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**Emotional Intelligence and Conflict Management  
Styles Among Nurse Managers in  
Jerusalem's Hospitals**

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**Emotional Intelligence and Conflict Management  
Styles Among Nurse Managers in  
Jerusalem's Hospitals**

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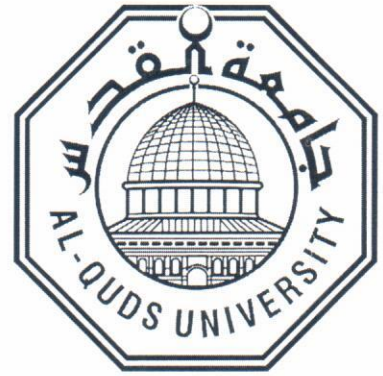
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**Emotional Intelligence and Conflict Management Styles Among  
Nurse Managers in Jerusalem's Hospitals**

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بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

( وَقُلْ رَبِّ زِدْنِيْ عِلْمًا )

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صدق الله العظيم

## Dedication

*To my great mother soul that was always encourage me to continuous learning and to believe in myself ,To my dear father and his family who supported me all the time .*

*To my amazing brothers and sisters and their families for their inspiring in me strength and confidence .*

*To my lovely husband ,who has been a constant source of support during challenges of master study and life .*

*To my second family ~husband family , to my lovely unti .*

*To my soon coming cutest baby ,*

*To my supervisor Dr.Maha Nahal For her patience, highly appreciated feedback, and offering help when I need it.*

*To all my dearest friends For being there when I needed them,*

*I dedicate this work,*

## **Declaration**

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

Signed Areej Jubran .

Areej Reiad Jubran

Date : 25 - 5 - 2022

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**All thanks are devoted to my God, ALLAH, for his guidance throughout my thesis. My big thanks to all people who give me their valued assistance, feedback, guidance in order to complete this thesis.**

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**To my university; Al-Quds University and to all my doctors and my colleagues for supporting my work and for their cooperation.**

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## **Abstract**

**Background :** Emotional intelligence is a group of capability to recognize emotions and manage them, also impact self and others emotions to lead individuals acts, thinking, and coping effectively with life. Daily work of nurses and the direct communication between them despite the differences in their ideas knowledge and emotions may create daily conflicts. These conflicts are considered as one of the major important issues that nurses should deal with in hospitals and other health care organizations .Nurses need to be aware of the aspect of self -knowledge and the individual characteristics that are essential for managing conflict .Emotional intelligence plays an important role among various components of nurses managers which creates good workplace atmosphere for quality and capacity of service delivery to deal with workplace conflicts . Nurse's managers with high EI play an important role in solving the problems by using their own EI behaviors. It is evident that Emotionally intelligent people are more skillful in conflict management as they have the ability to perform better in dealing with the difficulties and frustration that result from f the conflicts.

**Aim :** To examine the emotional intelligence behaviors and conflict management style among nurse managers in Jerusalem's hospitals.

**Method :** A Descriptive , cross sectional study design was used to answer the questions of this study . Sample of the study was selected purposefully sample of 50 nurse managers participated in the study. The participated nurses were working in the 4 major hospitals located in Jerusalem –Palestine.

**Data collection :** The researcher used a self-administered questionnaire to collect the data. The questionnaire consist of two valid and reliable tools in addition to the

sociodemographic characteristics of the participants. The first tool was the Genos emotional intelligence scale used to assess the EI behaviors, and the second tool was the ROCI-II conflict management styles scale. Data analysis was done using spss version 27 .

**Result :** In the present study ,The conflict management style that was mostly used by nurse managers in this study was the integrating style, while obligating and dominating styles were less used. The highest mean score of the emotional intelligent domains was related to emotional reasoning, while the lowest was emotional self-management domain. A significant difference was found between educational level and experience of the participants in terms of conflict management style, and no significant differences were found in the other sociodemographic characteristics. There was a significant positive correlation between emotional intelligent behaviors and the scale scores of conflict management styles except for the dominating style, which showed no correlation.

**Conclusion :** The present study concluded that there were significant positive relationships between emotional intelligence and each of integrating, avoiding ,compromising and obliging styles. And was a significant negative relationship with dominating styles.

**Implication :** Results of this study are important in the field of nursing management and could be helpful if used in education, practice, administration and future research.

**Keywords :**Emotional Intelligence, Conflict, Conflict Management Styles, Nurse Managers .

## الملخص

### المقدمة

ان العمل اليومي للمرضيين و للممرضات والتواصل المباشر بينهم بالرغم من اختلاف أفكارهم ومعرفتهم وانفعالاتهم قد يخلق نزاعات ومشاحنات يومية. تعتبر هذه النزاعات كواحدة من القضايا الرئيسية التي يجب على الممرضين التعامل معها في المستشفيات ومؤسسات الرعاية الصحية الأخرى . يجب أن يكون الممرضين على دراية بجوانب المعرفة الذاتية وخصائص الافراد التي تعتبر ضرورية لإدارة النزاعات والمشاحنات. يلعب الذكاء العاطفي دوراً مهماً بين مختلف مكونات الإدارة التمريضية ، إنه يخلق جواً جيداً في مكان العمل لتقديم الخدمات ورفع جودة التعامل مع النزاعات في مكان العمل. يلعب مديرو الممرضات ذوو الذكاء العاطفي العالي دوراً مهماً في حل المشكلات باستخدام سلوكيات الذكاء العاطفي الخاصة بهم ، كما لوحظ أن الأفراد الذين يمتلكون قدرات عالية في الذكاء العاطفي يستطيعون حل و إدارة النزاعات بطرق افضل واسرع بدلاً من تجنبها او تجاهلها .

**الهدف:** يهدف هذا البحث الى دراسة السلوكيات العاطفية وأسلوب إدارة النزاع بين مديري التمريض في مستشفيات القدس في فلسطين .

**المنهج وجمع المعلومات :** تم استخدام التصميم الوصفي المقطعي للدراسة للإجابة على أسئلة الدراسة تم استخدام استبيانين لجمع المعلومات من مسؤولين التمريض في الاقسام المختلفة . ويشتمل هذان الاستبيانان على : قياس مستوى الذكاء العاطفي ، قياس اساليب ادارة الصراع بالإضافة الى جمع المعلومات الاجتماعية والديموغرافية، تضمنت العينة 50 ممرض اداري يعملون في اربع مستشفيات رئيسية تقع في القدس - فلسطين.

**النتائج :** في هذه الدراسة كان الأسلوب الأكثر استخداماً بين مسؤولين التمريض في مستشفيات القدس هو أسلوب الدمج ، والأسلوب الأقل استخداماً هو الأسلوب الإجباري المهيمن ، وكانت أعلى درجة مستخدمة من سلوكيات الذكاء العاطفي هي التفكير العاطفي ، بينما كانت أدنى درجة من سلوكيات الذكاء العاطفي هي الإدارة الذاتية العاطفية.

كان هناك فرق كبير بين مستوى التعليم وخبرة المدير وإجمالي أساليب إدارة النزاع. و لم توجد فروق ذات دلالة إحصائية بين الفئة العمرية والحالة الاجتماعية واسم المستشفى وإجمالي أساليب إدارة النزاع ، بينما كان هناك ارتباط إيجابي معنوي باستخدام مستوى 0.05 للدلالة بين درجة المقياس العام لسلوك إدارة النزاع والذكاء العاطفي العام ، وكان للذكاء العاطفي تأثير على جميع أساليب إدارة الصراع باستثناء الأسلوب المهيمن.

**الملخص :** لخصت الدراسة الحالية وجود علاقات إيجابية ذات دلالة إحصائية بين الذكاء العاطفي وأنماط الدمج والابتعاد والتسوية والالتزام. ووجود علاقة سلبية مع النمط المهيمن .

**التضمين:** تكون نتائج هذه الدراسة مهمة في مجال إدارة التمريض ويمكن أن تكون مفيدة إذا تم استخدامها في التعليم والممارسة والإدارة والابحاث في المستقبل .

**الكلمات المفتاحية:** الذكاء العاطفي ، النزاع ، أساليب إدارة النزاع ، مديرو التمريض

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## List of abbreviation

<b>Abbreviation</b>	<b>Explanation</b>
<b>AACN</b>	<b>American Association of Critical-Care Nurses</b>
<b>BSN</b>	<b>Bachelor of Science in Nursing</b>
<b>CCNE</b>	<b>Commission on Collegiate Nursing Education</b>
<b>DNP</b>	<b>Doctorate of Nursing Practice</b>
<b>MSN</b>	<b>Master of Science in Nursing.</b>
<b>PhD</b>	<b>Doctor of Philosophy.</b>
<b>SPSS</b>	<b>Statistical Package for the Social Sciences</b>

## **Chapter one**

### **1.Introduction**

#### **1.1 Research background**

Emotional intelligence (EI) is defined as a group of capability and proficiency to recognize emotions and manage them, also impact self and others emotions to lead individuals acts, thinking, and coping effectively with life. EI plays an important role among various components of nurses managers as being a factor in staff behavior, good job presenting profiles, and administrative practices leading to create a good workplace atmosphere for service delivery, capacity and quality to deal with workplace conflicts. (sumathy, et al., 2015). EI consists of seven intercorrelated behaviors which include: Emotional self-awareness , Emotional expression , Emotional awareness of others , Emotional reasoning , Emotional self-management , Emotional management of others , Emotional self-control (palmer , 2010) .

Conflicts are considered as one of the major important issues that nurses should deal with in hospitals and other health care organizations. The direct communications between nurses and other health care providers and the differences in their ideas knowledge and emotions may create a daily conflicts (AKpabio, et, al , 2016). The theory of an organizational conflict considered conflicts as a strategic activity which proceeds the organization to better creativity and efficiency. Therefore, these conflicts can actively improve making decisions, adaptation, communication and collaboration in the place of work, consequently, it's important for the staff to become skilled at conflicts handling with helpful goals and high quality communication skills.

The nurse's passions and feelings should be handled efficiently, and suitable conflict management skills should be established to reduce the probability of having a serious problem in the health care organizations (Shih & Susanto, 2010).

However, the positive effects of conflict management might help the staff to recognize themselves, stimulate their alertness of others, increase power and learn how to solve the problems (Shih & Susanto, 2010). Based on that, Thomas and Kilmann (1974), conceptualized five different styles of conflict management and it is up to the nurse manager to decide the appropriate style to use according to the situation. These five styles of conflict management are: avoiding conflict style, compromising, integrating, obliging, and dominating conflict style. (Cheng, Wang & Zhang, 2011; Rahim, 2013).

The most important role of nurse managers in cases of conflict management is having the capability and skills to understand and deal with the conflicts correctly and influencing their employees and staff. Further, to create a good and suitable workplace environment which is characterized by productivity and innovation. In fact, there is no one conflict management style effective and beneficial in all cases of conflict situations, since one conflict management style efficient in one conflict situation may be ineffectual in other situations. (Marquis & Huston, 2009). However, the use of EI by the nurse manager might be necessary to help in following the suitable and appropriate action of conflict management (Elias & George, 2012). The individual differences related to the psychosocial factors might influence the relationship between EI and conflict management as well might influence the success in conflict management (Monteiro & Balogun, 2015). The importance of EI and conflict management styles in interpersonal relationship functioning has been recognized cross culturally and with multiple relationship types including work. Until recently, this relationship is not entirely conceptualized, and the

mechanism of how conflict management styles is related to EI is not clearly identified (schlaesth, et , al .2013).

Nurse managers might face many barriers along their leadership experiences. These barriers are mainly correlated to what staff will take accountability for, and may contain mental, physical, spiritual , and emotional limits (Gionta & Guerra ,2015). Hence, managers mainly use the behavior which creates the identity of staff and sets the performance standards. The importance of nursing management is summarized when a lot of nurses managers have 24 hr of responsibility for their hospitals or departments where they work and belong to, hence they provide care for 24/7, so professional management is considering a challenge , Consequently managers preserve emotional and physical energy, help to set limits, and clarify who has duties for specific work (Gionta&Guerra,2015).

Nurse managers play an important role in solving the problems by using the EI behavior. EI is considered a multifactorial range of interrelated social and emotional capabilities and skill that affect one's ability to understand, recognize, and manage emotions (Spano,et al .,2016) .EI is often used to modify the changes, deal with others, and solve difficulties of interpersonal and personal nature; in addition to professionally treat with challenges, pressures, and daily demands (Munro,2011). EI used by managers is an essential factor which measures the nursing staff performance in their professional work, decrease or increase their success, and improve hospital administrative communication and interaction. Also, it plays a key role in conflicts efficient management and strategies selection used to deal with conflicts (Ceyda&gonul,2016).

## **1.2 Research problem**

Effective work stress management among nurses is the first step towards decreasing and controlling nurses' career stress and progressing coping at workplace, consequently the use of EI by the nurse managers might play an important role in solving the problems that arise among nurses (Kane,2009).According to the existing condition, nurse manager should evaluate and choose the suitable conflict management style. Based on that, it's important to stand on the issue and take it into consideration to develop the work and improve the nursing teams in dealing with conflicts in an appropriate and smart way.

However, inability of the nurse managers to use their EI and to solve the conflicts will make the nursing work much stressful and will increase the likelihood of complications, burden and burnout among nurses. In Palestine, there are no documented studies about the impact of conflict among nurses and it is not well known whether the nurse managers are implementing the EI behaviors in accurate way and whether the used styles to manage conflicts is effective or not. Therefore, the primary focus of this study was on the EI behaviors and conflict management styles used by the nurses managers in different hospitals in Palestine, to ensure the utilization of these styles and to reduce adverse impact on the physical and psychosocial wellbeing of nurses.

