

## Relation between Cultural Intelligence, Conflict Resolution and Resilience at work among Internship Nursing Students

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### Abstract:

**Background:** The rapid pace of globalization exposing both individuals and organizations to conditions of cultural heterogeneity in which they must function effectively when exposed to conflicts that may affect their resilience at work. **Aim of the study:** The present study aims to assess Cultural Intelligence, Conflict Resolution and Resilience at work among Internship Nursing Students **Research design:** The study was conducted using descriptive study design. **Sample:** The study subject involved 60 internship nursing student from Faculty of Nursing, Minia University. **Tools:** **Tool (I):** Self-Administered Questionnaire that involved two parts **1st part: Socio-demographic data, 2<sup>nd</sup> part:** Cultural Intelligence Scale (CQS), **Tool (II):** The Rahim Organizational Conflict Inventory–II and **Tool (III): Resilience at Work Scale (RAW-S).** **Results:** The current study revealed that the majority (93.3%) of internship nursing students had moderate level regarding total culture intelligence. Results also, revealed that the dominant conflict resolution styles by students are collaborating followed by avoiding style. All internship nursing students (100%) had moderate level of resilience at work **Conclusions:** assessment of a cultural intelligence, conflict resolution styles and knowledge as well as resilience at work is important and had a significant impact on internship nursing students. **Recommendations:** Develop and incorporate cultural intelligence training modules, conflict resolution and resilience into the nursing curriculum, Develop assessment tools to evaluate students' cultural intelligence, conflict resolution skills, and resilience.

**Keywords:** Cultural Intelligence, Conflict Resolution, Resilience at Work, Internship Nursing Students.

### Introduction:

In recent decades, individuals and organizations have gradually come to understand the important role of dealing with different cultures in competitive and conflictive work environments. Work in any organization is impossible without cooperation and establishment of appropriate relationships with no organizational conflicts. Conflicts are double-edged swords, and the way individuals deal with them determines their effects, for good or ill, on the organization (Singh, 2020). Among the skills required to avoid organizational conflicts, the ability to continuously get adapted to people from different cultures and the ability to manage intercultural communication are of paramount importance (Rasooli et al., 2019).

Internship nursing students are the new generation or graduates; they are a healthcare professional who is still in training, work under the supervision of a registered nurse, providing direct patient care and performing various clinical tasks (Grande et al., 2021). Moreover, internship nursing students are typically nursing students who are looking for hands-on experience in a hospital or medical facility who need to gain valuable learning experiences that help them bridge the gap between theory and practice. In theory they learn to deal with peers, supervisors, diverse patients and their families, in practice learn how to actually have a unique opportunity to gain hands-on clinical experience in a real-world healthcare setting (Livermore et al., 2022).

During their internship year, internship nursing students are exposed to a variety of specialties, including critical care, medical-surgical, oncology, labor and delivery, and pediatric. They learn how to actually work with patients of all ages, cultures and backgrounds, and develop the clinical skills necessary to become successful nurses. Moreover, to

deal with various patients from different cultures in different situations, internship nursing students need to learn how to gain cultural intelligence and conflict resolution skills to become able to work flexibly in different health care settings (Wei et al, 2021).

Cultural intelligence had more benefits when conflict created as results of differences in economic and professional values an when there is competition among professionals (Labrague et al., 2021, Başoğul, 2021), Hence, the manager's had important role in creating a work environment where conflict may be used as a conducive for growth, innovation and productivity (Gokoglan& Ozen- Bekar, 2021). When organizational conflict becomes dysfunctional, the managers must recognize it's in early stages and actively intervene and seek the skills required to manage conflict effectively (Abou Ramadan& Eid, 2020).

Managing conflict is one of the most difficult yet important responsibilities of any manager; the conflict resolution skill involves choosing the most appropriate strategies for corresponding situations (Jordan & Troth, 2021). Conflicts occur when two or more values, goals, or beliefs are naturally contradictory, and no agreement has yet been made about them. A conflict may derive from a social situation in which two or more people do not agree on the basic premises of the organization, or they show some hostility to each other. So, conflict resolution styles are essential in nursing education as they significantly impact teamwork, communication, and patient care outcomes Labrague et al., (2022).

The five primary conflict resolution styles are collaborating, compromising, accommodating, avoiding, and competing. Each style has its advantages and disadvantages depending on the context of the conflict. For instance, the

collaborating style is often viewed as the most effective, as it seeks a win-win solution that satisfies all parties involved, fostering a cooperative environment. In contrast, the avoiding style may be useful in situations where the issue is trivial or when emotions are running high, allowing time for cooling off. Understanding these styles enables nursing students to navigate conflicts more effectively, ultimately enhancing their resilience and adaptability in the workplace **Delak and Širok (2022)**.

