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**Psychological Safety and Conflict Management
Among Palestinian Nurses in Interprofessional Teams**

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Psychological Safety and Conflict Management Among Palestinian Nurses in Interprofessional Teams

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Jerusalem-Palestine

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Dedication

I dedicate this project to God Almighty, my creator, my strong pillar, and my source of inspiration, wisdom, knowledge, and understanding. He has been the source of my strength throughout this program, and on His wings only have I soared. I also dedicate this work to my parents and my dear wife, who have encouraged me all the way and whose encouragement have made sure that I give it all it takes to finish what I have started. To my children, who have been affected in every way possible by this quest. To my supervisor, Dr. Farid Ghayeb, My love for you all can never be quantified. God bless you

Declaration

I certify that this thesis which is submitted to the Deanship of Graduate Studies to get the degree of master in on filed Nursing Management, this is my own research and my own work and it doesn't submit to any other universities or any institutions.

Signed: Emad Al Sharawneh

Emad AlSharawneh

Date: 2025/00/00

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Abstract:

Background: The healthcare sector, characterized by its complexity and high-pressure environments, often faces interpersonal conflicts among professionals which can hinder patient care. Effective multidisciplinary teamwork and psychological safety are crucial for fostering collaboration, enhancing communication, and ultimately improving the quality of care delivered to patients.

Objective: This study aimed to examine variations in nurses' perceptions of psychological safety related to their conflict management styles, and investigate the relationship between psychological safety and conflict management among nurses in interprofessional teams in Palestine.

Methods: This study utilized a nonexperimental quantitative, cross-sectional, correlational survey design to investigate the relationship between psychological safety and interpersonal conflict management styles among nurses in interprofessional teams. The target population includes registered nurses with at least six months of experience working in hospitals in Ramallah and Hebron. Data was collected through a questionnaire and validated scales, with analysis conducted using SPSS to explore correlations and predictors related to the study variables.

Results: The findings revealed a statistically significant difference in the scores of perceived psychological safety, depending on the interpersonal conflict management style employed. Furthermore, psychological safety emerged as a significant predictor of conflict management success. However, a secondary analysis controlling for ethnicity and gender failed to show statistically significant variations in perceived psychological safety based on interpersonal conflict management style.

Conclusion: These results emphasize the crucial role of psychological safety as an environmental factor affecting conflict management styles and outcomes among nurses in health care settings. Nonetheless, the influence of psychological safety appears to be nuanced when factors such as ethnicity and gender are considered, underscoring the need for further research to elaborate on these relationships.

Keywords: Psychological Safety, Interpersonal Conflict Management, Nurses, Multidisciplinary Teams, Healthcare Collaboration

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List of Abbreviations

Abbreviate	Definition
IPCR	interprofessional conflict resolution
IRP	University Institutional Review Board
LMX	Leader-Member Exchange
MOH	Ministry of Health
NPs	nurse practitioners
ROCI-II	Rahim's Organizational Conflict Inventory-II
TKI	Thomas-Kilmann Conflict Mode Instrument
TPS	Team Psychological Safety
WHO	World Health Organization

Chapter One:

Introduction

1.1 Background:

The healthcare sector, comprising professionals such as doctors, nurses, pharmacists, and laboratory technologists, operates within environments characterized by complexity and high pressure, making them vulnerable to conflicts (Anderson et al., 2021). Multidisciplinary teamwork, involving collaboration among physicians, nurses, and other healthcare professionals, has emerged as a focal point in healthcare research, leading to enhanced patient-centered care (Durand & Fleury, 2021).

Nurses, as the largest professional group in healthcare organizations, are instrumental in achieving success in the healthcare process and significantly impact the delivery of health services (E. Sabra et al., 2022). Numerous healthcare institutions incorporate nurses into their interprofessional teams due to various factors, such as rising patient complexity, shifts in resident physician schedules, and the growing presence of nurses (Allen et al., 2019).

Interpersonal conflicts, whether interprofessional or intra-professional, are common occurrences that entail resentment and dissatisfaction among individuals or subgroups within organizations. Studies consistently highlight the pivotal role of effective collaboration and understanding among healthcare professionals in delivering superior quality care (Shah, 2017).

Psychological safety is a critical aspect in healthcare teams, influencing how team members perceive their ability to take interpersonal risks in the workplace (Swendiman et al., 2019). It plays a crucial role in facilitating learning behaviors and creating an environment where individuals feel supported in expressing their thoughts and concerns openly (Newman et al., 2017). Conversely,

the absence of psychological safety may result in avoidance behaviors and hinder individuals from speaking up, thereby impeding effective communication and learning (O'Donovan & McAuliffe, 2020). Workplace incivility, characterized by disrespectful behavior aiming to harm others, diminishes self-worth, increases stress, and negatively impacts emotional well-being and mental health (Vasconcelos, 2020). Nurses' emotional stability and psychological safety are essential for high-quality performance, as workplace incivility can lead to various negative emotional effects and hinder personal development (ÖZDEMİR, 2023). Moreover, workplace violence, which encompasses physical, psychological, and emotional violence, exacerbates these challenges, further underscoring the importance of promoting psychological safety and conflict management strategies in healthcare teams (Naheem et al., 2020).

Positive relationships among healthcare team members play a crucial role in fostering psychological safety, enabling professionals to confidently voice safety concerns. This safety is significantly influenced by the leader's supportive behaviors, including inclusiveness and openness, which create an environment conducive to speaking up. Additionally, peer support and trust within teams further enhance psychological safety. As team members become more familiar with each other and engage in positive interactions, psychological safety tends to strengthen. It's important to note that psychological safety does not eliminate conflicts but rather allows for productive conflict, such as task conflict, which can lead to learning and improved performance (Anderson et al., 2020).

1.2 Problem Statement:

Hospitals, which are critical to health services, rely heavily on high-quality human resources, especially nurses, to successfully deliver high-quality health care and maintain patient safety. (Rahma et al., 2021). Nurses, empowered by their education, play a pivotal role in patient care and safety. However, issues like unbalanced workloads can jeopardize patient safety and service quality (Hutapea, 2019). Nurses' workload, defined as the tasks they must complete in a given time, is influenced by factors like patient complexity and staffing ratios. Research shows that high nurse workloads can lead to communication issues, errors, and job dissatisfaction (Safdar et al., 2019). Hospitals with adequate nurse staffing face fewer risks and have higher job satisfaction rates. Moreover, high workloads contribute to nurse fatigue, stress, and burnout, negatively impacting patient care (Galanis et al., 2023).

Nursing, as a profession, thrives on collaborative relationships with both clients and colleagues. However, conflicts may arise when individuals hold different perspectives on issues or situations, posing a threat to these relationships. Conflict, in this context, refers to a power struggle aimed at harassing, neutralizing, or eliminating a rival. While conflict is often seen negatively, effectively addressing it can yield positive outcomes for nurses, their colleagues, and clients, fostering personal and organizational growth. Failure to manage conflict can impede a nurse's ability to deliver quality care and may even escalate into violence (Faust, 2023). Therefore, nurses must recognize and address potential conflicts to prevent adverse consequences. Although conflict is inherent in nursing, it should not involve accepting abuse. Conflict among colleagues can lead to behaviors like bullying or passive aggression, jeopardizing the therapeutic nurse-client relationship. Nurses who handle conflicts effectively demonstrate respect for clients, colleagues, and the nursing profession (College of Nurses of Ontario, 2023).

Poor conflict management can have serious consequences in healthcare settings, including problems with patient care, medical mistakes, reduced satisfaction, financial and legal risks, and in severe cases fatalities. Psychological safety, which is a key element in the work environment, can play a crucial role in ensuring effective conflict management (Edmondson, 1999, 2019). There is a need for research to examine how psychological safety influences the conflict management approaches and perceived effectiveness of nurses working in interprofessional teams in acute or critical care settings.

1.3 Significances of the study:

The study on psychological safety and conflict management among nurses in interprofessional teams in Palestine holds significant importance for several reasons. Firstly, the healthcare sector in Palestine, similar to global trends, faces a shortage of health workers, with nurses and midwives being particularly affected, representing over 50% of the current shortage (WHO, 2022). This shortage underscores the need to understand and address factors like conflict management and psychological safety that can impact the effectiveness and well-being of healthcare professionals.

Secondly, conflicts, whether interprofessional or intra-professional, are common in healthcare settings and can have detrimental effects on patient care, staff satisfaction, and overall organizational performance. Effective conflict management strategies, informed by an understanding of psychological safety, are essential for maintaining high-quality patient care and preventing adverse outcomes.

Thirdly, psychological safety plays a crucial role in healthcare teams, influencing how team members perceive their ability to take interpersonal risks in the workplace. Creating a psychologically safe environment can encourage open communication, collaboration, and the effective resolution of conflicts among healthcare professionals.

Moreover, addressing and promoting psychological safety among nurses can have broader implications for the healthcare system in Palestine. It can lead to improved teamwork, enhanced job satisfaction among healthcare professionals, and ultimately, better health outcomes for patients. By understanding the relationship between psychological safety and conflict management among nurses, healthcare organizations in Palestine can develop strategies to promote a positive work environment and ensure the delivery of high-quality patient care.

The results of this study were reviewed for researchers in future studies and encourage researchers to conduct studies within this field.

1.4 Purpose of The Study

The study aims to:

- Examine variations in nurses' perceptions of psychological safety related to their conflict management styles.
- Investigate the relationship between psychological safety and conflict management among nurses in interprofessional teams in Palestine.

- Examine how psychological safety influences the approaches to conflict management used by nurses in care settings.
- Examine if there are differences in nurses' perceptions of psychological safety and conflict management styles across different wards, such as intensive care units, emergency rooms, and operation rooms, in Palestinian hospitals.
- By understanding this relationship, the study seeks to provide insights into effective strategies for managing conflict and promoting a psychologically safe work environment for healthcare professionals.

1.5 Research Questions:

2. How do scores for perceived psychological safety vary among Palestinian nurses in interprofessional teams based on their styles of managing interpersonal conflict?
3. How does psychological safety among nurses in interprofessional acute care teams in Palestine predict their perceived success in managing conflict?
4. RQ: Is there a significant difference in nurses' perceptions of psychological safety and conflict management styles across different wards, such as intensive care units, emergency rooms, and operation rooms, in Palestinian hospitals?

1.1 Hypothesis:

1. H0. There are no statistically significant differences in perceived psychological safety among nurses in Palestine based on their conflict management style.
2. H0: Psychological safety does not significantly predict nurses' perceived conflict management success.
3. H0: There is no significant difference in nurses' perceptions of psychological safety and conflict management styles across different wards, such as intensive care units, emergency rooms, and operation rooms, in Palestinian hospitals.

Chapter Two:

Literature Review

2.1 Introduction

This literature review aims to explore the current research on psychological safety and conflict management among nurses in interprofessional teams. It was examined the factors that contribute to psychological safety, strategies for promoting it within teams, and the impact of conflict on team dynamics and patient care. Additionally, the review discussed best practices for managing conflict in interprofessional teams and the role of leadership in fostering a culture of psychological safety and effective conflict management.

2.2 Search Strategy:

A comprehensive search strategy was employed to identify relevant literature for this review. Electronic databases including PubMed, CINAHL, PsycINFO, and Google Scholar were searched using keywords such as “psychological safety,” “conflict management,” “interprofessional teams,” and “nurses.” The search was limited to studies published in English between 2010 and 2024. Additional articles were identified through hand-searching of reference lists of relevant studies and review articles.