### **1.3 Significance of the study**

EI is presented to help the managers to deal efficiently with conflicts in the workplace. There is no studies have been found in Palestine to connect the concept of conflict management styles and EI. Therefore, the issue of conflict management styles and the use EI behaviors becomes extremely important for studying. To study the managers EI behavior throughout their work in Jerusalem's hospitals and how they deal with conflicts that may occur, to figure out what kind of behavior they follow and help them if there is any problem of dealing with conflicts. Nursing staffs may face interpersonal conflicts with their colleagues, supervisors, and the patients through their work. Hence, EI is important to help supervisors and managers to efficiently deal with the conflicts in the place of work. The topic of EI and conflict management styles among nurses becomes very important issue, the studies found about the EI concept linked with conflict management styles are very rare in Palestine, the thing that encourage to take the issue into consideration and make a study regarding it.

Though many researchers have studied conflict in hospitals and organizations, there is notably less studies in terms of relationship between conflict management and emotional intelligence (Shih&Susanto,2010), and in a research showing that the literature on conflict has established with almost total neglect of emotions (Nair,2008).

## **1.5 Study objectives**

### **1.5.1 Aim of the study**

The study aim to examine the emotional intelligence behaviors and conflict management style among nurse managers in Jerusalem's hospitals.

### **1.5.2 Specific objectives**

- 1- To identify the conflict management styles used by nurse managers in Jerusalem hospitals.
- 2- To identify the EI behaviors used by nurse managers in Jerusalem hospitals.
- 3- To determine the relationship between EI behavior and conflict management styles among nurses managers in Jerusalem hospitals.
- 4- To identify the relationship between EI behaviors and the sociodemographic characteristics of the nurse managers in Jerusalem hospitals.
5. - To identify the relationship between conflict management styles and the sociodemographic characteristics of the nurse managers in Jerusalem hospitals.

## **1.6. Research questions**

1. What is the level of conflict management styles used by nurse managers in Jerusalem hospitals?
2. What is the emotional intelligence behaviors that mostly used by nurse managers in Jerusalem Hospitals?

3. What is the relationship between conflict management styles and sociodemographic characteristics?
4. What is the relationship between Emotional intelligence and sociodemographic characteristics?
5. What is the relationship between conflict management styles and emotional intelligence among nurse managers in Jerusalem Hospitals?

### **1.7. Hypothesis**

H1: There is no significant relationship (at  $P < 0.05$ ) between EI and conflict management styles among nurse managers in Jerusalem hospitals.

H2: There is a significance relationship between EI behavior and conflict management styles.

H3: There is a positive relationship between EI, conflict management styles and the sociodemographic characteristics.

## **Chapter -2- literature review**

### **2.1 Introduction**

EI behavior used to deal with conflicts and can inspire creative approaches, make new innovations That might develop the teamwork abilities, patients care outcomes and enhance the hospitals to achieve advanced levels of quality.

However, facing conflict without appropriate managements may lead to raise the staff's stress level, turnover, tensions in the workplace and decrease the hospitals and organization efficiency (Chan et al.,2014).

### **2.2 Theories of conflict management**

Efficient and strong leadership styles are the major components that associate in the successful of the hospitals and health care organizations. There are certain circumstances which require diverse leadership approaches. In 1978, Historian and Burns established transformational leadership theory, which highlights the significance of interpersonal relationship (Johnson et al.,2012) . This theory covers Maslow's higher level of requirements which improve self-actualization and stimulate self-esteem in terms of accomplishment, confidence, respect, creativity, acceptance, and problem solving. Managers need to improve a vision, create policies to overcome conflicts, and to achieve the changes needed to get the vision. Nurse managers frequently face challenges when inspiring and encouraging the staff to work beyond self-interest. A full skills and knowledge needed if the assistants refuse to participate Tomey,(2004), stated the knowledge needed for efficient leadership which should be knowing the profession, Knowing oneself, knowing the hospital or the organization, and knowing the world. Moreover, efficient implementation of transformational leadership result in arrangements about imports, mutual

values, perceived public goals and expressive purposes. So, one can perceive that it would be the most efficient and wanted in a health care environment. Furthermore, transformational managers' regular emphasizing on team goals is probable to bring about suitable use of rewards for helpful behaviors. When challenging disagreement, team participants are motivated to believe and join opposing assessments of co-workers and participate in the most dependable knowledge and the best thoughts(Zhang et al.,2011).

The constant alteration that nurses may face in the hospitals and other health care organizations leads to create conflict. There are 4 main conflict theories: organizational conflict theory, social conflict theory, social cognitive theory, and social exchange theory. The first one recognizes conflict on numerous levels. The interpersonal conflict is between employees in the hospital or the health care organization. Conflict can also happen between different departments in the same hospital. Lastly, conflict can happen between different separate hospitals or organizations. Sometime the conflict is considered beneficial for the hospital as it stimulates the ultimately, creativity, and productivity. The basic to management of this conflict type is interaction in the conflict management and improve helpful and cooperative solutions(Deutsch,2000).

The social conflict theory discussed the conflict exists between individuals because they are motivated to performance according to their own needs instead of others desires. This can be pragmatic to classes of individuals. For example, social conflict theory states that the wealthy performance preserve their wealth, while the poor performance rise their wealth. Frequently, Karl Marx cited as improvement of social conflict theory through his works where he reviewed the continuous conflict between work owners and work employees during the industrial revolution in Europe(Segal &Smith,2015). While social cognitive theory says that learning

occurs in a social framework and most learning is based on thoughts and observations. In addition to that, it applied to classroom inspiration, success, and accomplishment. It states that individuals have a capability to affect their behavior and environment in a way that is in alignment with their targets(Denler et al.,2014). Finally, the social exchange theory states that relations have taken and give, but the stability of these exchanges are not constantly equal. This theory clarifies the feeling about a relations based on the perception of what's put into the relations versus what's get out of it, what kind of relations that individuals deserve, and whether they have a better relations with someone else(changing mind,2014).

### **2.3 Transitions in Conflict Thought**

Transition concept is defined as passing from one situation, action, or place, to another. Or it's the evolution from one style or period to another. Almost, it always implies a variation or movement in a specific direction, and in different stages like the individual, family, or an organization(Silverman,1982). In health literature, the transition concept has emerged in health science and nursing over a long period of time. It refers to the fluctuations that arise in the health or the development, as well as the subsequent efforts of the people who undergo the transition to modify, adapt and recover normality(Kralik et al,2006).

Transition in literature shows that it frequently happens as a process with diverse stages and with special characteristic for each stage. There are 3 phases for the transition process(Bridges,1986). the first phase include the individual separation or disappointment from the current situation, where the person rejects the new actuality withdraws from the first place or role and starts the movement to the new one. Nevertheless, the past role is still the major one and

still no definite change. This phase was called ending phase, the separation stage, or the impact stage. The second phase happens when the person has leave one place but did not enter the next one yet. It is characterized by disintegration, disorientation, and discovery. This phase is called the liminality phase. The last phase is the neutral phase, where the person undergoes transformations that allow the entry to the next one. This phase is called new beginning phase, accommodation and self-generation stage. In this phase, the person finds reality meaning where a new future has progressed. The person undergoing transition has the capability to enter a new and significant place, role or stage in their life and they move to the balance state. Persons try to join all the new data or ideas that they obtain into new identities, and experience the new behavioral forms and new modes of dealing with themselves and others(Silverman,1992).

Transition has 4 main types; including developmental transitions, health-illness transitions, situational transitions, and organizational transitions. The previous mentioned transitions may occur at all levels: individuals, family, societal, and organizational. Where the individuals and family levels are considering the key concern for nursing and other health care providers. There are some factors that may affect the transition; the planning level and preparation for transition, person's knowledge and experience, the environment of the person in transition, and the emotional and physical well-being of the person who undergo the transition and the attitude regarding this change(Meleis,2010). Poorly transition management processes have some negative effect; these include patient's health, treatment objectives and outcomes. Some examples regarding these effects include excessive stress and anxiety, reduced utilization of health care services, and non-compliance with treatment and increased problems(Coleman et al.,2004).

## 2.4 Styles of Handling Conflict

Every manager has his own way to manage the conflict that may occur through the work follow. In the 1970s, Ralph Kilmann and Kenneth Thomas improve a mechanism for analyzing the conflict resolution approaches. This mechanism is called the Thomas-Kilmann Conflict Mode Instrument (TKI). Thomas and Kilmann propose that in a conflict case, the behavior of the individual can be evaluated on two factors; the commitment to goals where the extent to which a person tries to satisfy his own goals. Second; the commitment to relationships or assistance; the extent to which a person tries to satisfy other party concerns, and the significance of the relationship with the other party. They used these factors to describe the 5 different approaches or models to deal with the conflict(Thomas&Kilmann,2017).

Each mode has its own suitable time to deal with. To most efficiently deal with conflict is essential to explore the situation and decide which model is the most suitable. The first one is the avoiding style; which shows a low commitment to relationships and goals. It's the most common technique to deal with the conflict, particularly by individuals who negatively view conflict. Physical flight, changing the subject, blaming, mental withdrawal are all some examples related to avoidance mode. The competing style in conflict; displays a high goals commitment and low commitment to relationships. Managers who use the competing style follow their own aims at the other party's cost. People taking this model will use any necessarily power to win. It may show as defensive interest, position, or value that thought to be correct. This style is often supported by structures (sales quotas, courts, legislatures, etc.) and can be originated by the actions of one party. It could be appropriate or inappropriate(Barker et al.,1988).

Accommodating approach which demonstrates high commitment to relationship and a low commitment to goals. It happens when an individual overrides or ignores to satisfy the concerns of the other party. Self-sacrifice, playing down the conflict to preserve surface harmony, and yielding to the other point of view are all examples of the accommodating approach.

Compromising approach make a balance between a commitment to goals and relationships. The aim of this approach is a finding a rapid solution suitable to both parties. splitting the difference, finding middle ground, and exchanging concessions are the compromising types. Finally, the collaborating approach, which displays a high commitment to goals and the relationships. This model is used to meet all concerns of all parties. Willingness and trust for risk is needed for this approach to be efficient(Fatma&Hala,2014).

## **2.5 Conflict Models**

There are a number of models which was developed in the mid of 1980s. The first one is Cohen model, which mainly describe the developmental model suitable for the beginning nursing students. It is established in 1981, this model states that the progression of nursing students is done through 4 developmental stages; unilateral dependence, which is dependent on external authority; limited questioning or critical thinking. Dependence/ mutuality, which reasoned other's ideas appraisal ; starts incorporation of facts and opinions subsequent objective testing; more neutral; they reject some ideas and accept others. Interdependence, include decision making cooperative; professional role commitment; self-concept that contains professional role identity. The last one is negative/ independence as they progress through a nursing educational programs. It is mental rebellion; reduced dependence on external authority; depend more on their own decision. The theoretical framework combined chosen concepts of role and Perry's theory of

intelligent and ethical improvement into Cohen's model(Nancy,2009). The second one is Hinshaw – Davis Model, where Hinshaw put the model on job done earlier ten years by Davis. According to the classical doctrinal adaptation model, Hinshaw’s model is characterized by 6 stages. The first stage is initial innocence, which is not affected by reality and idealized the nursing expectations and images. Incongruities, which recognize that their primary nursing innocent images vary from the real structure and the nursing program challenges lead to lack of harmony between expectation and reality. The third stage is the identify caption, which is carefully observe and select role models in clinical setting. The role simulation, which may feel atypical in role, that do role behaviors they have detected. Vacillation, where the old images appears and conflict with new professional. The last stage is the internalization, which is stable and dependable use of the adopted professional model; recognition and comfort with the new role(Chitty&Black,2007).

The third model is Bandura (1977), a social psychologist described that professional socialization occurs through ‘modeling’. In modeling students study by role models observing. There are 2 requirements for effective modeling: the competent models, and opportunity for students to experience the performances they see modeled. There are 2 steps also, the first one where students recognize nurses or teachers who share their standards and attitudes and closely observe them. The second one is trying out the behaviors they most appreciate. The modeling of Bandura’s concept is diverse from informal socialization, since modeling contains a ‘Conscious decision’ on the students part to model themselves after the chosen model(Cherry&Jacob,2005). The next model is called Benner’s stages of nursing proficiency. Patricia Benner is a nurse questioned how transition process is done by nurses from inexperienced learners to highly skilled practitioners. This process has been described in 5 nursing practice stages. The first stage is the

novice, where the students have narrow practical skills and little background ; relies on other expectations and rules for direction. The second stage is advanced beginners, who have slightly competent skills, uses principles and theory a lot of the time, practices hardly creating priorities. Then, the competent practitioner, where they feel competent, plans, systematized, and set goals, thinks theoretically and analytically, and organizes numerous tasks simultaneously. The proficient practitioner, who become much better by viewing patients holistically, sets case priorities, knows subtle changes, and concentrated on long-term aims. The last stage is the expert practitioner, where they performs sinuously; automatically catch patient needs, responses are combined proficiency comes naturally(Elisabeth,2012).

The next model is Throwe and Fought's Model (1987). Here, they established a conceptual model of registered nurses socialization once they thought that the stages which registered nurses should master during re-socialization could be evaluated by human development theory of Erikson. These stages include; mistrust vs. trust: learns to trust the world of work and education. Doubt vs. autonomy, which starts to improve independence while under management. Guilt vs. initiative, which can independently plan, and skills implement and assignments. Inferiority vs. industry, here behavior is directed by curiosity and tasks performance. Role confusion vs. identity, where person looking for structure and continuity, and concerned with others acceptance. The last stage is isolation vs. intimacy, which obtains to combine identity with other self-chosen people(Gloria&Myrtle,2001). The last model is an explanatory model by Eden's Geraldine (1987). It is done according to the widespread review of 42 issued nursing researches on professional socialization.

Eden's clarifies that there are 5 cooperating professional self-growth domains, which can be expressed as the outcomes and domains of the professional socialization process. There are 5

interrelated professional socialization domains; the self-image, attitudes, values, role conception, and personality(Gary&Rayleen,2011).