Moreover, resilience at work refers to the ability of employees to adapt positively in the face of stress, challenges, and adversity in the workplace. It encompasses a range of skills and qualities, including emotional regulation, problem-solving abilities, and social support, which enable individuals to maintain well-being. In nursing, resilience is particularly critical as healthcare professionals frequently encounter high-pressure situations and emotional demands, cultural diversity and conflictive situations **Sihvola and Nurmeksela (2022)**. Furthermore, to large extent resilience at work mostly affected by both cultural intelligence and conflict resolution **(Böhm et al., 2020)**.

**Significance of the Study**

Internship nursing students are a future of nursing workforce and work in a highly dynamic environment constantly engaging and interacting with patients, staff, and providers of diverse cultures **(Harrison et al., 2020)**. Consequently, cultural intelligence has become a global market for organizations of healthcare **(Rasooli et.al, 2019)**. Lacking culture intelligence (CQ) might result in knowledge hiding and conflicts making innovation more challenging. Internship nursing students, therefore, need CQ to address diverse organizational cultures and to interact effectively with other members of the organization **(Bogilović et al., 2019)**. Hence, Internship nursing students should be culturally knowledgeable and competent to identify behaviors, attitudes, and practices to embrace the differences of patients from various cultures and strengthen their knowledge, resilience skills, and conflict resolution skills **(Majer et al., 2021)**.

**Mohammadi, et al., (2020)** studied the relationship between cultural intelligence and conflict resolution strategies: viewpoint of managers of University Hospitals in Ahvaz. The study revealed that there was a weak correlation and no significant linear relationship between cultural intelligence and conflict resolution strategies of managers. So, there is a need to assess cultural intelligence, conflict resolution and resilience at work among internship nursing students.

**Aim of the Study**

The present study aims to assess Cultural Intelligence, Conflict Resolution styles and Resilience at work among Internship Nursing Students

**Research Questions:**

- What is the level of cultural intelligence and the level of resilience among internship nursing students?
- What are the most conflict resolution styles employed by internship nursing students in clinical environments?
- Is there a relation between level of cultural intelligence, conflict resolution styles and resilience at work?

**Subject and method:**

**Research Design:**

- Descriptive research design was utilized to achieve the aim of the study.

**Setting:**

The study was carried out at two of Minia University Hospitals These hospitals are named as: Renal and Urology University Hospital and Pediatric and Gynecology University Hospital.

**Sample:**

The study subject consisted of 60 Internship Nursing Student from Faculty of Nursing, Minia University, by using **Raso soft program and calculation.**

$$\begin{aligned}
 X &= Z\left(\frac{c}{100}\right)^2 r(100-r) \\
 N &= \frac{N_x}{((N-1)E^2 + x)} \\
 E &= \text{Sqrt}\left[\frac{(N-n)x}{n(N-1)}\right]
 \end{aligned}$$

, and they was **selected randomly** from selected areas.

**Tools of Data Collection:**

Data was collected by using three tools which were **Self-Administered Questionnaires** as following

**Tool (I): Self-Administered Questionnaire:** this tool included two parts as follows:

**1st part: Socio-demographic data:** it was used to collect data about Internship nursing students encompass items as (gender, age, and residence, previous work experience both before and during internship year, cumulative grade during college years and clinical area)

**2<sup>nd</sup> part: Cultural Intelligence Scale (CQS).**

This part was developed by **Ang et al., (2007)** based on cultural intelligence model, and it was modified by **Barzykowski et al., (2019)**. It was adopted to assess internship nursing students' perception regarding CQ. It was composed of 20-items classified into four dimensions, namely; metacognitive (4 items), cognitive (6 items), motivational (5 items) and behavioral (5 items). The responses were measured with 5 point Likert scale ranged as (Never= 0, scarcely=1, sometimes=2, often=3, and always=4).

**Table (1): cultural Intelligence questionnaire dimensions:**

| Subscales     | No of items | Low 0-26    | Moderate 27- 53 | High 54-80   |
|---------------|-------------|-------------|-----------------|--------------|
| Metacognitive | 4           | 0: 5        | 6: 11           | 12:16        |
| Cognitive     | 6           | 0-7         | 8-15            | 16-24        |
| Motivational  | 5           | 0-6         | 7-13            | 14-20        |
| Behavioral    | 5           | 0-6         | 7-13            | 14-20        |
| <b>Total</b>  | <b>20</b>   | <b>0-26</b> | <b>27-53</b>    | <b>54-80</b> |

**Tool (II): The Rahim Organizational Conflict Inventory–II (ROCI II; Rahim, 1983)**

It was developed by **Rahim, (1983)** and adopted by researcher to measure styles of handling interpersonal conflict. It contained 28 items. The order of items was randomized clearly reflect the five dimensions of conflict styles (Collaborating: 7 items), (Accommodating: 6 items), (Competing: 5 items), (Avoiding: 6 items) and (Compromising: 4 items).