2.3 Theoretical Framework:

The theoretical framework for studying psychological safety and conflict management among nurses in interprofessional teams can draw upon several relevant theories and models. Two key theories that can provide a foundation for understanding and examining this topic are:

1-Psychological Safety Theory:

Amy Edmondson's Psychological Safety Theory underscores the significance of establishing an environment where individuals feel secure to undertake interpersonal risks, such as voicing their viewpoints, seeking clarification, and acknowledging errors, without the apprehension of facing adverse repercussions. This theory posits that psychological safety plays a pivotal role in nurturing open dialogue, building trust, and promoting teamwork within groups. In the realm of interprofessional teams, psychological safety holds particular relevance as it empowers nurses and

other healthcare practitioners to share their insights, offer their specialized knowledge, and participate in beneficial conflict resolution (Edmondson, 1999).

2-Conflict Management Models:

Conflict management models provide a framework for understanding and addressing conflicts that arise within interprofessional teams. Two widely recognized models that can be applied in this context are:

A-Thomas-Kilmann Conflict Mode Instrument (TKI):

The TKI model, crafted by Kenneth W. Thomas and Ralph H. Kilmann in 1974, outlines five approaches to handling conflicts: competing, collaborating, compromising, avoiding, and accommodating. Nurses can use this model to identify their preferred conflict resolution styles and to develop strategies for effectively managing conflicts within interprofessional teams (Thomas & Kilmann, 1974).

B-Dual Concern Model

The Dual Concern Model, introduced by Dean G. Pruitt and Peter J. J. G. Spirito in 1990, proposes that people weigh two main considerations when resolving conflicts: being assertive (advocating for their own interests) and being cooperative (taking into account the interests of others). Nurses can use this model to find a balance between assertiveness and cooperativeness, aiming for outcomes that benefit all parties involved, especially in conflict resolution within interprofessional teams (Pruitt & Spirito, 1990).

Integrating these theoretical frameworks, the relationship between psychological safety and conflict management among nurses in interprofessional teams can be conceptualized as follows:

- Psychological safety fosters an environment in interprofessional teams where trust, respect, and open communication thrive. This environment encourages nurses to freely express their thoughts and concerns, collaborate effectively, and actively engage in conflict resolution. When nurses feel psychologically safe, they approach conflicts constructively, using conflict management strategies that enhance understanding, facilitate shared decision-making, and uphold mutual respect. Utilizing conflict management models like the TKI and the Dual Concern Model, nurses can effectively navigate conflicts within interprofessional teams, adjust their conflict-handling approaches, and work towards resolving disagreements in a manner that preserves positive team dynamics and enhances patient care quality.
- The theoretical framework presented offers insights into how psychological safety and conflict management are interconnected among nurses working in interprofessional teams. It underscores the significance of establishing a psychologically safe setting that promotes efficient conflict resolution and teamwork. By applying these theoretical concepts, researchers can examine the determinants of psychological safety, assess its effects on conflict management approaches, and develop interventions to improve both psychological safety and conflict resolution within interprofessional healthcare teams.

- Psychological safety refers to individuals' perceptions of the potential outcomes associated with taking interpersonal risks within a specific environment, such as a workplace. Although initially examined by early researchers in organizational studies during the 1960s, psychological safety has witnessed a resurgence of interest since the 1990s and remains a relevant topic of study today. Psychological safety has been recognized as a crucial element in organizational research for comprehending phenomena like voice, teamwork, team learning, and organizational learning. An expanding body of conceptual and empirical research has been dedicated to comprehending the essence of psychological safety, identifying the factors that contribute to its existence, and exploring its ramifications for individuals, teams, and organizations (Edmondson & Lei, 2014)
- The examination of psychological safety at the group level of analysis originated from the research conducted by Edmondson (1996, 1999). The study revealed significant distinctions in the interpersonal climate of psychological safety among different groups within the same organizations. Interestingly, even in the presence of strong shared organizational cultures, the groups under investigation displayed notable variations in their beliefs regarding interpersonal risk (Edmondson, 2002, 2003). These findings indicate that psychological safety is primarily a phenomenon observed at the group level. The observed variances in psychological safety can be partially attributed to the behaviors exhibited by local managers or supervisors, as they convey different messages regarding the consequences associated with taking interpersonal risks, such as admitting errors, seeking assistance, or expressing ideas (Edmondson, 1996, 2002, 2003).

2.4 Psychological Safety in Interprofessional Teams

According to Clark (2020), psychological safety can be defined as the state in which individuals do not experience concerns about being ridiculed, excluded, or reprimanded due to their opinions or actions. In line with this, Kahn (1990) suggested that a greater sense of comfort and a reduced perception of risk can lead to increased employee responsibility. Looking back at the research conducted by Schein and Bennis (1965) on organizational change, it is evident that psychological safety plays a significant role in encouraging employees to take risks, as they feel secure and capable of handling the potential consequences. Psychological safety is considered vital for facilitating clear thinking and promoting appropriate behavior within organizations, particularly in situations involving group dynamics (Edmondson & Lei, 2014). Therefore, effective management of psychological safety is of utmost importance in public hospitals. The presence of psychological safety in healthcare settings has been shown to enhance patient outcomes by encouraging nurses to report errors and actively participate in quality improvement initiatives (O'Donovan et al., 2021). However, team members who offer constructive criticism of the hospital's performance often hesitate to voice their concerns due to concerns about potential misunderstandings or rejection. These concerns are prevalent in organizations that do not foster a culture of open dialogue and inquiry. Interestingly, Dutton et al. (1997) highlight that employees sometimes inaccurately assess whether it is safe to express their opinions. In such situations, nurses who feel uncertain may choose to remain silent rather than actively engage in expressing their thoughts. Nonetheless, it is important for nurses to feel protected and supported when they do decide to speak up (Detert & Edmondson, 2011). In social science studies, it is common to reference Morrison (2014), who emphasizes the influential role of managers (specifically, the head nurse in a hospital context) in determining the level of enthusiasm and participation exhibited by employees

in engaging in voice behavior and establishing a culture of openness within the hospital. Nurses are more likely to express their opinions and concerns in a positive work environment. The culture within a hospital also plays a crucial role in fostering an atmosphere where nurses feel comfortable raising issues related to their work. One effective method of cultivating psychological safety among hospital employees is to have leaders who are approachable and open (Edmondson & Lei, 2014). Hospital department leaders can actively seek feedback from nurses and other employees regarding workplace practices, encouraging them to freely voice their opinions without any restrictions. By creating an environment where whistleblowing is seen as a constructive means for progressive improvement, the hospital can ensure that the interests of all stakeholders are well taken care of.

In addition, it is crucial for nurses to have confidence that expressing their opinions will not result in negative consequences. Establishing rules, regulations, and procedures that create a comfortable environment for all nurses is essential in making voice behavior a standard practice within the hospital. Effective cultural practices within an organization are fostered when strong leadership is present. Previous research (Liu et al., 2021) has indicated a significant relationship between leaders and employee voice, with psychological safety playing a mediating role. The Leader-Member Exchange (LMX) philosophy (Graen & Uhl-Bien, 1995) further emphasizes the importance of strong relationships between superiors and their direct reports.

For organizations to achieve success in their missions, deliver high-quality work, and foster effective collaboration, it is imperative to establish a robust network of interpersonal relationships within the organization that strives for excellence (Carnevale et al., 2017). Nurses who develop close relationships with their superiors, characterized by substantial Leader-Member Exchange (LMX) relationships, tend to be more willing to express their opinions and invest the necessary time and effort to address workplace challenges. This is because they experience a greater sense of trust and freedom within these relationships. It is the leader's responsibility to create a safe and supportive environment where nurses feel comfortable discussing their emotional well-being, especially within smaller team structures. When dynamic team relationships are accompanied by psychological safety, it fosters a culture of open communication and encourages voice behavior among employees. This helps break the cycle of unhealthy silence and promotes an energetic, supportive, and productive work environment, aligning with the growth strategies of the organization (Xue et al., 2020).

2.5 Conflict Management in Interprofessional Teams

Conflicts naturally arise in any situation where individuals interact and collaborate, as they are an inherent result of human interactions. In the healthcare setting, where interprofessional collaboration is essential, the level of interaction among people is higher, further increasing the likelihood of conflicts occurring (Pitsillidou et al., 2018). The implementation of high-quality, safe, and patient-centered care relies heavily on the importance of interprofessional collaboration. However, conflicts that arise within interprofessional teams can have detrimental impacts on the healthcare team itself, as well as on the quality and safety of the care provided. It is crucial to address and resolve these conflicts promptly and effectively to prevent any negative consequences (Bochatay et al., 2017).

The term "conflict" can have various interpretations depending on the context in which it is used (Proksch, 2016). Conflict can be defined as the convergence of intellectual disagreement accompanied by emotional involvement. It is important to recognize that conflict arises when two or more individuals find themselves in a disagreement that triggers personal or emotional investment in the process and outcome. In interpersonal relationships, conflicts are unavoidable (Gregory & Austin, 2017). They are an inevitable and frequent occurrence in the workplace (Overton & Lowry, 2013), and even the most well-functioning teams cannot completely evade them (McKibben, 2017). Among the various types of conflicts experienced in the workplace, interprofessional conflict stands out as one of the most common and challenging (Johansen, 2012).

Workplace conflict can be classified into three categories: intrapersonal, interpersonal, and organizational. While all three types are relevant to conflict management in the workplace, this study specifically focuses on interpersonal conflict management within interprofessional teams. Within this context, three primary types of workplace conflict are particularly relevant: task conflict, relationship conflict, and process conflict (Hocker & Wilmot, 2018). Task conflict arises from differing views and disagreements among team members regarding the specifics and outcomes of the task at hand. Relationship conflict occurs when unresolved individual differences, goals, or issues unrelated to the task create tension among team members. Process conflict emerges when conflicts arise regarding goals, resources, disagreements, or issues related to the task (McCorkle & Reese, 2018).

When conflicts remain unresolved or escalated, they have significant effects across various domains. Even a conflict involving just one or two team members can transform a healthy work environment into a toxic space. Staff conflicts can quickly hinder productivity, damage relationships, and make work more challenging for the entire team. If conflicts are not effectively addressed or managed, they can rapidly erode trust within the team. The most costly consequence of conflicts is unnecessary employee turnover (Hills, 2016). Conflicts also increase stress and pressure on employees, leading to a potential loss of up to 30% in productivity. Additionally, teams may become fragmented, time may be unproductively utilized, employee turnover rates may rise, and sick leaves may increase. If conflicts become chronic and unresolved, it is estimated that they could be the cause of up to 90% of dismissals and at least 50% of employee resignations (Proksch, 2016).

In a healthcare setting, when conflicts within a team remain unresolved or are poorly managed, it directly impacts the level and quality of care provided. Conflicts also have a detrimental effect on team morale. When team morale is low, it increases the likelihood of current staff leaving and new staff being deterred from joining, resulting in recruitment and retention challenges. Ultimately, this has a negative impact on patient care (McKibben, 2017).

When conflicts are effectively managed, they can positively contribute to the functioning of a team, promoting both health and productivity (Gregory & Austin, 2016). Efficient conflict management can lead to improved understanding of tasks, team development, and higher-quality group decision-making (Overton & Lowry, 2013). By managing conflicts efficiently and effectively, involved parties can gain a deeper understanding not only of themselves but also of others. This can foster mutual respect for roles, enhance working relationships, and contribute to staff retention (McKibben, 2017; Ellis & Abbott, 2011). When groups engage in conflict resolution

processes together, it promotes greater cohesiveness, improved insight into one another, and more effective collaboration. Resolving differences and turning conflicts into learning experiences also cultivates a culture of learning within the workplace. Additionally, embracing conflicts as learning opportunities can stimulate creativity among those involved (Ellis & Abbott, 2011). This, in turn, can result in enhanced quality of work, patient safety, staff morale, and a reduction in work-related stress (Johansen, 2012).