## **2.6 Traditional Models /Theories Related of Emotional Intelligence**

Three emotional intelligence models have been recognizes whose limitations should be briefly mentioned because they offered the motivation for EI developmental model. Bar-On's model, 1997 , was established on the difficult assumption which said that EI can be authentically evaluated by self-report questions and that it is easy to understand emotions” through Psychometric styles mentioned by Furnham and Petridis (2001). However, this was not a feasible position since such self-report questions can be just tapping into self-views into capabilities or proficiencies rather than emotions. This applies an important threat to the validity of this model, which is more serious than the universal faking difficulty (Grubb&Mcdaniel,2008). Goleman's model 1995, is difficult to systematically assess because of its dependence on anecdotal evidence, unsubstantiated claims, and imprecise terminology. In fact, it must be recognized that it is not envisioned like a scientific publication, consequently may be unsuitable to assess it from such a perspective. Mayer and Salovey's model 1997 needs more elaboration, since Cherniss specify it as the one that greatest EI represents. Cherniss' reasoning for supporting this model can be summarized as follows: If we select to endorse Mayer and Salovey's EI description, then this model is the one that fits this description best. It is difficult to disagree with the fact, even an empirically unsupported one, but it is deserve making a critical point regarding the scientific definitions nature, which are basically diverse from dictionary definitions(Petrides,2010). The EI theory was analyzed by Waterhouse for containing a lot of constructs. He further criticized Goleman, a major EI proponent, for failure to correctly correlate data and for

incorrectly developing the successful of EI percentages from unconfirmed findings. He concluded that the EI theory problems are unresolved. In rebuttal, Cherniss dared Waterhouse's conclusions through emphasizing that after 100 years even IQ theory has many constructs, and since EI is a new theory it should not be discharged for containing several constructs. Also, stating “the evidence continues to accumulate”, where they mentioned to additional EI researches that supported their right that EI education does notably influence leadership and workplace outcomes(Waterhouse,2006). Something should be used to evaluate things which are unrelated to abilities, skills and competencies, which are evaluated by the EI capability tests. The people emotions, self-perceptions, and other particular criteria will frequently influence their daily lives, tasks, and making decision. Regrettably, the self-assessment exams are the sole means by which a investigator can try to measure what that effect may or may not be. Presently, EI theory remains to change in definition and scope with critics praising the virtues of the capability EI model as being more encouraging for the accomplishment of a maintainable EI theory. Nevertheless, criticisms away, EI must continue to use the trait scales and tests for information just as the Psychology and Psychiatry fields make use of self-reporting scales for the diagnoses. Advance in improving the test tools and in well tuning EI theory should eventually follow(Roberts et al.,2010).

## **2.7 Emotional intelligence and conflict management style studies**

A quantitative descriptive study was published in Midwestern U.S. that aims to describe the EI and demographic characteristics of nurses managers in acute care, showing that there is a significant relationship between the noticing and using model branches, whole EI score and nurses specialized. While, there is no noteworthy relation were found between EI and education,

years, and ages in the management, ratio of time in management or quantity of express reports(Murno,2011) . The literature confirmed the relationship between EI behaviors and the years of experience among nurses managers in which those with less years of experience were using less EI behaviors than nurse managers with more years of experience(Lucas et al.,2009) .

Iranian studies that studied the leadership nursing styles and EI among nurse managers particularly the examining the experiences, education, finding a positive relationship among outcomes of leadership and EI . In a different study which was done in 2017, that aims to assess the association between EI, leadership experiences, transformational leadership, and education of nurse managers. Finding that there is a statistically important association between EI and transformational leadership explaining 34% modification in transformational leadership .

The relationship between the use of emotional intelligent behaviors and conflict management styles was confirmed in a study that was conducted in Iran approve the positive relationship between EI and conflict management style (Seyedeh et al.,2014) A previous study found that Iranian care nurses using all five conflict management styles to direct conflicts situations, and they found that collaborating style was the most dominant style used by them, followed by compromising, accommodating, avoiding, and competing (Ahanchian et al.,2015).

Additionally , EI and nursing leadership styles among nurse managers in a study in USA resulted in a positive relationship between them(Spano et al.,2016).

A cross sectional, and correlational study design was done to assess the nurse managers EI behavior levels , the job satisfaction of registered nurse and their perceptions of workplace

environment. In addition to the relationship to nurse, patient and hospital outcome. The results showed that the nurse managers had a positive level of registered nurses job satisfaction and their practice environment. Plus, there was a positive relationship between the nurse managers behaviors and the patients satisfaction, also a positive relationship between the nurses job satisfaction and their perception of the environment , whereas an indirect relationship between managers EI behaviors and nurses, patients, and hospital outcome was expected(Munro,2011).

In a study that was done in Canada to examine the nurse's perceptions on the EI behavior of their managers, nurses structural enablement, and the influence of manager span of control on the EI relationship. found that the control span is an important moderator of the association between nurses perceptions on the EI managers behavior and the work environment enablement. And they conclude that even managers with strong and high EI may not be capable to empower nurses if their span of control is huge(Lucas et al.,2009).

A study that was done in Norway to investigate the state of science of EI associated to nurses managers and their critiques, showed that a serious reflection is related with the uncorroborated validity of EI in nurses managers. Hence, it's essential to have enough EI knowledge and its scientific critique when combining the idea into nursing studies, practical settings, and education. Indeed emotions in EI is required and the EI dynamics have to be explored in the setting of the individual differences and surrounding environment(Akerjordet&Severinsson,2010).

In Australia, a qualitative study was done with the clinicians and managers that aims to discuss their opinions about the educational program to progress the quality of leadership and the safety

among medical fields. The results showed that the applicants conceptualized the clinical leadership in association with the hospital or the organizational factors. These factors include EI, self-awareness, resilience, and clinical disciplines which all considered as an essential factors for the clinical managers. Whereas other factors like training, security, role clarity, teamwork, information sharing, and transformational leadership are considering as an important factors also but the applicants mentioned that they were infrequently addressed(Leggat&Balding,2013).

An Italian study , found that it's important for administrative roles to be alert and able to direct their own and other's feelings to create comfort atmosphere at workplace(Spagnuolo et al.,2014).

While in a study in China was done to measure the relationship between EI level and conflict management styles, and they found that trouble solving style was mainly the most efficient way for interpersonal conflict handling, and training programs should be set to develop the nurses EI and enhance their skills of conflicts management(Luo et al,2016).

The relationship between EI level and conflict management has been studied in a previous research which found a positive relationship, Where the research strongly reported that managers have a superior potential to dynamically deal with conflict management if they utilize a high level of emotion regulation through reassessment(Malmrud&Lof,2013).

The finding of the cross sectional descriptive study that was done in a university hospital in Turkey, indicates conflict management styles are largely affected by the levels of EI demonstrated by the nurses in that hospital. The authors conclude that nurses should improve their EI and that a training programs related to this issue is needed(Ceyda&Gonul,2016). Another two studies have been done in Wisconsin (Tyczkowski et al.2015) and India(Ravi et al.2018) indicated the same results.

A study was done in 2018 to examine the conflict management styles used by nurses managers showed that the integration style is the most common style used by the managers followed by accommodation, avoiding and competing styles which were both the least frequent styles used(Leodoro et al.,2018)

In a study that was done to investigate the interrelated influences of nurses manager's EI, leadership styles and nurses staff communication, performance and conflict management Further, to discover the mediating consequences of managers' transformational leadership style and its associations with nurses' communication, performance conflict management, and the managers' EI. Results presented that managers' transformational leadership style entirely mediates the correlation between managers' EI and nurses' communication, performance and conflict management.

In another systematic review study which reviewed both qualitative and quantitative studies regarding nursing managers EI and the evidence-based alignment of their result. Authors found that EI was a powerful tool for nurses managers and this was associated with the accomplishment of efficient management in hospitals(Panagiotis,2018).

In a study in South Carolina , the researchers found that the conflicts are expected particularly in workplace with high stress environment, consequently, the managers and staffs have a responsibility to know that individuals approach conflict in a different way and should give chances to improve conflict management skills thus modify interpersonal environment(Pinosky,2013).

In Palestine, since there is no significant studies regarding Emotional Intelligence and Conflict Management Styles Among Nurses have been published.

In Israel, a qualitative study was done to recognize the nurse managers conflict mode alternatives in general hospitals and study the relationship between preference of strategy in handling conflicts, leadership style, and demographic characteristics. Finding that, head nurses recognize themselves appreciably more as transformational managers than as transactional managers. Compromise conflict management approach was found to be the most frequently used. And around half of the surveyed nurses used only one conflict management mode. While transformational leadership notably influenced the other conflict strategy(Tova et al.,2015).

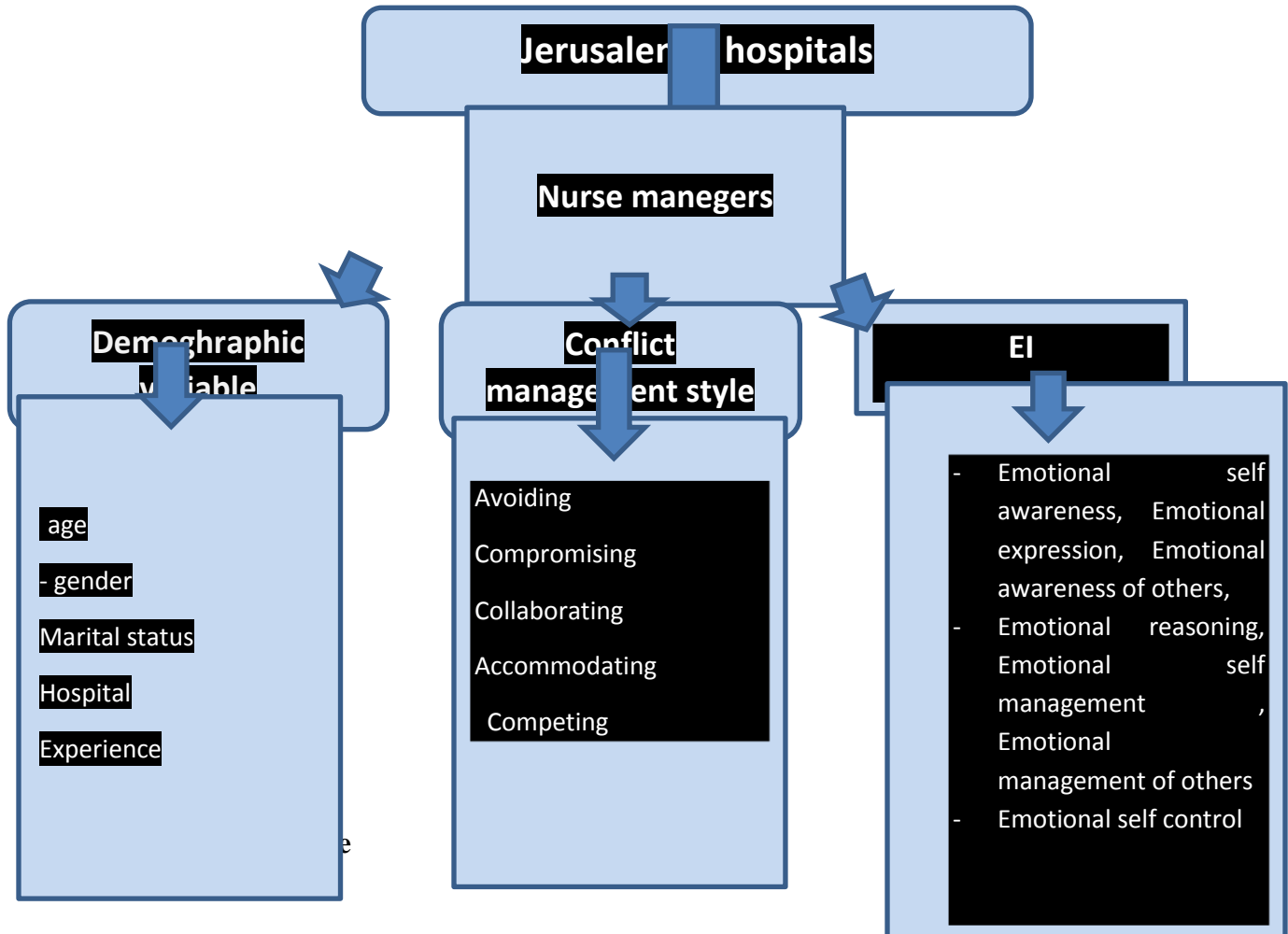
## Chapter -3- Conceptual framework

### 3.1 introduction

This chapter include the conceptual and operational definitions of dependent and independent variables, also definition of terms in addition to figure that conceptualize relationship between dependent and independent variables.

### 3.1 Conceptual framework

Figure :3.1 conceptual framework of emotional intelligence and conflict management style and demographic variable .



## **3.2 Research variable**

**3.2.1 Independent variable** : Sociodemographic characteristics.

**3.2.2 Dependent variable** : Emotional intelligence behaviors and conflict management styles .

## **3.3 Definitions of Terms**

### **3.2.1 Conceptual Definitions**

**3.2.1.1 Nurse Manager sociodemographic characteristics** :Identified as the sociodemographic characteristics of nurse managers including ( Age, Gender, Marital status, experience). Further Nurse manager is defined by the medical dictionary as "a nurse responsible for a unit in a hospital, nursing home, or ambulatory care setting, who supervises staff performance and patient care" (Medical Dictionary, 2016).

**3.2.1.2 Emotional Intelligence:** It is "the capacity for recognizing our own feelings and those of others, for motivating ourselves, for managing emotions well in ourselves and in our relationships (Goleman,1998 ). Raghbir(2018) defined Emotional intelligence as the ability to manage one`s emotions and the emotions of others . The five components of emotional intelligence are self-awareness, self-regulation, social skills, motivation and empathy (Goleman, 1998).

