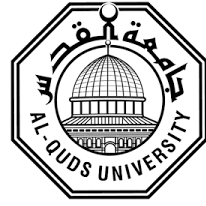


Deanship of Graduate Studies

Al-Quds University



**Conflict Management Strategies Used by Nurse
Managers at European Gaza Hospital and
Nasser Medical Complex**

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**Conflict Management Strategies Used by Nurse
Managers at European Gaza Hospital and
Nasser Medical Complex**

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A Thesis Submitted in Partial Fulfillment of Requirements
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Thesis Approval

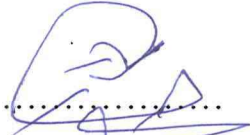


**Conflict Management Strategies Used by Nurse Managers at European
Gaza Hospital and Nasser Medical Complex**

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Dedication

To my beloved family ... my great father ... my sincere mother ... my wonderful brothers and sisters ... I deeply appreciate that you were always there in spirit with me ... gave me the support and space I needed to realize this accomplishment ... and inspired me with your love and warm feelings

Heartfelt thanks and appreciations to all those who contributed to the completion of this thesis ... without your support, this work would not come to end.

Ahmed Nasr

Declaration

I certify that this thesis submitted for the degree of Master, is the result of my own research, except where otherwise acknowledged, and this study (or any part of the same) has not been submitted for a higher degree to any other university or institution.

Signed: Ahmed Mustafa Nasr

Date: Jan 2020

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Ahmed Nasr

November, 2019

Abstract

Nurse Managers are central to conflict management and a healthy work environment. Conflict is a consistent and unavoidable issue within healthcare teams. Despite training of nurse leaders and managers around areas of conflict resolution, the problems in work environment remain. The aim of the study was to describe conflict management strategies used by nurse managers within European Gaza Hospital and Nasser Medical Complex to deal with conflicts with subordinates. The study design was descriptive cross-sectional taken. The sample was convenient and included the various levels of nursing management investigated within the hierarchy and these level were nursing ward managers, nurse supervisors and the executives and their count was 85. The tool of the study was adapted by the researcher, a self-administered questionnaire to gather data about the participants' demographics and preferred conflict management style. The questionnaire delivered in European Gaza Hospital and Nasser Medical Complex. Response rate was 100%. Analyzes were undertaken of the Likert Scale indicators reporting participant's preferred style in managing conflict through 28 questions. The result of this study identified that nurse managers in European Gaza Hospital and Nasser Medical Complex generally use collaborating as the most preferred strategy by 72.6%, then compromising by 70.4%, followed by accommodating by 62.9%, after that avoiding by 62.5% and lastly competing by 61.6%. The researcher concluded that the outcome of the research generated a clear results of how nurse managers deal with conflicts with subordinates and investigated many variables affect the used conflict management strategy and recommended that the nurse managers need for courses to enhance the process of decision making while handling with conflicts.

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List of Abbreviations

ANOVA	One Way Analysis of Variance
CINAHL	Cumulative Index of Nursing and Allied Health Literature
EGH	European Gaza Hospital
GS	Gaza Strip
Km	Kilometer
km²	Kilometers Square
MoH	Ministry of Health
NGO	Non-Governmental Organization
NIS	New Israeli Shekel
OCHA	Office for the Coordination of Humanitarian Affairs
PCBS	Palestinian Central Bureau of Statistics
ROCI	Rahim Organizational Conflict Inventory
SPSS	Statistical Package System for Social Sciences
UNRWA	United Nations Relief and Works Agency
USA	United States of America
WB	West Bank
Yrs	Years

Chapter One

Introduction

1.1. Background

Conflict is a reality in the nursing profession. Although no formal definition has been agreed upon, conflict can be broadly described as “an interactive process manifested in incompatibility, disagreement, or dissonance within or between social entities” (Rahim, 2011). This has arisen as result of several elements such as complexity in the organization, varying role expectations, communication problems, constraints in the decision making process, competition over limited resources, unclear job boundaries, and personality differences (Almost et al., 2016; Azouley et al., 2009; Nayeri & Negarandeh, 2009 and Patton, 2014) and it usually occurs between and among nurses, doctors, patients and their family (Johansen, 2012).

Conflict is a consistent and unavoidable issue within healthcare teams. Despite training of nurse leaders and managers around areas of conflict resolution, the problem of staff relations, stress, sickness and retention remain. Conflict arises from issues with interpersonal relationships, change and poor leadership. New members of staff entering an already established healthcare team should be supported and integrated, to encourage mutual role respect between all team members and establish positive working relationships, in order to maximize patient care. Good leadership, nurturing positive team dynamics and communication, encourages shared problem solving and acceptance of change. Furthermore, mutual respect fosters a more positive working environment for those in healthcare teams. As conflict has direct implications for patients, positive resolution is essential, to promote safe and effective delivery of care, whilst encouraging therapeutic relationships between colleagues and managers (McKibben, 2017).

Conflict is a complex process that may have constructive and destructive effects (Almost, 2016). A positively handled conflict can result in the formation of new ideas, innovative approaches, and creativity which may contribute to higher morale and commitment in employees, strengthened organizational relationships, and enhance organizational performance (Kinicki & Kreitner, 2008; McKibben 2017 and Rahim 2011). Conversely, failures with managing conflicts may result in disruptions in work performance, low staff performance, absenteeism, reduced work efficiency, wasting of resources, increased stress and burnout, and an overall negative effect related to the productivity of an organization (Omisore & Abiodun, 2014; Rahim, 2011 and Turkalj et al., 2008). In nursing, constructively managed conflict is highly linked with improved patient safety and quality of nursing care, while poorly managed conflict can adversely affect nurses and the organization (Brinkert, 2010; Johansen, 2012 and McKibben, 2017).

Handling conflicts in an efficient and effective manner results in improved quality, patient safety, and staff morale, and limits work stress for the caregiver. The nurse manager must approach this challenge thoughtfully because it involves working relationships that are critical for the unit to function effectively, the nurse and other members of the interdisciplinary healthcare team who must collaborate while navigating responsibilities and roles that often overlap (Johansen, 2012).

Conflict in nursing profession is natural and inevitable and arises as a daily challenge in healthcare organizations. Therefore, conflict management is extremely important for organizational effectiveness and efficiency and nursing staff must effectively manage conflict in order to provide an environment that stimulates personal growth and ensures quality of patient care (Abd-Elrhaman & Ghoneimy, 2018).

Within healthcare organizations there are employees with different expertise and experience status who must work together to provide safe, effective, and efficient health

care. For this reason, conflicts can occur between occupational groups with different roles and also within occupational groups themselves (Yılmaz & Öztürk, 2011).

Conflict within an organization can be defined as events that cause problems for individuals and groups that work together and complicates or stops their normal activities. As long as individuals/parties have different requests, preferences, values, beliefs, and interests, conflicts are inevitable (Yılmaz & Öztürk, 2011).

There are too many factors that cause conflict in the organizations to mention them all; however, some can be listed as administrator's management styles, control formats, lack of communication, lack of knowledge and skills of the employees, lack of mutual commitment, resources and common uses in the activity schedules, lack of mutual commitment in the organizational tasks and responsibilities, lack of competitive rewards, career system, shared vision and values, staff shortage, workload, organizational and/or individual differences of the objectives, differences in providing and sending of information, adaptation to innovations and changes, and external factors. When it is considered that conflict is inevitable within the organizations, it is important for administrators to be able to predict factors that may cause conflict so they can use the changes that may arise towards providing new ideas and optimal solutions (Örnek, 2013).

1.2. Problem Statement

Conflict is inevitable and natural part in the workplace, so accepting conflict and using it in a constructive manner in order to create a "conflict positive" workplace provides nurses and other health care personnel lifelong tools that can be utilized in any work environment. A nurse manager is responsible for enabling cooperation despite generational differences (Hahn, 2011) and plays a pivotal role in creating and facilitating a healthy work environment (Ganz, Wagner & Toren, 2015).

This study contemplated that a healthy work environment can exist despite complex, diverse workplaces. In addition, conflict is inevitable in healthcare organizations (Yufenyuy, 2018).It forms part of the everyday social, organizational and professional nursing life (Meyer et al., 2011; Tillet & French, 2012).Conflict occurs where two or more parties are aware of different needs or values, which can be perceived as being incompatible (Booyens, 2011; Johansen, 2012; Tillet & French, 2012).

The nurse manager is central to managing a turbulent, ever-changing work environment (Al-Hamdan et al., 2011); developing and implementing a healthy work environment (Twigg & McCullough, 2014) and simultaneously managing conflict. The nurse manager should be enabled to detect the initial warning signs of conflict and to implement conflict management (Mohamed & Yousef, 2014).Conflict is also central to nursing, as it is an emotionally charged profession (Heris & Heris, 2011).Despite a strong presence of publication on conflict management in healthcare organizations within the global arena, Palestine-based literature was nonexistent. This study aimed to obtain a clear understanding of nurse managers' conflict management skills within a diverse workplace, which could help provide recommendations to foster a healthy work environment.

1.3. Justification of the Study

Conflict is present in all aspects of life and in all organizations, it is unavoidable and a natural part of all human relationships (Marquis & Huston, 2015).Nurses are the main frontline personnel interacting with patients therefore, learning to resolve conflict is integral part to provide effective and efficient patient care and profit achievements (Murray, 2018 & Patton, 2014).Management of conflict is extremely important for the effective functioning of organizations and for the personal, cultural, and social development of human beings (Kunaviktikul et al, 2000).The manner in which the conflict is managed typically causes more tension in the situation rather than the conflict itself. Any

professional who is concerned with supporting others and the organization in changing negative conflict situations should have an objective of inventive and productive conflict management (Trudel & Reio, 2011). Managing conflicts properly pushes towards the achievement of the organization's goals; so this study was carried out to explore and describe the conflict management strategies that used by nurse managers at European Gaza Hospital and Nasser Medical Complex to access the skills utilized by the nurse managers when any conflict with subordinates arises.

1.4. Aim of the Study

The overall aim of this study was to describe the conflict management strategies used by nurse managers at European Gaza Hospital and Nasser Medical Complex.

1.5. Objectives

- To identify conflict management strategies used by nurse managers at EGH.
- To identify conflict management strategies used by nurse managers at Nasser Medical Complex.
- To identify which conflict management strategy used mostly by nurse managers at EGH.
- To identify which conflict management strategy used mostly by nurse managers at Nasser Medical Complex.
- To provide suggestions to improve the nurse managers' conflict management skills.

1.6. Research Question

- What are the conflict management strategies used by nurse managers at EGH?
- What are the conflict management strategies used by nurse managers at Nasser Medical Complex?

- What conflict managing strategy is preferred by nurse managers at EGH?
- What conflict managing strategy is preferred by nurse managers at Nasser Medical Complex?
- Is there diversity in conflict management styles used by nurse managers while handling conflict situation?
- What are suggestions could be provided towards the improvement of conflict management skills of nurse managers at EGH and Nasser Medical Complex?

1.7. Context of the Study

1.7.1. Sociodemographic context

Palestine lies within an area of 27,000 square kilometers (Km²), expanding from Ras AlNakoura in the north to Rafah in the south. Palestinian territories are divided into three areas separated geographically; the West Bank (WB) 5.655 Km², GS 365 Km² and East Jerusalem.(PCBS, 2017).At the end of 2018, the Palestinian population reached 4,915,349 million, of whom 2,500,064 were males and 2,415,285 were females, while the population of the Gaza Strip governorates was 1,961,406 million, including approximately 994,211 males and 967,159 females, constituting 39.9% of the total population of the governorates and 2,953,943 million inhabitants in the West Bank governorates and Jerusalem comprising 60.1% of the total population of the governorates.The ratio of males to females reached 102.8%.Natural increase rate accounts for 2.8 (2.5 in WB and 3.3 in GS), life expectancy for males 72.4 years and for females 74.6 years(MOH, 2019).

