Relationship between First Line Nurse Managers Conflict Management Strategies and Problem Solving Styles

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ABSTRACT

Today health care settings face more challenges as compare to past decades because of competition. There are many strategies to resolve conflict effectively to minimize its negative impacts. Organization and organizational leaders typically play a role in resolving conflict and problems among the staff. Problem solving is to identify the causes of a problem and take the correct action using the appropriate steps. **Aim of the study:** To determine the relationship between first line nurse managers conflict management strategies and problem solving styles in Kafrelsheikh Governorate Hospital. **Subject and methods:** The design for this study was a descriptive correlational study. **Subject**: the subject of the study is one group including all first line nurse managers working in all inpatient departments of the hospital. **Tools of data collection:** Two tools were used; I. Rahim Organizational Conflict Inventory, II. Four Sight Problem Solving Styles Inventory (version 6.1). **Results:** There is a correlation between conflict management strategies and problem solving styles. The study revealed that total problem solving levels scores as perceived by the studied sample first line nurse managers are moderate. **Recommendation:** The findings suggest that, the first line nurse managers prepare work environment and resources to deal with problems in order to decrease conflict among administrators, staff and others. **Conclusion:** These study findings demonstrate utility in both conflicts and problem solving. It provides a more comprehensive understanding of relation between conflicts, which arise among first line nurse managers, and their effect on them when using problem solving strategy management.

KEYWORDS

Conflict Management, First Line Nurse Managers, Problem Solving

INTRODUCTION

Conflict happens when you have a situation in which your concerns, desires, preferences, and/or goals differ from those of another person. Conflict centers on the differences between two or more individuals; groups; organizations and how they choose to handle those differences **(Louisiana State University, 2014).**

In addition, too little conflict results in organizational stasis. Too much conflict reduces the organization's effectiveness and eventually immobilizes its employees, with few formal instruments to assess whether the level of conflict in an organization is too high or too low. The responsibility for determining and creating an appropriate level of conflict on the individual unit often falls to the manager (**Marquis & Huston, 2012).**

Conflict can occur at any level and involve any number of people. On the individual level, conflict can occur between two people on a team, in different departments, or between a staff member and a patient or family member. On the group level, conflict can occur between two teams, two departments, or two different professional groups (e.g., between nurses and social workers over who is responsible for advance care planning). Conflict can also occur between two organizations (e.g., when two home health agencies compete for a contract with a large hospital) **(Weiss & Tappen, 2015).**

Managing conflict effectively requires an understanding of its origin Some common causes of unit conflict are unclear expectations, poor communication, lack of clear jurisdiction, incompatibilities or disagreements based on differences of temperament or attitudes, individual or group conflicts of interest, and operational or staffing changes (**Marquis & Huston, 2012). As Louisiana State University (2014)** mentioned five styles used to manage conflict are; Avoiding: low assertiveness and low cooperation, Accommodating: Low assertiveness and high cooperation, Competing: High assertiveness and low cooperation, Compromising: Medium assertiveness and medium cooperation, Collaborating: High assertiveness and high cooperation. Using these five styles, the investigators have evaluated the conflict handling intentions of managers **(Ur Rahiman & Pakeerrappa, 2014).**

At times, unit conflict requires that the manager facilitates conflict resolution between others (**Leaders Guide for the CRM Program Resolving Conflict, 2009).** Recently, there have been concerns about health care organization conflict and its impact on the healthcare system and the workers (**Niiyama et al., 2009).** A variety of individuals, including health care providers, and administrative workers might have experienced

conflicts **(Guidroz et al., 2012).** First line nurse managers are confronted with problem-solving challenges within a constantly changing and improving health care world. They also play an important role in creating positive surroundings along an excessive multiplication on care, which advantages each patients and health care providers **(Zori, 2009).**