Interprofessional conflicts are a natural part of human interactions and are bound to occur wherever people come together. While conflicts themselves cannot be entirely avoided, they can be effectively managed. Instead of viewing conflicts as inherently negative, they can be seen as opportunities for growth and learning. However, if conflicts are left unresolved, they can perpetuate an ongoing cycle of conflicts. It is not solely the responsibility of management to address and resolve conflicts; it is a shared responsibility among all individuals involved (Merimaa, 2023).

Strategies and approaches for conflict resolution and management within interprofessional healthcare teams are essential for maintaining a harmonious work environment and ensuring optimal patient care. From previous studies the following strategies can be implemented:

Effective Communication: Open and transparent communication is crucial for addressing conflicts within interprofessional healthcare teams. Research by Ellis and Abbott (2011) emphasizes the importance of clear communication, active listening, and understanding differing perspectives to facilitate conflict resolution .

Shared Problem-Solving: Collaborative problem-solving approaches can be beneficial in resolving conflicts within healthcare teams. By encouraging team members to work together towards finding mutually satisfactory solutions, mutual respect, trust, and fairness can be promoted, as suggested by Barr and Dowding (2022) .

Leadership and Team Management: Strong leadership and effective team management are key factors in managing conflicts within healthcare teams. Marquis and Huston (2014) highlight the role of leaders in fostering positive work cultures, improving communication, and addressing underlying causes of conflict to enhance team dynamics .

Professional Development: Continuous professional development, including reflective practice, can enhance conflict management skills among healthcare professionals. Johansen (2012) suggests that reflecting on past conflicts and learning from them can help develop effective strategies for resolving future conflicts .

Positive Approaches to Conflict: Promoting positive approaches to conflict resolution, such as mutual respect, dialogue, and acceptance of change, can prevent conflicts from escalating. Sullivan and Garland (2013) emphasize the importance of positive conflict resolution in achieving successful clinical outcomes and professional satisfaction .

Legal and Ethical Responsibilities: Recognizing legal, professional, and ethical responsibilities is crucial in managing conflicts within interprofessional healthcare teams. The Nursing and Midwifery Council (2015) highlights the duty of healthcare professionals to resolve conflicts professionally to ensure patient safety and satisfaction .

By implementing these strategies and approaches based on previous studies, interprofessional healthcare teams can effectively manage conflicts, promote teamwork, and deliver high-quality care to patients while maintaining a positive work environment.

2.6 Relationship between Psychological Safety and Conflict Management

Psychological safety and conflict management are crucial in healthcare teams, as they foster open communication, trust, and a positive feedback loop. A psychologically safe environment encourages open communication, fostering a culture of continuous improvement and growth. Integrating these practices can enhance team performance and improve patient outcomes. By fostering a culture of psychological safety and sound conflict management practices, healthcare teams can strengthen relationships, promote professional growth, and deliver high-quality care to patients (Grailey et al., 2021).

Interprofessional teamwork plays a vital role in ensuring the safety and effectiveness of patient care, especially in acute and critical care environments. The successful functioning of a team depends on effectively managing the six essential elements known as the 6Cs, which are conflict, cooperation, coordination, coaching, communication, and cognition (Ervin et al., 2018).

Behavioral integration plays a significant role in mediating the effects of psychological safety on team effectiveness in management teams. Research by Viduranga Mogård et al. (2023) suggests that when team members feel psychologically safe within their team environment, they are more likely to engage in behaviors that promote collaboration, information sharing, and mutual decision-making. This sense of psychological safety encourages team members to take interpersonal risks and contribute openly without fear of negative consequences, fostering a climate of trust and openness within the team (Frazier et al., 2017).

The nursing literature highlights conflict as a significant issue in the workplace, with ethical problems often stemming from practical situations. Nurses face challenges like cost constraints, safety concerns, role conflicts, and overload. Despite this, conflict management skills are often considered an essential skill, but communication with patients is often overlooked, highlighting the need for improved communication among nurses and managers (Aitamaa et al., 2016).

Leadership is a dynamic process that guides and influences a group towards a common goal. Positive leadership styles are linked to psychologically safe workplaces, which are associated with reduced errors, improved patient safety, and courage to address concerns. Psychologically safe workplaces lead to higher job satisfaction, engagement, and reduced job burnout. Open communication and social support from the workplace community, building relationships, trust, and ethical behavior are also connected to psychological safety. Social support can be emotional or instrumental, and is crucial for the retention and future career development of nurse managers. However, insufficient support in managerial roles is often experienced by nurse managers. This study aims to address this issue by encompassing support from superiors, work communities, and colleagues. (Ahmed et al., 2022, Cho et al., 2023, Dietl et al., 2023, Mohammedrad et al., 2020)

Psychological safety in healthcare professionals is crucial for job satisfaction and reduced stress. Strategies like psychological empowerment programs, ethical leadership, and improved interpersonal communication can enhance motivation and prevent negative competition. Safety-oriented leadership positively impacts psychological safety and leader-follower interaction. Self-forgiveness, a key factor in psychological safety, can reinforce positive psychological factors and reduce work pressure-related injuries (Mohammedrad et al., 2020).

Erkutlu & Chafra (2015) conducted a study investigating the relationship between psychological safety, employee voice, and cooperative conflict management styles, while also considering the mediating role of a leader's organizational identification. The researchers proposed that trust within an organization enables individuals to align their need for psychological safety with their identification with the organization. The level of perceived trust in an organization directly impacts psychological safety and employee voice, which refers to employees' willingness to speak up and express concerns. The study revealed that cooperative conflict management styles contribute to higher levels of perceived psychological safety, increased employee engagement, and positive organizational identification. These outcomes are associated with the display of beneficial behaviors and positive outcomes in the workplace.

The findings of Erkutlu and Chafra's (2015) study provide compelling evidence that the adoption of cooperative conflict management systems is associated with increased employee identification with the organization. The authors suggested that this relationship can be explained by the establishment of trust between employees and leaders, which promotes a greater willingness to voice ideas, challenge norms, and make suggestions that contribute to a stronger sense of belonging within the organization. These results have significant implications, highlighting the importance of adopting cooperative conflict management approaches to enhance employees' perceived levels of psychological safety and organizational identification. Erkutlu and Chafra also emphasized the scarcity of research focused on organizational-level conflict rather than individual conflict, underscoring the novelty and significance of their study (Erkutlu & Chafra, 2015).

The accommodating and competing styles of conflict management are two opposing approaches that share a common foundation. The accommodating style is characterized by a low level of self-concern, whereas the competing style is associated with a higher level of self-concern (Patel, 2016). Both styles can be effectively utilized to handle conflicts. However, when considering psychological safety, the degree of self-concern, whether positive or negative, can influence the inclination to protect or withhold ideas and concepts, respectively.

The avoiding style of conflict management can be seen as an extremely aggressive version of compromising, characterized by a minimal consideration for both self-interest and the interests of others, leading to a desire to withdraw or suppress (Patel, 2016). The adoption of this conflict management style may be influenced by the level of psychological safety. It is possible that the tendency to withdraw or suppress ideas and emotions stems from a lack of psychological safety within the system, where individuals are fearful of the negative consequences associated with speaking up, resulting in their disengagement from the problem at hand.

Conflict can emerge from competitive and cooperative situations (Deutsch, 1973) and can be categorized into two main types: task conflict and relationship conflict. Both types of conflict have the potential to yield functional or dysfunctional outcomes for teams, organizations, or projects. Task conflict pertains to conflicts arising from differences in decisions related to task-oriented processes, functions, or task completion. On the other hand, relationship conflict involves differences rooted in individual characteristics and personalities within a group. Functional conflicts are typically constructive in nature, while dysfunctional conflicts tend to have more destructive consequences (Pierce et al., 2007; Sudhakar, 2015).

2.7 Previous studies regarding Psychological Safety and Conflict Management

Limpus (2023) conducted a study on conflict management and psychological safety in organizations, finding that while conflict is common, research on its management across departments is lacking. Their study, conducted in the United States, used an anonymous survey to collect data on general and interdepartmental psychological safety, as well as preferred conflict management styles. Results showed a significant difference between interdepartmental and general psychological safety levels, with a positive correlation between them. Certain conflict management styles were also linked to changes in interdepartmental psychological safety. This research provides valuable insights for managers and employees, demonstrating how a company's interdepartmental psychological safety level impacts the choice of conflict management styles during interdepartmental conflicts.

(McKibben, 2017) highlights that conflict is an ongoing challenge in healthcare teams despite efforts to train leaders in conflict resolution. The paper underscores the impact of conflict on staff relations, stress levels, sick leave, and retention rates. It identifies interpersonal issues, organizational change, and poor leadership as key conflict triggers. The study advocates for supporting new staff integration into established teams to cultivate mutual respect and positive relationships among team members, enhancing patient care outcomes. It also emphasizes the significance of addressing conflict causes, effective management strategies, and positive conflict resolution approaches. The paper stresses the role of good leadership, positive team dynamics, and communication in fostering shared problem-solving and adaptability to change. Mutual respect is crucial for creating a positive work environment within healthcare teams. Given its direct impact on patient care, resolving conflict positively is vital for ensuring safe and effective care delivery and fostering therapeutic relationships among colleagues and managers.

Mahmoudirad et al. (2020) examined the association between moral intelligence and psychological safety among nurses in emergency and intensive care units. The study involved 255 nurses from tertiary hospitals in Birjand, Iran. Data collection included the use of Lennick and Kiel's moral intelligence scale and Edmonson's psychological safety scale. The results indicated that moral intelligence and psychological safety scores were moderately high. Regression analysis revealed that compassion and responsibility, two dimensions of moral intelligence, were significant predictors of nurses' psychological safety, explaining 12% of the variance. The findings suggest that enhancing moral intelligence could contribute to improving nurses' psychological safety and reducing work-related injuries.

Faust (2023) conducted a quantitative correlational study examining the relationships among perceived psychological safety, conflict management styles, and perceived conflict management success among nurse practitioners (NPs) in interprofessional acute or critical care teams in the United States. While previous research has addressed conflict management and psychological safety individually, this study fills a gap in understanding their interplay, particularly among NPs. A survey developed from validated measures was administered to 944 NPs. The results indicated a significant difference in perceived psychological safety scores based on the interpersonal conflict management style used. Psychological safety was also found to be a significant predictor of conflict management success. However, after controlling for ethnicity and gender, no significant variations in perceived psychological safety based on interpersonal conflict management style were observed. These findings highlight the importance of psychological safety in influencing

conflict management styles and outcomes among NPs in acute or critical care settings, while also indicating that its impact may vary depending on factors like ethnicity and gender, warranting further investigation.

Jaaffar and Samy (2023) examine the relationships between empowering leadership, leader-member exchange (LMX), psychological safety, intrinsic motivation, and voice behavior among nurses in Malaysian public hospitals. Their study collected data from 366 nurses in large public hospitals in the Greater Kuala Lumpur area through a self-administered survey in February 2020 and used SmartPLS 4 for Windows software for analysis. While the study found no direct impact of psychological safety on the relationships between empowering leadership and voice behavior or LMX and voice behavior, it did find that intrinsic motivation partially mediated these relationships. The study concludes by highlighting the importance of voice behavior in healthcare and provides recommendations for nurse managers and leaders to promote psychological safety, intrinsic motivation, and vocal behavior among nurses, ultimately aiming to improve healthcare services and trust within publicly funded hospitals, though this may require significant reform efforts.

