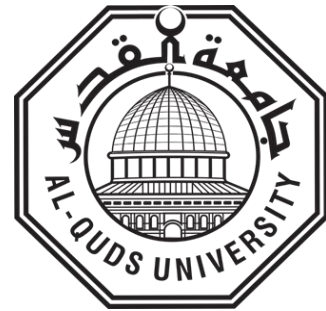


**Deanship of Graduate Studies
Al-Quds University**



**The Impact of Conflict Management Styles on Nurses'
Performance in South of The West Bank Hospitals
Palestine**

Qamar Imad Aref Bobaly

M.Sc.Thesis

Jerusalem – Palestine

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**The Impact of Conflict Management Styles on Nurses'
Performance in South of The West Bank Hospitals
Palestine**

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Thesis Approval

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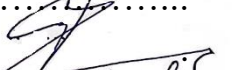
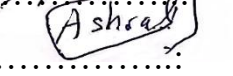
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Jerusalem – Palestine

1447/2025

Dedication

This thesis is dedicated to my beloved parents and my dear husband for their endless support and sacrifice. To my best beloved children (Ibrahim, Islam, Yamen, Tareq, and Noor), you are my light and joy.


My heartfelt dedicated to my second family, my dear mother-in-law and father-in-law, and to my brothers, sisters, soul friends, Bayan Al-mashni who shared this journey with me and Missada Abu Zwayed for their constant belief and encouragement.

Deep gratitude to my esteemed supervisor, Dr. Kefah Al-Zaben, for his expert guidance. Finally, to all study participants, colleagues, and friends, thank you for your continuous motivation.

Qamar Imad Aref Bobaly

Declaration

I hereby certify that this master's thesis in Public Health is the product of my own independent research, with appropriate acknowledgments of any external sources. Furthermore, I confirm that neither this thesis nor any part of it has been previously submitted for a higher academic degree at any other university or institution.

Signed:.....

Qamar Imad Aref Bobaly

Date : 10 / 8/2025

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I wish to express my heartfelt gratitude, first and foremost, to Allah Almighty, for granting me the strength and will to achieve my goals; to him be all praise first and last.

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To my cherished children – Ibrahim, Islam, Yamen, Tareq, and my little Noor – you are the light and joy that ignited my dreams and fueled my determination. My profound thanks extend to my second family, my dear mother-in-law and father-in-law, for their loving encouragement. I am also grateful to my brothers and sisters, and my soul sister, for your boundless support and constant belief in me. A special thank you to my soul sister and dear friend, Bayan, for your support, beautiful patience, and continuous encouragement; you were indeed my best support and aid.

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To all of you who contributed to this achievement, I offer my sincerest thanks. I pray that the fruit of my efforts brings you goodness and illuminates your paths with knowledge and success.

Qamar Imad Aref Bobaly

Abstract

Introduction: This study highlights the importance of conflict management in nursing practice, addressing a global problem: nurse-to-nurse conflicts in hospitals. Conflicts are inevitable, and due to the high-stakes nature of the nursing profession and its complex relationships, unresolved conflicts among nurses can lead to a decline in nurses' performance. Given the importance of nurses' work performance and their effective role in hospitals, as they constitute the largest proportion of hospital medical staff, it is important to utilize recognized conflict management strategies.

Study aim: This study was designed to investigate the impact of various conflict management styles on nurses' work performance in selected government and non-government hospitals in the southern West Bank, Palestine. Specifically, it aimed to identify the most commonly used conflict management styles among nurses, analyze the significant relationship between these styles and overall nurses' work performance, and explore how these relationships related to demographic variables.

Method: A descriptive, quantitative cross-sectional correlational design was utilized. This study encompassed nursing staff from four hospitals in Hebron and Bethlehem, located in the southern West Bank, Palestine. A convenience sampling method of nurses was employed for this study, involving a pilot study with 30 participants and a larger convenience survey with 340 experienced nurses, each with a minimum of one year of experience. Data were collected via a self-administered questionnaire, comprising a demographic section, the Rahim Organizational Conflict Inventory-II (ROCI-II) Form C, and the Individual Work Performance Questionnaire (IWPQ). Data were analyzed using non-parametric tests including Mann-Whitney U, Kruskal-Wallis H, and Spearman correlation.

Results: The findings revealed that nurses' overall conflict management style was generally moderate. Among the specific styles, the collaborating style was the most frequently used, with a mean score of 3.44, placing it within the high range. This was followed by the compromising style (mean = 3.28), accommodating style (mean = 3.22), and competing style (mean = 3.12), all of which fell within the moderate range. The avoiding style had the lowest mean score (2.90), also classified as moderate. In terms of nurses' work performance, results indicated a level ranging from moderate to high, with task performance emerging as the strongest subscale. Significant differences in both conflict management styles and overall nurses' work performance were observed in relation to nurses' years of experience and their participation in conflict management training courses.

Correlation analysis revealed positive associations between task and contextual performance and the collaborating, accommodating, competing, and compromising styles. In contrast, counterproductive behaviors demonstrated a negative correlation with the accommodating style and a positive correlation with the avoiding style. Overall, a strong positive relationship was found between the total conflict management style score and overall nurses' work performance ($r = .653, p < 0.01$).

Conclusion: This study concludes that various conflict management styles significantly influence nurses' performance, with collaborative approaches proving highly effective. Findings underscore the critical role of experience and specialized training in

'enhancing conflict management skills and, consequently, improving nurseswork .performance in Palestinian hospitals

Implication: The results of this study are crucial for nursing management and could inform educational programs, clinical practice, and administrative policies. They also provide a foundation for future research aimed at further optimizing conflictm anagement s.tyles, and performance outcomes within healthcare settings

Keywords: Conflict Management Styles, Nurses Work Performance.

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CHAPTER ONE

Introduction

1.1 Research background

Nurses' conflict is a significant issue in hospital environments worldwide, leading to lower performance, reduced satisfaction, and an increased number of errors (Hussain et al., 2023). The prevalence of conflicts within healthcare teams highlights the risk nurses face in encountering genuine conflicts during their practice. This is related to the high-risk nature of the nursing profession, which fosters a context where ongoing conflict is common, compelling nurses to actively engage in disputes when confronted with challenging situations or threats (Raykova & Semerdjieva, 2019).

Conflicts in hospitals arise from various causes, including actual or perceived value differences, divergent objectives, inadequate communication, personalizing organizational or general problems, and discrepancies in the expectations of patients, their families, and medical staff. Additionally, staff inexperience, team bias, patient conditions (Tjan et al., 2024).

Interpersonal conflicts also emerge when individuals with conflicting interests, aspirations, and goals interact. Such conflicts occur between individuals or groups working collaboratively in teams and are characterized by efforts to prevent one another from achieving their desired outcomes. These conflicts influence multiple stakeholders within an organization and often arise in group settings (Ani et al., 2021).

In addition to the above, many factors contribute to conflict in organizations, such as management styles, control formats, lack of mutual commitment, lack of resources and common uses in activity schedules, lack of mutual commitment in tasks and responsibilities, lack of competitive rewards, career system, shared vision and values, lack of staff, workload, adaptation to innovations and changes, and external factors (Örnek, 2013).

There are five types of conflict: intrapersonal, interpersonal, intragroup, intergroup, and interorganizational. The intrapersonal conflict occurs when an individual engages in tasks misaligned with their personal goals, while interpersonal conflict arises when two individuals hold differing opinions on a specific topic. Intergroup conflict arises between various departments or professional groups. Intragroup

conflict occurs when disagreements arise over goals, procedures, and tasks within a group. Interorganizational conflict is defined as conflict between two or more organizations (Ibrahim et al. 2020).

Accordingly, unresolved or poorly managed conflicts are further shaped by factors such as gender and age, contributing to their persistence and complexity (Raykova & Semerdjieva, 2019) , Ineffective organizational conflict management exacerbates these issues, leading to poor performance, absenteeism, decreased productivity, resource wastage, stress, burnout, and other factors that negatively affect an organization's overall productivity (Omisore & Abiodun, 2014; Rahim, 2011).

Therefore, it's important to identify conflict management styles used by nurses' working in hospitals when handling conflicts. By systematically recording and addressing conflicts, hospitals organizations can proactively manage and resolve conflicts, thereby encouraging a more effective and satisfying work environment and performance (Hussain et al., 2023).

These styles of managing conflict with superiors, subordinates, and peers developed by Rahim's and Thomas and Kilmann's matrix include (dominating, integrating, avoiding, obliging, and compromising) and provide tools for analyzing how nurses manage conflicts. The dominating style is side prioritizes its goals and disregards the goals and desires of the other side, integrative style is one side is deeply concerned about both itself and others and works to fulfill the other party's greatest desires.

Avoiding style is a lack of concern for one's own interests as well as those of the other party. In the end, neither side's needs are satisfied because of the withdrawal from the situation, shifting the responsibility to others, or avoiding the problem . Additionally , obliging style is one party attempts to maintain the relationship by disregarding its own desires in order to fulfill the other party's, and Compromise style this happens when both parties give up something of value in order to reach a mutually agreeable conclusion (Rahim, 2023).

The management of workplace conflicts through appropriate conflict-management styles produces timely, equitable resolutions that meet all parties' needs and thereby 'improves nurseswork performance. Active nurse participation is a key element in effective dispute resolution; addressing conflicts is therefore essential for enhancing bothnurses and organizational performance. Routine assessment of performance helps identify strengths and weaknesses, guide compensation decisions, and increase productivity and efficiency where necessary (Binyanya, 2021; Agusioma, 2018; Armstrong,2014).

The nurses' organizational conflict management significantly and positively influences their performance ,one of the key elements in effective dispute resolution is the active participation of nurses in the process. Therefore, addressing workplace conflicts is essential for improving both nurses and organizational performance. (Agusioma,2018).

Many researchers provide explanations conflict is a complex process that may have constructive and destructive effects (Almost,2016), an integrative review offered recent information that helps develop organizational styles to prepare nurses and demonstrated that staff nurses may choose one conflict-management style over

another depending on personal traits, contextual factors, organizational and sociocultural context, and interpersonal situations.

Positive conflict management styles are essential to reduce and manage conflict. Furthermore, nurses when utilized constructive conflict management styles rather than destructive ones when dealing with conflict situations. However, there were contradictory and ambiguous findings when the nurses' demographic traits such as their gender, age, years of experience, and level of education were linked to their choice of conflict management styles.

Therefore, these studies suggest that more research is required to look at how interpersonal, contextual, and organizational factors affect nurses' decision to handle conflict (Labrague DM et al., 2018).

Recent studies highlight that effective conflict management is vital for organizational effectiveness, fostering cooperation, learning, teamwork, and employee engagement. In Nigeria, John-Eke and Akintokunbo (2020) found it preserves competitive advantage and improves performance, recommending employee education and context-appropriate styles. Piryani and Piryani (2018) argue that the issue lies in poor management, as effective handling can promote healthy competition, recognize differences, and motivate staff. In Jordan, Higazee (2015) reported moderate conflict among nurses and advised using effective styles to enhance collaboration, work environment, and care quality. Overall, targeted training and context-sensitive strategies can boost engagement, performance, and quality of care.

In Palestine, particularly in Hebron, a study conducted by Qtait and Sayej (2016) aimed to assess the level of nursing performance and its demographic determinants. The research indicated a substantial performance level (71%) among nurses, but did not identify any statistically significant connections between performance and factors like gender, age, or education. Although informative, the research did not explore the impact of behavioral or organizational aspects such as organizational conflict management. This underscores the necessity of investigating how conflict management styles may influence nurses' work performance in the unique sociopolitical and resource-limited context of the Southern West Bank through empirical research and analysis

1.2 Research problem statement

Nurses work in optimal healthcare settings that promote effective teamwork, open communication, and equitable workload distribution. These conditions are essential for delivering excellent patient care and creating a safe, encouraging workplace (Almost, Binyanya, 2021). Ideally, nurses would be equipped with structured conflict management styles and comprehensive training programs, enabling them to manage interpersonal conflicts constructively and enhance collaborative efforts and appropriate styles such as collaborating and compromising, enhance nurses' work performance (Agusioma, 2018; John-Eke & Akintokunbo)2020).

However, Palestinian research has shown that nurses in the southern West Bank of Palestine face significant challenges, including difficult working conditions, financial stress, and disruptions to personal and family life. Nurses experience psychological distress and burnout due to increased workloads, resource constraints, financial stress, and safety threats (Abed & Etewa, 2025; Dweik et al., 2024). Additionally, chronic staff shortages, heavy workloads, persistent political instability, and a scarcity of training resources exacerbate the risk and impact of workplace conflicts among nursing staff

Takruri) ,et al2023).Evidence consistently found that diminished quality of life , particularly in the environmental and psychological domains, is strongly associated with reduced work performance, lower job engagement, and impaired teamwork. and caring behaviors, leading to fatigue, emotional exhaustion, and poor conflict management, ultimately impairing cooperation and patient safety (Babapour et al., 2022).

Furthermore, over 63% of nurses' regularly crossed Israeli military checkpoints, with 83% of them experiencing violence—mainly verbal (50%), followed by psychological (39%) and physical (11%). Nearly all (92%) had witnessed violence at checkpoints. quality of life was lowest in environmental and psychological domains, with 74.6% reporting poor environmental quality of life (Farajalla et al., 2025).

Additionally,role ambiguity, lack of support, and frequent interpersonal conflicts among nurses are some of the main causes of stress (Umro, 2013) another recently research added a interested in nurses that during emergencies, these challenges intensify: 60% of nurses report insufficient staffing, and 62% feel unsafe working in conflict-affected environments, highlighting the critical need for structured support and effective conflict management strategies (Zabin ,et al2025).

Consequently, these conflicts are frequently managed through informal or ineffective means, owing to the absence of structured conflictmanagement stylesand relevant training programs (Omisore & Abiodun, 2014).Given that nurses represent approximately 75% of all registered healthcare professionals in Palestine (PCBS, 2024), unresolved conflicts pose significant risks—undermining collaboration, patient safety, and staff .retention

The resulting consequences include diminished nurses' workperformance, reduced motivation, increased job dissatisfaction, and higher turnover rates, which collectively undermine patient care quality and organizational efficiency (Raykova & Semerdjieva, Rahim, 2011). While international research suggests that adopting specific ;2019 conflict management styles like integrating and compromising can foster improved team dynamics and enhancednurses' work performance(Rahim, 2002), the direct applicability of these findings to the unique context of Palestinian hospitals remains uncertain. Regional studies from Jordan and Egypt highlight variations in conflict experiences and resolution styles tied to specific organizational cultures and health ,system structures (Higazee, 2015; Hashish et al2015).