1.7.2. Gaza strip location and space

The Gaza Strip is the southern part of the Palestinian coast on the Mediterranean Sea. It is a narrow strip in the northeast of the Sinai Peninsula, which constitutes approximately 1.33% of the historic area of Palestine (from the river to the sea). The strip covers an area

of 360 km², with a length of 41 km and a width of between 5 and 15 km. The Gaza Strip borders the north and east of the occupied Palestinian territories in 1948, while Egypt borders the south-west, see figure. Most of the residents of the Gaza Strip are refugees from the 1948 war, in which the occupation authorities expelled and occupied Palestinian citizens from their lands. There are 44 Palestinian communities in the Gaza Strip. The Palestinian refugees in the Gaza Strip are in camps in the Gaza Strip, Khan Yunis, Deir al-Balah, Bureij and Maghazi (Palestinian Opinion Agency for Media, 2015).

1.7.3. Economic context

The Palestinian economy suffers from continuous pressure caused by long-term siege, imposed by Israeli occupation for more than 12 years. Economic statuses in the Palestinian territories are very low. A significant increase in poverty rates occurred in GS from 38.8% in 2011 to 53% by the end of 2017 (United Nations Office for the Coordination of Humanitarian Affairs - OCHA, 2018). Gross Domestic Product (GDP) is estimated about 440.2\$ (576.0 in WB and 248.7 in GS), unemployment rate accounted for 18.2% in WB and 41.7% in GS and for female's unemployment rate is 44.7% (29.8% in WB and 65.2% in GG) (PCBS, 2017).

1.7.4. Health care system

The Palestinian health system consists of different parties. The main parties that offer health services are the Ministry of Health (MOH), NGOs, United Nations Relief and Works

Agency for Palestinian Refugees in the Near East (UNRWA), the military health services, and the private sector. The total number of hospitals in Palestine is 83 hospitals, 51 of them in WB including east Jerusalem and 32 in GS. The number of hospitals owned by MOH in Gaza strip is 13 hospitals, 16 for NGOs, 2 for the Ministry of Interior and National Security and 1 for the private sector. The number of hospital beds in the Gaza Strip

reached 2,943 beds (2,240 beds belonging to the Ministry of Health, 526 beds belonging to non-governmental institutions, and 177 beds belonging to the Ministry of Interior and National Security). The number of physicians working in different centers and units of MOH is 3100 physicians, with 14.6 physicians per 10,000 population of Palestine in GS, and the number of nurses working in MOH in GS is 3682 nurses representing 25.1 % of total employees in MOH, with 21.2 nurses per 10,000 population of Palestine in GS. The number of visitors to emergency departments in 2018 was 1,402,222 visitors (MOH, 2019).

1.7.5. EGH and Nasser Medical Complex according to (MOH, 2019):

European Gaza Hospital

A large public hospital with a total clinical capacity of 246 beds, of which 203 beds are allocated for overnight use. The total number of hospital staff is 781 employees.

Nasser Medical Complex

Medical Complex includes Nasser Medical Complex, which is dedicated to surgery, internal medicine, Al Tahrir hospital for women, childbirth and children, and Al Yassin hospital, it located in Khan Younis. Nasser Medical Complex has a total clinical capacity of 322 beds, with a total of 769 employees.

1.8. Operational Definitions

1.8.1. Conflict Management Strategies

Strategies, styles and techniques used in managing conflict between individuals or groups.(Collaborating: win/win, Compromising: win some/lose some, Accommodating: lose/win, Competing: win/lose, Avoiding: no winners/no losers) and these strategies were measured through the questionnaire.

1.8.2. Nurse Manager

Registered nurses who supervise nursing activities in European Gaza Hospital or in Nasser Medical Complex, and was measured through the questionnaire.

Chapter Two

Conceptual Framework and Literature Review

2.1 Conceptual Framework

The conceptual framework is the map that guides the design and the implementation of the study and its effect mechanism for illustration and summarizing the study variables.

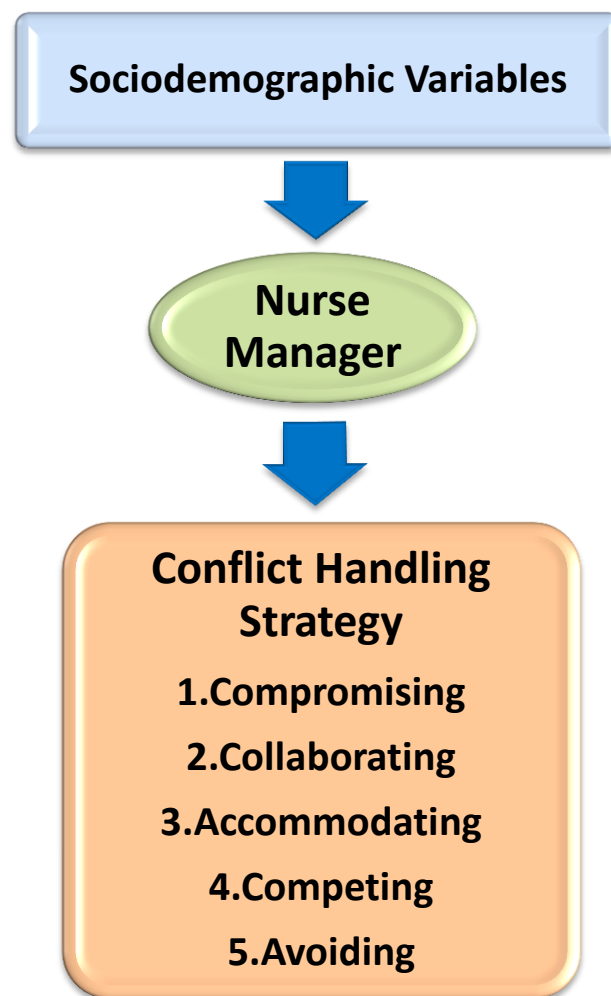


Figure (2.1): Diagram of conceptual framework.

2.2 Literature review

2.2.1 Background

Nursing conflict has traditionally generated negative feelings so many nurses use avoidance as a coping mechanism (CNO, 2009). Conflict is one of the most experienced issues by nurses and other health care team members. In fact, nursing management also faces challenges in resolving conflicts within their nurses units, outside their units, with other departments even with the hospital management. Conflict management in the workplace is time consuming but important for nurses (Sportsman, 2005). Viewing issues or situations from different perspectives, these relationships can be compromised by conflict. Such that, conflict is referred to as a power struggle in which a person intends to harass, neutralize, injure or eliminate a rival (Sportsman, 2005). According to Marshall (2006), "Conflict is neither good nor Bad, it just is" it can lead to positive and negative results for nurses, colleagues, patients and organization. If nurses manage them effectively, it can, while if ineffectively managed, teamwork, productivity and quality patient care can be compromised. There can be a negative impact on organization of the hospital and its objectives (Marshall, 2006).

Defining Conflict

Life is full of choices, and wherever there are choices and decisions to be made, there will be conflict, even if it is within an individual's own mind (Kaitelidou et al, 2012). Pahl emphasized the positive nature of conflict to move individuals and organizations forward into a more creative problem-solving arena, noting that it can lead to creativity and richer outcomes (Pahl et al, 2008). Hendle observed conflict in healthcare as a growing subfield of organizational behavior, describing it to be beneficial as well as damaging (Hendle et al, 2007). Kaitelidou described conflict in the healthcare setting as inherent, noting that health

care professionals deal with internal and external conflicts daily. However, it is difficult to view conflict as positive and laden with opportunities when you are in the middle of it. There is little doubt in the literature that workplace conflict can lead to many negative effects on staff, the organizational function and reputation, and within healthcare, the worrying effect is that on patient's safety (Kaitelidou et al, 2012). Taylor and Rew healthcare research discuss the extreme end of workplace conflict, which is workplace violence, as being more dangerous than exposure to blood-borne pathogens, falls or chemical exposure (Taylor and Rew, 2010). Concurring with these findings are the works of (Jones, 2016 and Zampieron et al, 2010) who also found conflict to be increasing.

Many authors view workplace conflict as inevitable but it is the negative effects of conflict that need to be managed (Al-Hamden et al, 2011; Andersen, 2006; Newman, 1996; Pahl et al, 2008; Pavlakis et al, 2011).

To begin the exploration of the subject of conflict, an operational definition of "workplace conflict" needs to be established. The workplaces for this study are EGH and Nasser Medical Complex. It is indisputable that conflict exists in EGH and Nasser Medical Complex and that it can lead to many negative and, conversely, positive effects.

The Oxford Dictionary (2019) defines it as: -A state of opposition or hostilities, a fight or struggle, the clashing of opposing principals, the opposition of incompatible wishes or needs in a person.

A more purposeful operational definition utilized for this study was: - Conflict begins when an individual or group perceives differences and opposition between itself and another individual or group about interests and resources, beliefs, values, or practices that matter to them. This definition denotes groups or individuals having conflict. With most healthcare systems being dependent on teams to deliver their services, this suggests that

conflicts can be between individuals or whole groups. This definition is not overtly negative or positive; it is a pragmatic description of the process of conflict, noting that it might have a beginning, and giving details of why it might occur (De Dreu and Gelfand, 2012).

Defining conflict is problematic. McConnon and McConnon (2010) discuss it as follows: Each of us has our own unique window on our world, fashioned by our socialization and our place in history. We have our own need, defined by our values and beliefs. When needs are not met, or are denied to us, we are in conflict. (McConnon and McConnon, 2010).

Conflict management is a process including the recognition of the conflict, determination of its intensity, evaluation of the effects of this intensity, determination of appropriate intervention methods and observation of their results (Marquis & Huston, 2015).

Types of Conflicts

There are several types of conflicts like intrapersonal, interpersonal, intra-group and inter-groups conflicts (Sullivan, 2008). Intrapersonal Conflict is disagreement or dissent within the individual, Occurs when one is faced with two or more incompatible stimulate. Interpersonal conflict occurs between two or more individuals whose values, goals or beliefs are not suitable. Intra-group conflict occurs regularly within the group, may arise due to lack of support, new problem, which requires changes within the group member roles, relationships, imposed values and role of conflict within the group. Inter-group Conflict, arises between groups with different goals, the achievement of which by one group can occur at the expense of the other (Sullivan, 2008 & Conerly, 2004).

Conflict situations can be identified where there are at least two parties involved, with different goals and / or values, where behaviors can lead to defeat the opponent or gain victory, and create an imbalance, or preferred power position (Filley, 1975). Conflict resolution requires specific leadership skills, problem solving abilities and decision making skills (UOC, 2019). When conflicts go unaddressed, they can have a negative impact on productivity and teamwork. Using conflict resolution strategies in the workplace will help maintain a healthy work environment. In a study on “workplace conflict resolution and the health of employees in the Swedish and Finnish units of an industrial company”, it has been found out that new patterns of work can change the way employees work and the new environment can eliminate some risks while introducing others. In the study of Hyde, Jappinen, Theorell and Oxenstierna, importance of the psychosocial working environment for the health of employees is now well documented, but the effects of managerial strategy have received relatively little attention. These results suggested that the workplace conflict resolution is important to the traditional psychosocial work environment risk factors (Hyde et al, 2006). Learning to respond to conflict is required in developing conflict resolution strategies. Nurses need to remember that the foundation of nursing care is the therapeutic nurse-patient relationship, which contributes to the patient’s well-being and health. This therapeutic relationship can be threatened whenever there is conflict, either with the patient, the patients’ family, the patients’ friends, or colleagues. Nurses share the responsibility with their employers to create a healthy workplace environment, ensuring that conflict does not negatively affect the patients’ health outcomes or the relationships among colleagues (CNO, 2009).