**3.2.1.3 Conflict Management Styles** : Conflict management styles are related to "the way that is used to handle the disagreement between two parties" (Rahim, 1983). These styles are classified into five ways to manage and handle conflicts, namely: integrating, dominating , compromising, obligating and avoiding styles (Thomas &killman,2017 )

### **3.3 Operational Definition**

#### **3.3.1 Emotional Intelligence**

This was measured using Genos EI Job Analysis Profiler tool, which was developed by Dr. Benjamin Palmer and Professor Con Stough at Swinburne University in the late 1990's. This Genos EI has one total EI score in which we are interested (Genos, 2009). The Genos EI Inventory (Concise) is divided into seven subscales, which are as follows: self-awareness, emotional expression, self-control, emotional self-management, emotional awareness of others, emotional management of others and emotional reasoning. It has a possible range from 25 to 125 distributed as follows: less than 75 are considered low level of emotional intelligence, more than 100 are considered high level of emotional intelligence, and between 75 and 100 are considered medium (Genos, 2009).

#### **3.3.2 Conflict Management Styles**

This was measured by using the Rahim Organization Conflict Inventory II (ROCI II), which measures the five conflict management styles: integrating, avoiding, dominating, obliging and compromising. It consists of 28 statements and a Likert scale of a five points score for each statement. The number of statements for each conflict management style is as follows: seven statements for Integrating (IN), six statements for Obliging (OB), five statements for Dominating (DO), six statements for Avoiding (AV), and four statements for Compromising (CO). The Conflict Inventory II (ROCI II) subscales have adequate reliability and validity and a higher score that represents greater use of a conflict style (Rahim, 1983).

## **Chapter -4- Methodology**

### **4.1 introduction**

This chapter covers the following topics: the information about the study design, study population, study sample, eligibility criteria, period of the study, questionnaire design, pilot study, data collection process, data process, content validity and reliability.

### **4.2 Study design**

A Descriptive cross sectional study design was used to examine the emotional intelligence and conflict management style among nurse managers in Jerusalem's hospitals. In this study the information was collected without making any changes to the study subject. The purpose of this design was to observe, describe, and document aspects of a situation as it naturally occurs. The advantages of this type of study design: Provides a relatively complete picture of what is occurring at a given time. Allows the development of questions for further study, and it is straightforward, relatively inexpensive, and could be conducted quickly. Thus, this type of design facilitated the completion of this study. The disadvantage to this type of design is that it cannot determine causation between EI behaviors and conflict management styles.

### **4.3 Study population and sampling**

**4.3.1 The study target population** : The study included all nurse managers working in 4 major hospitals located in Jerusalem- Palestine ( Al-Makassed hospital, St-joseph hospital, Augusta victoria hospital, Red crescent hospital) .

**4.3.2 Type of sample:** The study used a non-probability, purposive sampling method. The sample was selected according to the inclusion and exclusion criteria. Total number of the target population which include nurse managers in the selected 4 hospitals and who have at least one year experience in nursing were 50 nurse managers who works in different departments at the four included hospitals. Of the s 50 nurse managers who received the study questionnaires, 44 Nurse managers were able to fulfill the questionnaire and returned it back fully filled out.

#### **4.4 Study Setting**

The presented study was conducted in four major hospitals in Jerusalem .

##### **1 – Makassed Hospital:**

Makassed Islamic Charitable Society Hospital was established in East Jerusalem in 1968, consists of 250 beds . The mission of the Hospital is to provide the highest level possible of medical services, and also to promote scientific and medical research programs.

The Hospital is considered a referral hospital, receiving patients from all over the nation ,the West Bank , Gaza Strip and east Jerusalem , providing a range of specialties including Internal Medicine (Cardiology, Endocrinology, Pulmonology, and Nephrology) , General and specialty Surgery (including Orthopedics, Neurosurgery, Adult Open Heart Surgery, Vascular and Thoracic Surgery) Pediatric Cardiac Surgery Center , Obstetrics & Gynaecology , Foetal Medicine, Pediatrics, Neonatology , Radiology, and several specialized labs .

Not only is it a hospital for the treatment of normal or complex cases but it is the main center for the training of medical and nursing students, and resident doctors. Makassed currently has a staff of 750 employees, which includes 48 specialized doctors and consultants, 74 residents , 3

emergency doctors, 344 nurses , head nurse and supervisor , 77 technicians, 164 administrators and 40 hired employees.

## **2 - St - Joseph hospital**

Saint Joseph Hospital founded in east Jerusalem serves the general population of East Jerusalem, the West Bank, and the Gaza Strip. Consist of 150 beds .

The hospital goal to expand the medical services to meet the needs of the communities with rigorous research, the monitoring and evaluation of services in real time, patient need and satisfaction assessments, and multidisciplinary teamwork. The hospital team of health care specialists provides professional medical services in medical , thoracic, neurological, urological, obstetric / gynecologic , pediatric\neonatology , radiology and general surgeries .St-joseph hospital has 180 employee , managerial and financial 30 , nursing staff 75 , physicians 30 , support staff – medical 20 ,kitchen , reception and security employee 25

## **3- Red cresedent hospital**

The Red Crescent Society in Jerusalem was founded in the year 1951, for the purpose of providing health care thru the Health Committee, and to offer social counseling and human services by the way of the social Relations committee. The Hospital has 40 bed handles most specialty medical services in the field of Obstetrics/gynecology and newly born infants, and emergency and ambulance center. Red crescent hospital has a staff of 160 employee , managerial and financial 22 , nursing staff 53 , physicians 27 , support staff – medical 26 ,kitchen , reception and security employee 32 .

#### **4-Augusta victoria hospital**

Augusta Victoria Hospital in East Jerusalem is a specialized center for oncology, kidney dialysis, general ICU and Geriatric services, and is the only radiotherapy center accessible to Palestinians and the only pediatric dialysis center in Palestine. The majority of patients are referred by the Palestinian Ministry of Health from the West Bank and Gaza Strip. In May 2013, Augusta Victoria Hospital (AVH) became the first Palestinian institution with multiple specialties and one of 500 health organizations worldwide to hold the accreditation from the Joint Commission.

#### **4.5 Eligibility criteria**

##### **4.5.1 Inclusion criteria**

- 1- All nurse managers in Jerusalem hospitals.
- 2- BA in nursing .
- 3- Nurse managers experience more than 1 year in nursing .
- 4- Male and female

##### **4.5.2 Exclusion criteria**

- 1- Nurse not managers
- 2- Nurse manager experience less than 1 year in nursing .

## **4.6 Study instrument**

The study used two major tools for collecting the data the EI \_ inventory – concis, and Conflict management styles the Rahim organizational conflict inventory (roci-11), in addition to the sociodemographic characteristics of the participants.

The validity and reliability was assessed before by the

### **1- Demographic characteristics**

A demographic characteristics of the participant includes (age, gender , marital status , residency place , name of hospital where the participant work, and level of education).

### **2- EI \_ inventory – concis**

This tool used the Genos 31-item questionnaire. It was developed by Dr.benjaamin Palmer at Swinburne university , is divided into seven sub-scales : self-awareness (2,4,24,28 ) , emotional expression (5,7,9,18,29) , self-control (10,23,26,30 ) , emotional self-management (3,6,13,20,21),emotional awareness of others(11,12,19,22 ) , emotional management of others(14,25,27,31), emotional reasoning(8,15,16,17).

It is a five point Likert scale (1 = almost never – 2 = seldom– 3 = sometimes – 4 = usually – 5 = almost always) . The reliability of the instrument subscales is above 0.70, which is considered good reliability for the instrument.

### **3- Conflict management styles the Rahim organizational conflict inventory (roci-11).**

It consist of 28 statements and likert scale of a five points score for each statement . It measure the five conflict management style : integrating ( seven statements ) ,avoiding(six statements) ,dominating( five statements ) , obliging(six statements ) ,and compromising (four statements ).This scale have adequate reliability and validity (Rahim,1983).

The three instruments are valid and used widely, because they are simple, practical and psychometrically sound measures.

Both instruments were used in other countries by many researchers to measure both emotional intelligence and conflict management styles. Many studies used the Rahim Organizational Conflict Inventory–II (ROCI–II) such as the studies of (Ben-Yoav & Banai, 1992; Elsayed-Ekjiouly & Buda, 1996; M. A. Rahim, 1983; M Afzalur Rahim & Magner, 1995; M. Afzalur Rahim et al., 2002). In Arab countries, many studies utilized this instrument (Al-Hamdan et al., 2015; Al-Hamdan et al., 2011).

The questionnaire was introduced in both Arabic and English languages. Also, bilingual nursing expert translated the Arabic version back to English without seeing the original and another English speaking-writing expert compared the versions in order to make it more consistent and comprehensible (Brislin, 1970).

#### **4.7 Data collection method**

The questionnaire method is the tool which was used to get the information and continue the data analysis. The researcher intended to include all nurse managers as head nurse, metrons and supervisors, who are working in the four hospitals that are located in Jerusalem hospitals – Palestine.

A List of the number of nurse managers was obtained from the director of each hospital. The total number consists of 70 nurse managers working in different departments (emergency, medical, surgical, ICU, CCU, Operation, day care, Orthopedic, neuro department, pediatric, gynecology and outpatient clinics) in Jerusalem hospitals. The researcher assigned a meeting with each hospital director to explain to them the educational purpose of study and to emphasize the anonymity and confidentiality. Throughout the period of collecting the data, fifty nurse managers were available at the hospitals and agreed to participate in the study.

The researcher started the data collection after getting the approval from the Research Ethical committee in Al-Quds university and a letter asking permission for data collection was written by the study supervisor to the managers of the included hospitals. After getting the approval from each hospital managers the researcher meets the nursing officer in the included hospitals and explained the research purposes, methods and data collection procedures in order to obtain permission for data collection from the participants in the hospitals.

Data collection started by distributing the questionnaires through the period from July until October ,2021. The participants filled out the questionnaire by their own without the presence of the researcher. The researcher followed the following steps in collecting the data of the study:

- participants were recruited by using non probability, purposive, convenient sampling method.
- The researcher informed the participants about the objectives and benefits of the study. When they agree to participate in the study, a consent form was obtained from each participant. The questionnaire was-delivered to participant by the researcher herself. Participants were allowed to complete questionnaires freely in a private area and fill the questionnaire by themselves. The questionnaire took 20 minutes in average to be completed. Data Collection process took a period of 1-2 months.

#### **4.8 Ethical consideration**

The researcher obtained the permission from AL-QUDS University research and ethical committee to make the study, then from the hospitals authorities and managers to be conducted in their setting . For data collection , all nurse managers was informed clearly about the aims of the study through first page of the questionnaire, the data collecting procedure, and the content of questionnaire do not cause any risks for them as well as their rights because no any private information that led to participants was requested like their names , Also all Participants' consent in this study was obtained after notifying them about their rights to refuse, participate or withdraw at any time. The participant anonymity and confidentiality respected.

#### **4.9 Data analysis**

The collected data was analyzed by the Statistical Package for Social Sciences (SPSS) Version (27). Data entry was performed by the researcher and double-checked for outliers or errors. Data was tested for normality using the Kolmogorov-Smirnov and Shapiro-Wilk tests. Data analysis of descriptive and inferential statistics was conducted. Regarding descriptive statistics, frequency, percentages, mean score and Standard Deviation (SD) were used to describe the study variables. Regarding inferential statistics, because of the dependent variables were not normally distributed, the non-parametric tests included the Mann-Whitney-U test, Kruskal–Wallis H test and spearman's correlation were used to assess the differences and associations between variables.

## Chapter -5- Results

### Introduction

This chapter presents the results of data collection and analysis. The collected data was analyzed by the Statistical Package for Social Sciences (SPSS) Version (27). Data entry was performed by the researcher and double-checked for outliers or errors. Data was tested for normality using the Kolmogorov-Smirnov and Shapiro-Wilk tests. Data analysis of descriptive and inferential statistics was conducted. Regarding descriptive statistics, frequency, percentages, mean score and Standard Deviation (SD) were used to describe the study variables. Regarding inferential statistics, because of the dependent variables were not normally distributed, the non-parametric tests included the Mann-Whitney-U test, Kruskal–Wallis H test and spearman’s correlation were used to assess the differences and associations between variables. Finally, the results from the testing of the research hypotheses are presented.

### 5.2 Tests of Normality

**Table 5.1 illustrate more Normality of conflict management styles and EI behaviors .**

Variables	Kolmogorov-Smirnov <sup>a</sup>			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	Df	Sig.
Sum mean scores of Integrating	.246	44	0.000	.816	44	0.000
Sum mean scores of Avoiding	.206	44	0.000	.818	44	0.000
Sum mean scores of Dominating	.186	44	0.001	.930	44	0.010
Sum mean scores of Obligating	.196	44	0.000	.924	44	0.007
Sum mean scores of Compromising	.142	44	0.026	.935	44	0.016
Total Sum conflict	.160	44	0.006	.777	44	0.000
Sum mean scores of Self-awareness	.121	44	0.109	.959	44	0.124
Sum mean scores of Emotional expression	.121	44	0.109	.959	44	0.124
Sum mean scores of self-control	.172	44	0.002	.910	44	0.002
Sum mean scores of Emotional self-management	.193	44	0.000	.931	44	0.012
Sum mean scores of Emotional awareness of others	.168	44	0.003	.950	44	0.054
Sum mean scores of Emotional management of others	.124	44	0.085	.968	44	0.253

Sum mean scores of Emotional reasoning	.253	44	0.000	.832	44	0.000
Total Sum emotional	.141	44	0.028	.881	44	0.000

Table 5.2 presents the socio-demographic characteristics of the study participants. Out of 50 nurse managers, 28(63.6%) were female and the rest were male. Approximately, one-third of the participants were of the age between 45-49 years 14 (31.8%), and the least age group was between 25-29 years 3(6.8%). More than two-third of the participants were married 31(70.5%), followed by single 9(20.5%). Regarding level of education, two-third of the participants were bachelor holders 29(65.9%), followed by master holders 13(29.6%). The majority of the participants were from Al-Makassed and St John hospitals 17(38.6%) and 15(34.1%), respectively. For manager experiences, more than half of the participants were with 6 years and above of experience 25(56.8%), followed by participants with experience between 1-3 years 10(22.7%).