, and regarding dimensions scoring system it was distributed as follows:

**Table (2): Conflict Resolution styles score:**

| Conflict Resolution Style | Least Preferred | Backup | Dominant | Very Dominant |
|---------------------------|-----------------|--------|----------|---------------|
| Collaborating (7)         | 7-12            | 13-17  | 18-22    | 23-28         |
| Accommodating (6)         | 6-10            | 11-15  | 16-19    | 20-24         |
| Compromising (4)          | 4-7             | 7-10   | 11-13    | 14-16         |
| Competing (5)             | 5-8             | 9-12   | 13-16    | 17-20         |
| Avoiding (6)              | 6-10            | 11-15  | 16-19    | 20-24         |

**Tool (III): Resilience at Work Scale (RAW-S)**

It was developed by Winwood et al., (2013) and was adopted by researcher to assess resilience level at work for internship nursing students. It composed of 17-items classified into six dimensions, namely; Living authentically (3 items), Finding one’s calling (3 items), Maintaining perspective (3 items), Managing stress (4 items), Staying healthy (2 items), and Building networks (2 items). The responses were measured with 5 point Likert scale ranged as (Never= 0, scarcely=1, sometimes=2, often=3, and always=4). **Scoring system** of this tool ranged from (0) to (68) as follows:

**Table (3): Resilience at work questionnaire dimensions:**

| Subscales                  | No of items | Low 22 | Moderate 23- 45 | High 46-68 |
|----------------------------|-------------|--------|-----------------|------------|
| Living authentically       | 3           | 0-3    | 4-7             | 8-12       |
| Finding your calling       | 3           | 0-3    | 4-7             | 8-12       |
| Maintaining perspective    | 3           | 0-3    | 4-7             | 8-12       |
| Managing Stress            | 4           | 0-5    | 6-11            | 12-16      |
| Building social connection | 2           | 0-2    | 3-5             | 6-8        |
| Staying Healthy            | 2           | 0-2    | 3-5             | 6-8        |
| Total resilience at work   | 17          | 0-22   | 23-45           | 46-68      |

**Validity and reliability:**

The tools were tested for face validity by a jury of five experts in the field of Nursing Administration. Each expert panel was asked to examine the instruments for content coverage, clarity, wording, length, format, and overall appearance. Also, the necessary modification was done by the jury panel. To establish reliability, the tools were tested for internal consistency by using Cronbach's alpha test to check the stability of the internal consistency of the tools, and alpha was:

| Tools                           | Cronbach alpha |
|---------------------------------|----------------|
| <b>Conflict knowledge Tool</b>  | 0.889          |
| <b>Collaborating</b>            | 0.790          |
| <b>Accommodating</b>            | 0.915          |
| <b>Competing</b>                | 0.832          |
| <b>Avoiding</b>                 | 0.811          |
| <b>Compromising</b>             | 0.892          |
| <b>Total conflict</b>           | 0.898          |
| <b>Total resilience at work</b> | 0.883          |

**Pilot Study:**

The pilot study for the questionnaires was conducted on (10%) as 6 internship nursing students which were included in the study subjects. They were selected randomly from the different department in order to check and ensure the clarity and applicability of the tools; as well as to identify obstacles and problems that may be encountered during data collection and estimate the time needed to fill the questionnaires. In the light of the findings of the pilot study, no modification were done in the tools and the tools were put in their final form; so the pilot study were included in the actual study.

**Data collection procedure:**

- Written Approval was taken from Ethical Committee in the Faculty of Nursing, Minia University.
- Approval to conduct the study was obtained from Dean of the Faculty of Nursing, Minia University.
- A review of the related literatures which covering various aspects of the problem and study variables was done, using different books, journals and web sites, to get acquainted with the research problem and to implement the study.
- Three tools (Cultural Intelligence Scale, Rahim Conflict Resolution Scale and Resilience at Work Scale) were adopted.
- The translation to Arabic language for all tools was done.
- Testing the validity of three tools from the jury, and necessary modification were done. Tools of the study were tested for reliability and its internal consistency.
- The researcher establishes rapport with Internship Nursing Students at (Minia University Hospitals).
- Oral permissions were obtained from the Internship Nursing Students at (Minia University Hospitals) after explaining the importance and purpose of the study.
- The researcher assured the voluntary participation and confidentiality to each subject who agreed to participate.
- The sheets were given individually to all internship nursing students and they were given a period of time to respond to it. The data were received according to each individual time. The researcher distributed study Tool I ,II and III, and they were given 15 to 20 minutes to answer. Data collection from internship nursing students took three months, from the beginning of May 2023 to the end of July 2023.