In Palestine, nurses constitute the majority of healthcare providers, representing about of all registered health professionals (PCBS, 2024). Their central role in patient %75 care highlights the importance of understanding how they manage workplace conflicts, especially amid staffing shortages and limited resources in the Palestinian health system. Moreover, although a Palestinian study by Qtait and Sayej (2016) reported high levels of nurse performance in Hebron hospitals and examined demographic influences such as age and education, it did not explore how behavioral or organizational factors— .like conflict management styles—affect performance

This indicates a significant gap in understanding how nurses' responses to workplace conflict may influence their job effectivenessand nurses' work performancein the Palestinian context,specifically the economic, political, social ,and organizational challenges mentioned earlier (Abed & Itwa, 2025; Dweik et al., 2024; Takrouri et al., 2023).

Therefore, This study aims to fill this gap by examining impact of conflict management styles used by nurses in the southern West Bank and their impact onnurses' work performanceThe study will also investigate how demographic variables like education,

training, and experience may affect this relationship. by providing empirical insights. These initiatives are essential for creating healthier workplaces, lowering employee attrition, and guaranteeing the delivery of superior nursing care in the southern West Bank's resource-constrained context

1.3 Significance of the Study

The main purpose of current research was to investigate the impact of conflict management styles on nurses' work performance in South of the West Bank Hospitals—Palestine this research is crucial due to the critical need to examine conflict management styles and its impact on nurses' work performance and determine if significant differences exist in relation to demographic data.

Conflict, whether productive or destructive, is an inevitable aspect of group dynamics hospitals, which are composed of individuals with diverse attitudes, beliefs, and personalities, are inherently prone to conflict. conflict management styles refers to the styles employed to control or regulate conflict through various measures. Research has shown that appropriate conflict management styles help reduce workplace tensions, promote teamwork, and improve nurses' job satisfaction and overall performance (Rahim, 2023). This is especially critical in healthcare settings characterized by limited resources and ongoing sociopolitical challenges, such as those in the southern West Bank (Dweik et al., 2024; Takruri et al., 2023; Umro, 2013; Zabin et al., 2025).

Conversely, a hostile atmosphere brought on by poorly handled conflict can reduce productivity, burnout, and higher turnover rates, all of which negatively impact patient safety and care quality (Labrague et al., 2018). Ineffective conflict management among nurses can have detrimental effects on both nurse's work performance and hospitals overall performance , with important time lost on conflict management .

Based on this efficacy, the present study should help hospitals in the south of the West Bank's management implement conflict management styles that successfully handle particular conflict scenarios, improving nurses' work performance in the process.

By concentrating on South of the West Bank Hospitals, this study fills a major vacuum in the literature. This study offers insightful information about the difficulties facing the nursing workforce. Additionally, the purpose of this study is to improve our knowledge of the conflict management styles used by nurses employed by these hospitals. This deeper comprehension will not only guide future research but also provide valuable information for healthcare administration and policy development which improve nurses' work performance.

The purpose of this study was to develop suggestions for hospitals in the South of the West Bank aimed at enhancing patient outcomes, nurse satisfaction, and the working environment. It sought to address a gap in the literature and improve regional healthcare outcomes and practices. Additionally, the study provided a valuable database for future research in Palestine.

1.4 Purpose of the Study

The current study's main objective was to investigate the impact of conflict management styles on nurses' work performance in South of the West Bank hospitals—Palestine.

1.4.1 Specific objectives:

1. To identify the types of conflict management styles (Avoiding, Compromising, Dominating, Integrating, and Obliging) most commonly used by nurses in the hospitals of the southern West Bank—Palestine.
2. To examine the significant relationship between conflict management styles (Avoiding, Compromising, Dominating, Integrating, and Obliging) and the overall nurses' work performance in the hospitals of the southern West Bank—Palestine.
3. To examine the significant relationship between the overall nurses' work performance and conflict management styles in the hospitals of the southern West Bank—Palestine toward demographic variables.

1.5 Research Questions

1. What are the types of conflict management styles (Avoiding, Compromising, Dominating, Integrating, and Obliging) most commonly used by nurses in the hospitals of the southern West Bank—Palestine?
2. Is there a significant relationship between conflict management styles (Avoiding, Compromising, Dominating, Integrating, and Obliging) and the overall nurses' work performance in the hospitals of the southern West Bank—Palestine?
3. Is there a significant relationship between conflict management styles and the overall nurses' work performance in the hospitals of the southern West Bank—Palestine toward demographic variables?

1.6 Study Hypothesis

Hypothesis 1: There is no statistically significant difference in the types of conflict management styles (Avoiding, Compromising, Dominating, Integrating, and Obliging) most commonly used by nurses in the hospitals of the southern West Bank—Palestine.

Hypothesis 2: There is no statistically significant differences relationship between conflict management styles (Avoiding, Compromising, Dominating, Integrating, and Obliging) and the overall nurses' work performance in the hospitals of the southern West Bank—Palestine.

Hypothesis 3: There is no statistically significant differences relationship between conflict management styles and the overall nurses' work performance in the hospitals of the southern West Bank—Palestine toward demographic variables.

1.7 Terms Definitions

1.7.1 Conceptual definitions

- **Conflict management styles** : A set of techniques used to handle conflict, emphasizing the importance of understanding diverse approaches, such as integrating, compromising, or avoiding, achieving resolution. These approaches are divided into five categories for handling and managing conflicts, including: integrating, dominating, compromising, obligating and avoiding styles (Rahim, 1983).
- **Nurses' work performance**: According to Mereish (2020), employee performance is the expected value to the organization of each individual behavioral

action an employee takes over a given time period, providing nursing care to the patient based on the nurses' professionalism and all other related activities and processes. By improving nurses' work performance, nurses can cope with changes in the medical environment and the patient's needs according to the times by applying their skills and knowledge. Research to improve nurses' work performance has proceeded locally and globally (Cho & Kim, 2022). And according to the American Nurses Association (2011), nurses' work performance is defined as a competent degree of nursing behavior in the professional role, including activities pertaining to research, collaboration, education, collegiality, quality of care, performance evaluation, and resource use. Additionally, nurses' work performance was defined by Campbell (1990) as "actions or behaviors that are relevant to the organization's goals."

1.7.2 Operational definition:

Conflict management styles : This variable is measured using the Rahim Organizational Conflict Inventory-II (ROCI-II), which consists of 28 items rated on a five-point Likert scale (ranging from 1 = strongly disagree to 5 = strongly agree). The items are distributed across five conflict management styles: Integrating, Obliging, Dominating, Avoiding, and Compromising. A higher score on each subscale indicates a greater tendency to use the corresponding conflict management style.

Nurses:

This variable refers to nurses currently employed in hospitals located in the southern West Bank – Palestine, who meet the inclusion criteria defined for participation in the study. Data on this variable is collected using a self-reported demographic questionnaire.

Nurses' work Performance:

This variable is measured using the Individual Work Performance Questionnaire (IWPQ). The scale includes three dimensions: Task Performance, Contextual Performance, and Counterproductive Work Behavior. Each item is rated on a five-point Likert scale. Higher scores on Task and Contextual Performance indicate better work performance, while higher scores on Counterproductive Behavior indicate poorer performance.

Demographic Variables:

These variables are measured through a self-administered demographic questionnaire and include: Age (in years), Gender (male/female), Years of experience (numeric), Educational level (diploma, bachelor's, master's or higher)

1.8 Summary

This research investigates the impact of conflict management styles on nurses' work performance in hospitals in the south of the West Bank, Palestine. Recognizing that conflicts are prevalent in healthcare settings and can negatively impact patient care and staff morale, this study aims to understand how nurses currently handle conflicts. By examining the relationship between nurses' demographic variable, their chosen conflict management styles (avoiding, compromising, dominating, integrating, obliging), and their overall nurses' work performance, this research seeks to provide valuable insights

for hospital administrators to improve conflict management styles , enhance nurse satisfaction, and ultimately improve the quality of patient care.Offering tailored recommendations to enhance workplace harmony and patient outcomes while serving as a foundation for future research in the region.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

A systematic search was conducted to identify studies on conflict management styles among nurses' working in hospitals, with a focus on south of West Bank Hospitals governmental and nongovernmental hospitals or similar healthcare contexts. A literature search was conducted on electronic databases such as PubMed, CINAHL, Scopus, ProQuest, Search Gate, Sci-hub, Science Direct and Google Scholar was have been used, along with local institutional repositories. Keywords will include "conflict management styles ," "nurses' ," "hospitals " and " south of West Bank Hospitals, "nurses' work performance", "handle conflict" combined using Boolean operators (AND, OR). Inclusion criteria will focus on peer-reviewed studies published in the last 10 years in English or Arabic, addressing conflict management styles in nursing or healthcare settings, a few articles used older than 10 years. Studies unrelated to nursing or non-peer-reviewed was excluded. The search process will involve reviewing relevant articles in full text and screening abstracts and titles and documentation using a flow diagram, ensuring a comprehensive synthesis of the literature up to date 5/7/2025.I used 28 articles from 100 articles. This chapter was included the method that used for this study including empirical literature, conceptual framework, and Gap in the literature

2.2 Empirical literature

2.2.1 Conflict management styles

According to the traditional sociological perspective, conflict can be seen as a natural phenomenon and is expected to bring about significant change in organizations. In contrast, the contemporary sociological perspective holds that conflicts in organizations cannot be prevented but must be effectively managed (Huston, 2022).

Building on this theoretical foundation conceptual models such as Rahim's conflict management styles (dominating, integrating, avoiding, obliging, and compromising). Distinguish between organizational conflict management approaches using two key criteria:concern for oneself and others. The first dimension characterizes the degree

to which a person attempts to address their own issues. How much (high or low) a person tries to ease the worries of others is described by the second dimension. It should be mentioned that these dimensions show what drives an individual during conflict (Rahim, 2002).

Intrapersonal, interpersonal, intragroup, intergroup, and interorganizational are the five categories of conflict. When someone finishes a task that does not align with their personal goals, intrapersonal conflict is unavoidable. When two persons hold various opinions on a particular topic, interpersonal conflict results. Disagreements over goals, procedures, and tasks are usually the reason for disputes within a group. Furthermore, Intergroup conflict arises between various departments or professional groups. Interorganizational conflict is defined as conflict between two or more organizations (Ibrahim .et al, 2020).

A cross-sectional correlational design conducted in intensive care units in Egypt demonstrate that the research revealed that interpersonal conflict affects a sizable portion of the sample (78%),and the majority of participants (82.7%) expressed dissatisfaction with their jobs; there was a strong negative link between interpersonal conflict and job satisfaction and performance (Mageda.et al, 2018).

Moreover, a regional study published in Jordan indicates nurses experience a moderate level of conflict, mainly intragroup and competitive disputes, though disruptive conflicts are also important. The type of hospital has an impact on the degree of conflict that nurses encounter. It advises nurse managers should implement effective styles to reduce conflict and foster collaboration between nurses and physicians, ultimately leading to a healthier work environment and improved quality of nursing care (Higazee, 2015).

An integrative literature review study in 2016 it showed the main causes of conflict and have been shown to be statistically significant contributors to the high rate of conflict in the workplace ,first Individuals include Emotional intelligence (EI), a person's basic beliefs, personality traits, motivations, attitudes, values, and knowledge were all factors that preceded conflict and the choice of conflict management style, second organizations such as aspects of the job and work environment, role ambiguity, issues of accountability, decision-making process and lack of resources, third interpersonal relationships include Lack of support, inadequate communication, lack of trust, and the role of management (Almost et al., 2016).

Similarly, a literature review in Nigeria underscored that conflict management styles is crucial for organizational effectiveness as it enhances cooperation, learning, teamwork, and employee engagement. It helps preserve competitive advantage and improve performance. The review emphasized the importance of educating employees on conflict management styles constructs and adopting styles tailored to the nature and type of conflict. Constructive organizational conflict management styles, as noted, leads to increased employee engagement and organizational effectiveness (John-Eke & Akintokunbo, 2020).

Further, a recent study in Pakistan's public sector hospitals found Among 197 nurses, the most common styles to deal with conflict were compromising, collaborating, accommodating, avoiding, and competing. The study found a significant association between age and gender: females were more inclined to

resolve conflicts by compromising than males, while males were less likely to avoid conflict than females (Hussain .et al, 2023).

In another Pakistani hospital study conducted in 2022 on 122 nurses, showed that compromising was the most commonly used style among the 21–35 age group (25%), followed by competing, cooperating, accommodating, and avoiding. Except for nurses with less than one year of experience, avoidance was the most frequently employed behavior across groups (Bashir .et al, 2022).

While , A cross-sectional study of 100 nurses also found that avoidance was the most common way to deal with conflict. Cooperation was the next most common way, followed by compromise, competition, mediation, and accommodation. Age, work experience, and education, had a big impact on style choice. For example, younger nurses who had less responsibility and no previous training in conflict management styles tended to choose avoidance, and more educated nurses favored collaboration it's underscoring the effectiveness of integrated management approaches (Lahana et al., 2017).

Moreover, the SCARF model has been proposed as a useful framework for understanding, forecasting, and mitigating conflict in healthcare nursing settings. It emphasizes dimensions such as knowledge specialization, interprofessional hierarchies, complexity, fragmentation, autonomy, relatedness, and fairness. This model aids healthcare administrators in designing constructive organizational conflict management services and guides conflict specialists in intervention development, thus fostering collaboration, negotiation, teamwork, and addressing bioethical challenges (Freedman, 2019).

Interpersonal conflict can be handled in various situations, such as integrating, where complex issues require idea synthesis, unconcerned parties, available time for problem-solving, or resources from different parties. Inappropriate situations involve simple tasks, immediate decisions, commitment, or lack of problem-solving skills. Ultimately, the appropriate approach depends on the specific situation and resources available.

Interpersonal conflict can be handled such as being Focusing on the problem is the obliging style, which has low self-care and high concern for others, believing in one's right, willing to give up something, dealing from weakness, or preserving relationships. Inappropriate situations involve focusing on the issue, believing in one's right, or attempting to exchange something from the unethical party in the future (Rahim, 2002).