**Table 5.2 Demographic Characteristics of the participants.**

<b>Characteristic</b>	<b>Numbers</b>	<b>Percentages (%)</b>
<b>Gender</b>		
Male	16	36.4
Female	28	63.6
<b>Age-group</b>		
Between 25-29 years	3	6.8
Between 30-34 years	8	18.2
Between 35-39 years	5	11.4
Between 40-44 years	7	15.9
Between 45-49 years	14	31.8
50 years and above	7	15.9
<b>Marital status</b>		
Single	9	20.5
Married	31	70.5
Others	4	9.0
<b>Qualification</b>		
Diploma	2	4.5
Bachelor	29	65.9
Master	13	29.6

Characteristic	Numbers	Percentages (%)
<b>Gender</b>		
Male	16	36.4
Female	28	63.6
<b>Hospital Name</b>		
Al-Makassed	17	38.6
Augusta Victoria	8	18.2
St John	15	34.1
Red Crescent	4	9.1
<b>Manager Experience</b>		
Between 1-3 years	10	22.7
Between 4-6 years	9	20.5
6 years and more	25	56.8

In order to explain the results of the study, Likert scale traditional analysis and key is used as presented in the following table.

Table 5.3: Likert scale key

Mean	Scale
1 – 2.33	Low
2.34 – 3.66	Moderate
3.67 – 5	High

**1- To answer the first research question “What is the level of conflict management styles used by nurse managers in Jerusalem hospitals?”**

Table 5.4 illustrates the mean score for each Conflict management appraisal items and its domains to answer the first research question. Regarding Conflict management appraisal domains, the highest mean score of Conflict management appraisal domains was in Integrating Style with a mean score of 3.52 , SD = 0.50 Which means moderate level of integrating conflict management style , Avoiding Style domain with a mean score of 3.44, SD = 0.65, and

Compromising Style domain with a mean score of 3.37, SD = 0.58. However, the lowest mean score domains were Obligating Style domain and Dominating Style domain with a mean score of 3.28, SD = .515 and 3.28, SD = 0.48, respectively.

Regarding the integrating style items, the highest integrating item was “I try to investigate an issue with my subordinates to find a solution acceptable to us” with a mean score of 4.09, SD = 0.36. Whereas the least integrating item was “I try to keep my disagreement with my subordinates to myself in order to avoid hard feelings” with a mean score of 2.52, SD = 1.13.

Regarding the avoiding style domain, the highest avoiding item was “I collaborate with my subordinates to come up with decisions acceptable to us” with a mean score of 3.75, SD = 0.97. Whereas the least avoiding style item was “I am generally firm in pursuing my side of the issue” with a mean score of 3.11, SD = 1.08.

Regarding the dominating style domain, the highest dominating item was “I attempt to avoid being “put on spot “and try to keep my conflict with my subordinates to myself” with a mean score of 3.77, SD = 0.86. Whereas the least dominating style item was “I sometimes use my power to win a competitive situation” with a mean score of 2.95, SD = 1.18.

Regarding the obligating style domain, the highest obligating item was “I try to integrate my ideas with those of my subordinates to come up with a decision jointly” with a mean score of 4.18, SD = 0.50. Whereas the least obligating style item was “I try to avoid unpleasant exchanges with my subordinates” with a mean score of 2.59, SD = 1.09.

Finally, for compromising style domain, the highest compromising item was “I try to work with my subordinates for a proper understanding of a problem” with a mean score of 3.84, SD = 0.94. Whereas the least compromising style item was “I use my authority to make a decision in my favor” with a mean score of 2.86, SD = .98.

**Table 5.4 Mean scores for each Conflict management styles' items and its domains (n= 44)**

<b>Item</b>	<b>Mean</b>	<b>SD</b>
<b>Integrating Style</b>		
1. I try to investigate an issue with my subordinates to find a solution acceptable to us	4.09	0.36
2. I exchange accurate information with my subordinates to solve a problem together	3.77	0.86
3. I try to bring all our concerns out in the open so that the issues can be resolved in the best possible way	3.64	1.10
4. I try to keep my disagreement with my subordinates to myself in order to avoid hard feelings	2.52	1.13
5. I usually allow concessions to my subordinates	3.30	1.13
6. I often go along with the suggestion of my subordinates	3.68	1.10
7. I use give and take so that a compromise can be made	3.64	0.94
<b><i>Overall Mean Score (7 items)</i></b>	<b>3.52</b>	<b>0.50</b>
<b>Avoiding Style</b>		
1. I try to work with my subordinates to find solution to a problem which satisfy our expectation	3.66	1.08
2. I collaborate with my subordinates to come up with decisions acceptable to us	3.75	0.97
3. I use my expertise to make a decision in my favor	3.43	1.09
4. I am generally firm in pursuing my side of the issue	3.11	1.08
5. I usually propose a middle ground for breaking deadlocks	3.32	.93
6. I negotiate with my subordinates so that a compromise can be reached	3.39	1.13
<b><i>Overall Mean Score (6 items)</i></b>	<b>3.44</b>	<b>0.65</b>
<b>Dominating Style</b>		
1. I attempt to avoid being “put on spot “ and try to keep my conflict with my subordinates to myself	3.77	0.86
2. I usually avoid open discussion of my difference with my subordinates	3.11	1.10
3. I sometimes use my power to win a competitive situation	2.95	1.18
4. I give in to the wishes of my subordinates	3.11	1.04
5. I try to find a middle course to resolve an impasse	3.45	0.82
<b><i>Overall Mean Score (5 items)</i></b>	<b>3.28</b>	<b>.515</b>
<b>Obligating Style</b>		
1. I try to integrate my ideas with those of my subordinates to come up with a decision jointly	4.18	0.50
2. I try to stay away from disagreement with my subordinates	2.89	1.28
3. I avoid an encounter with my subordinates	2.89	1.28
4. I try to avoid unpleasant exchanges with my subordinates	2.59	1.09

5. I generally try to satisfy the needs of my subordinates	3.68	1.10
6. I try to satisfy the expectation of my subordinates.	3.48	0.95
<b><i>Overall Mean Score (6 items)</i></b>	<b>3.28</b>	<b>0.48</b>
<b>Compromising Style</b>		
1. I try to work with my subordinates for a proper understanding of a problem	3.84	0.94
2. I use my influence to get my ideas accepted	3.11	1.26
3. I use my authority to make a decision in my favor	2.86	.98
4. I usually accommodate the wishes of my subordinates	3.66	0.91
<b><i>Overall Mean Score (4 items)</i></b>	<b>3.37</b>	<b>0.58</b>

**2- To answer the second research question “What is the level of emotional intelligence in nurse managers in Jerusalem Hospitals?” Table 5.5 illustrates the mean score for each Emotional intelligence items and its domains.** Regarding Emotional intelligence – concise domains, the highest mean score of Emotional intelligence concise domains was in emotional reasoning with a mean score of 3.34, SD = 0.74 which indicates moderate level of emotional reasoning, emotional awareness of others showed moderate level with a mean score of 3.27, SD = 0.70, and emotional management of others domain with a mean score of 3.27, SD = 0.70. However, the lowest mean score domains were emotional self-management domain 2.98, SD = 0.70, self-awareness and self-control domain with a mean score of 3.02, SD = 0.70 and 3.02, SD = 0.70, respectively.

Regarding the self-awareness domain items, the highest self-awareness item was “I am aware of my mood state at work” with a mean score of 3.48, SD = 1.19. Whereas the least self-awareness item was “I fail to recognize how my feelings drive my behavior at work” with a mean score of 2.57, SD = 1.19.

Regarding the emotional expression domain, the highest emotional expression item was “I express how I feel at the appropriate time” with a mean score of 3.48, SD = 1.11. Whereas the

least emotional expression item was “I express how I feel to the wrong people at work” with a mean score of 3.11, SD = 1.08.

Regarding the self-control domain, the highest self-control item was “I remain focused when anxious about something at work” with a mean score of 3.34, SD = 1.26. Whereas the least self-control item was “When I am under stress I become impulsive” with a mean score of 2.59, SD = 1.04.

Regarding the emotional self-management domain, the highest emotional self-management item was “I effectively deal with things that annoy me at work” with a mean score of 3.84, SD = 1.08. Whereas the least emotional self-management item was “I fail to handle stressful situations at work effectively” with a mean score of 2.09, SD = 1.12.

Regarding the emotional awareness of others domain, the highest emotional awareness of others item was “I understand what makes people feel valued at work” with a mean score of 3.84, SD = 0.96. Whereas the least emotional awareness of others item was “I fail to identify the way people respond to me when building rapport” with a mean score of 2.93, SD = 1.25.

Regarding the emotional management of others domain, the highest emotional management of others item was “I am effective in helping others feel positive at work” with a mean score of 3.77, SD = 1.08. Whereas the least emotional management of others item was “I don’t know what to do or say when colleagues get upset at work” with a mean score of 2.66, SD = 1.16.

Finally, for emotional reasoning domain, the highest emotional reasoning item was “I communicate decisions at work in a way that captures other’s attention” with a mean score of 3.75, SD = 0.89. Whereas the least emotional reasoning item was “I demonstrate to others that I

have considered their feelings in decisions I make at work” with a mean score of 2.82, SD = 1.30.

Table 5.5 Mean scores for each Emotional intelligence items and its domains (n= 44)

<b>Item</b>	<b>Mean</b>	<b>SD</b>
<b>Self-awareness</b>		
1. I fail to recognize how my feelings drive my behavior at work	2.57	1.19
2. I find it difficult to identify my feelings on issues at work	2.70	1.03
3. I am aware of my mood state at work	3.48	1.19
4. I am aware of how my feelings influence the decisions I make at work	3.34	1.20
<b><i>Overall Mean Score (4 items)</i></b>	<b>3.02</b>	<b>0.70</b>
<b>Emotional expression</b>		
1. I express how I feel to the wrong people at work	2.75	1.10
2. When someone upsets me at work I express how I feel effectively	3.27	0.90
3. When I get frustrated with something at work I discuss my frustration appropriately.	3.30	1.07
4. I express how I feel at the appropriate time	3.48	1.11
5. I have trouble finding the right words to express how I feel at work	2.98	1.11
<b><i>Overall Mean Score (5 items)</i></b>	<b>3.15</b>	<b>0.61</b>
<b>Self-control</b>		
1. When I am under stress I become impulsive	2.59	1.04
2. I fail to keep calm in difficult situations at work.	3.00	1.26
3. I remain focused when anxious about something at work	3.34	1.26
4. When upset at work I still think clearly	3.14	1.09
<b><i>Overall Mean Score (4 items)</i></b>	<b>3.02</b>	<b>0.67</b>
<b>Emotional self-management</b>		
1. I respond to events that frustrate me appropriately	2.89	1.15
2. I fail to handle stressful situations at work effectively	2.09	1.12
3. I take criticism from colleagues personally	3.14	1.23
4. I effectively deal with things that annoy me at work	3.84	1.08
5. I appropriately respond to colleagues who frustrate me at work	2.95	1.28
<b><i>Overall Mean Score (5 items)</i></b>	<b>2.98</b>	<b>0.70</b>
<b>Emotional awareness of others</b>		
1. I fail to identify the way people respond to me when building rapport	2.93	1.25
2. I understand the things that make people feel optimistic at work.	3.32	1.20
3. I understand what makes people feel valued at work.	3.77	1.08

4. I find it difficult to identify the things that motivate people at work	3.07	1.11
<b>Overall Mean Score (4 items)</b>	<b>3.27</b>	<b>0.70</b>
<b>Emotional management of others</b>		
1. I am effective in helping others feel positive at work	3.84	0.96
2. Help people deal with issues that cause them frustration at work	3.64	0.78
3. I fail to resolve emotional situations at work effectively	3.07	1.34
4. I don't know what to do or say when colleagues get upset at work	2.66	1.16
<b>Overall Mean Score (4 items)</b>	<b>3.27</b>	<b>0.70</b>
<b>Emotional reasoning</b>		
I demonstrate to others that I have considered their feelings in decisions I make at work	2.82	1.30
I consider the way others may react to decisions when communicating them	3.30	1.13
I communicate decisions at work in a way that captures other's attention	3.75	0.89
I gain stakeholders' commitment to decisions I make at work	3.45	1.02
I appropriately communicate decisions to stakeholders	3.36	1.04
<b>Overall Mean Score (5 items)</b>	<b>3.34</b>	<b>0.74</b>

**3.1 -To answer the first part of the third research question ( What is the relationship between conflict management styles, Emotional intelligence and the socio-demographic characteristics?"**

Table 5.6 shows the Mann-Whitney U test to assess the difference between the dichotomous variable in terms of the participants' conflict total score and its domains. No significant differences were found based on gender in terms of total participants' conflict style domains scores (P=0.550). On the other hand, the Mann-Whitney U test was used to assess the difference in the dichotomous variable in terms of the participants' conflict overall domains' score by gender. A significant differences were found between male and female managers only in overall obligating style scores (P = 0.033) as female nurse managers use obligating style more than males., whereas, no significant differences were detected between male and female managers in all other overall conflict domains' styles.