Competing, Accommodating, Avoiding, Collaborating and Compromising are five modes for responding to conflict situations (Thomas & Kilmann, 2019).

Thomas- Kilmann Conflict Mode Instrument

The Thomas and Kilmann (1974) tool is a self-assessment questionnaire that assesses an individual's mode of managing conflict. The model defines conflict as 'those situations where the concerns of two people appear incompatible'. Whilst researchers have built on this model (Al-Hamden et al, 2011) and (Rahim, 1983) "for examples" and developed their own models and thinking.

In conflict situations, Thomas and Kilmann describe a person's behavior along two basic dimensions:

1. Assertiveness: the extent to which the individual attempts to satisfy his or her own concerns.
2. Cooperativeness: the extent to which the individual attempts to satisfy the other person's concerns.

These two dimensions of behavior can be used to define five methods of dealing with conflict.

The five conflict handling modes are:

1. Competing - where an individual pursues their own concerns at other people's expense. This is a power-oriented mode in which whatever power seems appropriate to win is used, such as the ability to argue, rank or economic sanctions. Competing means 'standing up for one's rights', defending a position which is believed to be correct or simply trying to win.
2. Accommodating - the opposite of competing. When accommodating, the individual neglects their own concerns to satisfy the concerns of the other person; there is an element

of self-sacrifice in this mode. Accommodating might take the form of selfless generosity or charity, obeying another person's orders or yielding to another's point of view.

3.Avoiding - the person neither pursues his own concerns nor those of the other individual and so does not deal with the conflict. Avoiding might take the form of diplomatically sidestepping an issue, postponing an issue until a better time or simply withdrawing from a threatening situation.

4.Collaborating - the opposite of avoiding. Collaborating involves an attempt to work with others to find some solution that fully satisfies their concerns. It means digging into an issue to pinpoint the underlying needs and wants of all those involved.

5.Compromising - the objective is to find some expedient, mutually acceptable solution that partially satisfies both parties. It falls between competing and accommodating and, in some situations, compromising might mean splitting the difference between the two positions, exchanging concessions or seeking a quick middle-ground solution.

Each of the five modes has its benefits and its pitfalls in practice. The purpose of using this model is that it outlines to staff that there are many ways to deal with conflict and all of these skills are necessary. It may be that staff are overusing one method and need to practice an alternative method of dealing with conflict situations (Thomas and Kilmann, 1974).

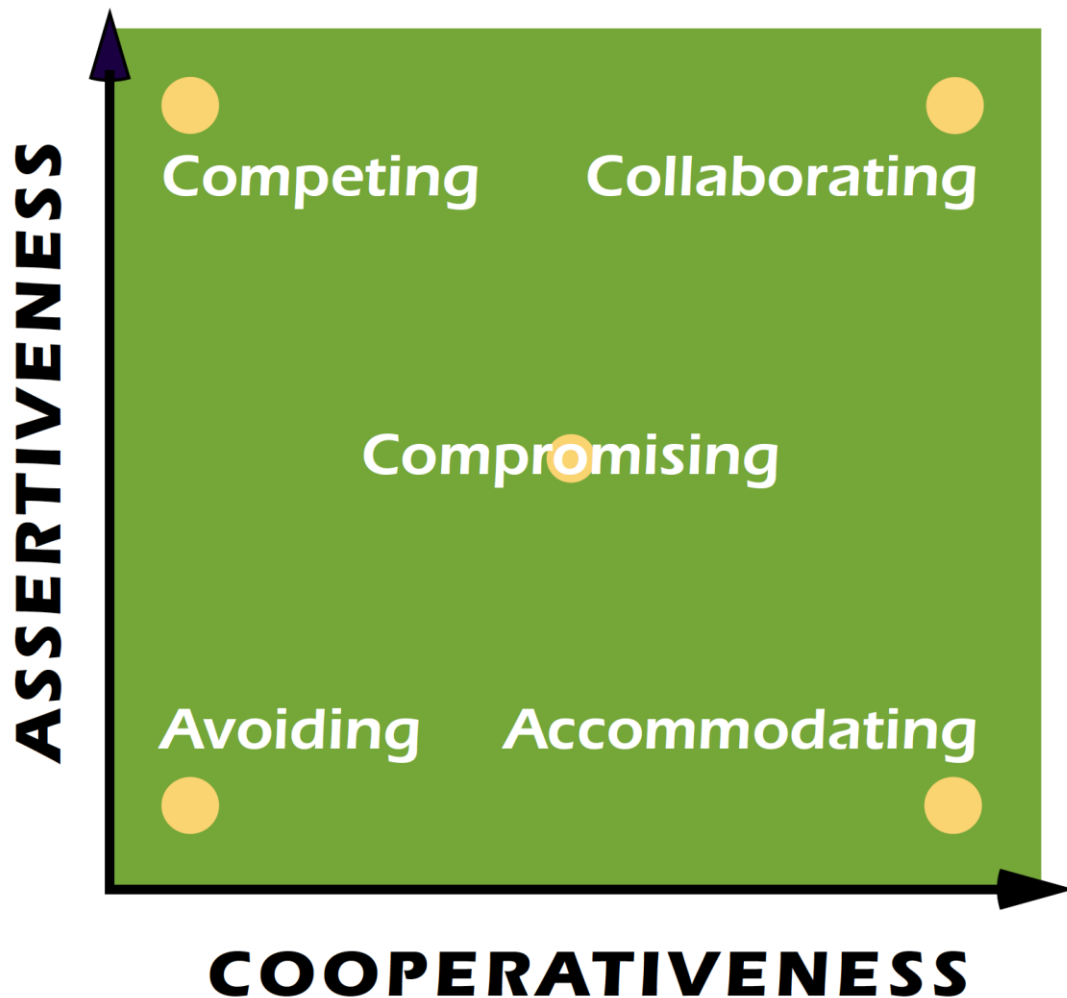


Figure 2.2: Basic dimensions of behavior define five different modes for responding to conflict situations, Thomas-Kilmann Conflict Mode Instrument (TKI)

2.2.2 Conflict Management Strategies

There are five common strategies for conflict management as follows; avoiding, accommodating, competing, compromising and collaborating. These five strategies are identified by their location in two dimensions: concern for self and concern for other. The five styles thus represent different combination of assertiveness and cooperativeness (Huber, 2014 and Roussel, 2013). Avoiding or withdrawing (unassertive and uncooperative) is a lose-lose approach. This is passive style characterized by distancing from problems and hiding them. It is appropriate for trivial problems (Obied et al, 2013 and Roussel, 2013). The second strategy is accommodating/or smoothing (unassertive and

cooperative) which is a lose-win strategy. This may include sacrificing one's own needs or desires to end the conflict. It encourages people to express themselves. It is correct when the other parties are right or more powerful or the issue is more important to them (Obied et al, 2013 and Abudahi, 2012). The third strategy is competing/forcing (assertive and uncooperative). This style has a binary 'win-lose' outcome and involves high concern for self and low concern for others. Also, it uses force to solve the conflict among the parties involved. The overall effort is to win regardless of the cost. It is applicable when a quick or unpopular decision must be made (Marquis & Huston, 2015). Compromising or negotiating (intermediate cooperative and assertive) is the fourth strategy in which each person gets something but provides something else up in the process, it means that someone wins and someone loses or both parties may lose something. It's generally a short-term solution unless conditions, positions or people change. (Kim et al., 2015 and Turgut et al., 2017). Finally, collaborating (assertive and cooperative) is a win-win approach. It is the highest valued method of dealing with conflict as it is the only scenario in which both parties can win; however, it also requires trust in the other party. Both parties work together toward a common goal rather than framing the conflict as a win or lose scenario (Rahim, 2011).

Dealing with conflict between and among individuals can be one of the most frustrating and uncomfortable experiences for an administrator. Any attempt by an administrator to alter a specific conflict position requires that he/she be knowledgeable of its origin. An understanding of the source improves the probability that the proper resolution or stimulation technique will be selected. The most important element of the conflict management strategy is the early recognition of the conflict and paying attention to the conflicting parties. There should be early indication of the conflict and early evaluation of its impact on performance of employees. It is also necessary to make a plan to encourage functional conflict or manage dysfunctional conflict. The approach to the conflict and the

conflict management style also depend on the participant's emotional involvement in the conflict. Conflict is formed by three major elements: Attitudes: cognitive ideas and emotion; Behavior: evident behavior and potential aggressive actions; and Contradiction: values and interests (Omisore & Abiodun, 2014).

There are many approaches to managing and resolving conflicts. While “conflict management” refers to reducing the negative impact of conflicts, “conflict resolution” refers to eliminating conflict (Redpath et al., 2013). Conflict management strategies range from conflict avoidance at one extreme to the use of physical violence at the other (Redpath et al., 2013 and Maser & Pollio, 2012). Conflict resolution on the other hand involves a situation where the conflicting parties enter an agreement that solves their central incompatibilities, accept each other's continued existence as parties and cease all violent action against each other (Wallensteen, 2015).

2.2.3 Previous studies:

Sedigheh Mokhtarpour, Mohsen Khademi, Hossein Mokhtarpour (2013) in their study ‘Survey of relationship between principals’ demographic characteristics and conflict management style choices’ have stated that conflict is inevitable in workplaces and it is very important to manage it in a proper way to minimize the problems that might arise. The aim of this research was surveying the relationship between principals’ demographic characteristics and the choice of conflict management styles. The statistical society included 213 employed principals of Shiraz high schools. The data on conflict management style choices were gathered using the conflict management questionnaire. The t-test, ANOVA and regression were used to analyze the data. The results of this research showed that the compromise style was the most frequently used method by principals followed by collaboration and accommodation, domination and avoidance, respectively. There was a significant association between the principals’ level of income

and the use of collaboration and accommodation styles. There was a statistically significant difference between gender and the use of the fivefold approach in the domination style. Overall, there was a significant association between the principals' demographic characteristics and the conflict management style choices. The principals should notice that conflict is inevitable in organizations and they should consider the opinions and ideas of both parties involved in the conflict. So the best approach for conflict management by principals is to pay attention to its outcomes and choose the style which has the most benefit for the involved parties.

Patrick W. Bwowe (2012) in his study 'An investigation into the conflict management styles used. In organizations with specific reference to some organizations in the northern region of the Eastern Cape Province' targeted six health institutions in the Northern Region of the Eastern Cape Province. Findings from the literature study revealed two main approaches to managing conflict. These were: the Resolution and the Stimulating approaches. Five conflict management styles were identified when the resolution technique is used. These included: Collaboration, Avoidance, Accommodating, Compromise and the Dominating styles. A research questionnaire and personal interviews were used for collecting data. The Questionnaire sought to establish the conflict management styles currently used organizations while the interview's aim was to probe deeper and to establish the participants' view of the factors which determine one's preferred conflict handling style and also to assess to what extent managers understand contemporary approaches to managing conflict such as conflict stimulation. The study revealed that the conflict management styles used by managers are similar to those identified in the literature review. It also emerged that managers are not very knowledgeable about the view of managing conflict by stimulating it. This highlighted the importance for further research into managing conflict by means of the stimulation approach.