Today's complex health care system recognizes first-line nurse managers as the leaders in providing patient care services. They are also responsible for management functions and evaluating the resources needed to provide safety and good quality patient care. **(Yoder-Wise, 2003, Roussel et al., 2006, Marquis & Huston, 2009, Bondas, 2013).** The first line nurse managers anticipated to be able to manage any problems brought to them. The staff nurses and supervisors also anticipate the head nurse's exhibit self-confidence to solve their problems. In addition, the first line nurse managers need more control their emotions and attitudes to be effective problem solvers **(Kocoglu et al., 2016).** Inability to solve problems effectively could be due to negative patient care outcomes and speed up staff dissatisfaction and stress in their work life **(Tyson et al., 2002, Cetin et al., 2011; Kaya et al ,.2011).**

Based on creative problem solving framework, **Puccio (2002)** and **Chen Tsai (2017)** developed a measure called foresight to assess people's mental orientation towards creative problem solving processes. It is divided into four domains: Clarifiers (who focus on clarify the problem), Ideator (who focus on generate ideas), Developers (who focus on develop the solution), and Implementer (who focus on taking action.

SUBJECTS AND METHODS

Research Design:

The design for this study was a descriptive correlational design.

Aim of The Study: To determine the relationship between first line nurse managers conflict management strategies and problem solving styles in Kafrelsheikh Governorate Hospital

Research Questions:

1. Is there a relation between conflict management strategies and problem solving styles

2. Which conflict management strategies are more usable?

3. Which problem solving styles are affected by conflict management strategies?

Study Setting:

Data were collected from Kafrelsheikh Governorate Hospital affiliated to the Ministry of Health, which consisted of four floors: Ground floor includes inpatient, a psychiatric unit male and female, and administrative hospital offices. The first floor includes the intensive care unit (ICU medical & surgical), surgical male inpatient unit, emergency surgical unit, orthopedic unit, and Urology unit. The second floor contains operating rooms (ORs); burn unit, obstetric unit, surgical female unit and neonate intensive care unit (NICU). The third floor includes diabetic unit, medical unit, neurosurgery ICU, pediatric unit, and pediatric intensive care unit (PICU).

Study Subjects:

The subjects of this study is one group namely first line nurse managers including all first line nurse managers available (50) at the time of data collection, working in all inpatient departments of the Kafrelsheikh general hospital. Inclusion criterion for first line nurse managers was one-year experience at least in the study setting.

Tools of Data Collection: Data collection tools included two tools:

i. Rahim Organizational Conflict Inventory. Adopted from **Rahim (1983),** The Rahim Organizational Conflict Inventory–II (ROCI–II) is a 28-item questionnaire measuring conflict management styles. It is designed to measure five independent dimensions of the styles of handling interpersonal conflict: Collaborating Style, Accommodating Style, Compromising style, Competing Style, and Avoiding style. The five styles of handling conflict are measured by 7, 6, 5, 6, and 4 statements, respectively, selected on the basis of repeated factor and item analyses. First line nurse manager responds to each statement on a 5–point Likert scale. A higher score represents greater use of a conflict style.

Conflict management strategies scoring system total scores were calculated and classified into three levels. Low, moderate, and high according to **Dawson and Trapp, (2001).**

Conflict strategies	Low	Moderate	High
Collaborating	5 ≤ 15	16 - 25	≥ 26- 35
Accommodating	6 ≤ 14	15 -22	≥ 23 - 30
Compromising	3 ≤ 7	8 - 11	≥ 12 – 15
Competing	5 ≤ 11	12 - 18	≥ 19 – 25
Avoiding	6 ≤ 14	15 - 22	≥ 23 - 30

ii. Four Sight Problem Solving Styles Inventory (version 6.1). Developed by **Puccio (2002)** it is used to assess creative problem solving styles. It consists 36 items and has four styles which are: Clarifier (9 items), Implementer (9 items), Ideator (9 items), and developer (9 items). The responses ranged from 1= not like me at all, 2= not like me and 3= sometimes like me, 4= like me. 5= very like me. The total scores of problem solving

styles' questions ranged from 36-180, were categorized into three levels based on cut of point 50% as the following:

- Low problem solving scores <50% (scored from 36-90).
- Moderate problem solving scores 50-75% (scored from91-135).
- High problem solving scores >75% (scored from 136- 180).

Tools Validity and Reliability:

- The questionnaires was validated by five professor's specialists in the nursing administration and they did not give any negative comments.
- The reliability of the tools was done using Alpha Cronbach's test, which indicated that the tools are reliable through the values of the test which were 0.86 conflict management styles questionnaire, and 0.89 Problem Solving Styles questionnaire.