Mogård et al. (2022) investigated the indirect effect of psychological safety on team effectiveness in management teams, proposing behavioral integration as a mediating variable. They noted a gap in research on the mechanisms explaining the relationship between psychological safety and team effectiveness in management teams. Data were collected from 1150 leaders in 160 Norwegian management teams, measuring team functioning and effectiveness. Results revealed a significant indirect effect of psychological safety on management team effectiveness through behavioral integration. This suggests that when team members feel safe to express their thoughts without fear of consequences, they are more likely to collaborate, share information, and take ownership of decisions, leading to better team performance. The study also found a positive relationship between psychological safety and behavioral integration, and both were positively related to team effectiveness. These findings contribute to the understanding of how psychological safety influences management team performance across organizational hierarchies.

O'Leary (2016) describes an action research study focusing on change management teams in Irish residential care facilities for older people, comprising nurses, GPs, physiotherapists, care assistants, a health and safety officer, and a client. The study examines the emergence of characteristics within these teams within the framework of Team Psychological Safety (TPS), defined as an atmosphere where team members feel comfortable discussing and reflecting without fear of criticism. Findings suggest that TPS played a crucial role in fostering understanding and power sharing across professional boundaries, thereby enhancing interprofessional collaboration. The study noted differences between the teams, with one facility showing significant progress in interprofessional collaboration while the other had only limited improvement. The stability of team membership and organizational norms regarding shared decision-making were highlighted as key factors influencing the development of TPS and interprofessional collaboration.

Ugirase (2022) aimed to achieve three main objectives in their study. First, they conducted a concept analysis of interprofessional conflict resolution (IPCR) to identify its key attributes and generate items for an instrument. Second, they developed and tested the psychometric properties of an instrument designed to measure IPCR among healthcare teams. Third, they developed and evaluated the effectiveness of an educational program designed to resolve interprofessional

conflicts. Additionally, the study tested a theoretical model that linked healthcare providers' personal factors (general self-efficacy and team psychological safety) and interpersonal communication competence to interprofessional collaborative practice, exploring whether interprofessional conflict resolution moderated these relationships. The Interprofessional Conflict Resolution Scale was validated as reliable. The study also found that participants perceived the training program to be highly effective, with 93.3% of learning outcomes attributed to the program. The study identified five emerging themes from participants' reflections and open-ended responses.

Grailey et al. (2021) conducted an evidence synthesis with three objectives: to identify existing literature on psychological safety, identify assessment methods, and investigate the consequences of a psychologically safe environment. They searched multiple trial registries up to December 2018, including all studies on psychological safety among healthcare workers and reviewing them for methodological limitations. Their analysis revealed both high and low levels of psychological safety at the individual and study levels, with heterogeneous responses limiting generalizable conclusions. They found a variety of assessment methods, including qualitative approaches like semi-structured interviews and quantitative methods like surveys. Some studies suggested that low psychological safety negatively impacted patient safety, while others showed a significant relationship between psychological safety and team outcomes. The synthesis also revealed facilitators and barriers to psychological safety, leading to the development of a model illustrating the influence of situational context. Overall, while there is a positive presence of psychological safety among healthcare workers globally, there is room for improvement and a need to standardize assessment methods.

Haviland et al. (2022) conducted a study to assess the baseline psychological safety between pediatric nurses and residents and to evaluate the impact of an interdisciplinary nighttime simulation curriculum. They employed a convergent, multistage mixed methods approach, implementing the simulation curriculum from fall 2020 to spring 2021. Data were collected through qualitative focus group sessions and quantitative surveys on team psychological safety, both before and after the intervention, and across nurses and residents. The analysis revealed that both nurses and residents rated psychological safety negatively, with residents consistently rating it lower than nurses. Qualitative analysis identified several themes, including the influence of existing relationships, communication issues, unresolved disagreements, workload challenges, interpersonal disrespect, and the perceived usefulness of the simulation curriculum. The study concluded that while the simulation curriculum showed promise, additional efforts are needed to improve psychological safety among residents and nurses.

(Cauwelier, 2019) explored that, extensive research affirms that individuals perform at their best when they feel secure within a team. When team members experience a sense of safety, they are more inclined to take risks, actively contribute, and exert significant effort, knowing that they can rely on their teammates for support and mutual commitment. This phenomenon, often referred to as "team psychological safety" (TPS), plays a pivotal role in fostering high-performance teams within a business context. However, determining the measurement of TPS and identifying strategies that leaders can employ to cultivate higher levels of psychological safety within their teams remain important considerations.

2.8 Gap Review:

In the context of Palestine, limited research has been conducted on psychological safety and conflict management among nurses in interprofessional teams. This study aims to address this gap by providing valuable insights into these important areas within the Palestinian healthcare system. By examining the unique cultural, organizational, and contextual factors that influence psychological safety and conflict management, this study was contributed to the understanding of these phenomena in a previously unexplored context.

Furthermore, in the broader literature, there is a scarcity of studies that comprehensively examine the relationship between psychological safety and conflict management among nurses in interprofessional teams. While individual aspects of psychological safety and conflict management have been explored, few studies have integrated these variables and examined their interplay within a healthcare team setting. This study seeks to fill this gap by investigating the complex dynamics between psychological safety and conflict management, providing a more holistic understanding of their impact on nurses' well-being, teamwork, and patient outcomes.

The scarcity of research in this area highlights the significance and timeliness of this study. By conducting a comprehensive examination of psychological safety and conflict management among nurses in interprofessional teams, this research contributed to the existing body of knowledge and provide practical implications for improving teamwork and conflict resolution strategies in healthcare settings.

Overall, this study aims to bridge the gap in the literature by being the first to investigate the variables of psychological safety and conflict management among nurses in interprofessional teams in the Palestinian context. By addressing this research gap, the study provided valuable insights and contribute to the advancement of knowledge in this field.

2.9 Summary:

This chapter explores the concepts of psychological safety and conflict management among nurses in interprofessional teams within healthcare settings. It emphasizes the importance of psychological safety and its impact on team dynamics and patient outcomes. The document discusses the theoretical framework for studying psychological safety and conflict management, drawing upon theories such as Amy Edmondson's Psychological Safety Theory and conflict management models like the Thomas-Kilmann Conflict Mode Instrument (TKI) and the Dual Concern Model. Additionally, the review addresses the significance of establishing a psychologically safe setting, explores the relationship between psychological safety and conflict management, and provides strategies for managing conflict within interprofessional healthcare teams. The importance of effective communication, shared problem-solving, leadership and team management, professional development, positive conflict resolution approaches, and legal and ethical responsibilities in managing conflicts within healthcare teams is also highlighted.

Moreover, this chapter into the relationship between psychological safety and conflict management, emphasizing the need for open communication, trust, and a positive feedback loop in healthcare teams. It also discusses the impact of psychological safety on team effectiveness, behavioral integration, and employee voice, highlighting the importance of fostering a climate of trust and openness within the team. Additionally, it is present various studies that address conflict management and psychological safety within healthcare settings, including research on the impact

of conflict on staff relations, stress levels, and patient care outcomes, as well as studies exploring the relationships between empowering leadership, intrinsic motivation, and voice behavior among nurses in healthcare teams. Furthermore, it discusses the assessment methods and consequences of psychological safety, as well as the baseline psychological safety between pediatric nurses and residents in an interdisciplinary nighttime simulation curriculum.

Chapter Three:

Methodology

3.1 Introduction:

This chapter presents the methodology employed in the study on psychological safety and conflict management among nurses in interprofessional teams. The chapter provides a detailed overview of the research design, sample selection, data collection methods, and data analysis techniques utilized to investigate the relationship between these variables. By outlining the methodology, this chapter establishes the foundation for the study, ensuring its credibility and rigor.

3.2 Study Design:

This study employed a cross-sectional, correlational survey design. The choice of research design is driven by the research questions, which aims to investigate the study variables (Fraenkel et al., 2019). By utilizing a quantitative approach, the researcher aims to examine psychological safety, interpersonal conflict management style, and successful conflict management using numerical data to address the research questions and test the hypotheses (Irwin, 2018). The first research question focus on the different categories of interpersonal conflict management styles, as identified by Rahim (1983), which serve as the independent variable. The dependent variable will be Edmondson's (1999) construct of psychological safety.

3.3 Period:

This current study took place in the period from June 2024 to January 2024.

3.4 Population:

The target population for this study were comprise nurses who were actively engaged in interprofessional teams within 4 hospitals (2 government and 2 private sector) in Ramallah (Palestine Medical Complex and Arab Care Hospital) and Hebron (Allia governmental hospital, and Al-Ahli).

3.4.1 Inclusion Criteria:

- This study was included registered and practical nurses who are actively working in interprofessional teams within hospitals located in Ramallah and Hebron.

- At least (6) months of professional experience as Nurse
- Participants must be part of interprofessional teams, involving collaboration and interaction with professionals from different healthcare disciplines, such as doctors, pharmacists, physical therapists, and social workers.
- Participants should be employed in hospitals, including both government and private sector institutions, in the specified regions of Ramallah and Hebron.

3.4.2 Exclusion Criteria:

- Nurses with less than six months of professional experience.
- Nurses not actively engaged in interprofessional teams within hospitals located in Ramallah and Hebron.
- Nurses are not part of interprofessional teams involving collaboration and interaction with professionals from different healthcare disciplines, such as doctors, pharmacists, physical therapists, and social workers.
- Nurses are not employed in hospitals, including both government and private sector institutions, in the specified regions of Jericho, Bethlehem, and Hebron.
- Supervisor and head nurses.

3.5 Setting:

The study was conducted in hospitals located in in Ramallah (Palestine Medical Complex and Arab Care Hospital) and Hebron (Allia governmental hospital, and Al-Ahli). Participants were actively engaged nurses in interprofessional teams within all units in these hospitals, involving collaboration and interaction with professionals from different healthcare disciplines, such as doctors, pharmacists, physical therapists, and social workers. Both government and private sector institutions in the specified regions included in the study setting.

3.6 Sample Size:

The sample size for this study determined based on statistical considerations, such as the desired level of precision, confidence interval, and anticipated effect size. Given the complexity of the topic and the need for a representative sample, a larger sample size is generally preferred. The final calculated sample size was 265.

3.7 Sampling Technique:

A convenience sampling was employed. Convenience sampling used to easily access participants within the selected hospitals.

3.8 Study Instrument:

Building upon a previous study conducted in the United States by Faust (2023), the study instrument for “Psychological Safety and Conflict Management Among Nurses in Interprofessional Teams” included two main components: a questionnaire and a scale. The questionnaire collected demographic information and specific data related to psychological safety and conflict management, while the scale measured participants' perceptions and experiences in

these areas. The instrument designed to be comprehensive yet concise, ensuring that it captures relevant information without being burdensome to participants (Rahim's, 1983, Edmondson's 1999, Tekleab et al., 2009).

3.8.1 Demographic Characteristics:

The questionnaire include items related to demographic information such as age, gender, marital status, education level, years of experience as a nurse, and current position or role within the healthcare team. These demographic characteristics provide context and help in analyzing the data in relation to psychological safety and conflict management.

4.8.2 Questionnaire:

The questionnaire also include questions about participants' involvement in interprofessional teams, their perceptions of psychological safety, and their experiences with conflict management. Questions designed to be clear, relevant, and easy to understand.

3.8.3 Scale:

The scale used to measure participants' perceptions of psychological safety and their conflict management styles. The scale adapted from existing validated scales such as the Team Psychological Safety Scale (TPSS) and the Rahim Organizational Conflict Inventory (ROCI). The TPSS measures the extent to which team members feel safe to take interpersonal risks, while the ROCI assesses five styles of interpersonal conflict management: integrating, obliging, dominating, avoiding, and compromising.