Bankovskaya Violetta (2012) explored in his research project ‘Development of conflict management strategies to increase the organizational effectiveness in Nordic companies’ Thesis in International Business’ the nature of conflict, the conflict process, conflict resolution skills and conflict management techniques in the case of Icelandic companies. The most important values that determine the work in Icelandic organizations are: egalitarianism, which includes power distance, individualism, femininity and unrealistic optimism, the “action-poet” psyche and the “fisherman mentality”. Because of unique mentality of Icelanders and not typical corporate governance the author decided to explore how conflict management practices work in Iceland and identify the factors that managers can improve in their conflict resolution approach in order to increase the productivity of the organization. This study has given an overview of sources and discusses types of conflict, conflict resolution skills and conflict management techniques. Findings of this research concluded that Icelandic managers are quite familiar with conflict resolution process and the majority of them apply conflict resolution techniques. However, they still have complaints about conflicts between employees. Interpersonal and Intra group conflicts were identified as the main types of conflicts in Icelandic organizations. According to the conflict resolution model, which is presented in the research project, Icelandic organizations have some gaps in their approach of conflict resolution. The findings of the research should help managers of Icelandic companies to bridge those gaps. Improved conflict resolution approach it believed to have a positive impact on the whole organization by increasing work productivity.

Dayo Idowu Akintayo (2012) His study ‘Influence of Management Style on Conflict Resolution Effectiveness in Work Organizations in South-Western Nigeria’ International Journal of Human Studies, investigated the influence of management style on conflict resolution effectiveness in work organizations in South-Western Nigeria. This was for the

purpose of ascertaining the relative impact of managerial strategy on conflict resolution effectiveness towards ensuring sustainable industrial peace and harmony in Nigeria. Descriptive survey research design was adapted for the study. A total of 211 respondents were selected for the study using purposive sampling technique. A set of questionnaire was utilized for data collection. A set of questionnaire titled 'Rahim Organizational Conflict Inventory' (ROCI) developed by Conrad (1991) was adopted for the study. The four generated hypotheses were tested using Pearson Product Moment Correlation and t-test statistical methods. The findings of the study revealed that: A significant relationship exists between management style and conflict resolution effectiveness ($r = 0.356$; $P < 0.05$). It was also found that there was no significant difference between male and female managers' conflict management style ($t(209) = 17.56$; $P > 0.05$). The finding revealed that a significant difference exists between female and male managers' conflict resolution effectiveness ($t(209) = 5.66$; $P < 0.05$). Based on the findings of the study, it is recommended that democratic management style be encouraged as conflict resolution strategy in order to guarantee effective management of industrial conflict and sustainable peace and harmony. Also, both male and female managers should avoid the use of autocratic management style in the course of managing industrial conflict. Rather, participatory management style should be employed during collective bargaining process in order to foster effective management of conflict in work organizations.

Shamaila Gull, et. al (2012) explored causal relationship between conflict management styles and team effectiveness and elucidate particular style's impact on team effectiveness and give management insight into particular style that can either stir up team's performance or hamper its progress. Apart from examining correlation between conflict management styles and team effectiveness, diverse factors like gender, designation, income level and age were also scrutinized to unearth factors which ostensibly propel an

individual to pursue a specific conflict management style. Internationally devised questionnaire was deployed to ascertain numerical score of both qualitative variables. Research was conducted on basis of random sampling. Total sample size of research was 220. Respondents included employees working in various textile firms operating in Pakistan. Data analysis also includes regression analysis of data, correlation coefficients and development of linear regression models. The final analysis revealed moderate effect of conflict management style on team effectiveness. Collaborative and Accommodating style of team effectiveness found to be highly positively associated with team effectiveness. Competing style demonstrated insignificance relation to team effectiveness. Compromising style revealed negative association while avoiding style exhibited high negative correlation with team effectiveness. Age, Gender, Income level and Designation were not found to have an influence on particular conflict management style being pursued by individuals.

Al-Hamdan et al, (2011) said that Omani and Jordanian managers were more likely to use competing and Indian managers more likely to use avoiding and less likely to use integrative styles (collaborating, compromising and accommodating). In contrast to the USA (where no study has shown integrative to be the most employed style), in Oman nurse managers score most highly in this area and this is true for both genders and each management level. The results are similar to Tabak and Orit (2007) study of Israeli nurses who also found integrative was associated with less stress.

With these literatures and studies, the researcher aimed to determine the conflict managing strategies used by the nurse managers in selected government hospitals (EGH and Nasser Medical Complex).

Chapter Three

Material and Method

In this chapter, the researcher describes the study design, study population, sample of the study, setting, inclusion criteria, study instrument and data collection, validity and reliability, pilot study, ethical consideration and data entry and statistical analyses were discussed.

3.1. Study design

A descriptive analytical cross-sectional design was used because the research aimed to identify categories and frequencies of conflict management strategies used and there was not much known about the research problem.

3.2. Setting of the study

The study was carried out in the main hospitals in the southern governorate, European Gaza Hospital and Nasser Medical Complex which are affiliated to Ministry of Health (MOH).

3.3. Study period

The study was conducted from March, 2019 to November, 2019 according to the timetable that has been prepared for the study.

3.4. Study Population

The study population included all nurse managers at all levels working at European Gaza Hospital and Nasser Medical Complex including the nursing directors, the nursing supervisors and the head nurses of departments and all form a number of 85.(Table 3.1)

Table (3.1): Nurse managers at all levels at EGH and Nasser Medical Complex

	European Gaza Hospital	Nasser Medical Complex	Total
Head Nurse	22	30	52
Supervisor	14	15	29
Director of Nursing	1	3	4
Total	37	48	85

3.5. Sample size and sampling procedure

The sample of this study was census sample mean that all nurses who are in positions to manage subordinates were selected and all form a number of 85 nurse manager at all levels, 37 work at European Gaza Hospital (EGH) and 48 work at Nasser Medical Complex.

3.6. Eligibility criteria

All nurse managers with at least one year of experience in the managerial position work at European Gaza Hospital or Nasser Medical Complex at the time of the study.

3.7. Study Instrument

The researcher used one instruments to describe conflict management strategies existed at EGH and Nasser Medical Complex which used by nurse managers. The instrument was a structured questionnaire and adapted, The scale used was developed by Rahim (2011) to assess staff nurses' preferred conflict resolution strategies. ROCI II is self-assessment tool measure five dimensions or styles of handling conflict: collaborating, accommodating, competing, avoiding and compromising. It consisted of 28 items that includes "7" items for collaborating, "6" items for accommodating, "5" items for competing, "6" items for

avoiding and "4" items for compromising. The questionnaire was translated to Arabic by a translator then checked by an Arabic language checker after that reviewed by the panel of experts who verified the questionnaire.

The questionnaire was composed of two parts:

- Part One: includes questions related to personal and demographic characteristic data: age, gender, qualifications, job title, marital status, work place, residence, years of experience, courses and income.
- Part two: Rahim Organizational Conflict Inventory-II (ROCI II), Subordinate form (B). Likert scale was used to answer the 28 questions, the questionnaire need up to about 10 minutes to be completed.

Table (3.2): Dimensions of the questionnaire

Dimensions	Items
Collaborating	1, 4, 5, 12, 22, 23, 28
Accommodating	2, 10, 11, 13, 19, 24
Competing	8, 9, 18, 21, 25
Avoiding	3, 6, 16, 17, 26, 27
Compromising	7, 14, 15, 20

Scoring system: using a five-point Likert- scale ranging from (1-5) strongly disagree = (1), and (5) = strongly agree. The score for each dimension in the ROCI II form is determined by summing specified items on the questionnaire.

3.8. Validity of the instrument

The questionnaire was verified by panel of experts with a PhD in nursing sciences (Hamza Abdeljawad, Motasem Salah, Abdelmajid Thabet, Mohammed Aljerjawi and Yousef Awad) to assess the validity of the questionnaire and its relevance to the objectives of the study. All their comments on the questionnaire was taken in consideration.

3.9. Reliability of the instrument

The researcher used Cronbach's alpha coefficient to estimate the reliability coefficients for study instrument and the result was .852

Table (3.3): Reliability of the study instrument (Cronbach's Alpha)

Reliability Statistics		
Conflict Management Strategy	Cronbach's Alpha	NO. of Items
Collaborating	.932	7
Accommodating	.804	6
Competing	.732	5
Avoiding	.774	6
Compromising	.873	4
Total	.852	28

3.10. Ethical considerations

Approval was obtained from Al-Quds University – Gaza, and official approval for the study was sought from Helsinki Ethics Committee (Annex III). An official permission was sought from Ministry of Health (Annex IV). Ethical codes of conduct were strictly adhered at all stages of the study, and confidentiality was maintained. The data that was obtained in this research is for research purposes only. Participation in this study was voluntary and all

data collected remained anonymous and confidential. All data was stored in a locked file cabinet. Computer data was stored in computer with password protection.

3.11. Pilot Study

A pilot study was undertaken with 9 nurse managers from EGH and Nasser Medical Complex. The managers filled out the questionnaires and answered all the questions without assistance. After collecting the samples, everyone stated that the questionnaire was suitable for the target group, so there was no change on the questionnaire which translated to the Arabic, and the sample of piloting was included in the study sample.

3.12. Data collection

The study sample was identified according to the eligibility criteria, then on October 2019 a self-administered questionnaire given by the researcher to each nurse manager to answer the study's questionnaire anonymously and the completion of the questionnaire took "in average" about 10 minutes and the response rate was 100% as shown in table (3.4).

Table (3.4): Response rate

(Completed / Missing) Questionnaires	Percentage	Frequency
Completed Questionnaires	100%	85
Missing Questionnaires (Not Answered)	0%	0
Total	100%	85

3.13. Statistical analysis

Data were analyzed using Statistical Package for the Social Sciences (SPSS), version 23. Data analysis was conducted in two phases. **First**, to describe the study sample, all items on the demographic questionnaires (i.e., nurse demographic variables for age,

gender, marital status, place of Residence, qualifications, job title, years of experience, salary and the hospital) were analyzed at the univariate level. This included descriptive statistics (e.g., frequencies, means, and standard deviations) for all demographic variables for the major study variables nurse managers' used strategies for managing conflicts. **Second**, bivariate tests (i.e., t-tests, ANOVAs, correlations) were used to identify which nurse demographic variables were related to conflict management strategies at a statistically significant ($p < .05$) level.

3.14. Limitations

Control of variables, when assessing conflict management styles, complete control of all factors which could affect such styles was not possible.

Chapter Four

Results of the study

This chapter presents the results of statistical analysis of the data including the description of the participants and the strategies which are used to manage conflicts. In addition, results of different variables were identified. Moreover, the differences between selected variables were explored and discussed in relation to literature review and previous studies. The study targeted all nurse managers who worked in the appointed two hospitals (n=85), the questionnaire yielded 85 responses, all of the questionnaires were completed, with response rate of 100%.

4.1 Demographical characteristics of the nurse managers

The study examines the demographic data of the participants in the survey questionnaire and included the following data (age, gender, marital status, place of Residence, qualifications, job title, years of experience, salary and the hospital where each of them works).

Table (4.1): Distribution of the participants in the study sample by Age

Variables		Frequency	Percent
Age group	30-39 yrs	9	10.6
	40-49 yrs	39	45.9
	≥50 yrs	37	43.5

As shown in Table (4.1), data indicated that the highest percentage of nurse was 45.9% for nurses aged 40-49 years, about 43.5 % of study population were lies in the age group ≥50 yrs years, while 10.6% of the study population lies in the age group 30-39 years. According to the percentage, most nurse managers in the EGH and Nasser Medical Complex are ≥ 40 yrs, which is very important in managing nursing staff that need

experience and skill in making decisions and managing situations and conflicts. Which may enhance the way in which nurse managers handle any a raised conflict in the work place. This is also important in transferring their expertise to the next generation of nurse managers and younger and less experienced managers.