Ethical Consideration:

An official letter was taken from the Dean of Faculty of Nursing at Kafrelsheikh University to the director of Kafrelsheikh Governorate Hospital. After explaining the aim of the study and taking the verbal consent from every nurse managers for participation. Anonymity was assured and maintained, no coercion or pressure was applied. Confidentiality of the data gathered was assured and it was only used for the purpose of the study. Finally, they were all informed about their right to refuse participation or even withdrawal at any time.

Fieldwork:

Collecting the data took a period started from the beginning of August 2017 to end of January 2018 covering six months through two phases as the following:

1. First phase: It was concerned with the collect the tools for data collection, tools that was carried out over a period of three months from beginning of August 2017 to the end of October 2017. The questionnaire was attached with a cover letter that explained the purpose of the study to the participants.

2. Second phase: Each participant received a copy of the questionnaire, and the average time of filling in the questionnaire was 20-30 minutes these after explanation of aim & tools of study

Data Analysis

The collected data were organized, tabulated and statistically analyzed using SPSS version 19 (Statistical Package for Social Studies) created by IBM, Illinois, Chicago, USA. For numerical values the mean and standard deviations were calculated. Chi square test was

used to detect the statistical differences between variables. When chi square test was not suitable due to presence of observations with small number, Monte Carlo exact test was used. The correlation between study variables was calculated using Pearson's correlation coefficient. The level of significant was adopted at $p<0.05$.

RESULTS

Table (1): displays personal data of first line nurse managers at Kafrelsheikh Governorate Hospital. The table shows that three fifth of first line nurse managers (60%) were 30 years old or more. Regarding educational qualification, more than three quarter of them, (78%) were having a bachelor degree in nursing sciences, and 70% of them had less than 10 years of experience.

Table 1 Personal Data of the First Line Nurse Managers at Kafrelsheikh Governorate Hospital (n=50)

Items	No.	%	Mean ± SD
Age: (in years)			1.60 ±.49487
<30	20	40.0	
±30	30	60.0	
Qualification			2.10 ± .463
Diploma	3	6.0	
Bachelor	39	78.0	
Master	8	16.0	
Experience			1.42 ± .70247
<10	35	70.0	
±10	9	18.0	
>20	6	12.0	

Table (2) notifies the association between personal data of studied sample and their total level of problem solving. This table shows that the majority of first line nurse managers (83.4%) were 30 years old or more, having a bachelor degree (84.6%), and 88.5% were having <10 years of experience with a moderate level of problem solving. Although no statistically significant differences were found between problem solving and first line nurse managers personal data.

Table 2 Association between Personal Data of Studied Sample and their Total Level of Problem Solving

Items	Moderate		High		χ^2	P-value
	No.	%	No.	%		
Age: (in years) • **<30**	18	90	2	10	.4	.5
• **±30**	25	83.4	5	16.6		
Qualification • **Diploma**	3	100	0	0	.5	.7
• **Bachelor**	33	84.6	6	15.4		
• **Master**	7	87.5	1	12.5		
Experience	31	88.5	4	11.5	.7	.6

• <10				
• ±10	7	77.7	2	22.3
• >20	5	83.3	1	16.7

Table (3) indicates the association between personal data of studied sample and their total level of conflict management strategies. This table shows that the majority of first line nurse managers (88.5%) were 30 years old or more, having a bachelor degree (83.5%), and 88.5% were having <10 years of experience with a moderate level of conflict management strategies. Although no statistically significant differences were, found between using conflict management strategies and first line nurse managers personal data.