Strong concern for oneself and others is a component of the integrating style, also referred to as a collaborating style, focusing on problem resolution. This approach involves transparency, sharing information, and analyzing disagreements to find a workable solution. It is useful for handling complex issues when one person cannot resolve them alone. It helps define or reshape issues, creating workable alternatives using various parties' knowledge and resources. However, commitment is required for effective implementation.

Dominating style is a conflict management approach where one party prioritizes themselves over the other's needs. It's suitable for quick decisions or dealing with aggressive subordinates, but not for complex issues or when both parties are equally

powerful. This style can lead to impasses and may not be well-liked by skilled workers. To break the impasse, both parties must change their approaches (Thomas, 2008). .

The avoiding style, characterized by ignoring one's own and others' worries, is often used in situations where confronting someone may be dysfunctional. This strategy can be used to solve easy or unimportant problems or to give challenging issues time to settle down. However, it is not acceptable when the issues are significant to a party, one party is in charge, neither party is ready to wait, or quick action is needed.

The compromise style is a give-and-take approach where both parties compromise to reach a mutually agreeable decision. It's useful when goals are incompatible or when parties have equal power and reach a stalemate. It's useful for temporary solutions or when trying unsuccessful approaches. However, it's inappropriate for complex problems and may lead to failure to identify issues. It's also unsuitable for those with more power (Rahim, 2023).

In line with these conflict management styles , a cross-sectional study in Jordan using the Rahim Organizational Conflict Inventory II found females more inclined toward integrating styles, males toward avoidance, and variations according to hospital type but not according to position held (Al Hamdan et al., 2014).

Similarly, a Saudi study reported diploma-holding nurses tended to use compromising strategies, whereas bachelor's degree nurses favored collaborative styles (Baddar .et al, 2016).

2.2.2 Nurses' Work Performance

In the healthcare sector, where it directly affects patient safety and continuity of care, nurses' work performance is a crucial element of organizational success. It includes behaviors, actions, and results that are in line with safety regulations and institutional goals. (Koopmans et al., 2019; Bakker & Demerouti, 2017). Nurses' work performance is particularly important in the nursing context because nurses work directly with patients, necessitating both technical expertise and psychological resilience (Koopmans et al., 2019).

Moreover self- evaluation performance is a reliable source of information .Self-evaluation are more beneficial than additional indicators, like peer ratings, and they are a better indicator of organizational outcomes (Conway & Lance, 2010; DeNisi & Murphy, 2020) . According to study on counterproductive behaviors.This implies that people report these behaviors more accurately when they are engaged in themselves than when they are evaluated by others (Berry .et al, 2012)

Globally, nurses provide up to 80% of medical services, making their performance crucial for healthcare quality (Mohammed Atta .et al, 2019).

Task performance, contextual performance, and counterproductive work behavior are the three basic categories into which nurses' work performance is generally divided. When taken as a whole, these factors provide a reasonably comprehensive and clear way to evaluate overall nurses' work performance Task performance is the capacity to . carry out necessary tasks efficiently and competently

While contextual performance involves voluntary behaviors like cooperation and organizational citizenship, involving employees' willingness to assist peers and feel accountable for their work. Counterproductive work behavior refers to detrimental actions that may threaten team performance or patient outcomes (Koopmans et al., 2014)

A descriptive research study conducted in Egypt in 2019 demonstrate the main elements affecting nurses' work performance that organizational policies, work environment and supplies, reward effects, management style, work relationships, job design influence, and training and growth opportunities (Mohammed .et al, 2019).

A study conducted in Egypt in 2021 showed hospitals may use nursing performance as an evaluation indicator. Therefore, improving it helps nurses, patients, parents, hospitals, and society at large. Furthermore, by lowering turnover intention and raising work engagement among nurses, he demonstrated a positive work environment that can improve organizational outcomes. Autonomy, environmental control, nurse relationships, and managerial support are some of the factors that affect this. Nurse managers should foster a supportive environment to enhance nurses' psychological bonding and performance (Hegazy .et al, 2021).

More recently, a study conducted in Pakistan in 2022 found that interpersonal conflicts lower nurses' work performance and that they also raise job depression. and an individual's performance at work suffers because he either doesn't receive what he is doing or someone else gets his rights.benefit, causing him to become eerie and disturbed about his work, which in turn causes depression, internal discontent, and an inability to work with all of his heart. It has been proposed that the company should support employee policies and strategies. The success of the organization depends on these findings (Khan & Azam, 2022).

Strong relationships with others are associated with increased learning and improved nurses' work performance. Conflicts between members of the organization have occasionally been noted (Jalagat, 2019).

In the Palestinian context,a quantitative descriptive design using stratified random sampling and a structured questionnaire. particularly in Hebron, limited research has addressed nurses' work performance within governmental and non-governmental hospital settings. A notable study conducted in 2016 investigated the level of nurses work performance and its contributing factors among 181 nurses employed by five hospitals in the district of Hebron. The results showed that, with a performance score of 71%, nurses' work performance was generally at a fairly high level. About 60% of the participating nurses had at least bachelor's degree or higher, the majority were under 39, and they had less than ten years of experience.

Nevertheless, there was no statistically significant correlation ($\alpha \leq 0.05$) between nurses' work performance and factors like years of experience, education level, or gender. These results highlight the need for further research to explore additional factors that may influence nurses' work performance in the local healthcare context, particularly in Hebron, where organizational structures, workloads, and conflict dynamics may differ from other regions (Qtait & Sayej, 2016).

Similarly A descriptive study was conducted in Najaf city hospitals included 350 staff nurses showed that there is a non-statistically significant relationship between nurses'

socio-demographic characteristic included (age, gender, marital status, level of education, years of experience, and time shift) and their performance (Al-Hasnawi & Aljebory, 2023).

2.2.3 Nurses' work performance and organizational conflict management styles

Nurses often face a variety of conflict situations in their clinical work settings. Conflict has been shown to have a major negative effect on nurses' performance, which frequently results in a reduction in the standard of care they are able to deliver (Alshehry, 2022; Gamal Abd El-Hay et al., 2022). In fact, inside an organization, interpersonal conflicts frequently have the first immediate impact on nurses' work performance (Lai, 2019). The importance of comprehending how these conflicts affect nursing practice and patient outcomes is thus highlighted. Thus, In order to foster a more effective and tranquil healthcare environment, it is crucial to look into the conflict management styles used by nurses and how they impact their ability to function effectively under constant stress.

According to the study's conducted in Nairobi in 2021 showed nurses working at public hospitals most frequently use the compromise, avoiding, and dominating styles. This is because the compromise approach leads, is somewhat assertive and cooperative, and promotes involvement from all sides when applied, leading to temporary solutions.

The avoiding approach is preferred because it involves distancing oneself from the current problem, whereas the dominant style is preferred because it is used in emergency situations and necessitates prompt decision-making. With everything in place, disputes are handled, resulting in prompt, equitable resolutions that meet the needs of all stakeholders. Consequently, when the styles are used, employee work performance rises (Binyanya, 2021)

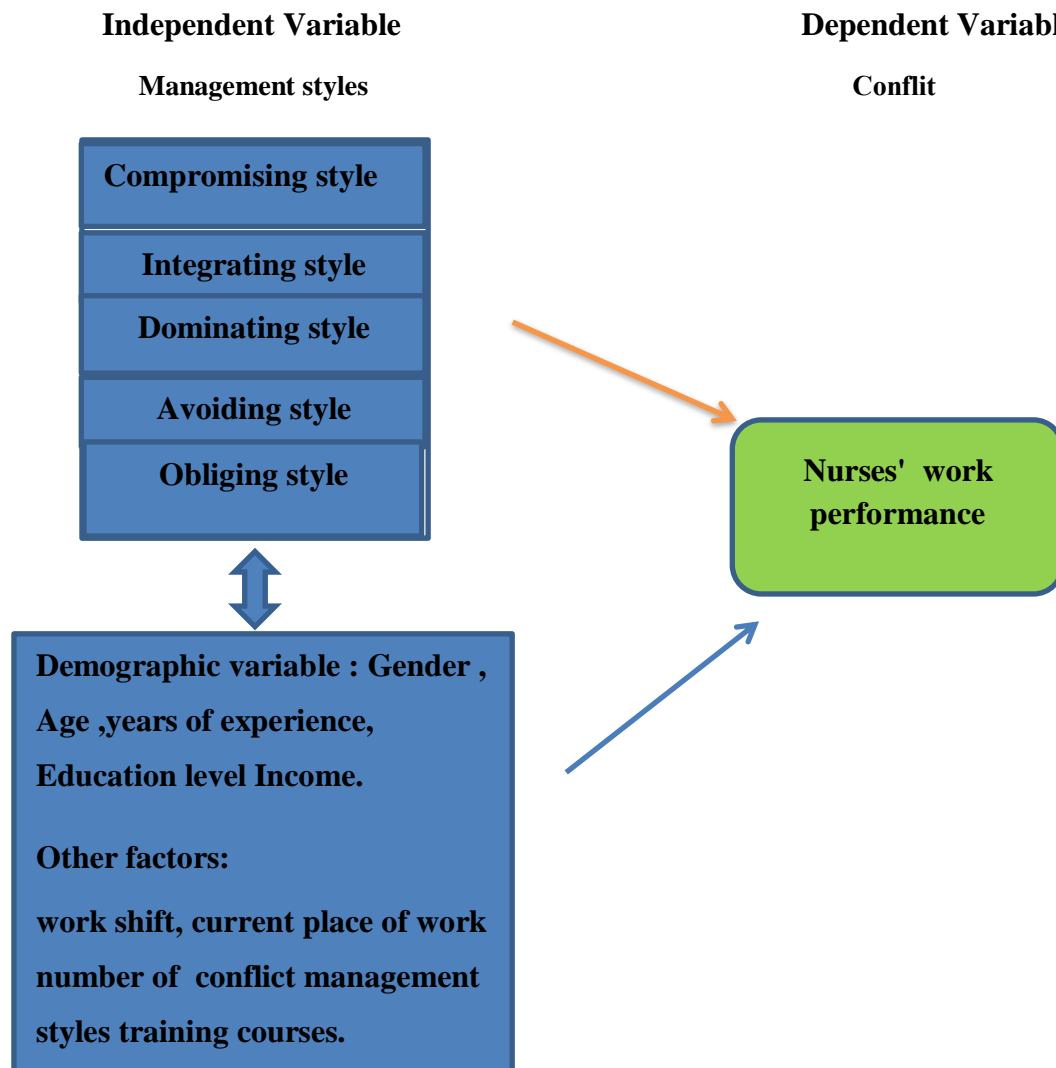
In the same direction, at Nigeria's hospital, a cross-sectional study revealed the data analysis's findings showed a significant and positive correlation between health care workers' performance in teaching hospitals in Rivers State and their ability to manage conflicts. When applied, the styles improve nurses' work performance and recommend that healthcare professionals in teaching hospitals collaborate (Adim .et al, 2020).

Additionally, a cross-sectional study in Saudi Arabia showed that three conflict management styles (integrating, obliging and compromising) had significant positive effects on team performance while two styles (avoiding and dominating) had significant negative effects on team performance (Alhamali, 2019).

Overall, things considered, previous research has continuously underlined how common collaborative and compromise conflict management styles are among nurses, underscoring their beneficial effects on nurses' work performance. Furthermore, it has been determined that demographic factors specifically, years of experience and involvement in conflict management styles training are important predictors of nurses' work performance and conflict management styles behaviors. On the other hand, avoidance styles, while they do exist, are typically associated with decreased effectiveness. The current study examines similar trends in nurses working on the South of the West Bank hospitals, and these findings provide a starting point for further research.

.23 Conceptual Framework of nurses' work performance and conflict management styles and demographic variables

The study independent variable was conflict management styles and demographic variables while the dependent variable was nurses' work performance. Figure:2.1



2.4 Gap in the Literature

Despite extensive international research on conflict management styles and their link to nurses' work performance, this relationship remains underexplored in Palestinian hospitals, particularly in the southern West Bank. Existing local studies have not comprehensively examined how different conflict management styles—within frameworks such as Rahim's model—affect nurses' work performance across governmental and non-governmental institutions.

Moreover, the moderating role of demographic factors, including years of experience, conflict management training, and hospital type, has yet to be adequately

investigated. This study seeks to address this gap by offering context-specific evidence to guide nursing management practices and policy formulation in Palestine.

CHAPTER THREE

MATERIALS AND METHOD

3.1 Introduction

In this chapter, all the methods that were used in the research are presented, including the study setting, research design, population, data collection tools, sampling method, sample size, content validity of the tools, reliability, data analysis plan, pilot study, data analysis procedures, and ethical considerations.

3.2 Study Design

The researcher in the current study used a Quantitative, descriptive, cross-sectional correlational design to examine the relationship between conflict management styles and nurses' work performance in South of the West Bank hospitals, Palestine." to achieve the aim and objectives of the study.

For the study, a sample of nurses working in particular hospitals was monitored for three months in order to gather data at a single point in time. This design is suitable for assessing the prevalence and characteristics of conflict management styles and their influence on nurses' work performance. A limitation of this type of design is that it cannot determine causation between conflict management styles and nurses' work performance (Wang & Cheng, 2020).

3.3 Study setting

The study was conducted in the southern West Bank, specifically in Hebron and Bethlehem, and included both governmental and non-governmental hospitals under the Palestinian Ministry of Health. The participating hospitals were Al-Ahli, Queen Alia, Beit Jala, and the Arab Society for Rehabilitation. Data collection was conducted between February and May 2025, over a period of approximately two to three months.

.34 Study population and sampling

3.4.1 The Population

The population of the current study comprised nurses working in selected hospitals in the southern West Bank, specifically in Hebron and Bethlehem. These hospitals are part of the Palestinian Ministry of Health , namely Al-Ahli Hospital, Queen Alia Hospital, Beit Jala Hospital, and the Arab Society for RehabilitationHospital . The population consisted of nurses who met the inclusion criteria during the study period.

3.4.2 Type of sample

In the current study, a convenience sampling approach was used to select 320 nurses who met the inclusion criteria across various hospital wards. This method was chosen for its practicality and cost-effectiveness, as it facilitated the rapid collection of data to explore the relationship between conflict management styles and nurses' work performance. This approach is particularly suitable for exploratory research where time and resources are limited, allowing for the quick identification of key issues and hypotheses.