**Administrative design:**

- Written Approval was taken from Ethical Committee in the Faculty of Nursing, Minia University. Approval to conduct the study was obtained from Dean of the Faculty of Nursing, Minia University
- Permissions were obtained from internship nursing students (Minia university Hospitals).
- Before the conduction of the pilot study as well as the actual study, permissions were obtained from the participants that were willing to participate in the study, after explaining the nature and purpose of the study.

**Ethical considerations:**

After explaining the significance, nature, and purpose of the study to the internship nursing students who are willing to participate in it, the study is given the go-ahead officially. All participants have the right to decline to participate and/or withdraw from it at any time without giving a reason, privacy was taken into account during the collection of data. Participants were given the assurance that all of their information was kept in the strictest confidence, and anonymity was also guaranteed by giving each participant a number rather than their name to preserve their privacy.

**Statistical design**

Data were analyzed using the statistical package for social science (SPSS) version 20. Numerical data were expressed as mean and SD. Quantitative data were expressed as frequency and percentage. For quantitative data and comparison between variables, there were number of tests

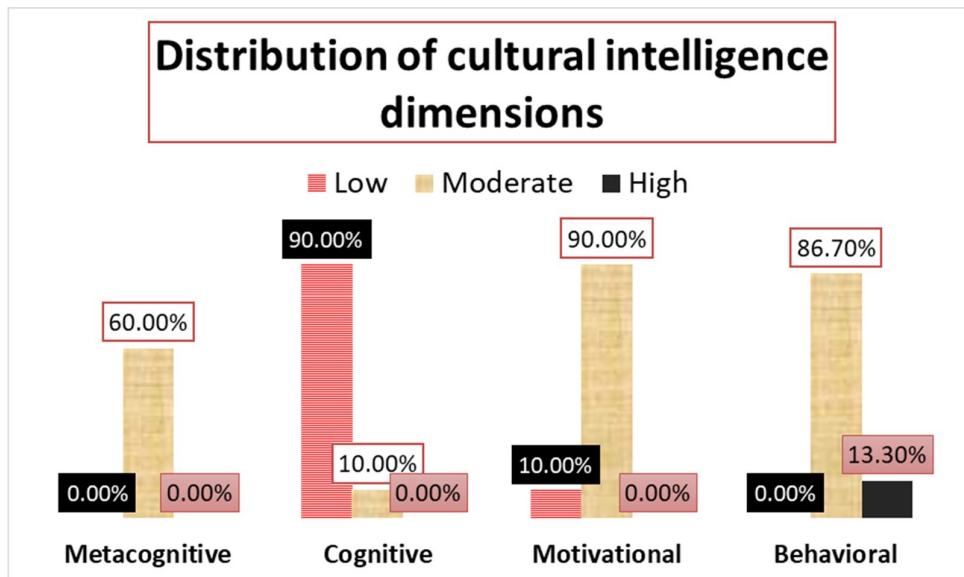
used such as ANOVA test, Cochran's Q test, a chi-squared test ( $\chi^2$ ) and Kruskal –Wallis test. Relations between different numerical variables were tested using Pearson correlation. Probability (p-value) less than 0.05 was considered significant and less than 0.001 was considered highly significant.

**Results:**

**Table (1): Percentage distribution of socio-demographic of internship students**

| Characteristics  | Internship students (no.=60) |      |
|--|------------------------------|------|
|  | no.                          | %    |
| <b>Age</b>   |                              |      |
| • 20:23  | 49                           | 81.7 |
| • >23  | 11                           | 18.3 |
| <b>Gender</b>  |                              |      |
| • Male   | 27                           | 45   |
| • Female   | 33                           | 55   |
| <b>Cumulative grade during college years</b>                           |                              |      |
| • Fair   | 2                            | 3.3  |
| • Good   | 9                            | 15   |
| • Very good  | 37                           | 61.7 |
| • Excellent  | 12                           | 20.0 |
| <b>Have you ever worked in hospitals before the Internship period?</b> |                              |      |
| • Yes  | 9                            | 15   |
| • No   | 51                           | 85   |
| <b>Have you ever worked in hospitals before the Internship period?</b> |                              |      |
| • Yes  | 15                           | 25   |
| • No   | 45                           | 75   |
| <b>Residence</b>   |                              |      |
| • Rural  | 49                           | 81.7 |
| • Urban  | 11                           | 18.3 |
| <b>Clinical area</b>   |                              |      |
| • NICU   | 30                           | 50.0 |
| • HDUI   | 14                           | 23.3 |
| • Dialysis ICU   | 16                           | 26.7 |

**Table (1)** Illustrates that (81.7%) of internship nursing students age ranged from (20-23) years old, and slightly more than half of them (55%) are females. Concerning Cumulative grade during college years, nearly two-thirds (61.7%) of them have very good grade, and the majority of them (85%) never worked in hospitals before the Internship period. In addition to work in hospitals during the Internship period more than three-quarter of them answered with (No) (75%). Moreover, the majority of them (81.7%) are from (Rural area) regarding residence. Also, half of them (50.00%) are worked in NICU clinical area.