Table 3 Association between Personal Data of Studied Sample and their Total Level of Conflict Management Strategies

Items	Moderate		High		χ^2	P-value
	N	%	N	%		
Age: (in years) • **<30**	18	90	2	10	.12	.7
• **±30**	26	88.5	4	11.5		
Qualification • **Diploma**	3	100	0	0	.4	.8
• **Bachelor**	34	83.5	5	16.5		
• **Master**	7	87.5	1	12.5		
Experience • **<10**	31	88.5	4	11.5	.14	.9
• **±10**	8	83.3	1	16.7		
• **>20**	5	83.3	1	16.7		

Figure (1) indicates the frequency distribution of studied sample according their levels of conflict management strategies. All first line nurse managers were using avoiding strategy then 82% using accommodating strategy. In addition, the majority of the first line nurse managers were using a moderate level of conflict management strategies (88%), while only 12% were using a high level of conflict management strategy.
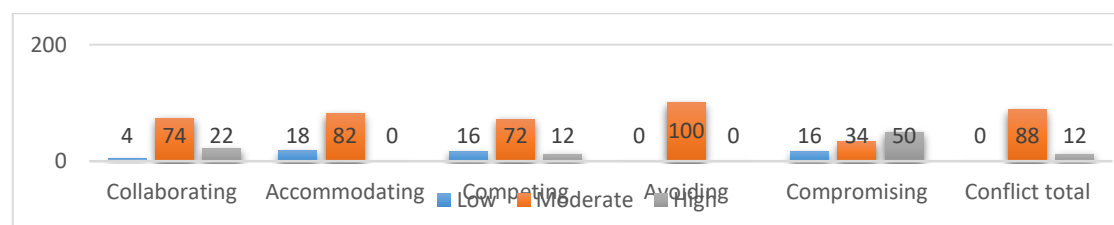

Fig 1 Frequency Distribution of Studied Sample According their Patterns of Conflict Management Strategies
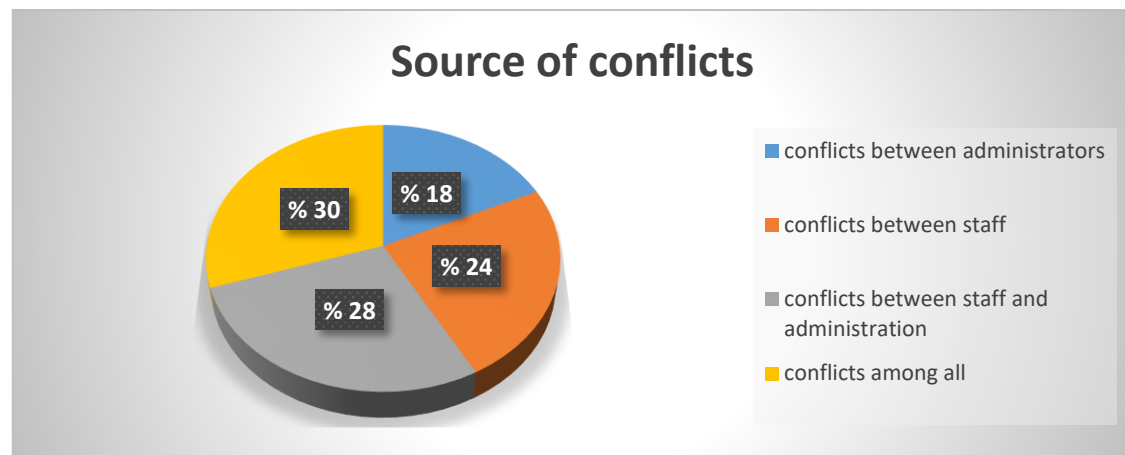
Fig 2 Source of Conflicts as Perceived by First Line Nurse Managers (n= 50)

Figure (2): represents sources of conflicts as perceived by first line managers at Kafrelsheikh Governorate Hospital. Less than third of them (30%) reported that the sources of conflict arise in hospital among all staff followed by conflict between staff and administration, conflict between staff, and conflict between administration (28%, 24%, & 18% respectively).

