ORIGINAL ARTICLE

Investigating Conflict Management Styles and Emotional Intelligence of Unit Charge Nurses

Servis Sorumlu Hemşirelerinin Çatışma Yönetim Tarzları ve Duygusal Zeka Düzeylerinin İncelenmesi

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Abstract

Objective: This study investigated the relationship between conflict management styles and emotional intelligence of unit charge nurses.

Method: This descriptive, cross-section, and correlational study was conducted between December 2016 and April 2017 with 197 unit-charge nurses. Data were collected using a demographic data sheet, the Rahim Organizational Conflic Inventory, and the Modified Schutte Emotional Intelligence Scale. Data were analyzed using power analysis, descriptive statistics, pearson correlation analysis, and multiple regression analysis.

Results: Of all unit charge nurses, 61.4% experienced conflict with staff nurses. When conflict occurs, they tend to use the integrating style (4.17±0.37) mostly. The unit charge nurses' emotional intelligence total mean scores were 88.46±7.74 (min: 22, max: 110). The results showed a positive, significant, and moderate correlation between total emotinal intelligence scores and integration style (r=0.432; p<0.01). Emotional intelligence explains approximately 23% of the total variance in the integrating style (ΔR^2=0.226).

Conclusion: The study results showed that unit charge nurses' emotional intelligence abilities can help them effectively manage conflicts with staff nurses. Therefore, healthcare organizations should focus on training programs on conflict management and emotional intelligence to improve effective conflict management.

Keywords: Conflict, conflict management, emotional intelligence, nursing

Öz

Amaç: Çalışmanın amacı, servis sorumlu hemşirelerinin çatışma yönetim tarzları ile duygusal zeka düzeyleri arasındaki ilişkiyi incelemektir.

Yöntem: Tanımlayıcı, kesitsel ve ilişkisel bu araştırma, Aralık 2016 ile Nisan 2017 tarihleri arasında 197 servis sorumlu hemşiresi ile yapılmıştır. Veriler, demografik sorular, Rahim Örgütsel Çatışma Envanteri ve Gözden Geçirilmiş Schutt Duygusal Zeka Ölçeği kullanılarak toplanmıştır. Veriler; güç analizi, tanımlayıcı istatistikler, pearson korelasyon analizi ve çoklu regresyon analizi ile analiz edilmiştir.

Bulgular: Servis sorumlu hemşirelerinin %61,4'ü birlikte çalıştıkları hemşirelerle çatışma yaşamaktadır. Çatışma ortaya çıktığında, servis sorumlu hemşireleri sıklıkla işbirliği tarzını (4,17±0,37) kullanma eğilimindedir. Servis sorumlu hemşirelerinin duygusal zeka toplam puan ortalamaları 88,46±7,74 (min: 22, maks: 110) idi. Bulgular, toplam duygusal zeka puanları ile işbirliği tarzı arasında pozitif, anlamlı ve orta düzeyde bir ilişki olduğunu göstermiştir (r=0,432; p<0,01). Duygusal zeka, işbirliği tarzındaki toplam varyansın yaklaşık %23'ünü açıklamaktadır (ΔR^2=0,226).

Sonuç: Çalışma sonuçları, servis sorumlu hemşirelerinin duygusal zeka yeteneklerinin, birlikte çalıştıkları hemşirelerle yaşadıkları çatışmaları etkili bir şekilde yönetmelerine yardımcı olabileceğini gösterdi. Bu nedenle, sağlık kuruluşları, etkili çatışma yönetimini geliştirmek için çatışma yönetimi ve duygusal zeka üzerine eğitim programlarına odaklanmalıdır.

Anahtar Kelimeler: Çatışma, çatışma yönetimi, duygusal zeka, hemşirelik

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Introduction

Unit charge nurses (UCNs) are responsible for managing care to meet patient needs and play a key mediating role between staff nurses and senior managers. They endeavor to create a healthy working environment that facilitates smooth collaboration with staff nurses. However, conflicts may nevertheless occur because of their inevitable nature (1-3). Failure to manage conflicts may lead to negative outcomes, such as high intent to leave and turnover, low job engagement, low job satisfaction, low organizational commitment, increased adverse events and poor quality of care (4-7). Therefore, it is critical for UCNs to practice effective conflict management.