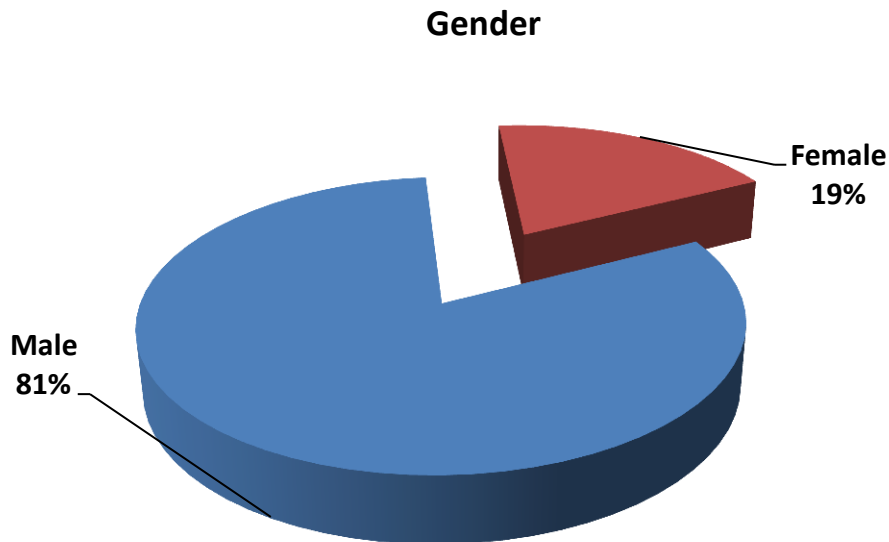


Figure (4.1): Percentage distribution of nurses according to gender

As shown in Figure (4.1), data indicated that the percentage of male nurse managers working in EGH and Nasser Medical Complex was 69 which formed 81.2%, while the percentage of females was 16 and formed 18.8%.

Table (4.2): Distribution of the participants in the study sample by Qualifications

Variables		Frequency	Percent
Education Level	Bachelor	52	61.2
	Master	32	37.6
	Ph.D.	1	1.2

Table (4.2), data indicates that the percentage of nurse managers with bachelor degree (61.2%, n = 52), while the percentage of who have master degree is (37.6%, n = 32) and the managers with Ph.D.in nursing sciences is only one with a percentage of 1.2%.

It is preferably that any nurse manager should carry advanced scientific certificate, although difficult to obtain, the researcher believes that it is the duty of the MoH (the employer of both hospitals staff) to provide opportunities and assistance to the nurses to advance their studies which will lead to a great impact in the management process and especially to the research issue (Conflict Management).

Table (4.3): Distribution of the participants in the study sample by Job Title

Variables		Frequency	Percent
Job Title	Head Nurse	52	61.2
	Supervisor	29	34.1
	Director of Nursing	4	4.7

Table (4.3), shows the distribution of nurse managers among the three levels of administration and data indicates that the percentage of head nurses was (61.2%, n = 52), while the percentage of supervisors was (34.1%, n = 29) and percentage of the directors of nursing was (4.7%, n = 4).

Table (4.4): Distribution of the participants by the hospital where they work

Variables		Frequency	Percent
Hospital	EGH	37	43.5
	Nasser Medical Complex	48	56.5

As shown in Table (4.4), nurse managers who work in EGH form 43.5% with a number of 37, and nurse managers who work in Nasser Medical Complex form a portion of 56,5% with a number of 48 managers.

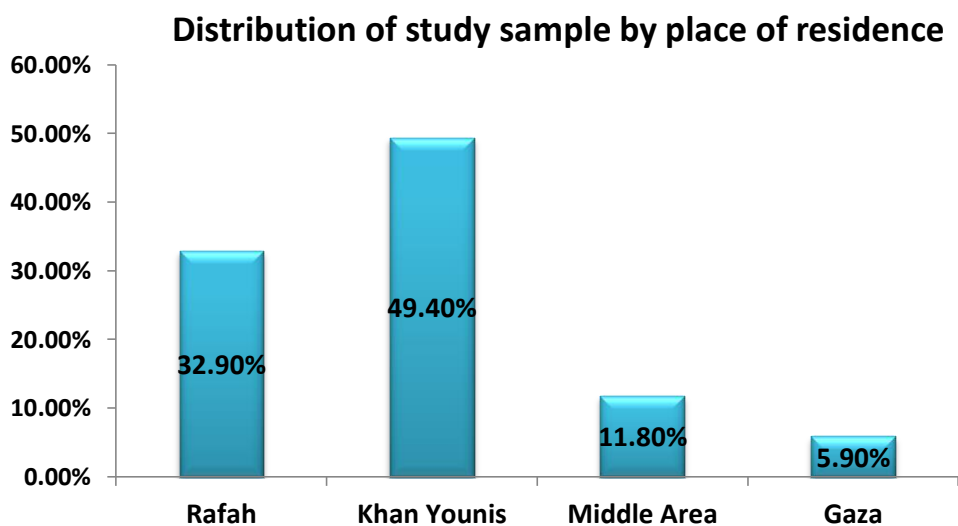


Figure (4.2): Percentage of the participants in the study sample by place of residence

Figure(4.2), shows that the nurse managers (at EGH and Nasser Medical Complex) from Rafah form a percentage of 32.9% with a number of 28, from Khan Younis 49.4% n = 42, and that because of both of the hospitals located in Khan Younis Governorate also EGH and Nasser Medical Complex form the only two major hospitals in this area, and it is natural that most of the nursing staff including the nurse managers is formed from the area around (Rafah and Khan Younis), from Middle Area 11.8% n = 10 and from Gaza form 5.9% with a number of 5 managers.

Table (4.5): Distribution of the participants in the study sample by Experience Years

Variables		Frequency	Percent
Experience Years	less than 5 yrs	9	10.6
	5-9 yrs	11	12.9
	10-14 yrs	23	27.1
	≥15 yrs	42	49.4

Table (4.5) states that according to the nurse manager's experience years the highest percentage in ≥ 15 yrs (n=42; 49.4%), it is a good number as this mean about the half of the managers have good (practical) experience spanning many years of work during managerial positions, followed by 10-14 years (n=23; 27.1%), 5-9 years (n=11; 12.9%), and the lowest percentage is for managers who have less than 5 years of experience in managerial positions (n=9; 10.6%).

Table (4.6): Distribution of the participants by Administrative Courses taken related to nursing management

Variables		Frequency	Percent
Administrative Courses	Yes	66	77.6
	No	19	22.4

Table (4.6), shows that according to the nurse manager's taken administrative courses that the percentage of managers who had already taken administrative courses 77.6% is higher than who not, it is good but it would be better if it is pushed towards perfection. Administrative positions need for organized management courses which are useful in raising the managerial analysis used by nurse managers and which promote the way they handle any conflict with subordinates.

Table (4.7): Distribution of the participants by Salary in NIS

Variables		Frequency	Percent
Salary in NIS	Less than 2000	0	0
	2000-3000	11	12.9
	More than 3000	74	87.1

As shown in Table 4.7, Monthly salary divided into 3 main categories: less than 2000 NIS, 2000-3000 NIS, and more than 3000 NIS. The highest percentage was found in nurses with

salary more than 3000NIS (n=74; 87.1%). The researcher believed that the most of nurse managers receive salaries more than 3000 NIS according to their work nature and the high grade of the administrative positions in general.

4.2 Analyzing dimensions of the questionnaire

Table (4.8): The agreement level according to the mean

Agreement Level	Strongly Disagree (No)	Disagree (Low)	Neutral	Agree (Moderate)	Strongly Agree (High)
Mean	1 – 1.80	1.81 – 2.60	2.61 – 3.40	3.41 – 4.20	4.20 – 5

Distribution of the study participants according to the use of collaborating style in handling with conflicts.

Table (4.9): The mean score and standard deviation of the Collaborating Style

Collaborating	Mean	SD	%	Rank
I try to investigate an issue with subordinates to find a solution acceptable to us	3.27	0.84	65.4	7
I try to integrate my ideas with those of my subordinates to come up with a decision jointly	3.32	0.98	66.4	6
I try to work with my subordinates to find solution to a problem that satisfies our expectations	3.46	0.73	69.2	5
I exchange accurate information with my subordinates to solve a problem together	3.82	0.88	76.5	2
I try to bring all our concerns out in the open so that the issues can be resolved in the best possible way	4.08	0.83	81.6	1
I collaborate with my subordinates to come up with decisions acceptable to us	3.65	0.88	72.9	4
I try to work with my subordinates for a proper understanding of a problem	3.82	0.77	76.5	2
Total	3.63	0.69	72.6	

Table (4.9) presents the mean score and standard deviation of the collaborating style of conflict management. As shown the mean score was 3.63. This indicates that this conflict management style were moderately practiced, the standard deviation was 0.69, from the

same table it was found that the highest agreed paragraph was (I try to bring all our concerns out in the open so that the issues can be resolved in the best possible way) it ranked the number one with a percent of 81.6%, SD was .83 and the mean was 4.08

Collaborating is a preferred style, because it is one in which both parties win and concerns are explored in an environment of openness and equality, collaborating is found to be the second most frequently used in three studies conducted on managers either on the clinical side or on the academic side; Woodtli (1987) in her study regarding conflict management styles used by deans of nursing, Barton (1991) in her study regarding the nurse managers in different levels in USA and Hendel et al.(2005) in their study regarding the conflict management styles used by nurse managers in five general hospitals in Israel.

Distribution of the study participants according to the use of accommodating style in handling with conflicts.

Table (4.10): The mean score and standard deviation of the Accommodating Style

Accommodating	Mean	SD	%	Rank
I generally try to satisfy the needs of my subordinates	3.13	0.87	62.6	4
I usually accommodate the wishes of my subordinates	3.24	0.78	64.7	2
I give in to the wishes of my subordinates	3.22	0.84	64.5	3
I usually allow concessions to my subordinates	2.98	0.96	59.5	6
I often go along with the suggestions of my subordinates	3.07	0.75	61.4	5
I try to satisfy the expectations of my subordinates	3.25	0.49	64.9	1
Total	3.15	0.60	62.9	

Table (4.10) presents the mean score and standard deviation of the accommodating style of conflict management. As shown in Table (4.9), the mean score was 3.15. This indicates that this conflict management style were also moderately practiced, the standard deviation

was 0.60, from the same table it was found that the highest agreed paragraph was (I try to satisfy the expectations of my subordinates) it ranked the number one with a percent of 64.9%, SD was .49 and the mean was 3.25

Distribution of the study participants according to the use of competing style in handling with conflicts.

Table (4.11): The mean score and standard deviation of the Competing Style

Competing	Mean	SD	%	Rank
I use my influence to get my ideas accepted	3.25	0.86	64.9	1.00
I use my authority to make a decision in my favor	3.00	0.71	60.0	4.00
I use my expertise to make a decision in my favor	3.22	0.86	64.5	2.00
I am generally firm in pursuing my side of the issue	2.87	1.00	57.4	5.00
I sometimes use my power to win a competitive situation	3.06	1.03	61.2	3.00
Total	3.08	0.73	61.6	

Table (4.11) presents the mean score and standard deviation of the competing style of conflict management. As shown the mean score was 3.08. This indicates that this conflict management style were moderately practiced, the standard deviation was 0.73, from the same table it was found that the highest agreed paragraph was (I use my influence to get my ideas accepted) it ranked the number one with a percent of 64.9%, SD was .86 and the mean was 3.25

Distribution of the study participants according to the use of avoiding style in handling with conflicts.