**Figure (1) Percentage distribution of cultural intelligence dimensions level among internship students (no=60)**

Figure (1) shows that vast majority of internship nursing students have moderate level for metacognitive, motivational, and behavioral dimensions (100%, 90%, and 86.7%), while (90%) of them have low level for cognitive dimension

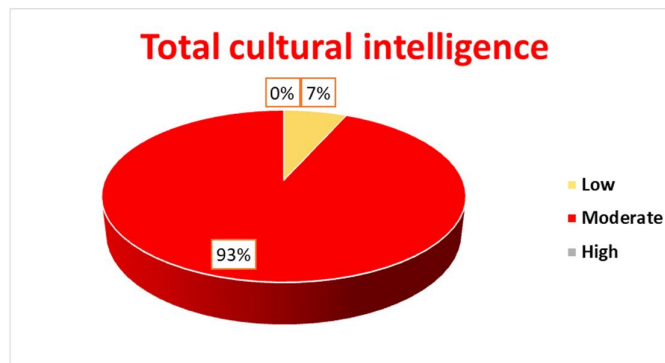


Figure (2) Percentage distribution of total cultural intelligence level among internship students (no=60)

Figure (2) shows that the majority of internship students (93.3%) have moderate level regarding total culture intelligence with highly statistical significance difference 0.001.

Table (2) Frequency distribution of total conflict styles among internship students (no=60)

| conflict styles | Least Preferred |      | Backup |        | Dominant |       | Very Dominant |       |
|-----------------|-----------------|------|--------|--------|----------|-------|---------------|-------|
|                 | No              | %    | No     | %      | No       | %     | No            | %     |
| Collaborating   | 0               | 0.0% | 2      | 3.30%  | 54       | 90.0% | 4             | 6.70% |
| Accommodating   | 0               | 0.0% | 10     | 16.70% | 48       | 80.0% | 2             | 3.3%  |
| Compromising    | 0               | 0.0% | 8      | 13.3%  | 48       | 80.0% | 4             | 6.7%  |
| Competing       | 0               | 0.0% | 54     | 90.0%  | 6        | 10.0% | 0             | 0.0%  |
| Avoiding        | 0               | 0.0% | 4      | 6.7%   | 54       | 90.0% | 4             | 6.7%  |

Table (2) shows that the dominant conflict styles by internship nursing students are (Collaborating style followed by the Avoiding style followed by accommodating and compromising styles) by (90%, 86.6%, 80.0% and 80% respectively)

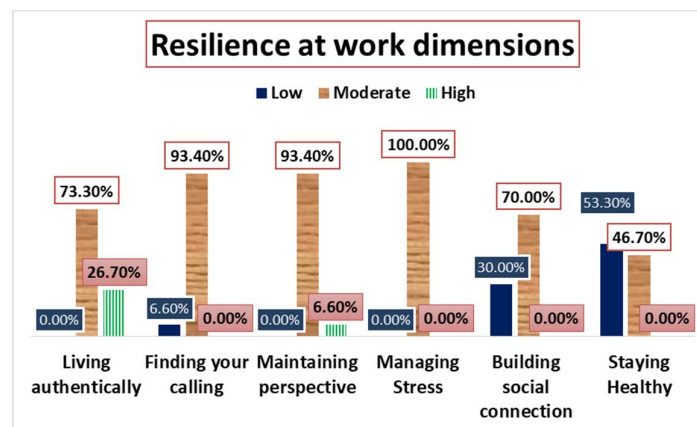


Figure (3) Percentage distribution of resilience at work dimensions among internship students (no=60)

Figure (3) shows that internship students have moderate level for the dimensions (managing stress, maintaining perspective, finding your calling, living authenticity, and build social connection) with (100%, 93.4%, 93.4%, 73.3%, and 70% respectively). While internship students have low level for staying healthy dimension (53.3%)

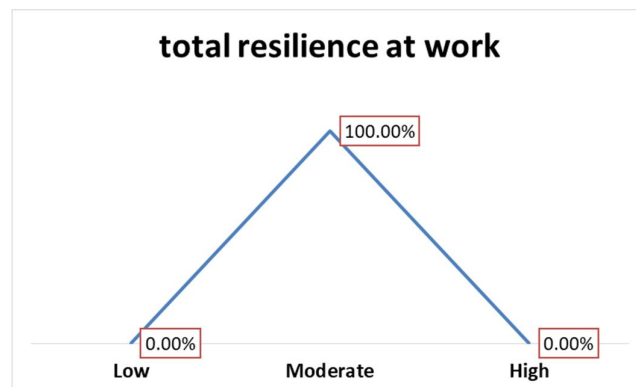


Figure (4) Percentage distribution of total resilience at work among internship students (no=60)

Figure (4) illustrates that all internship nursing students (100%) had moderate level of total resilience at work.