3.9 Validity

The validity for questionnaire was ensured through several measures. Content validity was established by developing the questionnaire and scale based on a thorough review of the literature and existing validated scales. A panel of experts in nursing, psychology, and interprofessional teamwork reviewed the content to ensure it adequately captures the constructs of interest. Construct validity was assessed through factor analysis to determine if the items measure the intended constructs of psychological safety and conflict management.

3.10 Reliability:

The reliability of the instrument was assessed through internal consistency using Cronbach's alpha coefficient, with a value 0.921.

3.11 Pilot Testing:

Before administering the instrument to the full sample, a pilot test conducted with a small group of participants to assess the clarity recruit participants (10% of the total sample size, 25 participants, later they were excluded from the study), including nurses from different hospital wards, relevance, and comprehensiveness of the instrument. Feedback from the pilot test used to refine the instrument before administering it to the full sample. Analysis pf pilot study found the Cronbach's alpha value was 0.921.

3.12 Data Collection:

Data was collected using the finalized questionnaire and scale through face-to-face interviews the participants of nurses.

3.13 Data Analysis:

The quantitative data was analyzed with using SPSS version 25. Descriptive statistics, such as frequencies, percentages, means, and standard deviations, summarized the demographic characteristics of the participants and key Variables like psychological safety and conflict management styles. Inferential analysis involved statistical tests like correlation analysis to examine relationships between psychological safety, conflict management styles, and other relevant variables. Regression analysis determine predictors of psychological safety and conflict management styles, while mediation analysis explore the mediating effects of variables such as job satisfaction or team cohesion. Comparative analysis using t-tests or ANOVA to compare psychological safety and conflict management styles across demographic groups. Factor analysis to assess the scale's factor structure. The analysis guided by research questions and hypotheses to provide a comprehensive understanding of the study's variables.

3.14 Ethical Consideration

This study adhered to the ethical guidelines set forth by Al-Quds University Institutional Review Board (IRB) (**Ref. No: RESC/2025-8**), the Ministry of Health (MOH), and the respective Board of Directors in the private sector . Prior to data collection, approval sought from the Al-Quds University IRB as in annex (2) and (3), ensuring that the study meets ethical standards regarding participant recruitment, informed consent, confidentiality, and data handling. Additionally, approval obtained from the MOH and the Board of Directors in the private sector, where applicable, to conduct the study in their respective healthcare facilities

Chapter Four:

Results

4.1 Participants Demographic characteristics

In West-Bank, Palestine, 265 questionnaires were given to the nursing staff of both public and private institutions. The statistical analysis includes 265 (94.6%) of the respondents who submitted completed questionnaires. The goal of the study was to ascertain the respondents' demographic characteristics. Gender, age, education level, years of experience, department, number of beds and previous training were the factors that were measured in the study.

The study instrument was shown to a group of reviewers with expertise in this area in order to confirm its validity. Every one of their notes was taken into account. Additionally, 20 male and female nurses from government and private hospitals were included in the sample to assess the tool's dependability. The degree to which an instrument measures a topic consistently is known as reliability. A pilot investigation yielded a reliability scale (Alpha Cronbach) of 0.921.

The findings in Table 4.1 indicate that there was gender parity in the Palestinian Department of Healthcare Services, with 52.5% of the respondents being female and the remaining 47.5% being male. The findings also revealed that the majority of respondents (50.9%) were in the 20–29 age range, with the next largest group (27.2%) being in the 40–49% age range. In terms of educational attainment, over two-thirds (75.8%) of participants held a bachelor's degree, followed by diploma holders (18.9%) and postgraduate degree holders (5.3%). In terms of nursing experience, 138 (52.1%) had less than five years of experience, 17 (6.4%) had six to ten years, 34 (12.8%) had eleven to fifteen years, 51 (19.2%) had sixteen to twenty years, and only 25 (9.4%) had more than twenty years. Just 42 (15.8%) of the participants work in tiny hospitals, whereas the bulk of 200 (70.9%) work at large hospitals for the number of hospital beds. Lastly, when asked if they had received prior training, 90 people (34.0%) said they had, while 175 people (66.0%) said they had not.

Table (4.1): The distribution of follower demographic characteristics of the Respondents

Characteristic	Numbers	Percentages (%)
Gender		
Male	126	47.5
Female	139	52.5
Age-group		
20-29 years	135	50.9
30-39 years	41	15.5
40-49 years	72	27.2
50 years and above	17	6.4
Qualification		
Diploma	50	18.9
Bachelor	201	75.8
postgraduate	14	5.3
Department		
medical ward	64	24.2
operation	1	.4
ophthalmic	11	4.2
P/w	38	14.3
NICU	48	18.1
ICU	14	5.3
Cath/W	12	4.5
Kidney unit	16	6.0
Gyna	12	4.5
surgical	12	4.5
anesthesia	37	14.0
Years of experience		
6 months-5 years	138	52.1
6-10	17	6.4
11-15 years	34	12.8
16-20 years	51	19.2
More than 20	25	9.4
Number of Beds		
less than 50	42	15.8
51-100	22	8.3
101-200	13	4.9
more than 200	188	70.9
Received Training		
Yes	90	34.0
No	175	66.0

Five conflict-handling styles were measured using the ROCI-II: integrating ($M = 3.77$, $SD = 0.43$), compromising ($M = 3.57$, $SD = 0.52$), Avoiding ($M = 3.47$, $SD = 0.55$), dominating ($M = 3.34$,

SD = 0.61), and obliging (M = 3.30, SD = 0.58). Kurtosis values varied from -0.96 to 0.64, suggesting a comparatively normal peak, while skewness values ranged from -0.32 to 0.88, suggesting a somewhat negative departure from the normal distribution.

Table (4.2) Descriptive Statistics of the Questionnaire Subscales

Conflict management style	Psychological safety				
	N	Mean	Std. Deviation	Skewness	Kurtosis
Collaborating Style (integrating)	265	3.77	.43	-.246	-.842
Accommodating Style (obliging)	265	3.30	.58	-.497	-.184
Competing Style (dominating)	265	3.34	.61	.237	-.969
Avoiding	265	3.47	.55	.149	-.515
Compromising	265	3.57	.52	-.324	.642
psychological safety	265	3.26	.40	.887	.561
conflict management	265	3.36	.54	.469	-.706

To find out if there are statistically significant differences in perceived psychological safety scores among nurses working in an interprofessional acute care or different care team in the Palestinian Hospitals depending on interpersonal conflict management style, a one-way Welch ANOVA was performed. A post-hoc analysis was performed because the data showed a statistically significant difference perceived psychological safety scores and interpersonal conflict management style, $p < .001$. Table ??? presents the results of the Games-Howell post hoc test.

Additionally, post hoc analyses showed that, with all p values $< .001$, the integrating style (M = 3.77, SD = 0.43) had a significantly higher mean level of psychological safety than the obliging style (M = 3.30, SD = 0.56), dominating style (M = 3.34, SD = 0.61), avoiding style (M = 3.47, SD = 0.55), and compromising style (M = 3.57, SD = 0.52). Despite being much lower than integrating, the mean psychological safety levels for obliging, dominating, avoiding, and compromise strategies did not differ significantly from one another (all p values $> .05$). With integrating conflict management approach yielding the highest mean degree of psychological safety, these findings imply that nurses' conflict management style may influence the interprofessional team's psychological safety perceptions.

Table (4.3) Descriptive Statistics Comparing Conflict Management Styles by Perceived Psychological Safety Scores

Subscales	N	Mean	f-statistics (df)	P-value
Collaborating Style (integrating)	265	3.77(.43)	41.91(4)	$< .001$
Accommodating Style (obliging)	265	3.30(.56)	109.29(4)	$< .001$
Competing Style (dominating)	265	3.34(.61)	63.74(4)	$< .001$
Avoiding	265	3.47(.55)	141.22(4)	$< .001$
Compromising	265	3.57(.52)	233.90(4)	$< .001$

For both perceived psychological safety and interpersonal conflict management style, descriptive statistics (mean and standard deviation) were computed by participant gender (i.e., male and female; Table 4.4). Between the two groups, the mean interpersonal conflict management style and felt psychological safety were both above 3.00 and quite comparable .

The results of the independent samples t test, which are displayed in Table 4.4, indicate that there are no statistically significant differences between gender and the Seven Composite Constructs: "psychological safety," "avoiding," "compromising," "collaborating style (integrating)," "accommodating style (obliging)," "competing style (dominating)," and "conflict management". There was no discernible gender difference in the Seven Composite Constructs.

Table (4.4) perceived psychological safety and interpersonal conflict management style by gender

Subscales		N	Mean (SD)	t-statistics (df)	P-value
Collaborating Style (integrating)	male	126	3.73(044)	-1.60(263)	0.109
	female	139	3.81(042)		
Accommodating Style (obliging)	male	126	3.26(.60)	-1.04(265)	0.301
	female	139	3.34(.55)		
Competing Style (dominating)	male	126	3.36(.63)	.41(263)	0.684
	female	139	3.33(.59)		
Avoiding	male	126	3.52(.56)	1.43(263)	0.153
	female	139	3.42(.54)		
Compromising	male	126	3.62(.47)	1.41(263)	0.160
	female	139	3.53(.56)		
psychological safety	male	126	3.29(.44)	1.16(263)	0.249
	female	139	3.24(.35)		
conflict management	male	126	3.35(.50)	-.35(263)	0.726
	female	139	3.37(.58)		

Descriptive data, such as mean and standard deviation, were calculated by participant type of organization (government and private; Table 4.5) for better comprehension. The mean interpersonal conflict management style and perceived psychological safety were both above 3.00 and quite similar across the two groups .

There are no statistically significant differences between the type of organization and the Seven Composite Constructs: "psychological safety," "avoiding," "compromising," "collaborating style (integrating)," "accommodating style (obliging)," "competing style (dominating)," and "conflict management," according to the results of the independent samples t test, which are shown in Table 4.5. The Seven Composite Constructs did not differ in any appreciable way in terms of organization type.

Table (4.5) perceived psychological safety and interpersonal conflict management style by type of organization

	hospital	N	Mean (SD)	t-statistics (df)	P-value
Collaborating Style (integrating)	gov	181	3.80(.44)	1.22(263)	0.223
	private	84	3.73(.40)		
Accommodating Style (obliging)	gov	181	3.36(.56)	2.49(263)	0.013
	private	84	3.17(.60)		
Competing Style (dominating)	gov	181	3.34(.62)	.10(263)	0.921
	private	84	3.34(.57)		
Avoiding	gov	181	3.49(.56)	1.19(263)	0.236
	private	84	3.41(.54)		
Compromising	gov	181	3.61(.50)	1.63(263)	0.104
	private	84	3.50(.56)		
psychological safety	gov	181	3.29(.42)	1.56(263)	0.081
	private	84	3.21(.33)		
conflict management	gov	181	3.36(.56)	.31(263)	0.756
	private	84	3.34(.51)		

For further understanding, descriptive statistics, including mean and standard deviation, were computed by participant previous training (“Yes” and “No”; Table 4.6). Both the perceived psychological safety and the mean interpersonal conflict management style were over 3.00 and quite comparable between the two groups .

The results of the independent samples t test, which are displayed in Table 4.6, indicate that there are no statistically significant differences between the Seven Composite Constructs: "psychological safety," "avoiding," "compromising," "collaborating style (integrating)," "accommodating style (obliging)," "competing style (dominating)," and "conflict management," and the prior training. Regarding prior training, there were no discernible differences among the Seven Composite Constructs.