Table (4.12): The mean score and standard deviation of the Avoiding Style

Avoiding	Mean	SD	%	Rank
I attempt to avoid being "put on the spot" and try to keep my conflict with my subordinates to myself	3.05	0.79	60.9	5
I usually avoid open discussion of my differences with my subordinates	3.18	0.97	63.5	2
I try to stay away from disagreement with my subordinates	2.96	0.82	59.3	6
I avoid an encounter with my subordinates	3.15	0.87	63.1	4
I try to keep my disagreement with my subordinates to myself in order to avoid hard feelings	3.16	0.78	63.3	3
I try to avoid unpleasant exchanges with my subordinates	3.25	0.77	64.9	1
Total	3.13	0.67	62.5	

Table (4.12) presents the mean score and standard deviation of the avoiding style of conflict management. As shown in Table (4.12), the mean score was 3.13. This indicates that this conflict management style were again moderately practiced, the standard deviation was 0.67, from the same table it was found that the highest agreed paragraph was (I try to avoid unpleasant exchanges with my subordinates) it ranked the number one with a percent of 64.9%, SD was .77 and the mean was 3.25.

Distribution of the study participants according to the use of compromising style in handling with conflicts.

Table (4.13): The mean score and standard deviation of the Compromising Style

Compromising	Mean	SD	%	Rank
I try to find a middle course to resolve an impasse	3.42	0.64	68.5	4
I usually propose a middle ground for breaking deadlocks	3.55	0.70	71.1	2
I negotiate with my subordinates so that a compromise can be reached	3.48	0.77	69.6	3
I try to work with my subordinates for a proper understanding of a problem	3.61	0.54	72.2	1
Total	3.52	0.47	70.4	

Table (4.13) presents the mean score and standard deviation of the compromising style of conflict management. As shown the mean score was 3.52. This indicates that this conflict management style were also moderately practiced, the standard deviation was 0.47, from the same table it was found that the highest agreed paragraph was (I try to work with my subordinates for a proper understanding of a problem) it ranked the number one with a percent of 72.2%, SD was .54 and the mean was 3.61

The previous tables indicate that all the five conflict management styles were moderately to neutrally practiced. This shows that the most frequent practice of conflict management was collaborating (Mean = 3.36, SD = 0.69). This is followed by compromising (Mean = 3.52, SD = 0.47), accommodating (Mean = 3.15, SD = 0.60), and avoiding (Mean = 3.13, SD = 0.67). The conflict management style that was least frequently practiced was competing (Mean = 3.08, SD = 0.73).(table 4.14).

Table (4.14): Ranking of conflict management strategies used by study participants

No.	Conflict Management Strategy	No. of items	Mean	SD	%	Rank
1.	Collaborating	7	3.63	0.69	72.6	1
2.	Accommodating	6	3.15	0.60	62.9	3
3.	Competing	5	3.08	0.73	61.6	5
4.	Avoiding	6	3.13	0.67	62.5	4
5.	Compromising	4	3.52	0.47	70.4	2

Table (4.15): The mean score and standard deviation of the conflict management strategies used by nurse managers at EGH compared with Nasser Medical Complex.

Domains	Hospital	N	Mean	SD
Collaborating	EGH	37	3.61	0.72
	Nasser Medical Complex	48	3.65	0.67
Accommodating	EGH	37	3.08	0.66
	Nasser Medical Complex	48	3.23	0.54
Competing	EGH	37	2.95	0.80
	Nasser Medical Complex	48	3.12	0.68
Avoiding	EGH	37	3.03	0.77
	Nasser Medical Complex	48	3.21	0.57
Compromising	EGH	37	3.48	0.46
	Nasser Medical Complex	48	3.55	0.49
Total	EGH	37	3.23	0.38
	Nasser Medical Complex	48	3.36	0.35

4.3 Analytical results of study domains

Table (4.16): The mean score, standard deviation, T and P-value related to gender in using conflict management strategies

Domains	Gender	N	Mean	SD	t	P-value
Collaborating	Male	69	3.62	0.73	0.41	.680
	Female	16	3.70	0.45		
Accommodating	Male	69	3.14	0.59	0.30	.767
	Female	16	3.19	0.65		
Competing	Male	69	3.08	0.70	0.03	.976
	Female	16	3.08	0.88		
Avoiding	Male	69	3.12	0.67	0.27	.788
	Female	16	3.17	0.73		
Compromising	Male	69	3.49	0.50	1.15	.251
	Female	16	3.64	0.33		

Table (4.16) shows that there is no significant relationship between nurse managers' use of conflict resolution strategies by both genders with subordinates p values > .05. Findings further reveal that the most used conflict management strategy is collaborating by female with a mean of 3.70 while the lowest used one is competing by both genders with a mean of 3.08

Table (4.17): The mean score, standard deviation, T and P-value related to education level in using conflict management strategies

Domains	Education Level	N	Mean	SD	t	P-value
Collaborating	Bachelor	52	3.64	0.70	0.09	.928
	Master	33	3.62	0.68		
Accommodating	Bachelor	52	3.09	0.62	1.17	.246
	Master	33	3.24	0.57		
Competing	Bachelor	52	3.08	0.70	0.01	.990
	Master	33	3.08	0.79		
Avoiding	Bachelor	52	3.12	0.65	0.17	.864
	Master	33	3.14	0.72		
Compromising	Bachelor	52	3.50	0.47	0.55	.586
	Master	33	3.55	0.48		

Table (4.17) shows that there is no significant relationship between nurse managers' use of conflict resolution strategies by all managers with different education levels with subordinates p values > .05. Findings further reveal that the most used conflict management strategy is collaborating by bachelor degree holders with a mean of 3.64 while the lowest used one is competing by both bachelor and master holder managers with a mean of 3.08

Table (4.18): The mean score, standard deviation, T and P-value related to marital status in using conflict management strategies

Domains	Marital Status	N	Mean	SD	T	P-value
Collaborating	Married	83	3.61	0.68	1.99	.051
	Not Married	2	4.57	0.00		
Accommodating	Married	83	3.17	0.59	1.97	.052
	Not Married	2	2.33	0.00		
Competing	Married	83	3.08	0.74	0.23	.815
	Not Married	2	3.20	0.00		
Avoiding	Married	83	3.14	0.68	0.97	.333
	Not Married	2	2.67	0.00		
Compromising	Married	83	3.54	0.46	2.38	.019*
	Not Married	2	2.75	0.00		

Table 4.18 shows that there is a significant relationship between nurse managers' use of conflict resolution strategies and marital status with subordinates, p values was $(0.019) < .05$ in compromising style and the mean was 3.54 for married while 2.75 for unmarried manager. Findings further reveal that the most used conflict management strategy is collaborating by married managers with a mean of 3.61 while the lowest used one is accommodating by unmarried managers with a mean of 2.33.

Table (4.19): The mean score, standard deviation, T and P-value related to administrative courses in using conflict management strategies

Domains	Administrative Courses	N	Mean	SD	T	P-value
Collaborating	Yes	66	3.63	0.64	0.06	.955
	No	19	3.62	0.86		
Accommodating	Yes	66	3.19	0.57	1.21	.228
	No	19	3.00	0.71		
Competing	Yes	66	2.99	0.78	2.07	.042*
	No	19	3.38	0.43		
Avoiding	Yes	66	3.08	0.71	1.07	.286
	No	19	3.27	0.54		
Compromising	Yes	66	3.53	0.47	0.46	.649
	No	19	3.47	0.51		

Table (4.19) shows that there is a significant relationship between nurse managers' use of conflict resolution strategies and administrative courses, p values was $(0.042) < .05$ in competing style and the mean was 2.99 for who have management courses while 3.38 for managers who have not. Findings further reveal that the most used conflict management strategy is collaborating by managers who have management courses with a mean of 3.63 while the lowest used one is competing by managers who have not with a mean of 2.99 which reflect the effect of administrative courses on the managers attitudes and the way they deal with the conflicts with subordinates.

Table (4.20): The mean score, standard deviation, T and P-value related to salary in using conflict management strategies

Domains	Salary in NIS	N	Mean	SD	T	P-value
Collaborating	2000-3000	11	3.45	0.88	0.92	.363
	More than 3000	74	3.66	0.66		
Accommodating	2000-3000	11	2.89	0.80	1.51	.135
	More than 3000	74	3.18	0.56		
Competing	2000-3000	11	2.87	0.88	1.01	.315
	More than 3000	74	3.11	0.71		
Avoiding	2000-3000	11	2.83	0.85	1.55	.124
	More than 3000	74	3.17	0.64		
Compromising	2000-3000	11	3.20	0.43	2.42	.018*
	More than 3000	74	3.56	0.46		

Table (4.20) shows that there is a significant relationship between nurse managers' use of conflict resolution strategies and their salaries, p values was $(0.018) < .05$ in compromising style and the mean was 3.20 for managers who receive salaries between 2000 and 3000 NIS while 3.56 for managers who receive salaries more than 3000 NIS. Findings further reveal that the most used conflict management strategy is collaborating by managers who receive salaries more than 3000 NIS with a mean of 3.66 which reflect the effect of paid salaries level in tending toward cooperativeness in the managers handling with conflicts, the lowest was avoiding by managers who get paid salaries from 2000 to 3000 NIS with a mean of 2.83

Table (4.21): The mean score, standard deviation, F and P-value related to age in using conflict management strategies

Domains	Age	N	Mean	SD	F	P-value
Collaborating	30-39 yrs	9	3.59	0.86	0.15	.857
	40-49 yrs	39	3.60	0.72		
	50 yrs and more	37	3.68	0.63		
Accommodating	30-39 yrs	9	2.78	0.79	1.96	.148
	40-49 yrs	39	3.18	0.56		
	50 yrs and more	37	3.20	0.57		
Competing	30-39 yrs	9	2.98	0.97	0.48	.621
	40-49 yrs	39	3.02	0.74		
	50 yrs and more	37	3.17	0.67		
Avoiding	30-39 yrs	9	2.87	0.89	1.34	.268
	40-49 yrs	39	3.07	0.70		
	50 yrs and more	37	3.24	0.58		
Compromising	30-39 yrs	9	3.31	0.46	1.35	.266
	40-49 yrs	39	3.50	0.49		
	50 yrs and more	37	3.59	0.46		

Table (4.21) shows that there is no significant relationship between nurse managers' use of conflict resolution strategies and their ages ($P > .05$)

Table (4.22): The mean score, standard deviation, F and P-value related to job title in using conflict management strategies

Domains	Job Title	N	Mean	SD	F	P-value
Collaborating	Head Nurse	52	3.66	0.68	1.60	.207
	Supervisor	29	3.51	0.72		
	Director of Nursing	4	4.14	0.35		
Accommodating	Head Nurse	52	3.10	0.63	1.11	.335
	Supervisor	29	3.26	0.56		
	Director of Nursing	4	2.88	0.48		
Competing	Head Nurse	52	3.08	0.76	0.23	.792
	Supervisor	29	3.12	0.70		
	Director of Nursing	4	2.85	0.60		
Avoiding	Head Nurse	52	3.08	0.70	0.37	.691
	Supervisor	29	3.21	0.64		
	Director of Nursing	4	3.13	0.63		
Compromising	Head Nurse	52	3.52	0.46	0.30	.744
	Supervisor	29	3.49	0.49		
	Director of Nursing	4	3.69	0.63		

Table (4.22) shows that there is no significant relationship between nurse managers' use of conflict resolution strategies and their job title ($P > .05$)

Table (4.23): The mean score, standard deviation, F and P-value related to place of residence in using conflict management strategies