3.4.3 Sample size

In the current study, the researcher calculated the required sample size using both G*Power statistical software and a standard formula with finite population correction, in order to ensure statistical validity and adequate power. The calculation was based on the total nurses employed in selected governmental and nongovernmental hospitals in the southern West Bank, with a total population (N) of 1,160 nurses.

The inputs for the sample size calculation included: A 95% confidence level ($Z = 1.96$), a 5% margin of error (MOE), an estimated population proportion (p) of 0.5, which yields the maximum of minimum sample size, and an anticipated non-response/attrition rate of 10% to 15%. Based on these values, the calculated sample size was approximately 320 participants. To account for the potential attrition or non-response rate, the researcher increased the target sample to 350 nurses. 320 nurses out of the 350 who received the study questionnaires were able to complete it and send it back completely completed.

Therefore, accessible population for this study will be nurses who meet the designated criteria and who are available for the research study. Participant in this study was on a voluntary basis .

3.5 Eligibility criteria of the study

3.5.1 Inclusion criteria experienced nurses' who were willing to take part and had a minimum of one year of experience

.3.5.2 Exclusion criteria the exclusion criteria included volunteer nurses and nurse managers.

.36 Study instrument

Data were collected using a questionnaire composed of three parts: Demographic questionnaire are questions relating to participants' characteristics and Rahim

Organizational Conflict Inventory-II (ROCI-II) Form C (peers) (Rahim ,1983), and the IWPQ is an 18-item standardized instrument is designed by Koopmans et al. (2019), is designed to evaluate the nurses' work performance of an individual across the following main subscales: task performance (five items), contextual performance (eight items), and counterproductive work behavior (CWB; five items). (Ramos-Villagrasa .et al, 2019).

.361. The first part:

Demographic questionnaire the researchers created the participant characteristics questions following a review of relevant literature, and there were eight questions asking the nurse (gender, age, years of experience, education level ,income, work shift, current place of work, and number of conflict management styles training courses).

.36.2 The second part:

Rahim Organizational Conflict Inventory-II (Form C)is designed to measure five conflict management styles among peers such as nurses. It consists of 28 items, which are allocated as follows: six items on the avoiding style(3, 6, 16, 17, 26, 27); six items on the Accommodating (obliging) style (2, 10, 11, 13, 19, 24); four items on the compromising style (7, 14, 15, 20); seven items on the collaborating (integrating) style (1, 4, 5, 12, 22, 23, 28); and five items on the dominating (Competing) style (8, 9, 18, 21, 25) . Scoring system include each item is rated on a five-point Likert scale, with 1 representing "strongly disapprove" and 5 representing "strongly agree." A mean score is then determined for each item, and a mean score out of five is then determined for each conflict management styles . The conflict management style that received the highest scores are thought to be the most common (Rahim ,1983; Hassan, 2011).

.36.3 The third part:

The individual's Work Performance Questionnaire (IWPQ) is a comprehensive instrument for evaluating many aspects of nurses' work performance in an organizational setting. It is a set of statements that respondents score according to their work experiences. It was created to assess task performance, contextual performance, and counterproductive work behavior , Every component offers insightful information about how a person contributes to their position and the organization overall.

The IWPQ is an 18-item standardized instrument is designed by Koopmans et al. (2019), is an 18-item standardized instrument designed to evaluate the nurses' work performance of an individual across the following main subscales: task performance (TP; five items 1, 2, 3, 4,5), contextual performance (CP; eight items 6, 7, 8, 9, 10, 11, 12, 13), and counterproductive work behavior (CWB; five items 14, 15, 16, 17, 18).

Each question on the questionnaire is answered by participants using a 5-point Likert scale (0 = seldom to 4 = always for task and contextual performance, and 0 = never to 4 = often for counterproductive work behavior). By adding up the item scores and dividing the total by the number of items in the scale, one can determine the mean score for each IWPQ scale.

The IWPQ aids in comprehending an nurses' work performance, determining their areas of strength and weakness, and developing focused mediation to enhance work performance and overall organizational effectiveness .Task performance evaluates a respondent's ability to prioritize and efficiently manage their time, as well as how well

they carry out their job duties and show initiative in taking on new responsibilities. Contextual Performance This section evaluates behaviors that contribute to the organizational climate, such as participation in teamwork and constructive engagement during meetings (Koopmans et al., 2019).

.37 Validity and Reliability

The Rahim Organizational Conflict Inventory-II (ROCI-II) was validated based on previous Arabic studies that had used the same scale, including those conducted in Palestine, Egypt, Jordan, and Saudi Arabia. The instrument's reliability and validity have been well established, with reported Cronbach's alpha coefficients of 0.852 (Hashis .et al, 2015; Nasr, 2019; Abou Hashish, Alnajjar, & Al Saddon, 2023). Moreover, the ROCI-II has been successfully applied in South Asian contexts such as Pakistan (Hassan, 2011) and Bangladesh (Rahim & Magner, 1995), further supporting its cross-cultural applicability.

The IWPQ's internal reliability and validity have been examined in nursing studies, with results indicating high reliability, reflected in Cronbach's alpha values ranging from 0.93 to 0.95 (Koopmans et al., 2014; Platania .et al, 2023). The instrument has been applied across different cultural contexts, including the USA (Koopmans et al., 2016) and Arab countries such as Saudi Arabia (Al-Korbi et al., 2022).

An instrument's consistency and stability are factors that determine its reliability. The instrument's consistency was examined through a pilot study to ensure its reliability. An acceptable Chronbach alpha coefficient test above 0.7 required (Tavakol, & Dennick, 2011).

3.8 Pilot study

A preliminary investigation was conducted to establish the reliability and validity of the research instrument. For this purpose, a convenience sample of 30 staff nurses was randomly selected from all units at Mohammad Ali Almohtaseb Hospital in the southern West Bank, Palestine. This group, representing less than 10% of the total study population (N=350), participated in a pre-testing phase to evaluate the instrument's clarity, comprehensibility, and internal consistency. Following this, the pilot sample was excluded from the main study to prevent any potential contamination of the results and to ensure the integrity of the primary data collection. This methodological approach adheres to standard research practices, strengthening the scientific rigor of the study.

The reliability analysis demonstrated strong internal consistency across all measured subscales, as indicated by Cronbach's alpha values. The overall reliability for the full 18-item individual workplace performance scale was notably high at .905 and overall conflict management styles styles reliability of .762 for the full 28-item scale. As shown

Correlation coefficients N=30

Scores	No. of items	Cronbach's Alpha
Overall conflict management styles	28	.762
Overall Workplace Performance	18	.905

3.9 Data collection and procedure

In the current study, data were gathered using a structured questionnaire that included validated scales to assess nurses' work performance and organizational conflict management styles. Ethical approval was obtained from the Palestinian Ministry of Health (see Annex 1), Al Quds University Faculty of Nursing Research Ethics Committee (see Annex 3), and the respective hospital authorities (see Annex 2) prior to data collection.

The sample size was determined, and the percentage of participants from each hospital was subsequently calculated. Based on these proportions, the number of participating nurses from each of the four hospitals was identified after obtaining the official statistics from the nursing directors. Subsequently, the researcher visited the selected governmental hospitals and coordinated with the nursing directors to facilitate access to eligible participants. Nursing staff members then attended informational sessions to review the study's goals, methods, and ethical considerations. All participants provided informed consent before data collection, and participation was completely voluntary.

To ensure confidentiality and flexibility, printed copies of the questionnaire were distributed directly to participants by the researcher. Moreover, nurses were encouraged to complete the questionnaire at their convenience, in a private setting, without the researcher's presence. On average, each questionnaire required approximately 10 minutes to complete.

Convenience sampling was employed to select participants based on their availability and compliance with the inclusion criteria. During data collection, the researcher visited different hospital units multiple times during morning and evening shifts to recruit nurses who were present. This approach ensured that nurses' perspectives on conflict management styles and work performance were adequately captured, while minimizing selection bias beyond the inherent limitations of convenience sampling.

Data collection took place between February and May 2025, spanning approximately three months. Throughout the process, participants' anonymity and their freedom to withdraw at any time were fully respected, in accordance with established ethical standards.

3.10 Data Analysis plan

Version (27) of the Statistical Package for Social Sciences (SPSS) was used to analyze the data that was gathered. The researcher entered the data and double-checked it for errors or outliers. Descriptive and inferential statistics were used to analyze the data. In terms of descriptive statistics, the study variables were described using frequency, percentages, mean score, and Standard Deviation (SD). In reference to inferential statistics, After determining whether the data was normal using the Kolmogorov-Smirnov and Shapiro Willk tests ($p=0.05$), non-parametric tests like the Mann Whitney U test and Kruskal Wallis H test were used to evaluate the differences between study variables and Spearman correlation to evaluate the relationships between study variables. Alpha Cronbach (α) for the pilot study's reliability coefficient, which calculates differences between and within examiners Alpha Cronbach (α) for instrument reliability (internal consistency) and the reliability coefficient for the pilot study for estimating differences between and among examiners.

5.11 Ethical Considerations

To protect the rights, privacy, and welfare of participants, this study closely followed ethical research principles. In addition the researcher also received approval from the Palestinian Ministry of Health and the Faculty School's Research Ethics Committee.

Participation was completely voluntary, with no financial incentives or obligations. Nurses were made fully aware of their freedom to refuse to participate in the study or to leave at any moment without facing consequences. Prior to participation, informed consent was obtained from each nurse after providing a full explanation of the study's procedures, goals, and confidentiality measures .

The survey was voluntary, risk-free, and anonymous. All information was handled in confidence, and no personal identifiers were gathered. To ensure comfort and privacy throughout the data collection process, participants were given the freedom to finish the questionnaire at their own pace.

CHAPTER FOUR

Results

4.1 Introduction :

This chapter presented the results of a cross-sectional study conducted in four hospitals in the southern West Bank, Palestine, in which 350 self-administered questionnaires were distributed to registered nurses. Of these, 97.14% were completed and included in the analysis. The study assessed nurses' work performance and conflict management styles, with particular attention to the influence of selected demographic characteristics.

Both descriptive and inferential statistical analyses were performed to examine differences across demographic variables and to investigate the relationships between nurses' work performance and conflict management styles. Nonparametric statistical tests, including the Mann–Whitney U test, Kruskal–Wallis H test, and Spearman's rank-order correlation, were employed for inferential analysis. The results were systematically organized in accordance with the study's primary research objectives.

4.2 Demographic Characteristics of the Nurses

The majority of participants were between 30–39 years old (41.5%), with the next largest group being 20–29 years old (38.5%). The sample had an equal gender distribution, with 50.0% males and 50.0% females. The majority of nurses were married (70.0%) and worked in non-governmental hospitals (52.9%). A large portion of the sample worked rotating shifts (70.3%) and held a Bachelor's degree (61.5%). In terms of experience, the largest group had between 10–15 years of experience (40.6%). Finally, most nurses had not attended any conflict management training course (64.7%). All detailed frequencies and percentages for these demographic variables are presented in (Table 4.1).

Table 4.1 :Frequency and Percentages of the Demographic Characteristics of the Nurses (n=340)

Demographic Characteristics		Numbers	Percentages (%)
Age group	20-29 years old	131	38.5%
	30-39 years old	141	41.5%
	>39 years old	68	20.0%
Sex	Male	170	50.0%
	Female	170	50.0%
Marital status	Single	94	27.6%
	Married	238	70.0%
	Divorced or widowed	8	2.4%
Type of hospital	Governmental	160	47.1%
	Non-governmental	180	52.9%
Work shift	Day shift	101	29.7%
	Rotating shift	239	70.3%
Level of education	Diploma Degree	91	26.8%
	Bachelor's Degree	209	61.5%
	Master Degree or PhD	40	11.8%
Years of experience	<10 years	121	35.6%
	10-15 years	138	40.6%
	>15 years	81	23.8%
Number of conflict management training course	No courses	220	64.7%
	One course	34	10.0%
	Two courses	45	13.2%
	> Two courses	41	12.1%

4.3 Level of the conflict management styles

The chart illustrates the overall conflict management styles among nurses. The majority of participants demonstrated moderate conflict management styles 60.9%, followed by high conflict management styles 30.0%, while only a small proportion exhibited low conflict management styles 8.8%. As seen in Figure 4.2

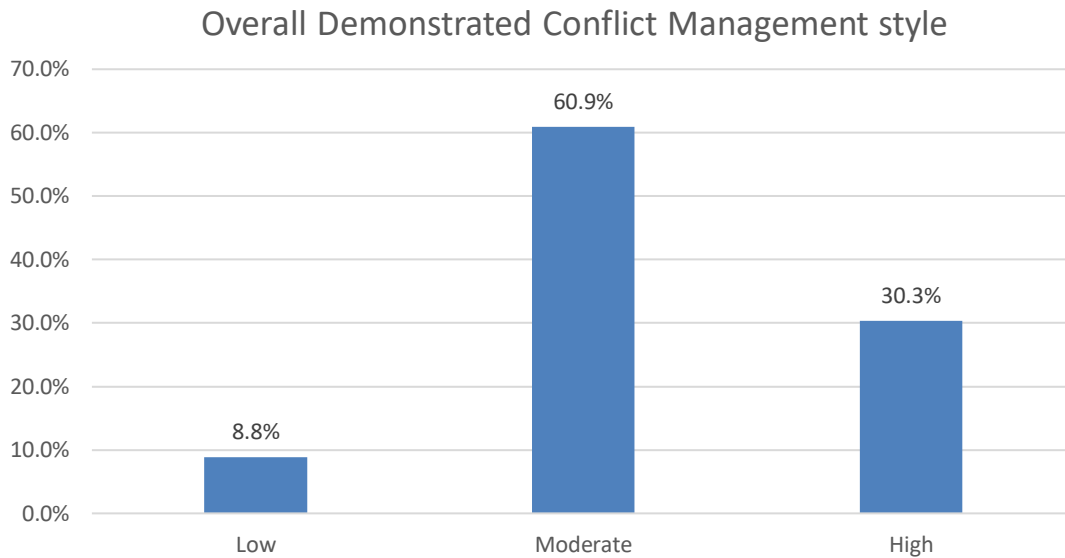


Figure 4.2 :Overall Demonstrated conflict management styles

Cut off points: (1-1.79=very low, 1.80-2.59=low, 2.60-3.39=moderate, 3.40-4.19=high, 4.20-5 very high)

4.4 Mean Score for Each Type of Conflict Management Styles Subscales

The chart presents the mean scores for each type of conflict management styles subscale among nurses. Based on the cut-off points, the results show that nurses most frequently utilized the collaborating style of conflict management styles, with a mean score of 3.44, which falls within the high range. The compromising style (3.28), accommodating style (3.22), and competing style (3.11) all fall within the moderate range respectively. The avoiding style had the lowest mean score of 2.90, also within the moderate range but closer to the lower threshold, reflecting it as the least preferred strategy. As seen in (Figure 4.3).