Figure 3: illustrates the nature of conflicts as perceived by first line nurse managers. The figure shows that more than half of the conflicts, which arise in hospital is personal conflict (54%), followed by functional and dysfunctional (24%, & 22% respectively).
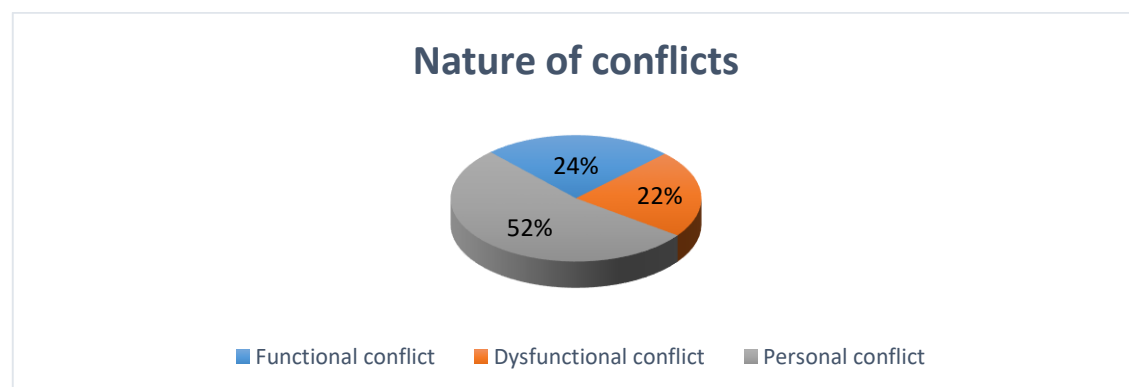

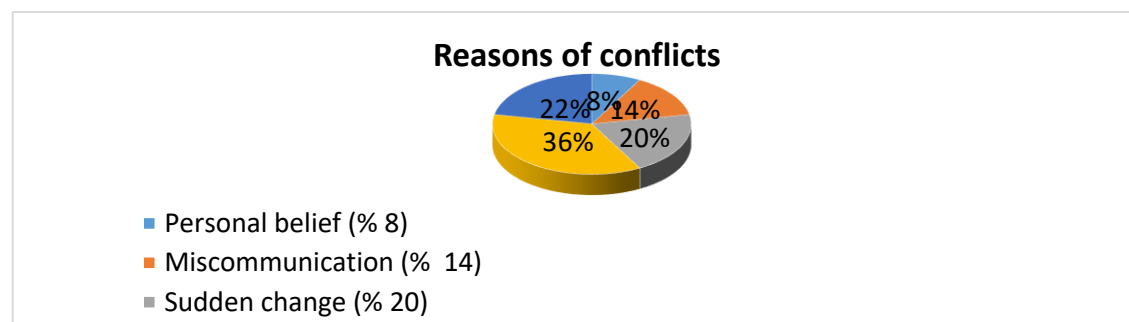**Fig 3** Nature of Conflicts as Perceived by First Line Nurse Managers

Fig 4 Reasons of Conflicts as Perceived by First Line Nurse Managers at Kafrelsheikh Governorate Hospital (n=50)

Figure 4: represents reasons of conflicts as perceived by first line nurse managers at Kafrelsheikh Governorate Hospital. As figure shows, the one believes that her authority is being challenged by another is the dominant reason of conflict on hospital (36%) followed by misunderstanding, sudden change, miscommunication (22%, 20%, 14%) and personal beliefs has the lowest percentage (8%).
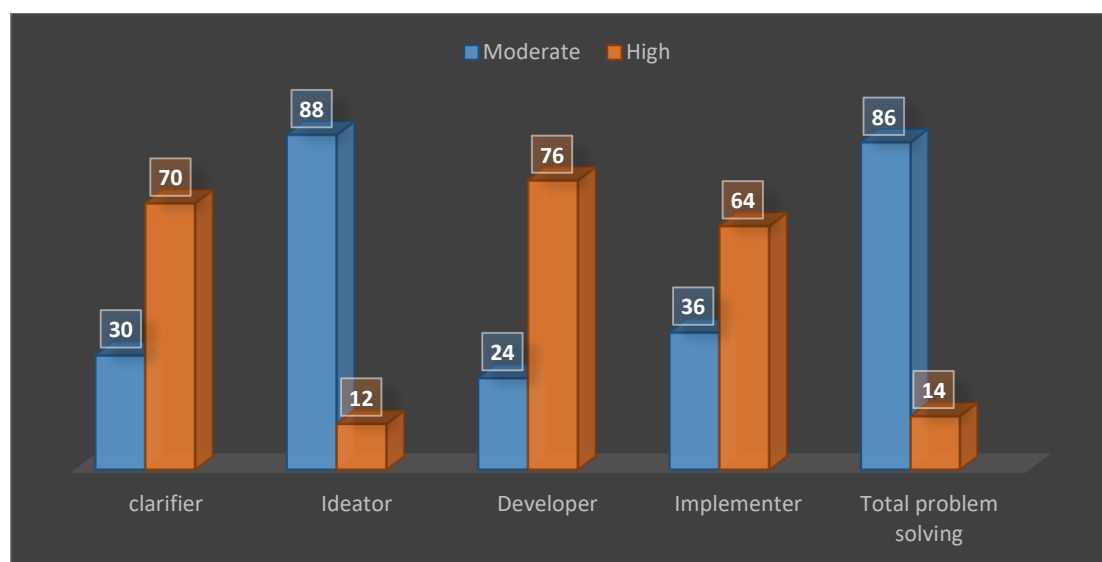