**Table (3) Correlation between study variables among internship students (no.=60)**

|                       |   | Cultural intelligence | Collaborating | Accommodating | Compromising | Competing | Avoiding | Total resilience |
|-----------------------|---|-----------------------|---------------|---------------|--------------|-----------|----------|------------------|
| Cultural intelligence | R |                       | 0.289         | 0.295         | 0.177        | -0.106    | -0.268   | 0.153            |
|                       | P |                       | 0.121         | 0.113         | .351         | 0.578     | 0.152    | 0.420            |
| Collaborating         | R |                       |               | 0.126         | 0.289        | -0.155    | -0.121   | 0.081            |
|                       | P |                       |               | 0.578         | 0.121        | 0.341     | 0.313    | 0.672            |
| Accommodating         | R |                       |               |               | 0.076        | -0.129    | -0.136   | 0.113            |
|                       | P |                       |               |               | 0.750        | 0.496     | 0.478    | 0.553            |
| Compromising          | R |                       |               |               |              | -0.235    | -0.214   | 0.121            |
|                       | P |                       |               |               |              | 0.132     | 0.152    | 0.523            |
| Competing             | R |                       |               |               |              |           | 0.339    | -0.358           |
|                       | P |                       |               |               |              |           | 0.115    | 0.061            |
| Avoiding              | R |                       |               |               |              |           |          | -0.085           |
|                       | P |                       |               |               |              |           |          | 0.653            |
| Total resilience      | R |                       |               |               |              |           |          |                  |
|                       | P |                       |               |               |              |           |          |                  |

**Table (3)** shows that there is a positive correlation between accommodating, collaborating, and compromising conflict styles with total score of culture intelligence and total score of resilience. While there are negative correlations between avoiding and competing conflict styles with total score of culture intelligence and total score of resilience. Also the table shows that there are no statistical significant correlations between study variables.

**Discussion:**

Assessing cultural intelligence (CQ) in the workplace is crucial for fostering effective communication and collaboration among diverse teams. Cultural intelligence encompasses cognitive skills, physical cues, and emotional understanding, enabling individuals to adapt their behavior in multicultural environments. High CQ not only enhances interpersonal relationships but also contributes to a positive workplace atmosphere, which is essential for employee satisfaction and retention (Kai et al., 2021).

Conflict resolution and resilience are also integral components of a healthy workplace culture. Cultural intelligence plays a significant role in managing conflicts effectively by fostering self-awareness and empathy among employees (Nicotera, 2022). By cultivating a conflict-resilient culture, organizations can enhance their overall effectiveness, attract top talent, and create an environment where employees feel valued and understood. This holistic approach to workplace dynamics not only addresses immediate conflicts but also builds long-term resilience within teams (Dewantara et al., 2023).

The current study showed, regarding the socio-demographic data there were the highest percentage of internship nursing students age ranged from (20-23) years old, and slightly more than half of them were females. Concerning Cumulative grade during college years, nearly two-thirds of them had very good grade, and the majority of them never worked in hospitals before the Internship period. In addition to work in hospitals during the Internship period more than three-quarter of them answered with (No). Moreover, the majority of them were from (Rural area) regarding residence. Also, half of them were worked in NICU clinical area.

The current study also, showed that regarding cultural intelligence dimensions, vast majority of internship nursing students have moderate level for metacognitive, motivational, and behavioral dimensions, while the highest percentage of them have low level for cognitive dimension. These findings provide important insights into students' preparedness for culturally diverse healthcare environments.

Thus, moderate level of metacognitive cultural intelligence suggests that students are somewhat aware of their own cultural biases and the need for reflection on their interactions with individuals from diverse backgrounds. This awareness is crucial for developing cultural competence, as it allows students to assess their understanding and adjust their

behaviors accordingly. Moreover, moderate levels of motivational and behavioral engagement indicate that students were willing to learn and apply culturally intelligent practices. This enthusiasm was essential for effective teamwork and patient care in multicultural settings, as motivated students are more likely to seek out knowledge and experiences that enhance their cultural understanding.