Table (4.6) perceived psychological safety and interpersonal conflict management style by previous training

	received training	N	Mean (SD)	t-statistics (df)	P-value
Collaborating Style (integrating)	yes	90	3.80(.45)	.63(263)	0.530
	no	175	3.76(.42)		
Accommodating Style (obliging)	yes	90	3.24(.59)	-1.19(263)	0.243
	no	175	3.33(.57)		
Competing Style (dominating)	yes	90	3.39(.66)	1.00(263)	0.317
	no	175	3.31(.58)		
Avoiding	yes	90	3.54(.57)	1.66(263)	0.099
	no	175	3.43(.54)		
Compromising	yes	90	3.66(.46)	1.84(263)	0.067
	no	175	3.53(.55)		
psychological safety	yes	90	3.29(.41)	.67(263)	0.505
	no	175	3.25(.39)		
conflict management	yes	90	3.43(.51)	1.51(263)	0.131
	no	175	3.32(.56)		

Descriptive statistics, such as mean and standard deviation, were calculated by participant age group for better comprehension. The two groups' mean interpersonal conflict management style and perceived psychological safety were both above 3.00 and quite similar .

Table 4.7 presents the results of the one-way ANOVA test, which show that the following ROCI-II Conflict Management Styles differ statistically significantly from one another: "avoiding," "compromising," "collaborating style (integrating)," "accommodating style (obliging)," and "competing style (dominating)," by age group, where $P < 0.05$. However, there were no statistically significant differences between age groups in terms of psychological safety or conflict management ($P > 0.05$).

Table (4.7) perceived psychological safety and interpersonal conflict management style by Age-group

Subscales		N	Mean (SD)	F-statistics (df)	P-value
Collaborating Style (integrating)	20-30	135	3.67(.44)	7.20(3)	<0.001
	31-40	41	3.91(.43)		
	41-50	72	3.81(.36)		
	more than 50	17	4.07(.41)		
Accommodating Style (obliging)	20-30	135	3.17(.64)	7.832 (3)	<0.001
	31-40	41	3.25(.49)		
	41-50	72	3.50(.46)		
	more than 50	17	3.65(.29)		
Competing Style (dominating)	20-30	135	3.33(.63)	3.08(3)	0.028
	31-40	41	3.24(.63)		
	41-50	72	3.49(.53)		
	more than 50	17	3.07(.55)		
Avoiding	20-30	135	3.49(.59)	4.44(3)	0.005
	31-40	41	3.24(.53)		
	41-50	72	3.60(.48)		
	more than 50	17	3.29(.42)		
Compromising	20-30	135	3.53(.55)	3.04(3)	0.029)
	31-40	41	3.46(.46)		
	41-50	72	3.73(.50)		
	more than 50	17	3.53(.45)		
psychological safety	20-30	135	3.28(.48)	.61(3)	0.612
	31-40	41	3.19(.20)		
	41-50	72	3.27(.34)		
	more than 50	17	3.30(.26)		
conflict management	20-30	135	3.31(.52)	1.44(3)	0.232
	31-40	41	3.45(.54)		
	41-50	72	3.42(.56)		
	more than 50	17	3.21(.66)		

One-way ANOVA result presented in Table 4.8, and shows that there are statistically significant differences between level of education and only one subscale of the ROCI-II Conflict Management Styles namely: Collaborating Style (integrating), in addition to the conflict management, where $P < 0.05$. The subscale of the ROCI-II Conflict Management Styles namely: "avoiding," "compromising," "accommodating style (obliging)," and "competing style (dominating)," by level of education, in addition to psychological safety were not significantly different regarding level of education.

Table (4.8) perceived psychological safety and interpersonal conflict management style by level of Education

Subscales		N	Mean (SD)	F-statistics (df)	P-value
Collaborating Style (integrating)	diploma	50	3.94(.45)	6.37(2)	0.002
	bachelor	201	3.75(.42)		
	Postgraduate	14	3.54(.23)		
Accommodating Style (obliging)	diploma	50	3.30(.53)	1.23(2)	0.294
	bachelor	201	3.32(.59)		
	Postgraduate	14	3.07(.57)		
Competing Style (dominating)	diploma	50	3.42(.58)	.98(2)	0.375
	bachelor	201	3.33(.62)		
	Postgraduate	14	3.17(.55)		
Avoiding	diploma	50	3.50(.44)	.35(2)	0.708
	bachelor	201	3.47(.59)		
	Postgraduate	14	3.36(.47)		
Compromising	diploma	50	3.64(.32)	.43(2)	0.654
	bachelor	201	3.56(.56)		
	Postgraduate	14	3.55(.57)		
psychological safety	diploma	50	3.29(.23)	2.18(2)	0.115
	bachelor	201	3.27(.43)		
	Postgraduate	14	3.05(.28)		
conflict management	diploma	50	3.62(.54)	8.42(2)	<0.001
	bachelor	201	3.28(.53)		
	Postgraduate	14	3.50(.54)		

One-way ANOVA result presented in Table 4.9, and shows that there are statistically significant differences between years of experience and only three subscale of the ROCI-II Conflict Management Styles namely: Collaborating Style (integrating) ($p=0.006$), Accommodating Style (obliging) ($P=0.011$), and Avoiding ($p=0.050$), in addition to the conflict management. The other subscale of the ROCI-II Conflict Management Styles namely: "avoiding," "compromising," and "competing style (dominating)," by years of experience, in addition to psychological safety and conflict management were not significantly different regarding years of experience.

Table (4.9) perceived psychological safety and interpersonal conflict management style by years of Experience

		N	Mean (SD)	F-statistics (df)	P-value
Collaborating Style (integrating)	6 months-5 years	138	3.69(.44)	3.73(4)	0.006
	6-10	17	3.95(.56)		
	11-15	34	3.78(.35)		
	16-20	51	3.82(.41)		
	more than 20	25	3.99(.33)		
Accommodating Style (obliging)	6 months-5 years	138	3.21(.63)	3.35(4)	0.011
	6-10	17	3.30(.53)		
	11-15	34	3.37(.47)		
	16-20	51	3.35(.56)		
	more than 20	25	3.64(.24)		
Competing Style (dominating)	6 months-5 years	138	3.35(.65)	1.98(4)	0.098
	6-10	17	3.14(.67)		
	11-15	34	3.30(.59)		
	16-20	51	3.50(.52)		
	more than 20	25	3.16(.48)		
Avoiding	6 months-5 years	138	3.50(.60)	2.40(4)	0.050
	6-10	17	3.25(.55)		
	11-15	34	3.40(.55)		
	16-20	51	3.58(.43)		
	more than 20	25	3.27(.43)		
Compromising	6 months-5 years	138	3.55(.55)	1.50(4)	0.204
	6-10	17	3.37(.62)		
	11-15	34	3.60(.44)		
	16-20	51	3.70(.55)		
	more than 20	25	3.59(.24)		
psychological safety	6 months-5 years	138	3.29(.47)	.66(4)	0.617
	6-10	17	3.18(.33)		
	11-15	34	3.20(.27)		
	16-20	51	3.24(.34)		
	more than 20	25	3.31(.18)		
conflict management	6 months-5 years	138	3.34(.53)	.62(4)	0.647
	6-10	17	3.37(.63)		
	11-15	34	3.41(.49)		
	16-20	51	3.43(.58)		
	more than 20	25	3.25(.57)		

Table (4.9) perceived psychological safety and interpersonal conflict management style by Number of Organizational Beds

		N	Mean	Std. Deviation	P-value
Collaborating Style (integrating)	less than 50	42	3.64(.37)	5.03(3)	0.002
	51-100	22	3.61(.40)		
	101-200	13	3.57(.48)		
	more than 200	188	3.84(.43)		
Accommodating Style (obliging)	less than 50	42	3.12(.55)	6.24(3)	<0.001
	51-100	22	3.02(.64)		
	101-200	13	3.04(.64)		
	more than 200	188	3.40(.55)		
Competing Style (dominating)	less than 50	42	3.37(.49)	.33(3)	0.804
	51-100	22	3.29(.61)		
	101-200	13	3.20(.53)		
	more than 200	188	3.35(.64)		
Avoiding	less than 50	42	3.44(.51)	.24(3)	0.868
	51-100	22	3.49(.51)		
	101-200	13	3.36(.51)		
	more than 200	188	3.48(.57)		
Compromising	less than 50	42	3.53(.46)	2.38(3)	0.071
	51-100	22	3.42(.50)		
	101-200	13	3.31(.49)		
	more than 200	188	3.62(.52)		
psychological safety	less than 50	42	3.19(.24)	1.39(3)	0.245
	51-100	22	3.24(.31)		
	101-200	13	3.12(.36)		
	more than 200	188	3.29(.43)		
conflict management	less than 50	42	3.32(.42)	.81(3)	0.491
	51-100	22	3.40(.52)		
	101-200	13	3.15(.57)		
	more than 200	188	3.38(.57)		

Pearson correlations were calculated to determine the relationships between nurses ROCI-II Conflict Management Styles, psychological safety and conflict management were positively correlated with psychological safety and conflict management with statistically significant differences (Table 4.11).

Correlations		1	2	3	4	5	6	7
1-psychological safety	Pearson Correlation	1						
	Sig. (2-tailed)							
2-Collaborating Style (integrating)	Pearson Correlation	.615**	1					
	Sig. (2-tailed)	.000						
3-Accommodating Style (obliging)	Pearson Correlation	.671**	.604**	1				
	Sig. (2-tailed)	.000	.000					
4-Competing Style (dominating)	Pearson Correlation	.759**	.359**	.451**	1			
	Sig. (2-tailed)	.000	.000	.000				
5-Avoiding	Pearson Correlation	.818**	.290**	.486**	.875**	1		
	Sig. (2-tailed)	.000	.000	.000	.000			
6-Compromising	Pearson Correlation	.668**	.545**	.562**	.697**	.738**	1	
	Sig. (2-tailed)	.000	.000	.000	.000	.000		
7-conflict management	Pearson Correlation	.558**	.416**	.413**	.783**	.630**	.626**	1
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	

** . Correlation is significant at the 0.01 level (2-tailed).

Table (4.11) Correlation Matrix of ROCI-II Conflict Management Styles, psychological safety and conflict management

A simple linear regression was run to understand the predictive ability of psychological safety on conflict management success. The predictive model was statistically significant, $F (= 118.70, p < .001, r^2 = 0.31)$. Approximately 31% of the variance in conflict management success is explainable by psychological safety. Psychological safety was statistically significantly predictive of conflict management success, $B = 0.56, t(942) = 13.25, p < .001$, indicating that for every one unit increase in psychological safety, there was a .40 unit increase in conflict management success. Table 10 summarizes the regression model tested.

Table (4.12) Predicting Conflict Management Success by Psychological Safety

Variable	<i>B</i>	<i>SE</i>	<i>t</i>	<i>p</i>
psychological safety	1.899	0.127	14.976	<0.001
conflict management	0.406	0.037	10.895	<0.001

a. Dependent Variable: psychological safety

Summary

The findings of this quantitative, cross-sectional correlational analysis were reported in this chapter.

Overall, it was discovered that survey participants' interpersonal conflict management approach was associated with statistically significant differences in their perceived psychological safety scores. Furthermore, it was discovered that psychological safety significantly predicted the success of conflict management.

When adjusting for gender and type of organization, a subsequent analysis was unable to show statistically significant variations in perceived psychological safety scores depending on interpersonal conflict management style. In addition to discussing the study's limitations and suggested research and practice recommendations, Chapter 5 placed the study's findings within the body of existing literature.