Conflict management can be defined as the "reduction of affective conflict, attainment and maintenance of a moderate amount of substantive conflict, and helping the organizational members learn the styles of handling conflict so that various conflict situations can be dealt with effectively" (8). Although there are many conflict management styles (CMS), the best known are avoiding, dominating, obliging, compromising, and integrating (8,9). UCNs can face conflicts daily, weekly, monthly, or annually (10). Therefore, there has been an increase in the literature on nurse managers' CMS. Two studies from Jordan revealed that nurse managers preferred to use the integrating style the most frequently (6,11). A study conducted in Iran with 423 nurses in non-management and in management positions identified that they used controlling (dominating), avoiding, and resolving styles (respectively) to manage conflicts in their workplace (12). A study from the Philippines, which included 68 nurse managers, stated that most participants utilized mixed CMS such as collaborating and competing, collaborating and accommodating (13). In Egypt, a study conducted with 30 nurse managers and 281 staff nurses showed that the most preferred style by nurse managers was compromise (14). Another study from Egypt stated that nurse managers used an accommodating style as a primary method to resolve conflict, followed by a compromise style (15). In Turkey, a study of 116 nurse managers suggested that integrating was the most preferred style (16). In another study from Turkey, the conflict management strategies used by nurse managers were integrating, avoiding, compromising, dominating, and obliging (17). The results of these studies show that nurse managers choose different CMSs, and their choice can vary depending on individual characteristics, contextual factors, organizational and socio-cultural contexts, and interpersonal conditions (8).

Main Points

- Conflict management and emotional intelligence (EI) are crucial due to their implications for healthcare organizations.
- More than half of unit charge nurses experienced conflict with staff nurses, and they mostly used the integrating style.
- The results showed a positive, significant, and moderate correlation between total EI scores and the integrating style; EI explains approximately one quarter of the total variance in the integrating style.

Emotional intelligence (EI) is defined as "the capacity for recognizing our own feelings and those of others, for motivating ourselves and for managing emotions well in ourselves and in our relationships" (18). Many studies have indicated that nurse managers' EI levels may differ (19-22). Considering the emotional nature of conflicts, EI can be a crucial factor in conflict management.

Several studies in the nursing literature have investigated the correlation between CMS and EI. However, different studies have reported different types of relationships (3,11,14,23). It is seen in the literature that studies evaluating the correlation between CMS and EI were conducted with nurses at all levels, such as nurses, head nurses, and supervisors. Currently, there are no studies that examine conflicts arising between UCNs and staff nurses and the correlation between UCNs' CMS and EI. This study makes a vital contribution to the literature in this regard and answers the following questions:

- Which CMS is used more often by UCNs?
- What are the EI levels among the UCNs?
- Is there a relationship between CMS and EI?

Material and Method

Design

This descriptive, cross-sectional, and correlational study examined the relationship between CMS and EI.

Setting and Sample

The study was conducted with UCNs working in five different hospitals with bed capacities of 500 or more in Ankara in Turkey. Three of these were training and research hospitals, and two were university hospitals. The inclusion criteria were as follows: (a) Employed as UCNs, (b) working in unit charge nurse positions for more than 6 months, and (c) voluntarily participating.

Power analysis was conducted to determine the number of participants to be included in the study. The power of the test was calculated using the G*Power 3.1 program. In a similar study in the literature (11), the effect size for the relationship between emotional intelligence and conflict resolution styles was calculated as 0.092. To exceed 95% in determining the power of the study, at least 144 participants should be reached at a 5% significance level and an effect size of 0.092 (df=142; F=3.908). Accordingly, 197 UCNs who agreed to participate in the study constituted the sample.

Data Collection Instruments

Data were collected using a personal information form, the Rahim Organizational Conflict Inventory (ROCI-II), and the Modified Schutte Emotional Intelligence Scale (MSEIS).

Personal Information Form

The researchers prepared a questionnaire consisting of 10 items (including hospital, age, nursing/professional experience, and management experience, etc).

ROCI-II

This inventory was developed by Rahim (8) to identify the five CMSs (24). It comprises 28 items and five subscales, namely, "integrating", "compromising', "dominating", "obliging" and "avoiding". Scores on this inventory were measured on a five-point Likert-type scale (1= totally disagree; 5= strongly agree). The highest subscale score obtained from the scale indicated which CMS was most frequently used when in conflict with subordinates.