These findings supported by Schlaegel, et al., (2021) who claimed and demonstrated in a study conducted among nursing students that students exhibit moderate levels of metacognitive and motivational cultural intelligence. Also, Zalewska-Puchala, et al., (2021) conducted a study about cultural intelligence training and found that the cultural intelligence of nursing student's specifically motivational and behavioral dimensions was in a moderate level.

In contrary to these findings Uludağ and Mumcu (2023) when assessing level of cultural intelligence among nursing students, it was found that the mean total scores of the participants included in the study was moderately low, total mean score of metacognitive and behavioral factors was low.

Regarding low level at cognitive dimension, this suggests that the students felt they had limited knowledge or understanding of the legal and economic systems of other culture or cultural values, religious beliefs, arts and crafts of other cultures. Additionally, results indicating that they did not feel confident or knowledgeable in the cognitive dimensions of cultural intelligence. This could indicate a potential gap in their cognitive dimension of cultural intelligence, specifically in terms of their ability to comprehend and navigate the cultural factors related to legal and economic systems in different cultures.

The findings supported by Tu, et. al., (2019) who concluded that the cognitive dimension was the one that had a lower value. This result was confirmed in a study with students from Taiwanese institutions. Moreover, Beneroso and Alosaimi (2020) found that students have an moderate level of awareness of others' cultural preferences, and that they moderately possess the ability to adapt their cultural knowledge when interacting with a culture different from their own.

On the other hand, in contrary with current study findings Uludağ and Mumcu (2023) who found that the mean total scores of the participants included in a study assessing cultural intelligence was moderately low, and the total mean score of cognitive factors were moderate.

The current study also, showed that **regarding total cultural intelligence** the majority of internship students have moderate level regarding total culture intelligence with highly statistical significance difference. This indicates that a substantial majority of students possess a foundational understanding and capability to navigate diverse cultural contexts, also, this suggest that students have the ability to engage with patients from various backgrounds, potentially affecting the quality of care provided, which is increasingly important in today's globalized work environment. Moreover, moderate level of cultural intelligence make students better equipped to adapt to various cultural settings, which is essential for effective teamwork and collaboration in internships.

This came in the same line with **Purnell's (2020)** who worked on cultural intelligence in healthcare for students and nursing professionals to develop robust cultural intelligence to provide effective patient-centered care, and researcher aligning with findings of moderate cultural intelligence among students. Also, **Jegerson et al. (2024)**, who highlighted the importance of cultural intelligence training in nursing curricula, finding that many students graduate with a moderate levels of cultural intelligence, which impacts their readiness to provide culturally sensitive care.

Furthermore, **regarding conflict resolution styles**, results show that the dominant conflict styles by internship nursing students are **Collaborating style followed by the Avoiding style**. The preference for the collaborating style suggests that a significant majority of students are inclined to seek mutually beneficial solutions when faced with conflicts. This approach is characterized by open communication, active listening, and a willingness to consider the perspectives of others, which is essential in a healthcare environment. The high percentage of students employing the avoiding style indicates that, students choose to sidestep conflicts. This approach might be adopted to maintain harmony or due to uncertainty in handling confrontations.

Moreover, the preference for collaboration may reflect a growing recognition of the importance of teamwork and communication in healthcare settings, while the inclination towards avoidance could indicate a need for further training in conflict resolution strategies.

These findings are the same as that of the study done by **Assi and Eshah (2023)** who examined conflict management styles used by nurses and found that most used styles were the collaborating style, followed by the accommodating style. Also the current study findings are supported with **Gunasingha, et. al., (2023)** who found that the most common conflict resolution style amongst fourth-year medical students were collaborating and avoiding styles.

**Regarding resilience at work dimensions**, internship students have moderate level for the dimensions (managing stress, maintaining perspective, finding your calling, living authenticity, and build social connection). While internship students have low level for staying healthy dimension. These findings indicates that students possess effective strategies for coping with the challenges of their internships, have a clear understanding of their career goals and the ability to contextualize their experiences, striving to align their personal values with their professional roles to engage positively with patients and colleagues and recognize the importance of relationships and support networks during their training.

On the other hand, findings indicated that internship students struggle with maintaining their physical and mental well-being which may be regarded to poor nutrition, lack of exercise, and inadequate sleep due to internship working environment and changing shifts schedules.

These study findings supported by **Li and Hasson (2020)**, who examined resilience levels among nursing students during their clinical placements. The researchers found that students reported moderate resilience in dimensions such as stress management and social support, with significant challenges in maintaining physical health.

In contrast to the present study findings **Cameron and Leventhal, (2020)**, who found that nursing students demonstrated a higher level of resilience than expected, particularly in maintaining health dimension, the researchers highlighted that students engaged in proactive health behaviors, which contributed to their overall resilience.