Fig 5 Levels of Problem Solving Styles' Sub-Items and total among the Studied First Line Nurse Managers (n=50)

Figure (5) show levels of problem solving styles' sub-items among the studied first line nurse managers. This table shows that the achieved high score was developer style (76%) and the style, which achieved moderate score, was Ideator (88%). Regarding total score, 86% in moderate level, while a small percentage (14%) in high level.
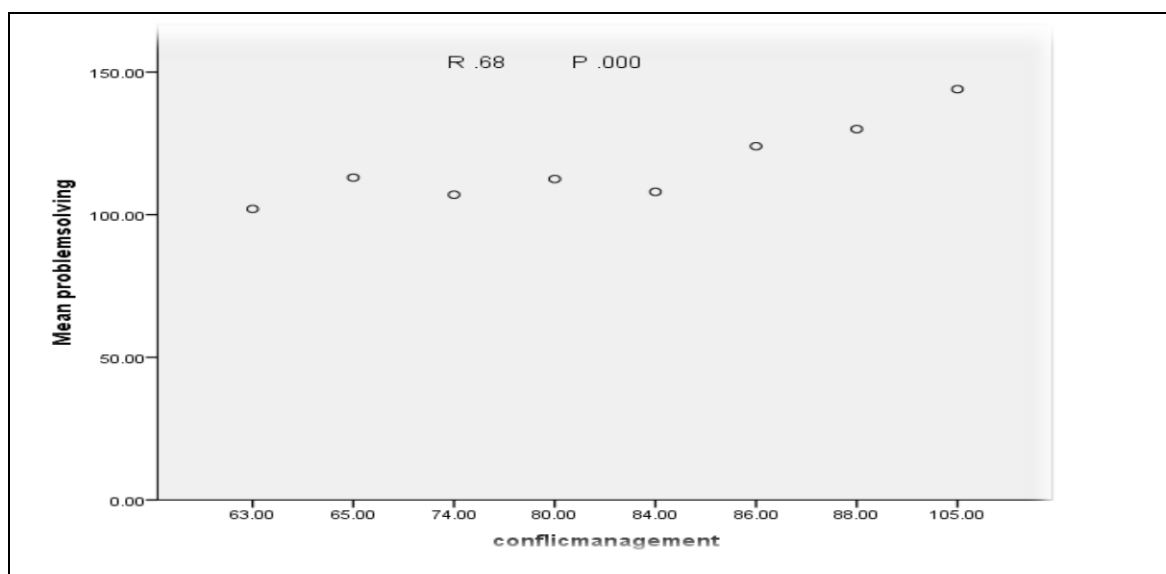
Fig 6 Correlation between problem solving and conflict management

Figure (6) indicates the correlation between problem solving and conflict management strategies. There is a direct relation between problem solving and conflict management strategies.

DISCUSSION

The stressors and needs of the workplace often generate conflicts among staff that can seriously interfere with their ability to work together. If the various polls and surveys of nurses are correct, the amount of hostility and unresolved conflict experienced by nurses at work seems to be increasing **(Lazoritz & Carlson, 2008; Siu et al., 2008).**

First line nurse manager's performance represented in communication skills, conflict management skills and developing self, affects problem solving ability of first line nurse managers and they adopt solving problems and has a lot to do with their ultimate success in solving the problems **(Baston & Yoder, 2012).**

Finding of this study showed the personal data of the study subjects revealed that for three fifths of the first line nurse managers age was 30 years or more. This finding is incongruent with that of **Ibrahim (2015),** who found that more than half of first line of nurse managers were below the age group 31 years old. However, these findings were congruent in that more than three quarters of them were having bachelor degree in nursing sciences and more than two third have less than ten years of experience. This finding may be due to a difference in the hospital settings.