MEAN SCORE FOR EACH CONFLICT MANAGEMENT STYLE SUBSCALES

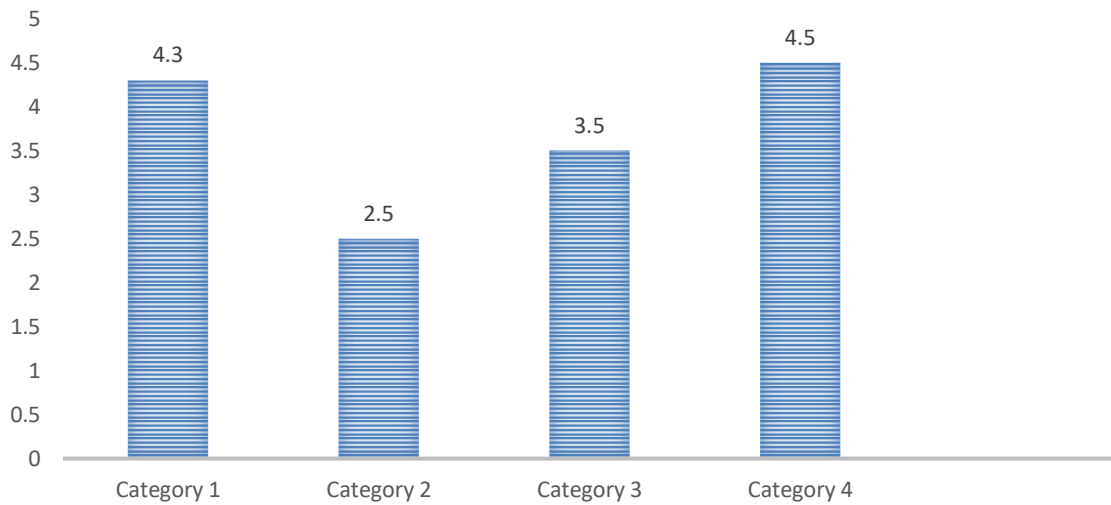


Figure 4.3 :Mean Score for each conflict management styles Subscales (Mean score over 5)

4.4.1 Collaborating Style

The analysis of the collaborating style subscale revealed that the overall mean score was 3.44 (SD = 0.79), which falls within the high range. Item wise analysis showed that four items—"I try to work with my peers to find a solution that satisfies our expectations" (3.42), "I exchange accurate information with my peers to solve a problem together" (3.43), "I try to bring all our concerns out in the open so that the issues can be resolved in the best possible way" (3.47), "I collaborate with my peers to come up with decisions acceptable to us" (3.51), and "I try to work with my peers for a proper understanding of a problem" (3.60) were rated as high. The remaining were rated as moderate. As seen in (Table 4.2).

Table 4.2: Mean score for each item of collaborating style subscale (n=340)

Items	Mean	SD	Status
1. I try to investigate an issue with my peers to find a solution acceptable to us.	3.32	1.155	Moderate
4. I try to integrate my ideas with those of my peers to come up with a decision jointly.	3.35	1.096	Moderate
5. I try to work with my peers to find solution to a problem that satisfies our expectations.	3.42	1.096	High
12. I exchange accurate information with my peers to solve a problem together.	3.43	1.063	High
22. I try to bring all our concerns out in the open so that the issues can be resolved in the best possible way.	3.47	.994	High
23. I collaborate with my peers to come up with decisions acceptable to us.	3.51	1.040	High
28. I try to work with my peers for a proper understanding of a problem.	3.60	1.091	High
Total Mean Score (7 items)	3.44	0.79	High

Cut off points: (1-1.79=very low, 1.80-2.59=low, 2.60-3.39=moderate, 3.40-4.19=high, 4.20-5 very high)

4.4.2 Accommodating Style

The analysis of the accommodating style subscale revealed a total mean score of 3.22 (SD = 0.72), which falls within the moderate range. This indicates that nurses moderately use accommodating strategies when managing conflicts. All six items in these subscales were rated as moderate, including statements such as "I try to satisfy the expectations of my peers" (3.33), "I generally try to satisfy the needs of my peers" (3.30), and "I usually allow concessions to my peers" (3.29). The lowest mean scores were recorded for "I usually accommodate the wishes of my peers" and "I give in to the wishes of my peers" (both at 3.11), yet these still reflected moderate levels. As seen in (Table 4.3).

Table 4.3: Mean score for each item of accommodating style subscale (n=340)

Items	Mean	SD	Status
2. I generally try to satisfy the needs of my peers.	3.30	1.003	Moderate
10. I usually accommodate the wishes of my peers.	3.11	1.013	Moderate
11. I give in to the wishes of my peers.	3.11	1.064	Moderate
13. I usually allow concessions to my peers.	3.29	.983	Moderate
19. I often go along with the suggestions of my peers.	3.20	1.011	Moderate
24. I try to satisfy the expectations of my peers.	3.33	.992	Moderate
Total Mean Score (6 items)	3.22	0.72	Moderate

Cut off points: (1-1.79=very low, 1.80-2.59=low, 2.60-3.39=moderate, 3.40-4.19=high, 4.20-5 very high)

4.4.3 Competing Style

The analysis of the competing style subscale showed a total mean score of 3.12 (SD = 0.44), placing it within the moderate range. This suggests that nurses occasionally adopt assertive or authoritative approaches to organizational conflict management. All five items were rated as moderate, including statements such as "I am generally firm in pursuing my side of the issue" (3.16), "I use my influence to get my ideas accepted" (3.13), and "I use my authority to make a decision in my favor" (3.12). More details are shown in (Table 4.4).

Table 4.4 : Mean score for each item of competing style subscale (n=340)

Items	Mean	SD	Status
8. I use my influence to get my ideas accepted.	3.13	1.134	Moderate
9. I use my authority to make a decision in my favor. *	3.12	1.178	Moderate
18. I use my expertise to make a decision in my favor.	3.11	1.160	Moderate
21. I am generally firm in pursuing my side of the issue.	3.16	1.044	Moderate
25. I sometimes use my power to win a competitive situation. *	3.06	1.085	Moderate
Total Mean Score (5 items)	3.12	0.44	Moderate

*Reverse coded

Cut off points: (1-1.79=very low, 1.80-2.59=low, 2.60-3.39=moderate, 3.40-4.19=high, 4.20-5 very high)

4.4.4 Avoiding Style

The analysis of the avoiding style subscale revealed a total mean score of 2.90 (SD = 0.81), which falls within the moderate range. This indicates that nurses moderately use avoidance strategies when dealing with conflict, generally preferring to minimize confrontation. All six items in these subscales were rated as moderate. More details are shown in (Table 4.5).

Table 4.5: Mean score for each item of avoiding style subscale (n=340)

Items	Mean	SD	Status
3. I attempt to avoid being "put on the spot" and try to keep my conflict with my peers to myself. *	2.83	1.085	Moderate
6. I usually avoid open discussion of my differences with my peers. *	2.89	1.113	Moderate
16. I try to stay away from disagreement with my peers. *	2.83	1.205	Moderate
17. I avoid an encounter with my peers. *	2.98	1.130	Moderate
26. I try to keep my disagreement with my peers to myself in order to avoid hard feelings. *	2.95	1.086	Moderate
27. I try to avoid unpleasant exchanges with my peers. *	2.94	1.087	Moderate
Total Mean Score (6 items)	2.90	0.81	Moderate

*Reverse coded

Cut off points: (1-1.79=very low, 1.80-2.59=low, 2.60-3.39=moderate, 3.40-4.19=high, 4.20-5 very high)

4.4.5 Compromising Style

The analysis of the compromising style subscale yielded a total mean score of 3.28 (SD = 0.79), placing it within the moderate range. All four items were rated as moderate, with the highest score for "I try to find a middle course to resolve an impasse" (3.34), followed by "I negotiate with my peers so that a compromise can be reached" (3.29), "I use 'give and take' so that a compromise can be made" (3.26), and "I usually propose a middle ground for breaking deadlocks" (3.22). As seen in (Table 4.6).

Table 4.6 :Mean score for each item of compromising style subscale (n=340)

Items	Mean	SD	Status
7. I try to find a middle course to resolve an impasse.	3.34	1.000	Moderate
14. I usually propose a middle ground for breaking deadlocks.	3.22	1.051	Moderate
15. I negotiate with my peers so that a compromise can be reached.	3.29	1.036	Moderate
20. I use "give and take" so that a compromise can be made.	3.26	.990	Moderate
Total Mean Score (4 items)	3.28	0.79	Moderate

Cut off points: (1-1.79=very low, 1.80-2.59=low, 2.60-3.39=moderate, 3.40-4.19=high, 4.20-5 very high)

4.5 Level of Nurses’ Work Performance

The chart illustrates the overall Nurses’ Work Performance levels among participants. The majority of respondents demonstrated either moderate performance 40.9% or high performance 36.5%. A smaller portion exhibited very high performance 12.4%, reflecting a smaller group achieving excellence. Meanwhile, low performance was reported by 9.1% of participants, and only 1.2% showed very low performance. As seen in (Figure 4.4).

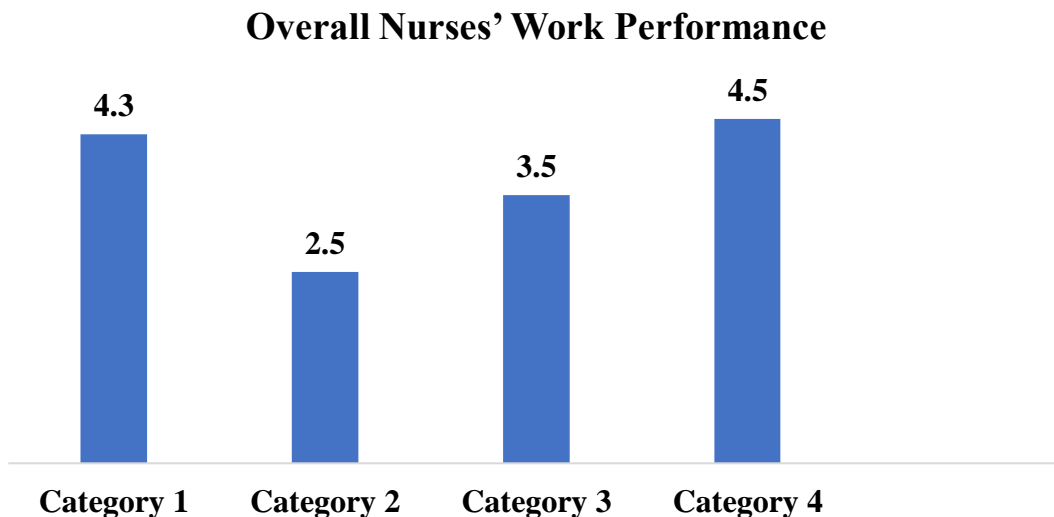


Figure 4.4 :Overall Nurses’ Work Performance

Cut off points: (1-1.79=very low, 1.80-2.59=low, 2.60-3.39=moderate, 3.40-4.19=high, 4.20-5 very high)

4.6 Mean Score of Nurses' Work Performance Subscales

The chart presents the mean scores of nurses' Work Performance subscales. Among the three subscales, task performance scored the highest with a mean of 3.57, placing it in the high range. Contextual performance followed with a mean of 3.43, also within the high range, indicating a strong contribution to the organizational environment. In contrast, counterproductive behaviors had a mean score of 3.22, which falls within the moderate range. As seen in (Figure 4.5).

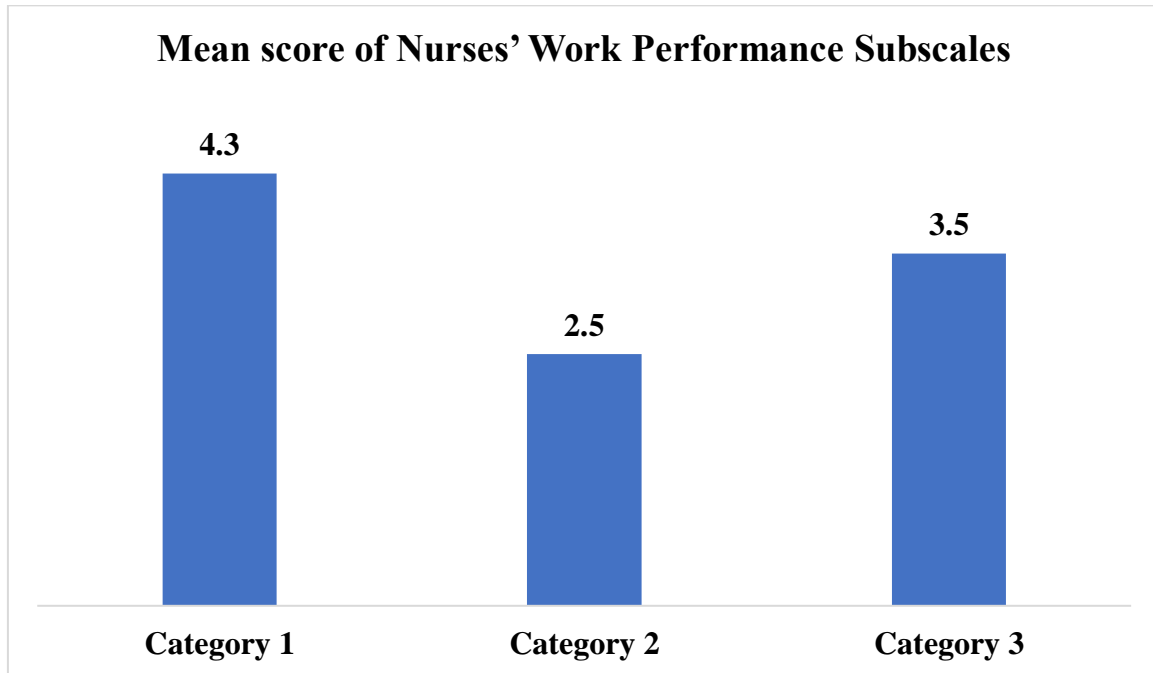


Figure 4.5 :Mean score of Nurses' Work Performance subscales (Mean score over 5)

4.6.1 Task Performance

The analysis of the task performance subscale revealed a total mean score of 3.57 SD = 0.94, which falls within the high range. All five items in this subscale were rated as high, with the highest mean score for "I was able to set priorities" (3.66), followed by "I kept in mind the work result I needed to achieve" (3.59), and "I managed my time well" (3.56). Other items, such as "I was able to carry out my work efficiently" (3.55) and "I managed to plan my work so that I finished it on time" (3.50), also showed consistently high ratings. As seen in (Table 4.7).

