can be a result due to that hospital administrative use collaborative style as well as use accommodating style in order to find solution that pursuit all concerns of both and satisfy those concerns of others.

This was consisted with who Earnest (1994) (29) who mentioned that the largest group of directors and district directors reported they used the integrating (collaborating) conflict management style when confronted with a conflict situation. As well as the majority of the administrators were classified as of the thinking/judging personality style indicating they make logical, objective, and tough-minded decisions and prefer a decisive, structured and organized environment to solve problems.

This was in the same line with Sharifa, Majidb and Badlishah (2014) (30) who found that managers of Malaysia's teacher education institutes categorized as having accommodating style; and this style is widely practiced in several contexts in organizations in Malaysia.

This is consisted with the findings of Promsri (2017) (31) who showed that managers in Thai had a high score in collaborating. The hospital administrative in the current study use accommodating and competing styles and less use of compromising and avoiding styles which not consisted with Promsri (2017) who found managers had high score for compromising style and low score in competing style.

Also, the findings of this present study were consistent with Özkalp et al. (2009) (32) who found collaborating style to be the most preferred conflict management style of Turkish managers; followed by and compromising style which was not congruent with current study result. Also, these findings partially supported with Brewer et al. (2002) (33) who reported a high score of

managers in collaborating style and a low score in avoiding style.

Furthermore, it was noted that there most conflict resolution styles preferred by first line manager were the compromising, avoiding, and competing styles; while majority of them less use the collaboration style. They use the compromising style more than administrative because may they seek for a mutually acceptable solution that satisfy themselves and other parties partially via addressing solutions that concerns all parties and finding a middle-ground position. Also, the first line manager use avoiding style because they may feel that they have no power to have their rights and concerns, thus they characterized by distancing from problems and hiding them, or they seek for neither own concerns nor others.

This is consisted with Obied and Ahmed (2016) (21) who mentioned that around one third of medical and cardiac ICU nurses preferred avoiding style and the minority of them preferred collaboration style pre-intervention. While this was incongruent with Al-Hamdan (2009) (34) found that the respondents in his study reported using the integrating (collaborating) style as their first choice when managing conflict; and their preference rating for integrating followed by compromising, obliging (accommodating), dominating (competing) and avoiding.

Furthermore in the current study, it can observed that the hospital administrative preferred collaboration and accommodating style more than first line with statistically significant difference; while first line managers preferred avoiding and compromising style more than administrative and both preferred competing style with statistically significant difference; and both of them had high mean score for competing style with no statistical significant difference.

This was congruent with Islamoglu, Boru and Birsel (2008) (35) who mentioned in their study that there is a statistically significant difference between middle level managers and first line managers in relation to accommodation style. The means illustrate that middle level managers utilize accommodation style more than first line managers. As well as they mentioned that there is a statistically significant difference between middle level managers and upper level managers in relation to avoidance style. The means show that middle level managers use avoidance style more than upper line managers.

Moreover, in the current study the hospital administrative and first line manager use competing style with same level; this may be due to the hospital administrative and first line manager try to use the competing style in order to seek their own concerns at the expense of others' concerns and using all of their power to win the position and defend something that is believed to be correct when they feel that their right is being lost.

While this result was incongruent with the study of Islamoglu, Boru and Birsel (2008) (35), who found a statistically significant difference between first line managers, upper level and middle level managers in relation to competition style. The means reveal that first line managers utilize this style more than upper level managers and middle level managers.

Moreover, this was not in same line with Promsri (2017) (31) who revealed that the pairwise comparison revealed statistically significant differences between first-line managers and top managers indicating that first line managers reported significantly low preference for competing style than top managers.

Conclusions

It can be concluded from the current study that hospital administrative and first line manager agreed about causes of conflict were lack of cooperation among the staff; lack of information and dialogue among professionals; gossip at the workplace; diverging opinions and actions to perform work; incompatible goals; lack of human and material resources; and job stresses. The most dominant style among hospital administrative were collaboration, and accommodating styles; while first line managers preferred avoiding and compromising style more than administrative and both preferred competing style with statistically significant difference; and both of them use competing style with no statistical significant difference.

Recommendations

Based on the findings of the present study the following recommendations were proposed:

1) Establishment of training courses for all nursing educators to improve their skill for conflict resolution.
2) Improve organization polices and rules to that help administrative and first line to work in a collaborative manner to solve problems and resolve conflict.

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