Chapter Five

Discussion

5.1 Introduction

As members of interprofessional acute and healthcare teams, nurses are essential in Palestine. Nevertheless, their inclusion in these teams has resulted in a rise in interpersonal conflict among team members (Stadick, 2020). The situation is made more difficult by the fact that nurses come into the workforce with varying levels of interpersonal problem-solving and communication skills, as well as varying levels of conflict management training during their professional education (Cochran et al., 2018; Samuel et al., 2015).

One aspect of the environment that affects how people handle conflict is psychological safety. People who believe they live in a psychologically safe environment are better able to recognize issues and communication problems and take advantage of opportunities for growth without worrying about reprisals (Edmondson, 1999, 2019; Nembhard & Edmondson, 2006). Although psychological safety has been studied in team environments, little research has been done on how psychological safety, interpersonal conflict resolution, and conflict management success interact, especially for nurses on an interprofessional acute or critical care team.

Thus, the aim of this cross-sectional, correlational study was to think about how perceived psychological safety predicts perceived conflict management success among nurses working in an interprofessional healthcare team in Palestine and to find out if there were differences in perceived psychological safety related to interpersonal conflict management style.

Overall, the study's findings showed that psychological safety was a strong predictor of conflict management success and that perceived psychological safety varied significantly depending on a nurse's interpersonal conflict management style. When comparing nurses with an integrating conflict management style to those with other

strategies (such as avoiding, compromising, dominating, and obliging), these changes were more noticeable. However, scores for perceived psychological safety based on interpersonal conflict management style did not differ statistically significantly when gender and ethnicity were taken into account. The results of the study are thoroughly discussed in this chapter, along with their implications, limits, and suggestions for future research and practice.

5.2 Discussion

This study was guided by two research questions: (1) How do Palestinian nurses in interprofessional teams differ in their perceived psychological safety scores according to how they handle interpersonal conflict? and (2) What is the relationship between psychological safety and nurses' perceived effectiveness in conflict management in interprofessional acute care teams in Palestine? I predicted that there would be statistically significant variations in felt psychological safety scores between nurses who employ an integrative conflict management technique. This means that nurses who report using an integrating or collaborating style of conflict management are more likely to report feeling psychologically safe than nurses who use other styles (e.g., avoiding, compromising, dominating, and complying). For the second research question, I predicted that psychological safety would be a statistically significant predictor of perceived conflict management success. In particular, I anticipated that perceived conflict management success would be positively correlated with psychological safety. Both theories were validated. Compared to nurses who reported using other conflict management styles (such as avoiding, compromising, dominating, and complying), survey results showed that nurses who employ an integrating style of conflict management felt more psychologically safe within the interprofessional care team. The findings also showed that psychological safety is a strong predictor of conflict resolution success. In particular, 40% of the variation in conflict management success was explained by psychological safety.

Because an integrating style of conflict management naturally incorporates open communication, mutual respect, and a shared sense of responsibility—all essential components of a psychologically safe environment—I anticipated that nurses who employ this approach would report higher levels of psychological safety than nurses who employ one of the other four conflict management styles.

In a collaborative environment, nurses are free to express their thoughts, concerns, and recommendations for enhancements without worrying about criticism or reprisals. Active collaboration among team members builds and strengthens trust. On the other hand, alternative conflict resolution approaches, such as controlling or avoiding, can prevent candid dialogue and foster mistrust. Conflict is less likely to be handled cooperatively and honestly in these settings because people are more likely to show less concern for both themselves and other people (Fleming & Shaw, 2019; Hocker & Wilmot, 2018). Additionally, I anticipated that perceived conflict

management success would be positively correlated with psychological safety. Tekleab et al. (2009)'s research on conflict management success and Edmondson's (2009, 2019) research on psychological safety served as some of the foundation for this assumption. According to this research, people who work in psychologically secure environments are more likely to show concern for others as well as for themselves and to promote productive communication. Members' mutual respect and candid communication, in turn, foster an environment that is conducive to successful conflict resolution. Successful conflict management is more likely when team members are encouraged to express their worries, provide helpful feedback, and work together to solve problems. When examining the relationship between psychological safety, conflict management style, and conflict management success, it is important to keep in mind that the environment plays a crucial role (Fleming & Shaw, 2019; Hocker & Wilmot, 2018).

The SLT developed by Bandura (1977, 1986) offers a framework for analyzing the findings of this investigation. Bandura (1977, 1986) asserts that people observe and engage with others in their surroundings to learn both dynamically and statically. A reciprocal triadic relationship between one's surroundings (psychological safety and the interprofessional healthcare team), conduct (conflict management style), and cognition (psychological safety and the success of conflict management) is shown via this approach. To put it another way, one's surroundings provide psychological safety, which increases self-efficacy in handling conflict and leads to success. Similarly, one's level of psychological safety is probably going to have a reciprocal effect on their surroundings.

Although it was not specifically examined in this study, self-efficacy is the foundation of SLT. Self-efficacy is the conviction that one can perform the actions required to achieve particular results (e.g., working as a team or successfully managing conflict). Persuasion, social modeling, mastering experiences, and suitable psychological reactions are how it is created (Bandura, 1986). Effective problem-solving, teamwork, and cooperation are linked to self-efficacy and an integrative conflict management style (Bandura, 1977, 1986; Rahim et al., 2000). For instance, in order for nurses to handle conflict. To succeed, kids need to be prepared to take chances, question the existing quo, and stand up for themselves. If the situation is not psychologically safe, people are unlikely to take chances, question the status quo, or stand up for themselves and others. The results of the current study highlight the potential importance of people who have a high sense of self-efficacy because they are more likely to take calculated risks based on their strengths, embrace challenging tasks, and maintain confidence in their abilities (Bandura, 1994). This suggests that more research is necessary.

The results show that 30% of the variation in conflict management success might be explained by psychological safety. This suggests that the effectiveness of conflict management in interprofessional acute and critical care teams is strongly influenced by feelings of respect, acceptance, and freedom to express oneself without worrying about criticism or reprisal. This study also shows that a psychologically safe setting promotes improved teamwork and communication, which results in effective conflict resolution. In health care settings, when choices must be made fast because conditions are changing swiftly, this result is crucial. In these situations, there is less time for thoughtful introspection or lengthy discussions, and teams must work together to adjust to quickly shifting conditions. As a result, acute and critical care settings are more likely to experience conflict, which may have an effect on patient outcomes as well as satisfaction among patients, individuals, teams, and organizations (Ervin et al., 2018). Thus, more study is necessary to investigate how nurses' conflict management and psychological safety interact in an inpatient, interprofessional setting.

There are numerous noteworthy ramifications for these findings. First, the results imply that psychological safety is essential to the operation of critical care and acute care teams, where team cohesion and quick decision-making are crucial. Interestingly, compared to their peers who employed alternative conflict management techniques, nurses who adopted an integrating style reported feeling more psychologically protected. This research emphasizes how various conflict resolution techniques may interact with the psychological environment of a team. Similarly, this research highlights how important a psychologically secure setting is in influencing how interprofessional team members communicate and perform in order to attain the right patient results and raise both patient and professional satisfaction. Additionally, our approach shows that psychological safety is a significant component of team dynamics, explaining almost half of the variation in conflict management success.

5.3 Limitations of The Study

The sample's limitations could not apply to all nurses in Palestine, especially those working in other places with dissimilar healthcare systems or cultural settings. Furthermore, it is impossible to determine whether the sample's characteristics differ from those of non-responders, which could have led to selection bias. Self-report and response bias provide a second study design limitation. It's possible that the study participants gave socially acceptable answers or were unable to fully recollect all of their experiences with conflict within an interprofessional healthcare team.

There is no assurance that the participants understood the questions, even if the study employed instruments that have been thoroughly validated. Participants frequently feel constrained by the variety of responses, in addition to the inherent nature of surveys. In order to prevent weariness, this study was created with a limited number of questions, considering the temporal nature of surveys.

5.4 Implications for Future Research

According to a person's conflict management style, the results of this study showed statistically significant variations in reported psychological safety. Uncertainty persists regarding the degree to which psychological safety affects reactions to different conflict resolution techniques, especially across time periods and situational circumstances. Furthermore, it is unknown if particular conflict resolution approaches make people more or less likely to perceive psychological safety.

Thus, future studies should concentrate on how conflict management styles and psychological safety interact; particularly how psychological safety affects a person's conflict management approach in different contexts. Future research investigating the possible effects of strengthening the integrated conflict management approach is necessary, even though it is outside the purview of this

study.

Further studies could also look more closely at how the environment affects conflict resolution techniques, especially in acute and critical care situations, and what factors predict interprofessional healthcare teams' psychological safety. Finally, by providing insight into the real-life experiences of nurses handling conflict in interpersonal care teams, qualitative research may be a useful addition to quantitative data. Future studies can offer a more thorough and nuanced knowledge of the intricate relationship between psychological safety and conflict management among nurses and other healthcare professionals by adhering to these recommendations.

5.5 Implications for Practice

The following practice suggestions are made in light of the study's findings in order to improve conflict resolution and psychological safety for nurses working in interprofessional healthcare teams. Healthcare organizations may give priority to conflict management and psychological safety training programs that promote candid communication and constructive criticism, given the strong linkages between these two areas.

Targeted initiatives to enhance the environment should be put into place, together with routine evaluations of psychological safety levels. Customized training programs including a range of conflict management techniques are also required, given the variations in nurses' conflict management styles. Standardized evaluation instruments for determining conflict resolution and psychological safety have been developed to help with this.

Different conflict management approaches within the team or organization, as well as differing levels of psychological safety among team members, are still very likely to exist. Additionally, the perceived level of psychological safety can vary based on the circumstances and interpersonal relationships at play. Different approaches can be used based on the many stages or forms of conflict, even though integrative conflict management is frequently acknowledged as the most successful. A different approach to conflict management may be more advantageous in certain situations, depending on contextual and environmental circumstances.

Given that psychological safety is a concept that may be developed both individually and collaboratively, it is crucial. Psychological safety is facilitated by one's surroundings, but it also much depends on leaders and organizations creating and assisting the team in creating a psychologically secure workplace. As evidenced by recent reports showing that a sizable portion of nurses are considering changing careers due to burnout and a lack of emotional support, organizations that disregard the principles of psychological safety and effective conflict management run the risk of staff attrition and compromised clinical outcomes.

5.6 Conclusion

This study investigated how nurses working in interprofessional healthcare teams in Palestine experienced psychological safety, their interpersonal conflict management style, and their success in managing conflicts. According to the study's findings, nurses in this situation most commonly favored an integrating style, which is consistent with their cooperative and team-focused

disposition in intricate healthcare environments. Successful conflict management within the interprofessional team is made possible by the integrative or collaborative style, which encourages cooperation and problem-solving. In order to foster productive cooperation and conflict management in acute and critical care settings, the findings highlight the importance of comprehending and evaluating individual conflict management approaches. Furthermore, this study discovered that nurses' reported success in managing conflicts in a complicated healthcare team is significantly predicted by psychological safety.

The study's conclusions have important ramifications for team leaders, nurses, and healthcare institutions. For nurses to effectively handle conflict and collaborate, it is essential to identify and create a psychologically secure atmosphere. Establishing a cooperative and encouraging atmosphere where nurses may freely express their thoughts, voice concerns, and actively engage in dispute resolution without worrying about the repercussions should be a top priority for healthcare companies. Leaders must set an example of proper conduct and support procedures that foster psychological safety and candid communication among team members. The report also emphasizes the necessity of providing nurses with specialized conflict management training. Healthcare organizations may improve team relationships, patient outcomes, and the supportive and rewarding work environment for nurses by providing them with psychological safety and effective conflict management skills. Literature offered a framework for comprehending the study's findings, which showed that working in a psychologically secure setting and an individual triadic interaction between one's environment, conduct, and cognition are the keys to successful conflict management.