The inventory uses self-reports to indicate the styles used by an organization member to handle interpersonal conflict between that member and their supervisor(s) (Form A), subordinates (Form B) and peers (Form C). Form B was used in this study. The Turkish validity and reliability of this inventory were analyzed, and Cronbach's alpha coefficient was 0.82 for Form B (25). The total Cronbach's alpha coefficient was found to be 0.77 in this study.

MSEIS

This scale was developed in 1998 on the basis of Mayer and Salovey's EI Model (26). Austin et al. (27) modified the scale, and the final scale consists of 41 items, 21 of which are positive and 20 negative, with three subscales, namely "optimism/mood regulation", "utilization of emotions" and "appraisal of emotions". The scores were measured on a five-point Likert-type scale (1= totally disagree; 5= strongly agree).

Tatar et al. (28) analyzed Turkish validity and reliability of this scale and found the total Cronbach's alpha coefficient to be 0.82. The MSEIS was conducted on UCNs without any changes, and the total Cronbach's alpha coefficient was found to be 0.43. Because of the low Cronbach's alpha coefficient value, the reliability and validity of the MSEIS were re-analyzed. Confirmatory factor analysis was performed using AMOS 22.0. According to the findings, the MSEIS was confirmed to be a reliable and valid scale comprising 22 items and 3 subscales, which included "optimism/mood regulation" (1,2,5,7,10,12,15,16,18,19), "appraisal of emotions" (3,6,11,13,14,17,20-22) and "utilization of emotions" (4,8,9). In this study, the total Cronbach's alpha coefficient for the final version of the MSEIS was 0.81. The maximum and minimum total scores on this scale were 110 and 22, respectively.

Data Collection

Data were collected between December 2016 and April 2017. The UCNs were informed of the study, and written consent was obtained. Data were collected during the day shift. The forms were distributed in an envelope, and the UCNs were asked to seal the envelope after filling it out. The forms were returned within 3-5 days after delivery. Filling the questionnaires took approximately 10-15 min.

Statistical Analysis

Statistical Package for the Social Sciences (SPSS) version 22 was used for statistical analysis. Descriptive statistics (percentages, means, standard deviations, etc.) were used to analyze personal information data. Pearson's correlation coefficient multiple regression analysis was used to identify correlations between EI and CMS of UCNs.

Ethical Considerations

Ethics committee approval was obtained from the relevant institutions of Hacettepe University (number: GO 16/695-14) on November 8, 2016. Hospital permission was obtained from the hospital management. ROCI-II, Form B was used with permission from the Center for Advanced Studies in Management, and payment was made to the relevant company. Approval permits were obtained from Austin for MSEIS through e-mail. Each participant signed a consent form before participating in the study.

Results

The mean age of the UCNs was 39.9±5.9 years. The mean years of professional experience was 18.8±7.3 years, whereas the mean years in a management position was 6.7±6.3 years. Of the UCNs, 64.5% had a bachelor's degree. Furthermore, 38.1% of them worked in surgical wards and 61.4% had experienced conflict with staff nurses (Table 1).

Table 2 shows the participants' ROCI-II and MSEIS scores. The integrating subscale score had the highest average score ($\bar{x} \pm SD$ =4.17±0.37), whereas the lowest average score was in the avoiding subscale ($\bar{x} \pm SD$ =2.64±0.56) (Table 2). The total score of the UCNs on the MSEIS was 88.46±7.74. The highest mean scores for the EI subscale were reported for "optimism/mood regulation" (4.20±0.36) and "appraisal of emotions" (4.09±0.45), whereas the lowest were reported for "utilization of emotions" (3.20±0.82) (Table 2).

The results showed a positive, significant, and moderate correlation between total EI scores and the integrating subscale (r=0.432; p<0.01). Furthermore, there was a positive and significant, but poor, relationship between the total EI scores and the compromising subscale (r=0.178; p<0.05). However, there was a negative and significant but poor correlation between the total EI score and the avoiding subscale (r=-0.285; p<0.01) (Table 3).

The results of the regression analysis showed that emotional intelligence affects the choice of conflict management style. Accordingly, the model describing the relationship between emotional intelligence and integrating style seems to be appropriate [$F_{(3;193)}$=20.08; p<0.05]. Emotional intelligence explains approximately 23% of the total variance in the integrating style (ΔR^2=0.226). The model describing the relationship between emotional intelligence and obliging style seems to be appropriate [$F_{(3;193)}$=5.92; p<0.05]. Emotional intelligence explains approximately 7% of the total variance in the obliging style (ΔR^2=0.070). The model describing the relationship between emotional intelligence and dominating style seems appropriate [$F_{(3;193)}$=3.52; p<0.05].