**Table 5.6 Differences between dichotomous characteristic (Gender) in terms of total scores of Conflict management styles used by nurse managers (n= 44)**

	Gender	N	Mean Rank	Sum of Ranks	U value (Z)	P-value
<b>Integrating</b>	Male	16	26.00	416.00	168.00	0.166
	Female	28	20.50	574.00	(-1.383)	
<b>Avoiding</b>	Male	16	23.78	380.50	203.50	0.614
	Female	28	21.77	609.50	(-0.505)	
<b>Dominating</b>	Male	16	18.59	297.50	161.50	0.123
	Female	28	24.73	692.50	(-1.544)	
<b>Obligating</b>	Male	16	17.09	273.50	137.50	0.033*
	Female	28	25.59	716.50	-2.133	
<b>Compromising</b>	Male	16	23.22	371.50	212.50	0.776
	Female	28	22.09	618.50	(-0.285)	
<b>Total conflict management styles</b>	Male	16	20.97	335.50	199.50	0.550
	Female	28	23.38	654.50	(-0.598)	

*Mann-Whitney U test*

*Significant at the  $p < 0.05$ .*

Table 5.7 shows the Kruskal Wallis test to assess the difference between socio-demographic characteristics in terms of nurses' conflict styles domains. The Kruskal Wallis test shown a significant difference between education level and total conflict management style scores ( $p = 0.005$ ) as bachelor used more than diploma or master level, manager experience and total conflict management style scores ( $p = 0.001$ ) as experience more than 5 years the most. However, no significant differences were found between age-group ( $p = 0.802$ ), marital status ( $p = 0.110$ ), Hospital name ( $p = 0.315$ ) in terms of nurse managers conflict management styles.

**Table 5.7 Differences between socio-demographic characteristics in terms of total scores of Conflict management styles used by nurse managers (n= 44)**

Demographic characteristics	N	Mean Rank	H Value (df)	P-value
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<b>Age-group</b>	25-29	3	19.00	2.326(5)	0.802
	30-34	8	19.69		
	35-39	5	20.50		
	40-44	7	19.71		
	45-50	14	26.21		
	more than 50	7	24.00		
<b>Marital status</b>	Single	9	30.44	4.413(2)	0.110
	Married	31	20.68		
	Others	4	18.75		
<b>Education level</b>	Diploma	2	42.00	10.610(2)	0.005*
	Bachelor	29	24.76		
	Master	13	14.46		
<b>Hospital name</b>	al-makassed	17	22.00	3.543(3)	0.315
	Augusta Victoria	8	23.06		
	Saint Joseph	15	19.87		
	Red crescent	4	33.38		
<b>Manager experience</b>	1-3	10	9.30	13.717(2)	0.001*
	3-5	9	27.06		
	more than 5	25	26.14		

*Kruskal Wallis Test*

Table 5.8 shows the overall total mean score for each conflict domain. Participants shown moderate level in all conflict management style domains.

**Table 5.8 Total mean score for each domain of conflict management style (n=44)**

<b>Conflict domains</b>	<b>N</b>	<b>Mean</b>	<b>Std. Deviation</b>	<b>Conflict rating</b>
Integrating	44	3.52	0.501	Intermediate
Avoiding	44	3.44	0.651	Intermediate
Dominating	44	3.28	0.515	Intermediate
Obligating	44	3.28	0.480	Intermediate
Compromising	44	3.37	0.579	Intermediate

**3.2** -To answer the second part of the third research question “What is the relationship between conflict management styles, Emotional intelligence and the socio-demographic characteristics?”

Table 5.9 shows the Mann-Whitney U test to assess the difference between the dichotomous

variable in terms of the participants' emotional intelligence total score and its domains. No significant differences were found based on gender in terms of total participants' emotional intelligence domains scores ( $P=0.617$ ). On the other hand, the Mann-Whitney U test was used to assess the difference in the dichotomous variable in terms of the participants' emotional intelligence overall domains' score by gender. No significant differences were found between male and female nurse managers in overall emotional intelligence domains scores, self-awareness ( $P = 0.337$ ), emotional expression ( $P = 0.337$ ), self-control ( $P=0.423$ ), emotional self-management ( $P=0.187$ ), emotional awareness of others ( $P=0.863$ ), emotional management of others ( $P=0.786$ ), and emotional reasoning ( $P=0.775$ ).

**Table 5.9 Differences between dichotomous characteristic (Gender) in terms of conflict score (n= 44)**

Sub-scales	Gender	N	Mean Rank	Sum of Ranks	U value (Z)	P-value
Self-awareness	Male	16	20.06	321.00	185.50	0.337
	Female	28	23.89	669.00	(-0.960)	
Emotional expression	Male	16	20.06	321.00	185.50	0.337
	Female	28	23.89	669.00	(-0.960)	
Self-control	Male	16	20.47	327.50	191.50	0.423
	Female	28	23.66	662.50	(-0.801)	
Emotional self-management	Male	16	19.16	306.50	170.50	0.187
	Female	28	24.41	683.50	(-1.321)	
Emotional awareness of others	Male	16	22.94	367.00	217.00	0.863
	Female	28	22.25	623.00	(-0.173)	
Emotional management of others	Male	16	21.81	349.00	213.00	0.786
	Female	28	22.89	641.00	(-0.271)	
Emotional reasoning	Male	16	23.22	371.50	212.50	0.775
	Female	28	22.09	618.50	(-0.286)	
Total Emotional Intelligence Inventory	Male	16	21.22	339.50	203.50	0.617
	Female	28	23.23	650.50	(-0.500)	

*Mann-Whitney U test*

*Significant at the  $p < 0.05$ .*

Table 5.10 shows the Kruskal Wallis test to assess the difference between socio-demographic characteristics in terms of nurses' emotional intelligence domains. The Kruskal Wallis test shown a significant difference between education level and total emotional intelligence scores ( $p= 0.002$ ) as bachelor degree used more than diploma or master , and significant difference between hospital name and total emotional intelligence scores ( $p= 0.002$ ) as al-makassed hospital more than the other hospitals . However, no significant differences were found between age-group ( $p= 0.073$ ), marital status ( $p= 0.672$ ), and manager experience ( $p= 0.105$ ) in terms of nurses' emotional intelligence domains.

**Table 5.10 Differences between socio-demographic characteristics in terms of total conflict score (n= 44)**

Demographic characteristics		N	Mean Rank	H Value (df)	P-value
Age-group	25-29	3	24.33	10.064(5)	0.073
	30-34	8	23.38		
	35-39	5	13.30		
	40-44	7	13.00		
	45-50	14	28.89		
	more than 50	7	24.00		
Marital status	Single	9	19.89	0.795(2)	0.672
	Married	31	22.73		
	Others	4	26.63		
Education level	Diploma	2	42.50	12.099(2)	0.002*
	Bachelor	29	18.03		
	Master	13	29.38		
Hospital name	al-makassed	17	19.50	12.999(2)	0.002*
	Augusta Victoria	8	9.31		
	Saint Joseph	15	27.60		
	Red crescent	17	19.50		
Manager experience	1-3	10	17.50	4.512(2)	0.105
	3-5	9	18.11		
	more than 5	25	26.08		

*Kruskal Wallis Test*

Table 5.11 shows the overall total mean score for each nurses' emotional intelligence.

Participants shown moderate level in all nurses' emotional intelligence domains.

**Table 5.11 Total mean score for each emotional domain (n=44)**

Emotional domains	N	Mean	Std. Deviation	Emotional Rating
Self-awareness	44	3.15	0.608	Intermediate
Emotional expression	44	3.15	0.608	Intermediate
self-control	44	3.02	0.670	Intermediate
Emotional self-management	44	2.98	0.702	Intermediate
Emotional awareness of others	44	3.27	0.705	Intermediate
Emotional management of others	44	3.30	0.594	Intermediate
Emotional reasoning	44	3.34	0.741	Intermediate

**4- To answer the fourth research question “What is the relationship between conflict management styles and emotional intelligence among nurse managers in Jerusalem Hospitals?”**

Table 5:12 and Table 5:13 present the results.

Table 5.12 shows the correlation coefficient between total EI scores and total conflict management styles scores by selected demographic variables. The results of the analysis suggest there is a significant positive correlation using a .05 level of significance between the overall scale score of conflict management behavior and overall emotional intelligence ( $r = .592$ ,  $p < .001$ ). These two correlations were found to be approximately moderate in strength.

As shown, significant correlations were only found in two cases in total. First, positive, significant correlations were found between hospital name( as al-makassed hospital the most than other hospitals) and the overall scale score of conflict management behavior ( $r = .348$ ,  $p = .021$ ), as well as, with overall emotional intelligence ( $r = .348$ ,  $p = .021$ ). These two correlations were found to be approximately weak in strength. Additionally, a significant, positive correlation

was also found between manager experience (as more than 5 years' experience was the most) ( $r = .442, p = .003$ ), as well as, with overall emotional intelligence ( $r = .442, p = .003$ ). This correlation was found to be moderate in strength and was positive. These results lend strong support to the study's fourth hypothesis.

**Table 5.12 Correlation coefficient between Total EI scores and Total conflict management styles scores by selected demographic variables (n=44)**

		Gender	Age-group	Marital status	Education	Hospital name	Manager experience	Conflict	Emotional
Gender	R	1	.191	-.339*	.179	.025	.427**	.157	.157
	P-value	-	.214	.024	.245	.874	.004	.308	.308
Age group	R	.191	1	-.227	-.180	-.198	.474**	.134	.134
	P-value	.214	-	.139	.241	.197	.001	.385	.385
Marital status	R	-.339*	-.227	1	-.142	.110	-.275	.031	.031
	P-value	.024	.139	-	.359	.478	.071	.841	.841
Education	R	.179	-.180	-.142	1	-.088	-.039	.173	.173
	P-value	.245	.241	.359	-	.570	.801	.263	.263
Hospital name	R	.025	-.198	.110	-.088	1	-.122	.348*	.348*
	P-value	.874	.197	.478	.570	-	.430	<b>.021</b>	<b>.021</b>
Manager experience	R	.427**	.474**	-.275	-.039	-.122	1	.442**	.442**
	P-value	.004	.001	.071	.801	.430	-	<b>.003</b>	<b>.003</b>
Conflict	R	.140	.097	-.203	-.220	.158	.543**	.592**	.592**
	P-value	.364	.532	.186	.150	.306	<b>.000</b>	<b>.000</b>	<b>.000</b>
Emotional	R	.157	.134	.031	.173	.348*	.442**	1	1
	P-value	.308	.385	.841	.263	<b>.021</b>	.003		-

\*. Correlation is significant at the 0.05 level (2-tailed).

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

Table 5.13 shows the correlation coefficient between EI and conflict management styles. The results showed that, emotional intelligence had an influence on all the conflict management styles except dominating style (Table 5:13). Emotional intelligence was positively and significantly correlated with integrating style ( $r = 0.498$ ,  $p = 0.001$ ), avoiding style ( $r = -0.564$ ,  $p < 0.01$ ), obliging style ( $r = 0.348$ ,  $p = 0.021$ ), and compromising style ( $r = 0.364$ ,  $p = 0.015$ ), but not on dominating style ( $r = .244$ ,  $p = 0.110$ ) and Similarly, emotional intelligence sub-scales were positively correlated with integrating style, avoiding style, obliging style, and compromising style.

**Table 5:13 Correlation coefficient between EI and conflict management styles (n=44)**

		Integrating	Avoiding	Dominating	Obligating	Compromising
Emotional self-management	R	.245	.410**	.231	.434**	.243
	P-value	.109	<b>.006</b>	.132	<b>.003</b>	.112
Emotional awareness of others	R	.543**	.501**	.030	.152	.235
	P-value	<b>.000</b>	<b>.001</b>	.847	.324	.124
Emotional management of others	R	.350*	.358*	.263	.196	.281
	P-value	<b>.020</b>	<b>.017</b>	.084	.203	.064
Emotional reasoning	R	.659**	.674**	.163	.181	.568**
	P-value	<b>.000</b>	<b>.000</b>	.291	.241	<b>.000</b>
Total EI	R	.498**	.564**	.244	.348*	.364*
	P-value	<b>.001</b>	<b>.000</b>	.110	<b>.021</b>	<b>.015</b>
** . Correlation is significant at the 0.01 level (2-tailed).						
* . Correlation is significant at the 0.05 level (2-tailed).						

## **Chapter -6- Discussion**

### **6.1 introduction**

This chapter consist of four sections. The first one provides a clear an overview and discussion of the results regarding the research questions that guided the study .The second section states conclusions of the study ,and limitations of the study is proposed in the third section . The fourth section contains recommendations for future research. the present study was conducted to examine the emotional behaviors and conflict management style among nurse managers in Jerusalem’s hospitals. The present study also conducted to investigate if there are significant difference in both emotional intelligence and conflict management styles related to demographic variables . A purposive sample consist of 50 participants working as nurse managers in four major hospitals in Jerusalem .conflict management style was measured using the Rahim organizational conflict Inventory –II (ROCI-II)scale and Emotional intelligence was measured using Genos 31-items scale .

### **6.2 Discussion of findings**

#### **6.2.1 -Socio-Demographic Characteristics of Participants**

More than half of the participants in the present study were females, accounting for approximately (63.6%). while the percentage of males was (37.4 %).this result close to result in (Al-Hamdan et al.,2019)study in Jordan about the impact of emotional intelligence on conflict management styles used by Jordanian nurse managers , which showed a female percentage of (57.3%) and male percentage of (42.7%).these result explain that numbers of females who work in nursing profession more than males . Approximately, one-thirds of the participants were of the

age between 45-49 years 14(31.8%), and the least age group was between 25-29 years 3(6.8%). More than two-third of the participants were married 31(70.5%), followed by single 9 (20.5%), which is close to the percentage of the participants were married in the study of (Ceyda&Gonul,2016), that the percentage was 63.2% married .

Regarding qualification, two-third of the participants were bachelor holders 29(65.9%), followed by master holders 13(29.6%). because most nurses with a master degree and PHD usually work in other places and positions such as the academic positions. On the other hand, nurses who had only Bachelor degree only prefer to keep working in clinical area of nursing. The majority of the participants were from Al-Makassed and St John hospitals 17(38.6%) and 15(34.1%). This can be attributed to the fact that these two hospitals are larger and contain more nurse managers than the other two hospitals. For manager experiences, more than half of the participants were 6 years and above 25(56.8%), followed by participants with experience between 1-3 years 10(22.7%).