Domains	Place of Residence	N	Mean	SD	F	Sig.
Collaborating	Rafah	28	3.53	0.73	1.14	.336
	Khan Younis	42	3.72	0.58		
	Middle Area	10	3.40	0.76		
	Gaza	5	3.94	1.11		
Accommodating	Rafah	28	3.11	0.61	1.31	.277
	Khan Younis	42	3.21	0.54		
	Middle Area	10	3.20	0.74		
	Gaza	5	2.67	0.75		
Competing	Rafah	28	3.05	0.75	0.26	.854
	Khan Younis	42	3.07	0.75		
	Middle Area	10	3.08	0.77		
	Gaza	5	3.36	0.36		
Avoiding	Rafah	28	3.04	0.74	0.41	.746
	Khan Younis	42	3.14	0.67		
	Middle Area	10	3.32	0.60		
	Gaza	5	3.10	0.62		
Compromising	Rafah	28	3.49	0.47	2.99	.036*
	Khan Younis	42	3.62	0.42		
	Middle Area	10	3.43	0.51		
	Gaza	5	3.00	0.56		

Table (4.23) indicates that there is a significant relationship between nurse managers' use of conflict resolution strategies and their place of residence, p values was (0.036) < .05 in compromising style and the highest mean was 3.62 for managers who live in Khan Younis

Table (4.24): The mean score, standard deviation, F and P-value related to experience years in using conflict management strategies

Domains	Experience Years	N	Mean	SD	F	Sig.
Collaborating	less than 5 yrs	9	3.65	0.50	0.06	.980
	5-9 yrs	11	3.60	0.90		
	10-14 yrs	23	3.59	0.72		
	15 yrs and more	42	3.66	0.66		
Accommodating	less than 5 yrs	9	3.26	0.61	1.31	.276
	5-9 yrs	11	2.82	0.68		
	10-14 yrs	23	3.19	0.60		
	15 yrs and more	42	3.19	0.57		
Competing	less than 5 yrs	9	2.93	1.08	0.44	.726
	5-9 yrs	11	2.91	0.77		
	10-14 yrs	23	3.10	0.70		
	15 yrs and more	42	3.15	0.66		
Avoiding	less than 5 yrs	9	3.02	0.96	0.17	.919
	5-9 yrs	11	2.95	0.78		
	10-14 yrs	23	3.18	0.62		
	15 yrs and more	42	3.16	0.62		
Compromising	less than 5 yrs	9	3.58	0.41	0.81	.491
	5-9 yrs	11	3.45	0.51		
	10-14 yrs	23	3.49	0.50		
	15 yrs and more	42	3.54	0.48		

Table (4.24) shows that there is no significant relationship between nurse managers' use of conflict resolution strategies and their experience years ($P > .05$)

Chapter Five

Discussion

The overall aim of this chapter was to compare the findings of this study on used conflict management strategies by nurse managers in EGH and Nasser Medical Complex in relation to that found in the literature and what contributions this study has made in relation to new knowledge in the area of nursing management.

5.1 Characteristics of participants

This section discusses the significant findings from the quantitative phase of this study specifically the response rate and demographic information in relation to other studies.

5.1.1 Nurse manager respondents

In total, 85 questionnaires were distributed to nurse managers working in EGH and Nasser Medical Complex. Overall, 85 nurse manager responded to the survey yielding a response rate of 100%. When comparing this response rate to the available studies in Saudi Arabia, it is consistent to some extent with Nafei, Khanfar and Kaifi (2012) with 85% and Alharbi and Yusoff (2012) with 77%. In contrast, the response rate achieved in this study is much higher compared to other Saudi studies undertaken by Abualrub and Alghamdi (2012) response rate of 51% and (42%) from the study conducted by Randeree and Chaudhry (2012) in United Arab Emirates.

The high response rate achieved in the study can be attributed to that the sample working zone was very close, the completion time which was needed for answering the questionnaire was only 10 minutes, in addition to that the researcher himself was supervising distribution, completion and gathering the questionnaire.

5.1.2 Gender

Out of the 85 respondents, the majority of the nurse managers (81%) were male. A Saudi Arabian study conducted by Abualrub and Alghamdi (2012) which had 71% female nurse participants. In Australia 89% of nurses are female.(Australian Health Practitioner Regulation Agency, 2017).For this study the percentage of male nurse managers was high compared to female. This may be because males usually prefer to work in administrative roles, especially in a conservative area (Alotaibi et al., 2016).

Female nurse managers were more likely to use collaborating as a conflict management strategy. This could be because females are more caring and sensitive to the needs of the staff.

There is a great deal of literature on the relationship between gender and management strategies which report mixed findings (Alghamdi, Topp, & AlYami, 2018; Paustian-Underdahl, Walker, & Woehr, 2014).

5.1.3 Qualifications

Included in a component of the demographic section of the questionnaire, nurse managers were asked about their education level, the bachelor qualification had the highest percentage (61.2%) than nurse managers with master and Ph.D. qualifications. In addition, most of nurse managers (77.6%) indicated that they participated in administrative courses related to nursing management. It can be observed that most of the participants have management qualifications. This is not a surprising finding as it would have been expected that managers would have at least undertaken some management education.

A management and leadership study undertaken in Saudi Arabia found 79% of manager nurses had a diploma as their highest qualification (Alshammari, 2014).

5.1.4 Work experience

The nurse managers varied in their experience, most nurses had 15 years and more of experience as a nurse manager.

Regarding the less than 5 years and 5 to 9 years of experience, maybe due to the need for more expertise nurse managers who can deal with different strategies when managing the staff and this might be because many of the expatriates leave Gaza when they have acquired enough experience to work and provide their services in more developed countries.

5.2 Preferred Conflict Management Strategies

Demographic variables affected all management styles to some extent. More experienced staff tended to use collaborating and compromising more and use competing and avoiding less. More highly educated nurse managers tended also to use competing and avoiding less. Collaborating was the most used among both genders and women used this style more than men. Demographic variables have an effect on management styles, but these effects are too small to change the rank order of the conflict management styles

Rahim (1986) suggests that all styles of conflict management are appropriate in one situation or another. In addition, Vivar (2006) suggests that there is no appropriate or inappropriate strategy to deal with conflict. Barton (1991) mentions that each of the conflict handling strategies can be used effectively depending on the process and on structural factors that come into play. However, collaborating is considered one of the more effective ways of handling conflict to achieve long-term benefit (Thomas 1976, Marriner 1982, 1995, Rahim 1986).

Collaborating is a preferred style, because it is one in which both parties win and concerns are explored in an environment of openness and equality. In nursing studies, collaborating is found to be the first used style in Al-Hamdan et al, (2011); while the second most frequently used in three studies conducted on managers either on the clinical side or on the academic side; Woodtli (1987) in her study regarding conflict management styles used by deans of nursing, Barton (1991) in her study regarding the nurse managers in different levels in USA and Hendel et al.(2005) in their study regarding the conflict management styles used by nurse managers in five general hospitals in Israel. Collaborating was also found to be the fourth most frequently used by nurse managers in the USA in Cavanagh's (1988) study.

Compromising was the second most preferred style used by nurse managers. The results compatible with Al-Hamdan et al, (2011). This style is in a 'lose-lose' mode. For compromising, both parties must be willing to give up something of equal value. In previous research regarding nursing, compromising is the first choice for the participants (Woodtli 1987, Barton 1991, Hendel et al.2005) or second choice (Cavanagh 1988, 1991, Kunaviktikul et al.2000).Compromising is a quick fix for the temporary settlement of complex issues, for inconsequential issues, when goals are important but not worth major disruption and for backup when collaboration and competition fail (Valentine 2001).This approach focuses on quick, mutually agreeable decisions that partially satisfy both parties (Rahim 1983).

Accommodating was the third most frequent style used by nurses in EGH and Nasser Medical Complex.In this style, one party neglects their own concern to satisfy those of the other.The results also here are compatible with Al-Hamdan et al, (2011).This style is used in routine work and when the issue is important to the other party (Valentine 2001).Accommodating is the first choice for staff nurses in Kunaviktikul et al.'s (2000)

study, the second for the staff nurse sample in Cavanagh's (1991) study and the nurse managers in Eason's (1999) study, the third for nurse managers in Cavanagh's (1988, 1991) study, the fourth for the dean of nursing schools in Woodtli's (1987) study and the last for nurse managers in Hendel et al.'s (2005) study.

Avoiding was the fourth style used by nurse managers in EGH and Nasser Medical Complex. Avoiding results from low self-esteem and high concern for others. Previous nursing research shows that avoiding is the first choice for Cavanagh's (1988, 1991) and Eason's (1999) subjects and the third for Woodtli's (1987), Barton's (1991) and Kunaviktikul et al.'s (2000) and the fourth for Hendel et al.'s (2005) and the last for Al-Hamdan et al.'s (2011).

Competing was the least favorite style used by nurse managers in EGH and Nasser Medical Complex. In this style, one party neglects the other's concerns. This style is appropriate to protect the patient's life and to avoid putting someone else in danger (McElhaney 1996, Vivar 2006). In previous nursing research, competing was reported to be the third most preferred style by Hendel et al.'s (2005) participants, the fourth in Al-Hamdan et al.'s (2011) and the last used by those of Woodtli's (1987), Cavanagh's (1988, 1991), Barton's (1991), Eason's (1999) and Kunaviktikul et al.'s (2000).

Chapter Six

Conclusions and Recommendations

6.1 Conclusions

Consequently, conflict is inevitable and is still growing in healthcare. We have determined the importance of identifying the conflict resolution strategies being utilized by nurse managers when they deal with subordinates. Nurse managers can safely identify conflict and implement systems for its management. The active management of conflict is an important aspect towards positive relationships with the subordinates.

This study contributes to the growing knowledge on conflict management styles among nurse managers. It can be inferred from this study that nurse managers preferred to utilize specific conflict management styles' when handling conflicts according to the variables. However, more studies are needed to identify factors that may affect their choice of styles. Furthermore, this study emphasized the need for empirical studies to identify appropriate interventions that would effectively enhance nurse managers' skills in managing conflicts using a rigorous method.

6.2 Recommendations

The results of the present study have implications for people who work in the hospitals, whether practitioners or policy makers. Some recommendations based on the findings can be used to improve nurse managers' work environment:

- For the nurse managers to help staff nurses resolve conflict effectively, they first must learn how to resolve their own conflicts productively.

- The establishment of criteria for selection of nurse managers depends not only on years of experience but also on personality and management skills.
- Training programs in personal and conflict management are needed for nurse managers in EGH and Nasser Medical Complex. These programs should be prerequisites for work as a nurse manager.
- Clear policies and job descriptions for all health workers in hospitals and for nurse managers particularly need to be developed and implemented to reduce conflict situations in the work place.

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Appendices

Appendix 1: Study questionnaire in Arabic



عزيزي/تي المشارك/ة

السلام عليكم ورحمة الله وبركاته:

بداية أهدىكم أطيب التحيات ويطيب لي أن أضع بين أيديكم الاستبيان المرفق المصمم بهدف دراسة:

(استراتيجيات إدارة الصراع المستخدم بواسطة مدراء التمريض في مستشفى غزة الأوروبي ومستشفى ناصر)

وذلك استكمالاً لمتطلبات الحصول على درجة الماجستير في إدارة التمريض من جامعة القدس. ويمثل هذا الاستبيان أحد الجوانب الهامة في البحث ، لذلك نأمل منكم التكرم بتعبئته بالإجابة على فقراته بكل موضوعية ، علماً أن جميع الأسئلة المطروحة ضمن هذا الاستبيان هي لأغراض البحث العلمي وأن إجاباتكم ستكون محط اهتمام وعناية علمية وسرية تامة.

الوقت الذي تستغرقه تعبئة الاستبيان لا يتجاوز 10 دقائق ، وفي حال الاستفسار أو الرغبة في طرح أي أسئلة

الرجاء التواصل على جوال رقم / 0595605193

شكراً لتعاونكم وحسن استجابتكم...