Table 1.
Characteristics of Unit-charge Nurses (n=197)

Characteristics	n	%	Mean ± SD
Age (years)			
≤30	11	5.6	39.9±5.9 Max: 59 Min: 27
31-40	105	53.3	
41≥	81	41.1	
Years of working experience			
<10	23	11.7	18.8±7.3 Max: 40 Min: 5
10-14	37	18.8	
15≥	137	69.5	
Years of working as a unit charge nurse			
<5	96	48.7	6.7±6.3 Max: 33 Min: 0.5
5-9	42	21.3	
10-14	32	16.3	
15≥	27	13.7	
Educational level			
Associate	48	24.3	
Bachelor	127	64.5	
Master/PHD	22	11.2	
Working unit			
Internal medicine	53	26.9	
Surgery	75	38.1	
Intensive care	38	19.3	
Emergency/other	31	15.7	
Conflict with staff nurses			
Yes	121	61.4	
No	76	38.6	
Frequency of conflict			
Often	10	5.1	
Sometimes	65	33	
Seldom	46	23.3	
Never	76	38.6	

SD=Standard deviation

Emotional intelligence explains approximately 4% of the total variance in the dominating style ($\Delta R^2=0.037$). The model describing the relationship between emotional intelligence and avoiding style seems to be appropriate [$F_{(3;193)}=6.42$; $p<0.05$]. Emotional intelligence explains approximately 8% of the total variance in the avoidance style ($\Delta R^2=0.077$). The model describing the relationship between emotional intelligence and compromising style seems to be appropriate [$F_{(3;193)}=3.89$; $p<0.05$]. Emotional intelligence explains approximately 4% of the total variance in the compromising style ($\Delta R^2=0.042$) (Table 4).

Discussion

This study was conducted to examine the relationship between CMS and EI of UCNs. The results showed that most UCNs experienced conflicts with the staff nurses. This is consistent with the results of other studies (1-3). UCN-nurse conflicts can negatively affect the quality and safety of patient care; therefore, the causes of conflicts should be investigated in more detail.

The results suggest that the UCNs who participated in this study mostly used the integrating style to manage conflicts. These findings are consistent with those of other studies involving nurse managers (6,11,16,17). However, a study conducted in Iran showed that nurse managers preferred the dominant style (12). As there are five CMSs, each of which may be suitable depending on the situation, nurse managers may have answered the questionnaire according to their most recent conflict situation. In addition, the appropriate CMS may depend not only on the situation but also on the background of the parties involved, organizational structure, or cultural characteristics (8).

In this study, the total EI of UCNs was above average. However, the scores were not remarkably high. This result is consistent with that of other studies (20-22,29). EI is critical for maintaining interpersonal relationships and can be improved through educational programs (31). However, it has been observed that the EI of nurses who are eventually

Table 2.
Unit Charge Nurses' Rahim Organizational Conflict Inventory (ROCII-II) and Modified Schutte Emotional Intelligence Scale (MSEIS) Scores

Inventory	Subscale	± SD	Minimum	Maximum
ROCI-II	Integrating	4.17±0.37	3.00	5.00
	Compromising	3.88±0.47	2.25	5.00
	Dominating	2.98±0.69	1.00	5.00
	Obliging	2.81±0.53	1.33	4.17
	Avoiding	2.64±0.56	1.50	5.00
MSEIS	Optimism/mood regulation	4.20±0.36	3.50	5.00
	Appraisal of emotions	4.09±0.45	2.78	5.00
	Utilization of emotions	3.20±0.82	1.55	5.00
	Total EI	88.46±7.74	72	106

=Mean, SD=standard deviation, EI=emotional intelligence

Table 3.
Correlation Between Rahim Organizational Conflict Inventory (ROCI-II) and Modified Schutte Emotional Intelligence Scale (MSEIS)