### **6.2.2 -Conflict Management Styles among Nurse Managers**

In the present study, the researcher found that the most commonly used conflict management style among nurse managers in Jerusalem hospitals was the integrating style, whereas, the less commonly used was Obligating Style and Dominating Style. This result matches the result of (leodoro et al.,2018) and result of (Al-Hamdan et al., 2015,2019), which found that integrating style is the most common style used by managers. Another study of (Chan et al., 2014) also had a similar result that nurses used integrating style more and less likely use dominating style. Another study that contradicted the result of the present study was the study of (Ceyda&Gonul,2016), which revealed that nurse managers used avoiding and dominating styles

most frequently and integrating style was less. Most studies support the results of the present study. which may be attributed to the original collaborative values that nurse managers in Jerusalem have, which might be related to the Islamic religion and social believes. That is because cultural behaviors and perceptions of people are influenced by their religion in a varying degrees, as religious values, and behaviors are an integral part of interactions between individuals and among groups. ( Abu-Nimer,M 2001).

In fact, these inherited values may make them use the integrating style most of the time. The collectivist culture also supports strong work relationships that make managers trust others and respect the idea of mutual benefit, which, in turn, make them think about the goals and needs of the other party once the conflict happened.

The present study revealed that the dominant conflict management style used among nurse managers in Jerusalem hospitals is the integrating style, then Avoiding Style domain, and Compromising Style domain and the lowest mean score domains were Obligating Style domain and Dominating Style domain. The integrating style is used as the first choice to be referred to in conflict management.

#### **6.2.2.1- Conflict Management Styles and Demographic Variables**

Mann-Whitney U test was used to assess the difference between the dichotomous variable in terms of the participants' conflict total score and its domains.

#### **6.2.2.2 Conflict management styles and gender**

When analyzed on gender differences in conflict management styles, results indicated no significant differences based on gender in terms of total participants' conflict style. On the other

hand, the Mann-Whitney U test was used to assess the difference in the dichotomous variable in terms of the participants' conflict overall domains' score by gender. Significant differences were found between male and female managers in overall obligating style scores ( $P = 0.033$ ), this result contradicted with (al-hamdan et al,2019) and (Odetunde, 2013) were their studies found that no significant difference between male and female managers in obligating style. whereas, no significant differences were detected between male and female managers in all other overall conflict domains' styles. that matches with result of (Al-hamdan et al,2019) and mismatches with study of (Al-Hamdan et al., 2015) which had significant differences between males and females in the conflict management styles. The gender difference in obligating style that were found in this study could be attributed to personality factors as well as gender role socialization and its enforcement in organization that is dominant in the prevailing culture. While our study cannot differentiate these influences, it does demonstrate the strength of the resulting gender difference for one style alone.

#### **6.2.2.3 Conflict management styles and education level**

This study found that there was a significant difference between education level and total conflict management style scores. this result matches the result (AL-Hamdan et al,2011).

#### **6.2.2.4 Conflict management styles and manager experience**

This study found that there was a significant difference between manager experience and total conflict management style scores, this result matches with study of (Narayana & Debas, 2016; Pandey et al., 2015) these two studies found that there was a significance difference in experience and conflict management styles ,and the present study results contradicted with study

(al-Hamdan et al,2019) that found that there was no significance difference in experience and conflict management styles,

#### **6.2.2.5 Conflict management styles and age-group**

The present study results showed that there no significant differences were found between age-group in terms of nurse managers conflict management styles. The same result was found by the (al-Hamdan et al ,2019 ) and (Schlaerth et al., 2013) study and the study of (Gbadamosi et al., 2014), which matched the present study in that there was no significant difference between age – group and conflict management styles . On the contrary, the studies of (Monteiro & Balogun, 2015; Pandey et al., 2015) contradicted the result of the present study.

#### **6.2.2.6 Conflict management styles and marital status**

The present study found that there was no significant difference in marital status and conflict management styles, which similar the result of (Al-Hamdan et al,2019 ) and contradicted the result of (Al-Hamdan et al., 2015) in which married nurses used collaborative and avoiding style more.

#### **6.2.2.7 Conflict management styles and hospitals name**

The present study found that there was no significant differences were found between hospitals name in terms of nurse managers conflict management styles.

### **6.2.3 Emotional Intelligence among nurse managers in Jerusalem hospitals**

\*\* The present study showed that the **highest** mean score of Emotional intelligence concise domains was as follows:

1- Emotional reasoning with a mean score of 3.34, SD = 0.74, this result mismatches the result of (AL-Hamdan et al ,2019) which indicated that the highest subscales mean of emotional intelligence scale were the emotional self- management .

2- After emotional reasoning emotional domain became awareness of others domain with a mean score of 3.27, SD = 0.70, this domain the same as (AL-Hamdan et al 2019 ) that class under the highest subscale.

3- The emotional management of others domain with a mean score of 3.27, SD = 0.70. this domain result contracted with (AL-Hamdan et al,2019 ) that his result showed that the emotional management of others domains became under the lowest subscale emotional intelligence .

\*\* The present study also showed that the **lowest** mean score domains were

1- Emotional self-management domain 2.98, SD = 0.70, this result contracted with (AL-Hamdan et al,2019) that showed that emotional self-management domain was the highest subscale mean of emotional intelligence scale .

2- self-awareness and self-control domain with a mean score of 3.02, SD = 0.70 and 3.02, SD = 0.70, respectively.

This result indicates that nurse managers have moderate emotional intelligence scores and above the average of emotional intelligence subscale scores, which is the mean more than 2.33 and less than 3.67. This result matches the result of another two studies conducted in Jordan: The study of (Al-Hamdan et al., 2016) in which the mean was (3.49) and the second study is (Al-Faouri et al., 2014) in which the participants perceived their emotional intelligence as moderate. The study results mean that nurse managers are aware of the emotions of others during working as a nurse

manager. This enables them manage their emotional reactions and be well-prepared in the management of any conflict with others.

In addition, nurse managers in Jerusalem hospitals believe that it is crucial to have the mixture between the work according to nursing basics and knowledge and the use of emotions with others. The aim is to clarify the humanistic message of nursing profession and to redirect the nursing process of management to be transformational rather than transactional in order to have creative solutions in work and to achieve the wanted change in Jerusalem's hospitals.

#### **6.2.3.1 Emotional Intelligence and Demographic Variable**

The Mann-Whitney U test used to assess the difference between the dichotomous variable in terms of the participants' emotional intelligence total score and its domains.

#### **6.2.3.2 Emotional Intelligence and gender**

The gender of the nurse managers did not have much influence on emotional intelligence , in our study No significant differences were found based on gender in terms of total participants' emotional intelligence domains scores ( $P=0.617$ ). No significant differences were found between male and female nurse managers in overall emotional intelligence domains scores . On a review of the available literature in similar contexts it was observed that some empirical studies point that there are significant differences between the gender, while other research suggests that there are no differences in emotional intelligence between males and females , our study matches the result of (Al-Hamdan et al., 2016; McKinley et al., 2014) and mismatches the results of (McNulty et al., 2016) Psychologists, does not have any explanatory power for gender differences unless and until it is coupled with sociodemographic or

socioeconomic variables (Fernandez-Berrocal et al., 2012). Therefore, it appears that biological sex (between sex differences) is not sufficient for evaluating differences in emotional intelligence between males and females. Perhaps differences ‘within sex’ may throw more light into variations in emotional intelligence. However, al-hamdan et al,(2019), revealed no correlation between gender and job performance scores, a finding not supported by either Bsool (2014), who reported that male nurses perceived their performance level to be higher than female nurses, or Indartono and Chen (2010), who found that female employees achieved higher performance than male employees. This discrepancy in the findings mirrors that in the general EI literature, among which there is not clear consensus. It may be worth further nursing research, however, because of persistent stereotyping among nurses that characterize male nurses as less emotionally able than their female counterparts (Codier & MacNaughton, 2012).

**BY EMILIANA R. SIMON-THOMAS | JUNE 1, 2007**

It is well known that : Women are better than men at taking other people’s perspectives, feeling their pain, and experiencing compassion for them. Surveys of men and women suggest there’s some truth to that assumption. But it’s not clear if women’s empathy is the result of nature or nurture.

### **6.2.3.3 Emotional intelligence and education level**

The Kruskal Wallis test used to assess the difference between socio-demographic characteristics in terms of nurses’ emotional intelligence domains. The Kruskal Wallis test shown a significant difference between education level and Emotional intelligence , this matches with (Al-Hamdan et al , 2016).

#### **6.2.3.4 Emotional intelligence and hospital name or type**

The Kruskal Wallis test shown a significant difference between hospital name ( $p= 0.002$ ) and total emotional intelligence scores. This result matches with study of (Al-Hamdan et al , 2016 ) showed that there is differences between the three names and types of hospitals represented in the study .

#### **6.2.3.5 Emotional intelligence and age –group**

The Kruskal Wallis test shown no significant differences were found between age-group ( $p= 0.073$ ), in terms of nurses' emotional intelligence domains.

#### **6.2.3.6 Emotional intelligence and Marital status**

In this study , No significant differences were found between marital status and total emotional intelligence scores . The findings were consistent with (Rahim and Malik ,2010) and (mukundan&zakkariya,2017).other study were found that there a significant positive relationship between marital status and EI (single nurses had higher self-reported EI)(Al-Hamdan et al,2016).

#### **6.2.3.7 Emotional intelligence and nurse managers experience**

No significant differences were found between manager experience in terms of nurses' emotional intelligence domains. This result contradicts with the study of Mukundam&Zakkariya, (2017), that found that EI behaviors are increasing continuously with experience and significant difference was observed across different managerial experience groups.

#### **6.2.4 Emotional Intelligence and Conflict Management Styles Used among Nurse Managers in Jerusalem hospitals**

The results showed that, there is a significant relationship between emotional intelligence and conflict management styles, emotional intelligence had an influence on all the conflict management styles except dominating style.

1- Emotional intelligence was positively and significantly correlated with integrating style ( $r = 0.498, p = 0.001$ ), This matches the result of (Schlaerth et al., 2013) and (AL-Hamdan et al,2019) were revealed the existence of a significant positive relationships between emotional intelligence and the integrating style. and study of (Chan et al., 2014) that supported the present study in that when emotional intelligence increased the use of integrating increased as well, another study of (Sharma & Sehrawat, 2014) supported the present study in that there was a positive relationship between emotional intelligence and integrating style.

2- Emotional intelligence was positively and significantly correlated with avoiding style ( $r = -0.564, p < 0.01$ ), This result similar to result at study of the (Pandey et al., 2015) that showed when emotional intelligence increased the use of avoiding style increased.

Another studies of (Schlaerth et al., 2013)and (AL-Hamdan et al,2019) mismatches the result that has a negative relationship between emotional intelligence and avoiding style.

3- Emotional intelligence was positively and significantly correlated with obliging style ( $r = 0.348, p = 0.021$ ), This matches the result of (Schlaerth et al., 2013) that revealed the existence

of a significant positive relationships between emotional intelligence obliging style. Also, the study of (Basogul & Özgür, 2016) had a similar result matched the present study in that there were a positive relationship between emotional intelligence and obliging style. The result conducted with The study of (Riaz et al., 2012) that concluded that there was a negative significant effect of Emotional intelligence on obliging style.

4- Emotional intelligence was positively and significantly correlated with compromising style ( $r = 0.364$ ,  $p = 0.015$ ). This matches the result of (Schlaerth et al., 2013) that revealed the existence of a significant positive relationships between emotional intelligence and compromising style And the study of (Chan et al., 2014) that supported the present study in that when emotional intelligence increased the use of compromising styles increased as well. another study of (Sharma & Sehrawat, 2014) supported the present study in that there was a positive relationship between emotional intelligence and compromising style . while it contradicts to the findings of (Pieterse, 2014) and (Kumari, 2015) where a negative association or no relationship was found.

5- Emotional intelligence was negatively and not significantly correlated with dominating style ( $r = .244$ ,  $p = 0.110$ ). This matches the result of (Schlaerth et al., 2013) that has a negative relationship between emotional intelligence and dominating style .

And mismatches with (Sharma & Sehrawat, 2014) that showed that there was a positive relationship between emotional intelligence and dominating style.

The researcher can say that most results of the past studies match the result obtained by the present study that emotional intelligence had a positive relationship with integrating, obliging , compromising and avoiding style, and that it had a negative relationship with dominating style.

Also, the different results between the present study and other studies may be attributed to different aspects in methodology and cultural differences from a country to another.

A dominating style is characterized by high concern for self and low concern for others. This style has been identified with a win-lose perspective or with forcing behavior by one individual over another as a means to win a position or resolve a conflict situation. An individual using a dominating style typically uses whatever measures necessary to win the objective, and as a result, ignores or minimizes the needs and expectations of the other party. This style is often used when the issues involved in a conflict seem relatively unimportant or when a quick decision is required. A dominating style may also be used by upper management for implementing strategies and policies, or when unpopular courses of action must be implemented (Afzalur, Garrett, & Buntzman, 1992). The dominating style tended to be perceived as inappropriate, and the obliging style was generally perceived as neutral. The avoiding style was generally perceived as both ineffective and inappropriate. Finally, compromising was perceived as a relatively neutral style. Dominating was more negatively related, and obliging more positively related, to subordinates' perceptions of effectiveness for women than for men.

The result of the present study proved that emotional intelligence has an influence on all conflict management styles. Thus, nurse managers need to be aware of their emotions and the emotions of the staff members in order to manage them in a way that helps them to choose the suitable conflict management style according to the situation. This means that nurse managers shall be able to manage conflict in different conflict management styles according to the situation conditions and not to follow one style in all contexts. By doing so, this makes nurse managers more flexible and creative.