Table 4.7 Mean score for each item of task performance subscale (n=340)

Items	Mean	SD	Status
1. I managed to plan my work so that I finished it on time.	3.50	1.093	High
2. I kept in mind the work result I needed to achieve.	3.59	1.098	High
3. I was able to set priorities.	3.66	1.103	High
4. I was able to carry out my work efficiently.	3.55	1.086	High
5. I managed my time well.	3.56	1.147	High
Total Mean Score (5 items)	3.57	0.94	High

Cut off points: (1-1.79=very low, 1.80-2.59=low, 2.60-3.39=moderate, 3.40-4.19=high, 4.20-5 very high)

4.6.2 Contextual Performance

The analysis of the contextual performance subscale showed a total mean score of 3.44 (SD = 0.83), which falls within the high range, indicating that nurses generally engage in positive, voluntary behaviors that support the broader organizational environment. Five items were rated as high. The remaining three items "I took on extra responsibilities" (3.25), "I continually sought new challenges in my work" (3.34), and "I actively participated in meetings and/or consultations" (3.34) were rated as moderate. As seen in (Table 4.8).

Table 4.8: Mean score for each item of contextual performance subscale (n=340)

Items	Mean	SD	Status
6. On my own initiative, I started new task when my old tasks were completed.	3.48	1.082	High
7. I took on challenging tasks when they were available.	3.51	1.049	High
8. I worked on keeping my job-related knowledge up-to-date	3.54	1.111	High
9. I worked on keeping my work skills up-to-date.	3.51	1.057	High
10. I came up with creative solutions for new problems.	3.55	1.056	High
11. I took on extra responsibilities.	3.25	1.072	Moderate
12. I continually sought new challenges in my work.	3.34	1.089	Moderate
13. I actively participated in meetings and/or consultations.	3.34	1.079	Moderate
Total Mean Score (8 items)	3.44	0.83	High

Cut off points: (1-1.79=very low, 1.80-2.59=low, 2.60-3.39=moderate, 3.40-4.19=high, 4.20-5 very high)

4.6.3 Counterproductive Behaviors

The analysis of the counterproductive behaviors subscale revealed a total mean score of 3.22 (SD = 0.91), which falls within the moderate range. All five items were rated as moderate, with the highest mean score for "I made problems at work bigger than they were" (3.34), followed closely by "I focused on the negative aspects of situations at work instead of the positive aspects" (3.31). Lower item still moderate scores were observed for "I complained about minor work-related issues at work" (3.17) and "I talked to colleagues about the negative aspects of my work" (3.09). As seen in (Table 4.9).

Table 4.9 :Mean score for each item of counterproductive behaviors subscale (n=340)

Items	Mean	SD	Status
14. I complained about minor work-related issues at work. *	3.17	1.013	Moderate
15. I made problems at work bigger than they were. *	3.34	1.254	Moderate
16. I focused on the negative aspects of situation at work instead of the positive aspects. *	3.31	1.097	Moderate
17. I talked to colleagues about the negative aspects of my work. *	3.09	1.150	Moderate
18. I talked to people outside the organization about the negative aspects of my work. *	3.21	1.213	Moderate
Total Mean Score (5 items)	3.22	0.91	Moderate

*Reverse coded

Cut off points: (1-1.79=very low, 1.80-2.59=low, 2.60-3.39=moderate, 3.40-4.19=high, 4.20-5 very high)

4.7 Differences Between Demographic Variables of Nurses in Terms of the Conflict Management Styles

The analysis revealed no statistically significant differences in conflict management styles mean scores across most demographic variables, including age, sex, marital status, type of hospital, work shift, level of education, and number of conflict management styles training courses ($p > .05$). However, a significant difference was found based on years of experience ($p = .010$), a Bonferroni post hoc test indicated that nurses having more than 15 years of experience showing higher mean ranks in conflict management styles compared to those with less experience. As seen in (Table 4.10).

Table 4.10 :Differences between demographic variables of nurses in terms of the conflict management styles mean ranks scores (n=340)

Demographic Characteristics		n	Mean Rank	Statistical value	P-value
Age group	20-29 years old	131	163.29	H=3.564 Df=2	.168
	30-39 years old	141	167.68		
	>39 years old	68	190.23		
Sex	Male	170	168.96	U=14188 Z=-.289	.772
	Female	170	172.04		
Marital status	Single	94	163.99	H=1.997 Df=2	.368
	Married	238	174.36		
	Divorced or widowed	8	132.19		
Type of hospital	Governmental	160	165.18	U=13548.5 Z=-.942	.346
	Non-governmental	180	175.23		
Work shift	Day shift	101	179.27	U=11183.5 Z=-1.070	.284
	Rotating shift	239	166.79		
Level of education	Diploma Degree	91	169.29	H=.363 Df=2	.834
	Bachelor's Degree	209	172.54		
	Higher education	40	162.59		
Years of experience	<10 years	121	166.81	H=9.280 Df=2	.010*
	10-15 years	138	157.27		
	>15 years	81	198.56		
Number of conflict management training course	No courses	220	169.24	H=2.070 Df=3	.558
	One course	34	155.43		
	Two courses	45	172.64		
	> Two courses	41	187.39		

Mann Whitney U test and Kruskal Wallis H tests

*Significant at $p \leq 0.05$

4.8 Differences Between Demographic Variables of Nurses in Terms of Overall Nurses' Work Performance and Its Subscales' Mean Rank Scores

The results indicated no statistically significant differences in nurses' work performance mean scores across most demographic variables, including age, sex, marital status, type of hospital, work shift, and level of education ($p > .05$). However, significant differences were observed based on years of experience ($p = .015$) and the number of conflict management training courses attended ($p = .035$). A Bonferroni post hoc test indicated that nurses with more than 15 years of experience and those who had attended multiple conflict management styles courses demonstrated higher work performance scores. As seen in Table 4.11

Table 4.11 :Differences between demographic variables of nurses in terms of overall Nurses' Work Performance mean ranks scores (n=340)

Demographic Characteristics		n	Mean Rank	Statistical value	P-value
Age group	20-29 years old	131	167.48	H=4.964 Df=2	.084
	30-39 years old	141	162.09		
	>39 years old	68	193.75		
Sex	Male	170	169.50	U=14280 Z=-.188	.851
	Female	170	171.50		
Marital status	Single	94	169.30	H=.214 Df=2	.898
	Married	238	171.46		
	Divorced or widowed	8	155.88		
Type of hospital	Governmental	160	165.01	U=13521.5 Z=-.972	.331
	Non-governmental	180	175.38		
Work shift	Day shift	101	178.52	U=11259.5 Z=-.978	.328
	Rotating shift	239	167.11		
Level of education	Diploma Degree	91	156.10	H=3.283 Df=2	.194
	Bachelor's Degree	209	173.62		
	Higher education	40	186.93		
Years of experience	<10 years	121	172.43	H=8.364 Df=2	.015*
	10-15 years	138	154.79		
	>15 years	81	194.39		
Number of conflict management training course	No courses	220	159.43	H=8.605 Df=3	.035*
	One course	34	188.04		
	Two courses	45	183.73		
	> Two courses	41	200.84		

Mann Whitney U test and Kruskal Wallis H tests

*Significant at $p \leq 0.05$

4.8.1 In Terms of Task Performance

The analysis revealed that among all demographic variables assessed, only years of experience showed a statistically significant difference in task performance scores ($H = 7.773$, $df = 2$, $p = .021$). Nurses with more than 15 years of experience had the highest mean rank (192.35), indicating higher task performance compared to those with fewer years of experience. No significant differences were found in task performance mean ranks across age groups ($p = .252$), sex ($p = .985$), marital status ($p = .951$), type of hospital ($p = .078$), work shift ($p = .522$), level of education ($p = .438$), or number of conflict management training courses attended ($p = .115$). As seen in (Table 4.12).

Table 4.12 :Differences between demographic variables of nurses in terms of task performance mean ranks scores (n=340)

Demographic Characteristics		n	Mean Rank	Statistical value	P-value
Age group	20-29 years old	131	166.64	H=2.753 Df=2	.252
	30-39 years old	141	165.59		
	>39 years old	68	188.12		
Sex	Male	170	170.60	U=14432.5 Z=-.019	.985
	Female	170	170.40		
Marital status	Single	94	168.22	H=.100 Df=2	.951
	Married	238	171.17		
	Divorced or widowed	8	177.25		
Type of hospital	Governmental	160	160.58	U=12812.5 Z=-1.760	.078
	Non-governmental	180	179.32		
Work shift	Day shift	101	175.74	U=11540.5 Z=-.640	.522
	Rotating shift	239	168.29		
Level of education	Diploma Degree	91	159.21	H=1.650 Df=2	.438
	Bachelor's Degree	209	174.53		
	Higher education	40	175.14		
Years of experience	<10 years	121	173.94	H=7.773 Df=2	.021*
	10-15 years	138	154.66		
	>15 years	81	192.35		
Number of conflict management training course	No courses	220	161.29	H=5.926 Df=3	.115
	One course	34	181.88		
	Two courses	45	184.23		
	> Two courses	41	195.39		

Mann Whitney U test and Kruskal Wallis H tests

*Significant at $p \leq 0.05$

4.8.2 In Terms of Contextual Performance

The analysis showed that none of the demographic variables had a statistically significant association with contextual performance mean rank scores among nurses (n = 340), though some variables approached significance. Age group (H = 5.759, p = .056) and years of experience (H = 5.453, p = .065) were marginally non-significant, with nurses aged over 39 years and those with more than 15 years of experience displaying higher contextual performance ranks. No significant differences were observed based on sex (p = .574), marital status (p = .737), type of hospital (p = .818), work shift (p = .203), level of education (p = .290), or number of conflict management training courses attended (p = .115). As seen in (Table 4.13).

Table 4.13 Differences between demographic variables of nurses in terms of contextual performance mean ranks scores (n=340)

Demographic Characteristics		n	Mean Rank	Statistical value	P-value
Age group	20-29 years old	131	166.86	H=5.759 Df=2	.056
	30-39 years old	141	161.75		
	>39 years old	68	195.65		
Sex	Male	170	173.49	U=13941 Z=-.562	.574
	Female	170	167.51		
Marital status	Single	94	165.21	H=.610 Df=2	.737
	Married	238	173.08		
	Divorced or widowed	8	156.06		
Type of hospital	Governmental	160	171.80	U=14191.5 Z=-.231	.818
	Non-governmental	180	169.34		
Work shift	Day shift	101	180.94	U=11015.5 Z=-1.274	.203
	Rotating shift	239	166.09		
Level of education	Diploma Degree	91	158.62	H=2.475 Df=2	.290
	Bachelor's Degree	209	172.64		
	Higher education	40	186.36		
Years of experience	<10 years	121	168.13	H=5.453 Df=2	.065
	10-15 years	138	160.06		
	>15 years	81	191.83		
Number of conflict management training course	No courses	220	161.55	H=5.927 Df=3	.115
	One course	34	185.37		
	Two courses	45	178.84		
	> Two courses	41	197.04		

Mann Whitney U test and Kruskal Wallis H tests

*Significant at $p \leq 0.05$

4.8.3 In Terms of Counterproductive Behaviors

The analysis of counterproductive behaviors among nurses (n = 340) revealed a statistically significant difference based on the number of conflict management training courses attended (H = 9.405, df = 3, p = .024). A Bonferroni post hoc test indicated that nurses who had attended two or more training courses had higher mean rank scores for counterproductive behaviors, with the highest ranks observed among those who attended more than two courses (mean rank = 199.49). This may suggest increased awareness or reporting rather than higher actual behaviors. No significant differences were found across other demographic variables, including age group (p = .281), sex (p = .156), marital status (p = .790), type of hospital (p = .244), work shift (p = .428), level of education (p = .133), or years of experience (p = .347). As seen in (Table 4.14).

Table 4.14 Differences between demographic variables of nurses in terms of counterproductive behaviors mean ranks scores (n=340)

Demographic Characteristics		n	Mean Rank	Statistical value	P-value
Age group	20-29 years old	131	168.52	H=2.542 Df=2	.281
	30-39 years old	141	164.36		
	>39 years old	68	187.04		
Sex	Male	170	162.96	U=13167.5 Z=-1.419	.156
	Female	170	178.04		
Marital status	Single	94	175.95	H=.472 Df=2	.790
	Married	238	168.72		
	Divorced or widowed	8	159.31		
Type of hospital	Governmental	160	163.93	U=13348.5 Z=-1.165	.244
	Non-governmental	180	176.34		
Work shift	Day shift	101	176.98	U=11415 Z=-.792	.428
	Rotating shift	239	167.76		
Level of education	Diploma Degree	91	159.52	H=4.028 Df=2	.133
	Bachelor's Degree	209	170.24		
	Higher education	40	196.84		
Years of experience	<10 years	121	169.91	H=2.115 Df=2	.347
	10-15 years	138	163.45		
	>15 years	81	183.38		
Number of conflict management training course	No courses	220	160.05	H=9.405 Df=3	.024*
	One course	34	168.03		
	Two courses	45	197.06		
	> Two courses	41	199.49		

Mann Whitney U test and Kruskal Wallis H tests

*Significant at $p \leq 0.05$

4.9 Relationship Between Conflict Management Styles Subscales and Nurses' Work Performance Subscales

The findings revealed significant relationships between various conflict management styles and nurses' work performance subscales among the 340 participants. Task performance was positively correlated with the collaborating style ($r = .617, p < 0.01$), accommodating style ($r = .426, p < 0.01$), competing style ($r = .364, p < 0.01$), and compromising style ($r = .430, p < 0.01$), while avoiding style showed no significant relationship ($p = .203$). Similarly, contextual performance was positively associated with collaborating ($r = .623, p < 0.01$), accommodating ($r = .430, p < 0.01$), competing ($r = .301, p < 0.01$), and compromising styles ($r = .404, p < 0.01$), whereas avoiding style again showed no significant link ($p = .075$). For counterproductive behaviors, a significant negative correlation was found with the accommodating style ($r = -.159, p = .003$), and a significant positive correlation with the avoiding style ($r = .445, p < 0.01$), while other styles showed no significant relationships. Overall, the total conflict management styles score demonstrated a strong and significant positive relationship with overall nurses' work performance ($r = .653, p < 0.01$). As seen in (Table 4.15).