Variables		Emotional intelligence			
		Optimism/mood regulation	Appraisal of emotions	Utilization of emotions	Total EI
Conflict management	Integrating	r=0.487(**) p=0.000	r=0.319(**) p=0.000	r=0.131 p=0.067	r=0.432(**) p=0.000
	Obliging	r=0.027 p=0.708	r=-0.152(*) p=0.033	r=-0.178(*)p=0.012	r=-0.123 p=086
	Dominating	r=0.005 p=0.943	r=-0.165(*) p=0.021	r=-0.083 p=0.244	r=-0.114 p=0.110
	Avoiding	r=0.199(**) p=0.005	r=-0.248(**) p=0.000	r=-0.203(**) p=0.004	r=-0.285(**) p=0.000
	Compromising	r=0.232(**) p=0.001	r=0.141(*) p=0.049	r=-0.008 p=0.912	r=0.178(*) p=0.013

r=Pearson correlation test, *=p≤0.05, **=p≤0.01, EI=emotional intelligence

Table 4.
Regression Analysis Results of the Effect of Emotional Intelligence on Conflict Management Styles

	Independent variable	B	SH_B	ß	T	p
Integrating	Constant	1.996	0.286		6.987	0.000
	Optimism/mood regulation	0.504	0.088	0.478	5.708	0.000
	Appraisal of emotions	0.002	0.070	0.003	0.031	0.975
	Utilization of emotions	0.016	0.030	0.035	0.552	0.581
R=0.488 R^2=0.238 ΔR^2=0.226 $F_{(3;193)}$=20.08 p=0.000						
Obliging	Constant	3.041	0.444		6.854	0.000
	Optimism/mood regulation	0.379	0.137	0.254	2.765	0.006
	Appraisal of emotions	-0.348	0.109	-0.291	-3.202	0.002
	Utilization of emotions	-0.122	0.046	-0.187	-2.662	0.008
R=0.290 R^2=0.084 ΔR^2=0.070 $F_{(3;193)}$=5.920 p=0.001						
Dominating	Constant	3.411	0.591		5.768	0.000
	Optimism/mood regulation	0.378	0.183	0.193	2.069	0.040
	Appraisal of emotions	-0.438	0.145	-0.279	-3.020	0.003
	Utilization of emotions	-0.070	0.061	-0.082	-1.152	0.251
R=0.228 R^2=0.052 ΔR^2=0.037 $F_{(3;193)}$=3.520 p=0.016						
Avoiding	Constant	4.290	0.467		9.186	0.000
	Optimism/mood regulation	-0.054	0.144	-0.034	-0.375	0.708
	Appraisal of emotions	-0.255	0.114	-0.202	-2.230	0.027
	Utilization of emotions	-0.115	0.048	-0.167	-2.388	0.018
R=0.301 R^2=0.091 ΔR^2=0.077 $F_{(3;193)}$=6.418 p=0.000						
Compromising	Constant	2.638	0.401		6.572	0.000
	Optimism/mood regulation	0.339	0.124	0.254	2.733	0.007
	Appraisal of emotions	-0.018	0.098	-0.017	-0.187	0.851
	Utilization of emotions	-0.033	0.041	-0.056	-0.786	0.433
R=0.239 R^2=0.057 ΔR^2=0.042 $F_{(3;193)}$=3.893 p=0.010						

promoted to UCN positions in hospitals is generally not considered, and training for UCNs on how to handle emotions in the workplace is lacking.

The results of this study suggest a significant relationship between CMS and EI. The total EI score of the UCNs was significantly and positively correlated with the mean score of integrating style and compromising style, whereas it

was significantly and negatively correlated with avoiding style. Moreover, emotional intelligence has the greatest effect on integrating style. These results are similar to those reported in other studies (3,11,14,23). Accordingly, improving the EI of UCNs can enable conflicts to be resolved in a way that benefits both sides. Thus, the safety and quality of patient care can be improved by creating healthy working environments.

Study Limitations

This study has several limitations. Self-assessment questionnaires were administered and were not combined with a 360-degree data collection process that included peers, subordinates, and supervisors. Therefore, the findings were limited to the UCNs' personal perspectives. Furthermore, UCNs are usually exposed to high stress levels and heavy workloads in their efforts to achieve various organizational goals, provide quality and safe patient care, and create a healthy work environment. Consequently, they may have responded randomly to the questionnaire.

Conclusion

This study contributes to the relevant literature by investigating UCN nurses' conflict, CMS, and emotional intelligence. The results of this study demonstrate that UCNs had conflicts with staff nurses. In addition, they tended to mostly use the integrating style when conflict occurred. The EI level of UCNs was above the average. In addition, the total EI score of the UCNs was significantly and positively correlated with the mean score of integrating style and compromising style. However, there was a negative and significant but poor correlation between the total EI score and the avoidance style. According to the study results, improving the UCNs' EI would enable the use of a more constructive CMS.

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