### **6.3 Conclusions**

The present study concluded that there were significant positive relationships between emotional intelligence and each of integrating, avoiding, compromising and obliging styles. It also concluded that there was a significant negative relationship with dominating styles. In addition, there was no significant difference between conflict management styles and demographic variables, except for education levels and nurse managers experience. Moreover, there was no significant difference between emotional intelligence and gender, age group, marital status and manager experience and there was significant difference between emotional intelligence and education level and hospitals name. This research is considered a foundation for future similar studies in Jerusalem for nursing profession that had a similar results with other past researches.

#### **6.4 limitation**

The main limitation of this study was related to the Corona virus epidemic that affect all aspects of life all over the world including Palestine and Jerusalem during the research period especially in hospitals, which affected the completion of the research and delayed the process of data collection.

Although the present study used a convenience sample rather than a randomized sample and used a small sample size, which might have a sampling error and may affect the generalizability of the result. In addition, the present study used a long questionnaire that may take long time for the participant to fill it, and that it may make a reporting bias. The researcher was not able to identify some of the missing demographic data from returned questionnaire. The present study was only conducted in Jerusalem, whereas future similar studies shall include more geographical area in Palestine.

Finally , Despite the previously mentioned limitation , the present study is the first study conducted in Palestine that connected the emotional intelligence and conflict management styles . As well, the result of the present study are considered of great benefit for research , education ,practice and policy .

## **6.5 Recommendations**

The present study recommends

- 1- Workshops and training programs are essentially needed for nurse managers to teach them about EI behaviors and its effective use in conflict management styles .
- 2- Nurse managers need to be aware of their own emotions and the emotions of their staff in order to use the suitable conflict management style according to the situation
- 3- Similar studies should be done using a longitudinal design and using both objective and subjective data collection methods .
- 4- To use randomized sample and largest sample size in the future.
- 5- Future studies should cover more geographical areas in Palestine and not only Jerusalem .
- 6- provide emotional intelligence courses and conflict management programs for nurse managers.

## **6.6 Implication**

The implication of the present study is wide and many of the implication could be effective in research, education, practice and administration.

### **6.6.1 Research**

Since the present study is considered the first study in Palestine that investigated both emotional intelligence and conflict management styles used among nurse managers in Jerusalem hospitals , it is hopeful to see further future studies about the same topic among nurse managers, which, in turn, will make the evidence stronger and will allow to collect more information about emotional intelligence of nurse managers in Jerusalem hospitals. Also, future studies will provide us with a clearer picture about styles of conflict management used among nurse managers in Jerusalem hospitals . Many researches could be conducted on the same topic with connecting it to other variables such as satisfaction, job performance, the intent of stay, job stress, academic outcomes and quality of care. In addition, many studies could be conducted to investigate the leadership topics in relation to the study of these two variables. Further studies could be conducted among a larger and randomized sample in order to increase the generalizability of the study's findings.

### **6.6.2 Education**

One of the present research implications is to include the emotional intelligence programs and courses among nursing schools and universities in order to improve the nursing workforce knowledge about the emotional intelligence, and to learn the significant correlation between the emotional intelligence and conflict management styles. By doing so, the aim is to have potential nurse managers, who are aware of their and others' emotions in the work environment, and who

take effective decisions in their work. This will be fruitful for effective job performance and will empower nursing as a profession.

### **6.6.3 Practice**

Using the result of the present study practically in nursing is very crucial. It can be realized by implementing the skills and knowledge of emotional intelligence in conflict management, which could improve the job performance and decrease the job stress in order to improve the quality of care provided by nurses and to enhance the quality of management provided by nurse managers in Jerusalem.

### **6.6.4 Administration**

The implication in the administrative area is a crucial part, which can be represented by having nurse managers, who apply the skills of emotional intelligence in the work environment and act as a model by teaching their employees how to manage their emotions to deal with daily work conflict and how to have effective communication skills with patients, families and other work employees to achieve a high job performance and improve the quality of work relationships. Also, this paves the way to create innovative nurse leaders and managers, who can solve problems and achieve both parties' goals in competitive conditions.

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## **List of Annexes**

**Annex 1- Questionnaire, Ethical approvals**



جامعة القدس  
Al-Quds University

### **Emotional Intelligence and Conflict Management Styles among Nurses in Jerusalem's Hospitals**

My name is Areej Jubran, I'm a student in the Nursing management program for master degree at al-Quds university and I'm doing my research study about the nurses managers in Palestine.

This questionnaire has been designed with the aim of examine the emotional intelligence and conflict management style among nurse managers in Jerusalem's hospitals.

I'm glad to inform you that you are invited to be a part of this research study, any information that is obtained from you will remain confidential and will be disclosed.

I'm interested in your participation in filling this questionnaire and I hope you can fill it with all objectivity and accuracy, knowing that the information will only be used for the purpose of scientific research.

**Thank you for your cooperation**

**Part one:**

**Please answer the following questions with the suitable answer you find:**

Q1. What is your gender identity?

Male            Female

Q2. What age group do you belong to?

25 -29 years old            30-34 years old            35-39 years old  
40-44 years old            45-50 years old            More than 50 years old

Q3. What is your marital status?

Single            Married            Others

Q4. What is your highest level of education?

Diploma            Bachelor            Master            PhD

Q5. What is the name of the hospital you are working in?

Al-Makassed            Augusta Victoria            Saint –Joseph  
San –John            Red Crescent

Q6. How long have you been working as a manager at your current job?

1-3 years    3-5 years  
More than 5 years.

**Part two:**

Please answer the following questions with the suitable answer you find according to the five point scale.

1- Conflict management style

Question statement		Answers				
		Strongly disagree	Disagree	Undecided	Agree	Strongly agree
1.	I try to investigate an issue with my subordinates to find a solution acceptable to us .					
2.	I try to integrate my ideas with those of my subordinates to come up with a decision jointly.					
3.	I try to work with my subordinates to find solution to a problem which satisfy our expectation.					
4.	I exchange accurate information with my subordinates to solve a problem together.					
5.	I try to bring all our concerns out in the open so that the issues can be resolved in the best possible way .					

6.	I collaborate with my subordinates to come up with decisions acceptable to us.					
7.	I try to work with my subordinates for a proper understanding of a problem.					
8.	I attempt to avoid being "put on spot " and try to keep my conflict with my subordinates to myself					
9.	I usually avoid open discussion of my difference with my subordinates					
10.	I try to stay away from disagreement with my subordinates					
11.	I avoid an encounter with my subordinates					
12.	I try to keep my disagreement with my subordinates to myself in order to avoid hard feelings					
13.	I try to avoid unpleasant exchanges with my subordinates					
14.	I use my influence to get my ideas accepted					
15.	I use my authority to make a decision in my favor					
16.	I use my expertise to make a decision in my favor					
17.	I am generally firm in pursuing my side of the issue					

18.	I sometimes use my power to win a competitive situation					
19.	I generally try to satisfy the needs of my subordinates					
20.	I usually accommodate the wishes of my subordinates.					
21.	I give in to the wishes of my subordinates.					
22.	I usually allow concessions to my subordinates.					
23.	I often go along with the suggestion of my subordinates.					
24.	I try to satisfy the expectation of my subordinates.					
25.	I try to find a middle course to resolve an impasse.					
26.	I usually propose a middle ground for breaking deadlocks.					
27.	I negotiate with my subordinates so that a compromise can be reached.					
28.	I use give and take so that a compromise can be made.					

2- Emotional intelligence

Question statement		Answer				
		Strongly disagree	Disagree	Undecided	Agree	Strongly agree
1.	I demonstrate to others that I have					

	considered their feelings in decisions I make at work.					
2.	I fail to recognize how my feelings drive my behavior at work.					
3.	I respond to events that frustrate me appropriately.					
4.	I find it difficult to identify my feelings on issues at work.					
5.	I express how I feel to the wrong people at work.					
6.	I fail to handle stressful situations at work effectively.					
7.	When someone upsets me at work I express how I feel effectively.					
8.	I consider the way others may react to decisions when communicating them.					
9.	When I get frustrated with something at work I discuss my frustration appropriately.					
10.	When I am under stress I become impulsive.					
11.	I fail to identify the way people respond to me when building rapport.					
12.	I understand the things that make people feel optimistic at work.					
13.	I take criticism from colleagues personally.					
14.	I am effective in helping others feel positive at work.					
15.	I communicate decisions at work in a way that captures other's attention					
16.	I gain stakeholders' commitment to decisions I make at work.					
17.	I appropriately communicate decisions to					

	stakeholders.					
18.	I express how I feel at the appropriate time.					
19.	I understand what makes people feel valued at work.					
20.	I effectively deal with things that annoy me at work.					
21.	I appropriately respond to colleagues who frustrate me at work.					
22.	I find it difficult to identify the things that motivate people at work.					
23.	I fail to keep calm in difficult situations at work.					
24.	I am aware of my mood state at work.					
25.	help people deal with issues that cause them frustration at work.					
26.	I remain focused when anxious about something at work.					
27.	I fail to resolve emotional situations at work effectively.					
28.	I am aware of how my feelings influence the decisions I make at work.					
29.	I have trouble finding the right words to express how I feel at work.					
30.	When upset at work I still think clearly					
31.	I don't know what to do or say when colleagues get upset at work.					

**Thank you for your time**

Al-Quds University  
Faculty of Health Professions  
Nursing Department  
Jerusalem-Abu Dies

بسم الله الرحمن الرحيم



جامعة القدس  
كلية المهن الصحية  
حداثة التمريض والقبالة  
القدس-أبوديس

2020/8/11

حضرة الأستاذة كفاح الخطيب المحترمة  
مستشفى الهلال الأحمر/ القدس  
فاكس : 5848020

الموضوع : "العلاقة على تسهيل مهمة الطالبة أريج جبران".

تحية طيبة وبعد،،،

تقوم الطالبة أريج جبران ورقمها الجامعي 21811628، وهي طالبة ماجستير إدارة التمريض/ كلية المهن الصحية/ جامعة القدس، بعمل رسالة ماجستير بعنوان

"Emotional Intelligence and Conflict Management Styles Among Nurses in Jerusalem's Hospitals"

تحت إشراف الدكتوراه مها نحل، نرجو من حضرتكم تسهيل مهمة الطالبة للحصول على المعلومات اللازمة.

وتفضلوا بقبول فائق الاحترام والتقدير،،،،،

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<i>Nursing Department</i>		حاضرة التمرريض والقبالة
<i>Jerusalem-Abu Dics</i>		القدس-أبوديس

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2020/8/11  
 حضرة الأستاذة هالة الكسيري المحترمة  
 مستشفى القزناوي / القدس  
 فاكس :


**الموضوع : "العلاقة على تسهيل مهمة الطالبة أريج جبران"**

تحية طيبة وبعد،،،  
 تقوم الطالبة أريج جبران ورقمها الجامعي 21811628، وهي طالبة ماجستير إدارة التمريض / كلية المهن الصحية / جامعة القدس، بعمل رسالة ماجستير بعنوان  
**"Emotional Intelligence and Conflict Management Styles Among Nurses in Jerusalem's Hospitals"**  
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 وتفضلوا بقبول تفضلوا بالإحترام والتقدير،،،،،

مشق براهيم الترسات العليا  
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<i>Faculty of Health Professions</i>		كلية المهن الصحية
<i>Nursing Department</i>		حاضرة التمرريض والقبالة
<i>Jerusalem-Abu Dics</i>		القدس-أبوديس

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2020/8/11  
 حضرة السيد سليمان تركمان المحترم  
 مستشفى المقدسة الخيرية / القدس  
 فاكس : 6288392

**الموضوع : "العلاقة على تسهيل مهمة الطالبة أريج جبران"**

تحية طيبة وبعد،،،  
 تقوم الطالبة أريج جبران ورقمها الجامعي 21811628، وهي طالبة ماجستير إدارة التمريض / كلية المهن الصحية / جامعة القدس، بعمل رسالة ماجستير بعنوان  
**"Emotional Intelligence and Conflict Management Styles Among Nurses in Jerusalem's Hospitals"**  
 تحت إشراف الدكتوراه مها نحال، نرجو من حضرتكم تسهيل مهمة الطالبة للحصول على المعلومات اللازمة.  
 وتفضلوا بقبول تفضلوا بالإحترام والتقدير،،،،،

مشق براهيم الترسات العليا  
 د. فريد الحويج



Research Ethics Committee  
Committee's Decision Letter

Date: 18 June 2020  
Ref No: 143/REC/2020

Dears Dr. Maha Nahal, Dr.Fared Grayeb, Ms. Arij Jubran,

Thank you for submitting your application for research ethics approval. After reviewing your application entitled "**Emotional Intelligence and Conflict Management Styles Among Nurses in Jerusalem's Hospitals** ", the Research Ethics Committee confirms that your application is in accordance with the research ethics guidelines at Al-Quds University.

We would appreciate receiving a copy of your final research report/ publication. Thank you again and wish you a productive research that serves the best interests of your subjects.

PS: This letter will be valid for two years.

Nuha El Sharif, PhD  
Research Ethics Committee Chair

Cc. Prof. Imad Abu Kishek - President  
Cc. Members of the committee  
Cc. file



التاريخ: 2020/09/21  
ADC020-09-20

حضرة د. فريد اعراب المحترم  
مستشار برامج الدراسات العليا  
كلية الهمم الصحية/ دائرة التمريض والقبالة  
جامعة القدس-القدس  
فاكس: 2793243

**الموضوع: الموافقة على تسجيل مهمة طالبة الماجستير أريج عيث**

كخبرة طيبة وبعد،

نطعم الموافقة على تطبيق الدراسة لطالبة أريج عيث بمستشفى الهلال الأحمر-القدس بعنوان:

"Emotional Intelligence and Conflict Management Styles Among Nurses in Jerusalem's Hospitals "

حسب المرفق على ان يتم تزويد المستشفى بنسبة عن الدراسة بعد استكمالها:

وتفضلوا بقبول فائق الاحترام..

د. فريد اعراب  
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