Table 4.15 :Relationship between conflict management styles subscales and nurses' work performance subscales (n=340)

Variables	r	P-value Sig. (2- tailed)
Task performance		
Collaborating Style	.617	<0.01*
Accommodating Style	.426	<0.01*
Competing Style	.364	<0.01*
Avoiding Style	-.069	0.203
Compromising Style	.430	<0.01*
Contextual performance		
Collaborating Style	.623	<0.01*
Accommodating Style	.430	<0.01*
Competing Style	.301	<0.01*
Avoiding Style	-.097	0.075
Compromising Style	.404	<0.01*
Counterproductive behaviors		
Collaborating Style	.094	.084
Accommodating Style	-.159	.003*
Competing Style	.037	.500
Avoiding Style	.445	<0.01*
Compromising Style	-.080	0.140
Overall Nurses' Work Performance		
Overall conflict management styles	.653	<0.01*

Spearman Correlation

*Significant at $p \leq 0.05$

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

CHAPTER FIVE

Discussion and Conclusion

This chapter includes a summary of the study's findings, a discussion of those findings, a conclusion, recommendations, and limitations.

5.1 Introduction

This chapter aims to interpret and contextualize the results, highlighting significant patterns, relationships, and differences identified in the data. It also explores possible explanations for the observed outcomes, discusses their implications for nursing practice and healthcare management, and addresses the study's strengths and limitations. Through this discussion, more profound understanding of nurses' conflict management styles and their impact on nurses' work performance among nurses is developed.

5.2 The Nurses' Conflict Management Styles

The study's findings indicate that nurses' conflict management styles were distributed as follows: 60.9% had moderate scores, 30% had high scores, and only 8.8% had low scores. This pattern is also in line with findings of a broad systematic review which indicated that nurses tend to favor both collaborating and accommodating styles in the conflict management styles spectrum and least prefer competing (Nikitara et al., 2024). In a recent study conducted by researchers in Kyrgyzstan, they found results consistent with our study, stating that cooperation, accommodation, and avoidance were the most common conflict management styles among nurses. These results suggest that nurses typically employ organizational conflict management ranging from medium to high, which are self- and other-focused (Abdyzhalieva et al., 2025). Based on Thomas-Kilmann (2008) this is consistent with a preference for cooperation and accommodating styles which are generally viewed as constructive and associated with good team performance and patient outcomes. Since moderate to high conflict management styles is linked to favorable organizational outcomes like enhanced care quality, job satisfaction, and teamwork, these results are positive. The study findings indicate that

the majority of nurses are inclined to prosocial organizational conflict management , as is the case internationally.

According to the current study, nurses used the collaborating style of conflict management styles the most, which was within the high range. Compromising, accommodating, and competing styles were used moderately while avoiding scored the lowest, which was near the lower end of the moderate spectrum. These findings are in line with the patterns that have been reported in existing nursing literature. A recent systematic review indicated that collaborating (also known as integrating) and accommodating are among the most common styles used by nurses, and compromising is also frequently used (Nikitara et al., 2024). In a study of Turkish nurse managers, the hierarchy was clearly defined: collaborating was most used, followed by compromising, avoiding, competing, and accommodating (Özkan Tuncay et al., 2018). These parallels indicate that nursing professionals all over the world prefer conflict management styles that are cooperative and problem solving. Collaborating, which is characterized by high assertiveness and cooperation, leads to win-win outcomes and is in line with best practices in health care where teamwork and positive patient outcomes are critical (Thomas, 2008).

The moderate use of compromising and accommodating indicates that nurses are flexible as they are willing to give and take (compromising) and maintain relationships (accommodating). In contrast, avoiding was least preferred. Research indicates that although it can reduce present stress, over-reliance on avoidance may prolong the resolution process and allow conflict to grow more severe in the future. This lower use in this study shows a shift towards more direct and constructive ways of dealing with conflict but differs in avoiding ranking (Özkan Tuncay et al.,2018), it because avoiding linked to delayed resolution (Mahon & Nicotera, 2011).

Interestingly, the moderate engagement with competing mean (3.11) implies that nurses may still assert themselves when it is necessary. While it is not as popular in general, competing can be useful in emergency or critical situations, a finding that is in line with previous nursing studies (Gunasingha et al., 2023; Özkan Tuncay et al., 2018).

These results generally show that nurses primarily preferred cooperation, followed by compromise and accommodation, while avoidance was the least commonly used. These findings indicate a sophisticated organizational conflict management culture among the research participants, one focused on resolving conflict constructively rather than using passive or aggressive strategies. These findings reflect and support the need to develop training programs that focus on managing conflict through collaboration to enhance nurses' work performance which lead to improve overall team performance and the quality of patient care.

5.3 Nurses' Work Performance

The nurses' work performance distribution among participants shows that 40.9% of participants had moderate performance while 36.5% achieved high performance and 12.4% reached very high performance and 9.1% had low performance and 1.2% had very low performance. These findings align with recent latent study analyses in nursing, which identified a similar pattern: about 13.9% of nurses in a "low" performance group, approximately 52.8% in a "medium" group, and 33.3% in a "high" group (Liu et al., 2025). This consistency suggests a stable trend toward predominantly moderate-to-high performance levels among nurses.

The 12.4% very high-performance subgroup indicates that some nurses achieve outstanding work behaviors and results which might stem from their advanced experience levels and strong support systems and developed competencies. Research

shows that high performance in nursing depends on both experience and education and on leadership quality and organizational support. Research indicates that under performing staff members 9.1% and 1.2% can benefit from development interventions that include mentoring and continuing education and leadership engagement strategies as recommended in related studies to enhance their performance (Alzoubi et al., 2025).

The management needs to direct efforts toward maintaining high performers while developing the large moderate group to achieve higher performance levels. Professional development combined with performance feedback systems and supportive leadership should be implemented to move moderate performers up the scale while personalized coaching and clear expectations should help low performers improve their performance. Differentiated approaches serve as a crucial method to maximize workforce strengths while addressing nursing workforce gaps which leads to better care quality and improved patient outcomes.

It's interesting to note that nurses with less than 10 years of experience had a higher mean rank in nurses' work performance than those with 10 to 15 years. This conclusion can be explained by the fact that new nurses are frequently motivated by a lot of enthusiasm and fresh energy (Bjerknes & Bjørk, 2012; Weldegebriel et al., 2016). Another study showed that nurses who worked for 11 years and more are low discovered that job happiness and motivation decline, which can be attributed to growing family responsibilities and the difficulty to obtain the required level of motivation and job satisfaction from work (Ertekin Pinar et al., 2017).

The group with moderate experience, on the other hand, might be experiencing "mid-career burnout." According to studies, this period is marked by more professional duties and pressure, which could result in a drop in performance (Nagai et al., 2022). Early-career nurses were classified in this study as "having less than 10 years of experience accordance with Schein's (1978) career classification, whereas middle- or later-career nurses were defined as "having more than 10 years of experience."

This phenomenon explains the significant decline in this group's mean performance rank when compared to the others; more qualitative research is necessary to fully comprehend the underlying causes of this result.

5.4 Differences Between Demographic Variables of Nurses in Terms of the Nurses' Conflict Management Styles

The research study discovered multiple connections between nursing experience duration and conflict management training participation and their effects on both conflict management styles and nurse' work performance. The research shows that nurses with more than 15 years of experience achieved higher mean ranks in conflict management styles ($p = .010$) and task performance (mean rank = 192.35) thus demonstrating that experience leads to better organizational conflict management and improved nurses' work performance. The research confirms previous studies which show that experienced nurses develop better interpersonal skills and emotional intelligence and situational judgment abilities that improve their organizational conflict management abilities and task efficiency (Long & Long, 2022).

On the other hand ,the research shows that nurses with less than 10 years of experience achieved lower mean ranks in conflict management styles which demonstrating for nurses with less than one year of experience, avoidance was the most frequently employed behavior across groups (Bashir et al. , 2022).

The study revealed significant work performance differences which depended on both the number of years nurses worked ($p = .015$) and their attendance at conflict management training courses ($p = .035$). The nurses who received multiple training sessions showed better results in their overall nurses' work performance. The research confirms earlier studies which show that nurses who receive structured communication and organizational conflict management training develop higher self-efficacy and job satisfaction and better team collaboration. The nurses who completed two or more training courses achieved higher mean ranks for counterproductive behaviors. The observed phenomenon appears counter intuitive because trained individuals may either become more aware of their actions or report them more accurately due to education which leads to better recognition of negative behaviors rather than actual behavior increase. The previous literatures shows that reflective learning environments lead to increased workplace issue recognition (Long & Long, 2022; Overton & Lowry, 2013). The research demonstrates that both clinical experience and continuous professional development play essential roles in developing organizational conflict management styles and nurses' work performance. Healthcare administrators need to make organizational conflict management training a priority while utilizing senior staff expertise to mentor junior nurses which will create a more unified and efficient workforce.

5.5 Relationship Between Nurses' Conflict Management Styles Subscales and Nurses' Work Performance

The research study investigated the relationship between conflict management styles approaches and nurses' work performance indicators. Task performance demonstrated significant positive connections with collaborating ($r = .617$, $p < .01$), accommodating ($r = .426$, $p < .01$), competing ($r = .364$, $p < .01$), and compromising styles ($r = .430$, $p < .01$) but did not correlate with avoiding style ($p = .203$). The same relationship between contextual performance and conflict management styles existed because collaborating, accommodating, competing and compromising styles had significant positive correlations ($p < .01$) yet avoiding style showed no significant association ($p = .075$). The findings match both theoretical predictions and existing empirical research. Research supports collaborating as the most effective conflict management styles because it helps people with high self and other concerns to solve problems and develop teamwork in complex situations (Thomas, 2008). Systematic reviews demonstrate that nurses use collaborating and accommodating styles most frequently since these methods produce better results and increased job satisfaction (Nikitara et al., 2024). The strong associations between collaborating and performance metrics confirm its essential role in delivering superior patient care alongside organizational success (Özkan Tuncay et al., 2018).

Research supports the positive relationships between accommodating and compromising because these strategies work well in interprofessional healthcare settings. Workplace tension decreases while cooperation increases through accommodating while compromising helps organizations find prompt practical solutions (Nikitara et al., 2024). The moderate positive effect of the competing style shows that appropriate assertiveness can improve decisiveness without damaging team cohesion especially when dealing with urgent clinical situations. The avoiding style failed to establish any meaningful link with performance metrics for tasks and context. The research shows that conflict avoidance leads to poor conflict management styles

and damaged team relationships which negatively affects performance (Mahon & Nicotera, 2011).

The correlation between accommodating style and counterproductive work behavior was negative ($r = -.159$, $p = .003$) because nurses who focus on maintaining harmony tend to avoid destructive workplace actions. The study shows a positive relationship between avoiding and negative behaviors ($r = .445$, $p < .01$) because unresolved conflicts may develop into hidden passive destructive actions (Elena Losa Iglesias & Becerro de Bengoa Vallejo, 2012).

The overall conflict management styles competence score correlated positively ($r = .653$, $p < .01$) with nurses' work performance which supports the theory that multiple conflict management styles skills play a key role in nursing effectiveness (Overton & Lowry, 2013).

5.6 Conclusion

The research evaluated conflict management styles and nurses' work performance among nurses while investigating their connection. The research results indicated that nurses employed conflict management styles at moderate to high levels with collaborating being their preferred approach. The research data indicated that nurses' work performance levels ranged from moderate to high. The research established positive connections between collaborating and accommodating and competing and compromising conflict management styles and both task and contextual performance. The avoiding style failed to demonstrate any meaningful relationship with performance yet it produced higher counterproductive behaviors. Better conflict handling and performance outcomes were observed in nurses who received conflict management training and had more experience in this area. The research demonstrates that effective conflict management styles stands as a vital factor which enhances nurses' work performance. Healthcare institutions should promote collaborative and constructive conflict management styles while reducing avoidance behaviors to achieve better teamwork and lower conflict-related stress and enhanced patient care. The research demonstrates that healthcare organizations need to establish formal organizational conflict management training programs and leadership backing to improve both employee development and organizational results.

5.7 Recommendations

- The research suggests nursing administrators should establish continuous conflict management training programs which focus on collaborative and accommodating styles because these approaches lead to strongly improves nurse' work performance and lower counterproductive behaviors, especially for less experienced nurses and reduce reliance on the avoiding style, which increases counterproductive behaviors.
- The hospital management should add conflict management competencies to performance evaluations and career development plans especially for senior nurses to demonstrate how experience and conflict handling skills impact nurses' work performance and use experienced nurses as mentors to support skill development.
- The research suggests nursing administrators to redesign training courses to focus on practical conflict management skills and behavioral change to prevent unintended negative outcomes, not just on raising awareness.

- Nurse educators should teach conflict management skills through structured modules in nursing curricula by using simulations and case-based learning to prepare students for clinical practice.
- Healthcare policy makers should require licensed nurses to participate in regular professional development workshops about conflict management particularly in high-stress units to preserve team cohesion , patient safety and create a conducive working environment for the nurses .
- The researcher advises nurses to evaluate their personal conflict approaches and search for opportunities to improve their capacity for cooperation and compromise.
- The researcher recommends that future research conduct a comprehensive study of the various aspects influencing conflict management styles and how they impact nurses' work performance. This requires investigating the lasting consequences of organizational conflict management training and the mitigating effect of leadership styles.

Additionally, studies should examine how team dynamics and organizational culture influence nurses' effectiveness in using various organizational conflict management techniques. Future researchers could also incorporate additional demographic variables, such as department type, nurse-to-patient ratio, or years of leadership experience or cover more geographical areas in Palestine and not only Southern of the West Bank , to better understand contextual factors. It is also advised to employ qualitative or mixed-method techniques to acquire more profound understanding into nurses' personal experiences in managing conflict. Additionally, conducting comparative studies between governmental and private hospitals to assess variations in organizational conflict management effectiveness and nurses' work performance, would be beneficial.