Moreover, **regarding total resilience at work**, study findings illustrates that all internship nursing students (100%) had moderate level of resilience at work. This may be related to several factors may contribute to this moderate level of resilience, including the educational environment, peer support, mentorship, and prior experiences. Supportive faculty and a collaborative learning atmosphere can enhance students' coping mechanisms and provide them with tools to navigate stress more effectively.

Moreover, moderate level of resilience also suggests that students possess some coping mechanisms and strategies to handle challenges; equipped to effectively manage stressors encountered in the clinical environment when faced with high-pressure situations typical in healthcare settings which impact students' clinical performance, their ability to provide high-quality care and positively affect their decision-making, communication, and overall job satisfaction.

This came in the same line with a study results by **Malik et al., (2023)** which indicated that 95% of staff nurses have moderate level of resilience terms of coping with stressful situations and can develop strategies to deal with stressful work load and challenges in work environment with diverse cultural contexts and situations. Also, **Huang et al., (2023)** indicated that nursing students reported moderate resilience levels, which were linked to their academic and clinical experiences.

On the other hand, not in the same line with the current study findings **Mayor-Silva et al., (2024)** revealed a significant variability in resilience levels among nursing students. Researchers indicated that majority of students in the study reported low resilience, particularly those who faced high levels of stress and inadequate support during their internships.

Moreover, **regarding to correlations**, according to study results, there was a positive correlation between accommodating, collaborating, and compromising conflict styles with total score of culture intelligence and total score of resilience. While there is a negative correlation between avoiding and competing conflict styles with total score of culture intelligence and total score of resilience. Accommodating style involves prioritizing the needs of others over one's own, which can foster cooperative relationships. It has been positively correlated with both cultural intelligence and resilience, suggesting that individuals who are more accommodating may also possess higher levels of these traits.

Furthermore, collaborating style emphasizes working together to find mutually beneficial solutions. The positive

correlation with cultural intelligence and resilience indicates that those who collaborate effectively are likely to be more culturally aware and resilient in the face of challenges. Also, compromising style seeks a middle ground where both parties give up something to reach an agreement. Its positive correlation with cultural intelligence and resilience suggests that individuals who can compromise may also navigate cultural differences and stressors more effectively.

On the other hand, regarding avoiding style, it involves sidestepping conflict rather than addressing it directly. The negative correlation with cultural intelligence and resilience implies that individuals who tend to avoid conflict may struggle with cultural adaptability and may not cope as well with stress. Also, competing conflict style is characterized by a desire to win at the expense of others. Its negative correlation with cultural intelligence and resilience suggests that those who adopt a competitive approach may lack the cultural sensitivity and resilience needed to thrive in diverse environments.

This supported by a study by **Ogunyemi et al., (2020)** on conflict management styles among nursing professionals indicates that collaborative approaches are linked to better team dynamics and improved patient care outcomes. This aligns with the idea that accommodating and collaborating styles are positively correlated with cultural intelligence and resilience, as these styles foster teamwork and adaptability in diverse environments.

Also, a study by **Hassan et al., (2021)** suggests that avoidance in conflict situations can be detrimental to team cohesion and cultural adaptability. For instance, individuals who frequently avoid conflict may struggle with cultural intelligence, as they may not engage with diverse perspectives or confront challenges directly. The competitive conflict style has been shown to correlate negatively with effective teamwork and cultural sensitivity. Individuals who adopt a competing approach may prioritize their own goals over collaboration, which could hinder their ability to adapt to culturally diverse environments and reduce their resilience in stressful situations. Moreover, **Aseery et al., (2023)** indicated that higher emotional intelligence was associated with more effective conflict resolution styles, including collaboration and accommodation. This suggests that individuals who are emotionally intelligent may also exhibit higher cultural intelligence and resilience, as they can navigate interpersonal dynamics more effectively.

### Conclusion:

According to the findings of the current study, the majority of internship nursing students had moderate level regarding total culture intelligence. Results also, revealed that the dominant conflict styles by students were collaborating followed by avoiding style. All internship nursing students had moderate level of resilience at work

### Recommendations:

Based on the findings of the current study, the following recommendations were suggested:

- Integrate cultural intelligence and conflict resolution styles and resilience at work into the nursing curriculum.
- Provide practical case studies and simulations: that reflect real-world scenarios to enhance students' understanding and application of cultural intelligence and conflict resolution skills and resilience at work.

- Offer experiential learning opportunities such as cultural immersion experiences, community service projects, or clinical rotations in diverse settings.
- Collaborate with healthcare organizations to create internship opportunities that emphasize cultural competence, conflict resolution and resilience at work.

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