الباحث: أحمد مصطفى نصر نصر

ahmednasr2011993@gmail.com

البيانات الشخصية

الرجاء وضع علامة (√) في المربع الذي تختاره

أولاً: العمر:.....سنة

ثانياً: الجنس: ذكر أنثى

ثالثاً: الدرجة العلمية: بكالوريوس ماجستير دكتوراه

رابعاً: المسمى الوظيفي: رئيس قسم مشرف تمرير مدير تمرير المستشفى

خامساً: الحالة الاجتماعية: متزوج غير متزوج

سادساً: مكان العمل: مجمع ناصر الطبي مستشفى غزة الأوروبي

سابعاً: مكان السكن: غزة الوسطى خان يونس رفح

ثامناً: سنوات الخبرة في المناصب الإدارية:سنة.

تاسعاً: الحصول على دورات إدارية: نعم لا

عاشراً: الدخل بالشيكل: أقل من 2000 2000-3000 أكثر من 3000

م.	الفقرة	موافق بشدة	موافق	محايد	غير موافق	غير موافق بشدة
1.	أحاول حل المشكلة مع الطرف الآخر للوصول لحل مرضٍ للطرفين					
2.	أسعى لتحقيق رضا الطرف الآخر أثناء حل المشكلة					
3.	أبقي المشاكل ضمن الإطار الداخلي وعدم إشراك الإدارات العليا لحلها					
4.	أقوم بمشاركة الأفكار مع الطرف الآخر للوصول إلى حل مناسب					
5.	أعمل مع الطرف الآخر لإيجاد حل للمشكلة يلبي التوقعات					
6.	أتجنب أي نقاش مفتوح بشأن اختلافي مع الطرف الآخر					

م	الفقرة	موافق بشدة	موافق	محايد	غير موافق	غير موافق بشدة
7.	أسعى للوصول لحل وسط عندما أواجه خلافاً أو مشكلة مع طرف آخر					
8.	أستخدم تأثير منصبى لجعل رأيى لحل المشكلة مقبول					
9.	أستخدم السلطة لاتخاذ قرار لصالحى فى حل المشكلة					
10.	أراعى تطلعات الطرف الآخر من حل المشكلة وأقوم بحل يرضى الطرفين					
11.	أقدم تضحيات لتلبية تطلعات الطرف الآخر					
12.	أقوم بتبادل المعلومات الدقيقة مع الطرف الآخر لحل المشكلة					
13.	أقدم تنازلات لصالح الطرف الآخر للوصول لحل					
14.	أقترح حل وسط فى حال واجهت تعنت من الطرف الآخر					
15.	أفاوض مع الطرف الآخر حتى يتسنى الوصول إلى حل					
16.	أبتعد عن أى خلاف محتمل حول الحل للمشكلة					
17.	أتجنب المواجهة مع الطرف الآخر وأفضل الانسحاب					
18.	أستخدم خبرتى لقلب النتيجة لصالحى على حساب الطرف الآخر					
19.	أقوم بالأخذ باقتراحات وتوصيات الطرف الآخر					
20.	أستخدم أسلوب "الأخذ والعطاء" للوصول لحل مع الطرف الآخر					
21.	أستخدم الحزم لفرض رأيى لحل المشكلة مع الطرف الآخر					
22.	أقوم بمناقشة وجهات النظر مع الطرف الآخر للوصول للحل الأمثل					
23.	أقوم بالتعاون مع الطرف الآخر للوصول لحل مثالى مناسب للطرفين					
24.	أقوم بإرضاء الطرف الآخر أثناء حل المشكلة					
25.	أستخدم قوتى المكتسبة من منصبى لكسب الخلاف مع الطرف الآخر					
26.	أحتفظ بخلافى مع الطرف الآخر لنفسى ولا أقوم بمناقشته لتجنب أى حزازية					
27.	أتجنب الحوار الغير مرغوب فيه مع الطرف الآخر					
28.	قوم بالحوار مع الطرف الآخر للوصول لأفضل حل للمشكلة					

Appendix 2: Study Questionnaire in English (without demographical data)

Rahim Organizational Conflict Inventory–II, Form B

Strictly Confidential

Please check the appropriate box after each statement, to indicate how you handle your disagreement or conflict with your subordinates. Try to recall as many recent conflict situations as possible in ranking these statements.

		Strongly Disagree		Strongly Agree		
		1	2	3	4	5
1.	I try to investigate an issue with subordinates to find a solution acceptable to us	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	I generally try to satisfy the needs of my subordinates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	I attempt to avoid being "put on the spot" and try to keep my conflict with my subordinates to myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	I try to integrate my ideas with those of my subordinates to come up with a decision jointly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	I try to work with my subordinates to find solution to a problem that satisfies our expectations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	I usually avoid open discussion of my differences with my subordinates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	I try to find a middle course to resolve an impasse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	I use my influence to get my ideas accepted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	I use my authority to make a decision in my favor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	I usually accommodate the wishes of my subordinates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	I give in to the wishes of my subordinates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	I exchange accurate information with my subordinates to solve a problem together.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	I usually allow concessions to my subordinates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	I usually propose a middle ground for breaking deadlocks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15.	I negotiate with my subordinates so that a compromise can be reached.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	I try to stay away from disagreement with my subordinates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	I avoid an encounter with my subordinates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	I use my expertise to make a decision in my favor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	I often go along with the suggestions of my subordinates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	I use "give and take" so that a compromise can be made.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	I am generally firm in pursuing my side of the issue.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	I try to bring all our concerns out in the open so that the issues can be resolved in the best possible way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	I collaborate with my subordinates to come up with decisions acceptable to us.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	I try to satisfy the expectations of my subordinates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	I sometimes use my power to win a competitive situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	I try to keep my disagreement with my subordinates to myself in order to avoid hard feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.	I try to avoid unpleasant exchanges with my subordinates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.	I try to work with my subordinates for a proper understanding of a problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Scoring Key

Rating Scale: Strongly Agree = 5

Strongly Disagree = 1

1. Collaborating Style (Average your responses to Items)

1	4	5	12	22	23	28	=	Total	Total / # of responses	=	Average Score

2. Accommodating Style (Average your responses to Items)

2	10	11	13	19	24	=	Total	Total / # of responses	=	Average Score

3. Competing Style (Average your responses to Items)

8	9	18	21	25	=	Total	Total / # of responses	=	Average Score

4. Avoiding style (Average your responses to Items)

3	6	16	17	26	27	=	Total	Total / # of responses	=	Average Score

5. Compromising style (Average your responses to Items)

7	14	15	20	=	Total	Total / # of responses	=	Average Score

Appendix 3: Ethical Approval from Helsinki Committee

**المجلس الفلسطيني للبحوث الصحي**
Palestinian Health Research Council
تعزيز النظام الصحي الفلسطيني من خلال مأسسة استخدام المعلومات البحثية في صنع القرار
Developing the Palestinian health system through institutionalizing the use of information in decision making

Helsinki Committee
For Ethical Approval

Date: 2019/10/7 **Number:** PHRC/HC/607/19

Name: Ahmed Mustafa Nasr Nasr الاسم:

We would like to inform you that the committee had discussed the proposal of your study about: نفيديكم علماً بأن اللجنة قد ناقشت مقترح دراستكم حول:

Conflict Management Strategies used by Nurse Managers at European Gaza Hospital and Nasser Hospital

The committee has decided to approve the above mentioned research. Approval number PHRC/HC/607/19 in its meeting on 2019/10/7 وقد قررت الموافقة على البحث المذكور عاليه بالرقم والتاريخ المذكوران عاليه

Signature

Member **Member**

Chairman

Genral Conditions:-

1. Valid for 2 years from the date of approval.
2. It is necessary to notify the committee of any change in the approved study protocol.
3. The committee appreciates receiving a copy of your final research when completed.

Specific Conditions:-



E-Mail: pal.phrc@gmail.com

Gaza - Palestine غزة - فلسطين
شارع النصر - مفترق العيون

Appendix 4: Helsinki letter to facilitate the researcher's task

State of Palestine Ministry of health	✕	دولة فلسطين وزارة الصحة
التاريخ: 13/10/2019		رامى عيد سليمان العبادله المحترم
رقم المراسلة 378738		
		مدير عام بالوزارة/الإدارة العامة لتنمية القوى البشرية - /وزارة الصحة
		السلام عليكم
		الموضوع/ تسهيل مهمة الباحث// أحمد نصر
		التفاصيل //
		بخصوص الموضوع أعلاه، يرجى تسهيل مهمة الباحث/ أحمد مصطفى نصر الملتحق ببرنامج ماجستير التمريض - تخصص إدارة التمريض - جامعة القدس أبوديس في إجراء بحث بعنوان:- "Conflict Management Strategies used by Nurse Managers at European Gaza Hospital and "Nasser Hospital" حيث الباحث بحاجة لتعبئة استبانة من عدد من ذوي المسميات الإشرافية من الممرضين والممرضات العاملين في مستشفى غزة الأوربي، بما لا يتعارض مع مصلحة العمل وضمن أخلاقيات البحث العلمي، ودون تحمل الوزارة أي أعباء أو مسئولية. وتفضلوا بقبول التحية والتقدير،،، ملاحظة /
		1. تسهيل المهمة الخاص بالدراسة أعلاه صالح لمدة 4 أشهر من تاريخه. 2. البحث المذكور حصل على موافقة لجنة أخلاقيات البحث الصحي (لجنة هلستكي)
		محمد إبراهيم محمد السرساوي مدير دائرة/الإدارة العامة لتنمية القوى البشرية -
		

Appendix 5: Palestine map



العنوان: استراتيجيات إدارة الصراع التي يستخدمها مدراء التمريض في مستشفى غزة الأوروبي
ومجمع ناصر الطبي.

إعداد: أحمد مصطفى نصر

إشراف: د. خليل شعيب و د. عبد الرحمن الهمص

الملخص

هذه الأطروحة تهدف إلى دراسة استراتيجيات إدارة الصراع التي يستخدمها مدراء التمريض في مستشفى غزة الأوروبي ومجمع ناصر الطبي. مستويات الإدارة التي تمت الدراسة عليها في التسلسل الهرمي كانت رؤساء الأقسام والمشرفين ومدراء التمريض. أداة الدراسة كانت استبيان يستخدم لجمع البيانات حول التركيبة السكانية للمشاركين وأسلوب إدارة الصراع المفضل في إدارة وحل الصراعات مع المرؤوسين. تمت ترجمة الاستبيان إلى اللغة العربية وتم تصميمه ثم توزيعه في مستشفى غزة الأوروبي ومجمع ناصر الطبي. عدد مدراء التمريض (عينة الدراسة) هو 85 وقد شارك جميع المدراء بملء الاستبيان. أجريت تحليلات للمؤشرات بمقياس LIKERT SCALE للكشف عن النمط المفضل في إدارة الصراع للمدير المشارك من خلال 28 سؤالاً. هذه الدراسة تضيف إلى الأدبيات الموجودة حيث كشفت أن مدراء التمريض في مستشفى غزة الأوروبي ومجمع ناصر الطبي يستخدمون بشكل عام أسلوب التعاون والمساومة على الترتيب في إدارة الصراع الواقع، ويحتاجون إلى دورات لتعزيز عملية صنع واتخاذ القرار أثناء التعامل مع النزاعات.

أسفرت نتائج البحث عن آليات واضحة لكيفية تعامل مدراء التمريض مع الصراعات مع المرؤوسين والكشف عن عديد من المتغيرات التي تؤثر على أسلوب إدارة الصراع المستخدم.