5.8 Limitations of the study

The research provides important findings yet several limitations need acknowledgment. The cross-sectional research approach prevents researchers from determining how conflict management styles affect nurses' work performance. The data collection through self-reported questionnaire might introduce social desirability bias while potentially missing actual workplace behaviors. The study's findings about nurses from specific healthcare institutions might not apply to other healthcare settings or regions because of the selected participant group. The study failed to control organizational culture and workload and leadership styles which could have affected both conflict management styles and performance. The ongoing conflict in Palestine posed significant challenges to the research process, including restricted access to hospitals, interruptions in data collection schedules, and increased logistical and safety constraints, which may have influenced the study's scope and timeline.

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Appendices

Appendice 1 Study questionnaire

عزيزي الممرض/ عزيزتي الممرضة

تحية طبية وبعد،

أنا الطالبة قمر عماد بوبلي ماجستير إدارة تمريض جامعة القدس-أبو ديس أقوم بإجراء دراسة مقطعية كمتطلب للتخرج بعنوان : تأثير أساليب إدارة الصراع على أداء الممرضين في مستشفيات جنوب الضفة الغربية – فلسطين

تستهدف هذه الدراسة الممرضين العاملين في المستشفيات في جنوب الضفة الغربية والغرض منها إيجاد قاعدة بيانات لأبحاث الفلسطينية حول العلاقة بين أنماط إدارة الصراع و أداء الممرضات في مستشفيات جنوب الضفة الغربية كما ان الغرض الاخر من هذه الدراسة تسليط الضوء ولفت نظر اصحاب القرار لأهمية هذه العلاقة وتأثيرها على نجاح المؤسسات الفلسطينية.

ويتكون الاستبيان من ثلاثة أجزاء رئيسية بحيث يغطي الجزء الاول المعلومات الديموغرافية ويغطي الجزء الثاني كيفية تعاملك مع خلافك أو صراحك مع زملائك الممرضين ويغطي الجزء الثالث الأداء الفردي في مكان العمل.

مشاركتك في هذا المشروع البحثي تطوعية تمامًا ويمكنك الانسحاب من الدراسة في أي وقت تختاره /ينه ولن تؤثر مشاركتك بأي شكل من الأشكال على حياتك الشخصية أو المهنية. ستبقى ردودك سرية ومجهولة الهوية؛ لن يطلع أي شخص آخر غير الباحثين على الإجابات الفردية ولن يستطيع أي شخص الربط بين هويتك و إجاباتك الفردية على هذا الاستبيان. سيتم الاحتفاظ بالبيانات الواردة من هذا البحث في مكان مغلق. إذا كنت توافقين على المشاركة في هذا المشروع ، فيرجى تقديم إجاباتك على عناصر الاستبيان وقد يستغرق إكمال الاستبيان حوالي 10 دقائق.

إذا كان لديك أي أسئلة حول هذا الموضوع أو فيما يتعلق بالدراسة أو حول حقوقك كمشارك/ة في الدراسة فلا تتردد بالسؤال عبر البريد الإلكتروني qamaramro4@gmail.com أو من خلال رقم الهاتف: 0599295378

بإشراف الدكتور كفاح الزبن (جامعة القدس _ أبو ديس)

PART 1: Demographic Data

1. Age () Years
2. Gender () Male () Female
3. Marital status 1.Single 2. Married 3.Widowed 4.Divorced
() () () ()

4. Current place of work
 1. Governmental hospitals ()
 2. Non-governmental hospitals ()
5. work shift
 1. Day shift ()
 2. Rotation shift ()
6. Level of education
 1. High school ()
 2. Diploma ()
 3. Bachelor's degree ()
 4. Master's degree ()
 5. Doctoral degree ()
7. Years of experience
 1. Less than 10 years ()
 2. 10-15 years ()
 3. Above 15 years ()
8. Number of conflict management training courses ()

PART 2:

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.

Item	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
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 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 sometimes use my power to win a competitive situation.					
26. I try to keep my disagreement with my peers to myself in order to avoid hard feelings.					
27. I try to avoid unpleasant exchanges with my peers.					

28. I try to work with my peers for a proper understanding of a problem.					
PART 3: Individual Workplace Performance Questionnaire:					
Task performance	Seldom (0)	Sometim es (1)	Neutral (2)	Often (3)	Always (4)
1. I managed to plan my work so that I finished it on time.					
2. I kept in mind the work result I needed to achieve.					
3. I was able to set priorities.					
4. I was able to carry out my work efficiently.					
5. I managed my time well.					
Contextual performance					
6. On my own initiative, I started new task when my old tasks were completed.					
7. I took on challenging tasks when they were available.					
8. I worked on keeping my job-related knowledge up-to-date					
9. I worked on keeping my work skills up-to-date.					
10. I came up with creative solutions for new problems.					
11 . I took on extra responsibilities.					
12. I continually sought new challenges in my work.					
13. I actively participated in meetings and/or consultations.					
Counterproductive behaviors	Never (0)	Rarely (1)	Someti mes (2)	Regular ly (3)	Often (4)
14. I complained about minor work-related issues at work.					
15. I made problems at work bigger than they were.					
16. I focused on the negative aspects of situation at work instead of the positive aspects.					
17. I talked to colleagues about the negative aspects of my work.					
18. I talked to people outside the organization about the negative aspects of my work.					

NOTE:After reviewing the relevant scientific literature applied to the current study, this survey format was adopted. The ROCI-II Conflict Response Scale and the IWPQ scale were used, while maintaining the credibility and scientific integrity of the original source in accordance with academic standards.

Annexes

Annex 1 Facilitating litter- Governmental hospital

State of Palestine Ministry of Health Education in Health and Scientific Research Unit		دولة فلسطين وزارة الصحة وحدة التعليم الصحي والبحث العلمي
Ref.:		الرقم: ٤٨٤ / ٢٠٢٠
Date:		التاريخ: ٢٠٢٠ / ١٢ / ١٠
الأخ مدير عام الادارة العامة للمستشفيات المحترم،،، تعبية وامتعزاه،،،		
الموضوع: تسهيل مهمة بحث		
<p>يرجى تسهيل مهمة الطالبة: قمر عماد عارف بوبلي- ماجستير ادارة التمريض/ جامعة القدس، وبإشراف د. كفاح زين، في عمل بحث بعنوان:</p> <p style="text-align: center;">" The Impact Of Conflict Management Styles On Nurses Performance In South Of The West Bank Hospitals—Palestine"</p> <p>من خلال السماح للطالبة بجمع معلومات عن طريق تعبئة استبانة الدراسة من قبل كادر التمريض بعد اخذ موافقتهم، وذلك في:</p> <p style="text-align: center;">- مستشفى عاليه - مستشفى بيت جالا</p> <p>على ان يتم الالتزام باساليب واخلاقيات البحث العلمي، وعدم التعرض للمعلومات التعريفية للمرضى. على ان يتم تزويد الوزارة بنسخة PDF من نتائج البحث، التعهد بعدم النشر لحين الحصول على موافقة الوزارة على نتائج البحث.</p> <p style="text-align: center;">مع الاعتزاز،،،</p> <p style="text-align: center;">د. عيد الله القواسمي رئيس وحدة التعليم الصحي والبحث العلمي</p> <p style="text-align: center;"></p> <p style="text-align: center;">نسخة: منسقة برنامج الماجستير/ دائرة التمريض المحترمة/ جامعة القدس</p>		
Telfax.:09-2333901	scientificresearch.dep@gmail.com	تلفاكس: 09-2333901

Annex 2 Facilitating litter- Non Governmental hospital

حضرة د. سلام الخطيب المحترمة
منسقة برنامج الماجستير
دائرة التمريض - جامعة القدس
تحية طيبة وبعد،

بالإشارة إلى طلبكم بخصوص طالبة الماجستير "قمر عماد عارف بوبلي"، والذي يتناول دراسة بعنوان:
تأثير أساليب إدارة الصراع على أداء الممرضات والممرضين في مستشفيات جنوب الضفة الغربية- فلسطين.
فإنه يسعدنا أن نبلغكم موافقتنا لجمع البيانات من مرضى المستشفى، مع التأكيد على الالتزام بجميع الإجراءات المتبعة في المستشفى، وضمان سرية وخصوصية
المعلومات والالتزام بأخلاقيات البحث العلمي.

نرحب دائماً بالتعاون في سبيل دعم البحث العلمي. ونتمنى للطالبة التوفيق وتطلع الى أن تشاركونا نتائج وتوصيات دراستكم
كما نأمل أن يساهم هذا البحث في إثراء المعرفة الأكاديمية وتحقيق فوائد علمية تخدم القطاع الصحي.

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

مع خالص التقدير

Annex 3: Research ethics committee decision letter



Research Ethics Subcommittee of Faculty of Health Professions
Letter of approval

Feb. 19, 2025
Ref. No.: RESC/2025-24

Dear Applicants, (Dr. Kefah Zaben, Ms. Qamar Bobaly)

Program: MSc Nursing Department

The Research Ethics subcommittee of the Faculty of Health Professions has recently reviewed your proposal entitled (**The Impact Of Conflict Management Styles On Nurses' Performance In South Of The West Bank Hospitals—Palestine**) submitted by (**Dr. Kefah Zaben**). 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.

Hussein ALMasri, PhD

Hussein ALMasri

Associate Professor of Medical Imaging
Research Ethics Subcommittee Chair
Faculty of Health Professions

Tel. Fax: 02 2791243 Email: dean@hpro.alquds.edu

تلفاكس: 02 2791243

تأثير أساليب إدارة الصراع على أداء الممرضين في مستشفيات جنوب الضفة الغربية – فلسطين

اسم الطالب : قمر عماد عارف بوبلي

المشرف : كفاح الزبن

الملخص

المقدمة: تسلط هذه الدراسة الضوء على أهمية إدارة الصراع في ممارسة التمريض، وتتناول مشكلة عالمية تتمثل في الصراعات بين الممرضين في المستشفيات. فالصراعات أمر حتمي، ونظرًا للطبيعة الحساسة لمهنة التمريض وعلاقتها المعقدة، فإن الصراعات التي لا تُحل يمكن أن تؤدي إلى تدهور أداء الممرضين. وبما أن الممرضين يشكلون النسبة الأكبر من الكادر الطبي في المستشفيات، فإن من المهم تبني استراتيجيات معترف بها لإدارة الصراع.

هدف الدراسة: صُممت هذه الدراسة لاستقصاء أثر أنماط إدارة الصراع المختلفة على الأداء الوظيفي للممرضين في مستشفيات حكومية وغير حكومية مختارة جنوب الضفة الغربية في فلسطين. وتهدف الدراسة بشكل خاص إلى تحديد أكثر أنماط إدارة الصراع شيوعًا بين الممرضين، وتحليل العلاقة بين هذه الأنماط والأداء الوظيفي العام، واستكشاف كيفية ارتباط هذه العلاقات بالمتغيرات الديموغرافية.

المنهجية: تم استخدام منهجية وصفية، كمية، مقطعية، وارتباطية. وشملت الدراسة طاقم التمريض في أربعة مستشفيات في الخليل وبيت لحم، جنوب الضفة الغربية بفلسطين. وقد تم استخدام منهجية العينة الملائمة، وشملت دراسة استطلاعية لـ 30 مشاركًا ودراسة ميدانية أوسع لـ 340 ممرضًا من ذوي الخبرة لا تقل عن عام واحد. تم جمع البيانات باستخدام استبيان ذاتي التعبئة، وتضمن قسمًا للمتغيرات الديموغرافية، ومقياس Rahim لإدارة الصراع (ROCI-II) النموذج C، واستبيان الأداء الوظيفي الفردي (IWPQ). تم تحليل البيانات باستخدام اختبارات إحصائية لا معلمية، منها اختبار Mann-Whitney U، واختبار Kruskal-Wallis H، ومعامل ارتباط Spearman.

النتائج: كشفت النتائج أن مستوى إدارة الصراع لدى الممرضين كان بشكل عام متوسطًا. ومن بين الأنماط المحددة، كان أسلوب التعاون هو الأكثر استخدامًا، بمتوسط 3.44، ما يضعه ضمن النطاق المرتفع. وتلاه أسلوب التسوية (بمتوسط 3.28)، ثم التكيف (بمتوسط 3.22)، وأسلوب المنافسة (بمتوسط 3.12)، وجميعها تقع ضمن النطاق المتوسط. وكان أسلوب التجنب الأقل استخدامًا بمتوسط 2.90، ويصنف أيضًا ضمن النطاق المتوسط.

فيما يتعلق بالأداء الوظيفي، أظهرت النتائج أن المستوى يتراوح بين المتوسط والمرتفع، مع بروز أداء المهام كأقوى مقياس فرعي. ولوحظت فروق ذات دلالة إحصائية في كل من أنماط إدارة الصراع والأداء الوظيفي العام فيما يتعلق بعدد سنوات الخبرة والمشاركة في الدورات التدريبية لإدارة الصراع.

وكشف تحليل الارتباطات عن علاقات إيجابية بين أداء المهام والأداء السياقي، وبين أساليب التعاون، والتكيف، والمنافسة، والتسوية. وفي المقابل، أظهرت السلوكيات غير المنتجة ارتباطًا سلبيًا بأسلوب التكيف، وارتباطًا إيجابيًا بأسلوب التجنب. وبشكل عام، وُجدت علاقة إيجابية وقوية بين الدرجة الكلية لأساليب إدارة الصراع والأداء الوظيفي العام ($r = 0.653, p < 0.01$).

الخلاصة: تخلص الدراسة إلى أن أنماط إدارة الصراع المختلفة تؤثر بشكل كبير على أداء الممرضين، وأن الأساليب التعاونية تثبت فعاليتها العالية. وتؤكد النتائج على الدور الحاسم للخبرة والتدريب المتخصص في تعزيز مهارات إدارة الصراع، وبالتالي تحسين أداء الممرضين في المستشفيات الفلسطينية.

الآثار المترتبة: تُعد نتائج هذه الدراسة ذات أهمية قصوى لإدارة التمريض ويمكن أن تسترشد بها البرامج التعليمية، والممارسات السريرية، والسياسات الإدارية. كما أنها توفر أساسًا للأبحاث المستقبلية التي تهدف إلى زيادة تحسين استراتيجيات حل الصراع وتحقيق أفضل نتائج الأداء في بيئات الرعاية الصحية.

الكلمات المفتاحية: أنماط إدارة الصراع، الأداء الوظيفي للممرضين.