Furthermore, future research in this area would be more accurate and reliable if validated tools tailored to healthcare workers were created to measure psychological safety and conflict management styles. All things considered, this study makes a significant addition to the expanding corpus of research on healthcare conflict management and establishes the framework for further studies and initiatives aimed at encouraging efficient cooperation and teamwork among nurse practitioners.

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Annex (1): Questionnaire of the study

:



Greetings: Dear nurses, I am Emad Sharawneh, a graduate student at Al-Quds University. I invite you to participate in my study to complete the requirements for obtaining a master's degree, which is entitled (**psychological safety and conflict management among nurses in interprofessional teams**) under supervision of Dr. Farid Ghraib,

Noting: that the information and data provided in the questionnaire are for the purpose of research. Scientific only. You have the right to withdraw from the study at any time without condition.

For inquiries: +972 59-910-2415

Section one: Sociodemographic Characteristics

Gender:

- 1) Male
- 2) Female

Age:

- 1) 20-30
- 2) 31-40
- 3) 31- 50
- 4) >50

Educational Level:

- 1) Diploma.
- 2) Bachelor's
- 3) Postgraduate

The type of hospital you work in:

- 1) Government sector.
- 2) Private sector.

The department you work in (please write):

.....

Years of Professional Nursing Experience:

- 1) 6 months - 5 years
- 2) 6-10 years
- 3) 11-15 years
- 4) 16-20 years
- 5) > 20 years

Number of bed in your hospitals

- 1) <50 beds
- 2) 51-100 beds
- 3) 101-200 beds
- 4) >200 beds

Have you received training in conflict management?

- 1) Yes
- 2) No

Section two: Organizational Conflict Inventory

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

	Statement	Strongly Disagree	Disagree	neutral	Agree	Strongly Agree
1	I try to investigate an issue with my peers to find a solution acceptable to us.					
2	I generally try to satisfy the needs of my peers.					
3	I attempt to avoid being "put on the spot" and try to keep my conflict with my peers to myself.					
4	I try to integrate my ideas with those of my peers to come up with a decision jointly.					
5	I try to work with my peers to find a solution to a problem that satisfies our expectations.					
6	I usually avoid open discussion of my differences with my peers.					
7	I try to find a middle course to resolve an impasse.					

8	I use my influence to get my ideas accepted.					
9	I use my authority to make a decision in my favor.					
10	I usually accommodate the wishes of my peers.					
11	I give in to the wishes of my peers.					
12	I exchange accurate information with my peers to solve a problem together.					
13	I usually allow concessions to my peers.					
14	I usually propose a middle ground for breaking deadlocks.					
15	I negotiate with my peers so that a compromise can be reached.					
16	I try to stay away from disagreement with my peers.					
17	I avoid an encounter with my peers.					
18	I use my expertise to make a decision in my favor.					
19	I often go along with the suggestions of my peers.					
20	I use "give and take" so that a compromise can be made					
21	I am generally firm in pursuing my side of the issue.					
22	I try to bring all our concerns out in the open so that the issues can be resolved in the best possible way.					
23	I collaborate with my peers to come up with decisions acceptable to us.					
24	I try to satisfy the expectations of my peers.					
25	I try to satisfy the expectations of my peers.					
26	I try to keep my disagreement with my peers to myself in order to avoid hard feelings.					
26	I try to avoid unpleasant exchanges with my peers.					
27	I try to work with my peers for a proper understanding of a problem.					

Section three: psychological safety

Please indicate the extent to which you agree with the following statements:

	Statement	Strongly Disagree	Disagree	neutral	Agree	Strongly Agree
1	If you make a mistake on this team, it is often held against you.					
2	Members of this team are able to bring up problems and tough issues.					
3	People on this team sometimes reject others for being different.					
4	It is safe to take a risk on this team.					
5	It is difficult to ask other members of this team for help.					
6	No one on this team would deliberately act in a way that undermines my effort.					
7	Working with members of this team, my unique skills and talents are valued and utilized.					

Section four: conflict management

To what extent do you agree with the following statements regarding conflict management?

	Statement	Strongly Disagree	Disagree	neutral	Agree	Strongly Agree
1	Conflict is dealt with openly on this team.					
2	If conflict arises on this team, the people involved in the conflict initiate steps to resolve the conflict immediately.					
3	This team knows what to do when conflicts between team members arise					
4	This team is able to avoid the negative aspects of conflict before they occur.					

Annex 2 : Facilitating a research mission تسهيل مهمة بحثية

حضرة د. فريد غريب المحترمة
رئيس دائرة التمريض - جامعة القدس

تحية طيبة وبعد،

أشكركم على تواصلكم ودعمكم المستمر للبحث العلمي، الذي يمثل ركيزة أساسية لتطوير القطاع الصحي.

بعد الاطلاع على موضوع دراسة الطالب عماد شراونة بعنوان: السلامة النفسية وإدارة الصراعات بين الممرضات في الفرق المهنية المتعددة

Psychological Safety and Conflict Management Among Nurses In "

"Interprofessional Teams

فإنه يسعدنا أن نبلغكم موافقتنا لجمع البيانات من موظفي المستشفى خلال الفترة المحددة (2024/11/10 – 2025/1/10) لاستكمال متطلبات رسالة الماجستير للطالب عماد الشراونة تحت إشراف حضرتكم.

إن موضوع الدراسة في غاية الأهمية، حيث أن السلامة النفسية وإدارة الصراعات تلعب دوراً حاسماً في تحسين بيئة العمل التمريضية، مما ينعكس إيجاباً على جودة الرعاية الصحية وفعالية التعاون بين الفرق المهنية. أو من بأن نتائج هذه الدراسة ستسهم في تطوير ممارساتنا اليومية وتعزيز بيئة عمل داعمة للممرضين والممرضات.

نأمل أن يقوم الطالب نفسه بتوزيع الاستمارات وجمعها مع مراعاة رغبة المشاركين بالانسحاب أو الاحجام عن المشاركة في أي وقت.

كما نحب به مراعاة واحترام أنظمة وقوانين المستشفى واتباع أخلاقيات البحث العلمي بما في ذلك احترام الخصوصية والسرية والكرامة وعدم الإيذاء

مع تمنياتنا للطالب بالتوفيق ونتطلع الى أن تشاركونا نتائج وتوصيات دراستكم

وتفضلوا بقبول فائق الاحترام والتقدير

ملاحظة: على الطلبة احضار هذه الموافقة ورقياً والتنسيق المسبق مع مدير التمريض السيد باسم السعافين على رقم الهاتف 0599552871، للتنسيق مع الأقسام المعنية.

مراد عمر

Annex (3): Approval of Research Ethics Committee

ΑλθυσδΥνιπειραιτω
ΦαχλτωφΗεολτη Προφειαιονο
Θερυαλεμ ΠΑβυ Διτω



جامعة القدس
كلية المهن الصحية
القدس - أبو ديس

Ρεσειρχη ΕπηχσΣυβχομ μ ιπει οφ ΦαχλτωφΗεολτη Προφειαιονο
Λεπειροφ οαπειροαλω

Δεχ, 22, 2024
Ρεφ Νο.: ΡΕΣΧ/2025-8

Dear Applicants, (Δρ Φαριδ Γηραιβε, Μρ Εμ οδ ΑλΣηαραωνη)
Program: Νυρανγ Δεπαρτω εντ

The Research Ethics subcommittee of the Faculty of Health Professions has recently reviewed your proposal entitled (Παηηολογικαλ Σαφειτω ανδ Χονφλιχε Μοναγεμ εντ Αμ ονγ Νυραοο Ιν Ιντερπρωφειαιοναλ Τεαμ ο) submitted by (Δρ Φαριδ Γηραιβε). Your proposal is deemed to meet the requirements of research ethics at Al-Quds University, but further assessment is required by the Central Research Ethics Committee of Al-Quds University. We wish you all best for the conduct of the project.

Ηυσειν ΑΛΜαορι, ΠηΔ
Αοοχιατε Προφειασορ οφ Μεδιχαλ Ιμ αηιγγ
Ρεσειρχη ΕπηχσΣυβχομ μ ιπει Χηαορ
ΦαχλτωφΗεολτη Προφειαιονο

Hussein ALMaari

CC: File
CC: Committee members

- Anderson, J. E., Lavelle, M., & Reedy, G. (2021). Understanding adaptive teamwork in health care: Progress and future directions. *Journal of health services research & policy*, 26(3), 208-214.
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الأمان النفسي وإدارة الصراع بين الممرضين في الفرق متعددة التخصصات

اسم الطالب : عماد احمد اسماعيل الشراونه

اسم المشرف : د. فريد غريب

ملخص

الخلفية: يواجه قطاع الرعاية الصحية، الذي يتميز بتعقيدته وبيئاته عالية الضغط، غالبًا صراعات بين الأفراد بين المهنيين، مما قد يعيق رعاية المرضى. يعد العمل الفعال ضمن فرق متعددة التخصصات والأمان النفسي أمرًا حيويًا لتعزيز التعاون، وتحسين التواصل، وفي النهاية تحسين جودة الرعاية المقدمة للمرضى.

الهدف: تهدف هذه الدراسة إلى استكشاف الاختلافات في تصورات الممرضين حول الأمان النفسي المتعلقة بأساليب إدارة الصراع لديهم، والتحقيق في العلاقة بين الأمان النفسي وإدارة الصراع بين الممرضين في الفرق متعددة التخصصات في فلسطين.

المنهجية: استخدمت هذه الدراسة تصميم مسح كمي مقطعي غير تجريبي لاستكشاف العلاقة بين الأمان النفسي وأسلوب إدارة الصراع بين الأفراد بين الممرضين في الفرق متعددة التخصصات. تشمل الفئة المستهدفة الممرضين المسجلين الذين لديهم خبرة لا تقل عن ستة أشهر في العمل في المستشفيات في رام الله والخليل. سيتم جمع البيانات من خلال استبيان ومقاييس موثوقة، مع تحليل البيانات باستخدام SPSS لاستكشاف العلاقات والنتائج المتعلقة بمتغيرات الدراسة.

النتائج: كشفت النتائج عن وجود فروق ذات دلالة إحصائية في درجات الأمان النفسي المتصور، اعتمادًا على أسلوب إدارة الصراع بين الأشخاص المستخدم. وعلاوة على ذلك، برز الأمان النفسي كمؤشر مهم لنجاح إدارة الصراع. ومع ذلك، فشل التحليل الثانوي الذي يتحكم في العرق والجنس في إظهار اختلافات ذات دلالة إحصائية في الأمان النفسي المتصور بناءً على أسلوب إدارة الصراع بين الأشخاص.

الخلاصة: تؤكد هذه النتائج على الدور الحاسم للأمان النفسي كعامل بيئي يؤثر على أساليب إدارة الصراع ونتائجها بين الممرضات في بيئات الرعاية الصحية. ومع ذلك، يبدو أن تأثير الأمان النفسي يكون دقيقًا عندما يتم النظر في عوامل مثل العرق والجنس، مما يؤكد الحاجة إلى مزيد من البحث لتوضيح هذه العلاقات. الكلمات المفتاحية: الأمان النفسي، إدارة الصراع بين الأفراد، الممرضون، الفرق متعددة التخصصات، التعاون في الرعاية الصحية