The present study result mentioned that no statistically significant associations were found between first line nurse managers' personal data and levels of using conflict management strategies and problem solving, these findings may be due to not being based on personal characteristics but based on training several important skills that will help them to proceed efficiently from identification to implementation and success to solve the problem during work life.

The results of the present study showed that avoiding is the favorite strategy used by first line nurse managers at Kafrelsheikh Governorate Hospital, then accommodating is the most strategy used, then collaborating and competing and the least strategy used was compromising. Supporting these findings, **Barki and Hartwick (2001)** stated that nurses more likely use avoiding strategy to manage conflict. Accordingly, **Abd El-Aziz (2009)** observed that in the pre-program of conflict management in Benha University Hospital,

the head nurses highly used the avoiding strategy to solve conflict with their staff, while after program implementation; the high percentage of them used the avoiding strategy in a moderate level. This may be attributed to that the first line nurse managers were using this strategy to change the subject, putting off a discussion until later, or simply not bringing up the subject of contention. This finding contrasted with those of **Gross and Guerrero (2000); Brahnam et al., (2005); Fakhry and Abu El Hassan (2011); and Hagrass (2017).** They found that the collaborating or integrating strategy was perceived as the most appropriate and effective strategy because it focuses on both the others and self, and the avoiding strategy was least effective, while accommodating or dominating strategy was somewhat effective but not necessarily, appropriate.

Regarding the source of conflicts, a study data analysis revealed that the sources of conflicts as perceived by less than third of the first line nurse managers between all staff as administrators, staff and each other might be due to that there is no channel of communication between departments. This result agreed with that of **Hagrass (2017)**, who mentioned that the most of the conflicts arise in hospital among all.

Considering the nature of conflict as perceived by first line nurse managers, the findings of this study represent that slightly more than half of first line nurse managers have a personal nature of conflicts followed by functional nature that is a positive conflict, which is helpful in the achievement of the goals of a group. Paradoxically, **Ibrahim (2015)** represent that more than half of head nurses reported that conflict that arises in hospital is dysfunctional conflict. While the third of first line nurse managers' reported that the reason of conflicts, arises when one believes that another is challenging her authority that may be due to there's a lot of first line nurse managers have more efficient and educational degree in the hospital but haven't any position.

 The present study revealed that developer problem solving level achieved the highest score and ranked first followed by clarifier, implementer and then ideator. This result agreed with that of **Hagrass (2017),** who reported that higher scores were achieved by developer level, then other styles in succession. In contrast with **Ding (2013),** who found that clarifier problem solving level achieved the highest score followed by ideator, clarifier and the least score, was for developer. This may be due to that the first line nurse managers do not only have many ideas but they also have a creativity to solve the problems.

The finding of the current study revealed that the total problem solving level scores, as perceived by the studied sample first line nurse managers, are for moderate. This result is consistent with that of **Hagrass (2017),** who mentioned that the total level of problem solving scores are for moderate style. This may be due to that problem solving style while dealing with work environment by new concept, and insufficient information leads to decrease first line nurse managers' knowledge and affects their problem solving capacity. The present study results indicated that there is a correlation between problem solving and conflict management strategies, with direct relation between them. This finding is in congruence with those of **Yang and Li (2018)**, who indicated that staff generally prefer problem solving conflict management styles that may be due to that when resolving disputes that arise among staff members, it is essential for the first line nurse managers to work out a collective solution, not necessarily a consensus, but necessarily comes after hearing, analyzing and giving them all due importance.

CONCLUSION

In conclusion, this study finding demonstrate utility in both conflicts and problem solving. It provides a more comprehensive understanding of relation between conflicts, which arise among first line nurse managers, and their effect on them when using problem solving strategy management. The current findings revealed that all first line nurse managers in Kafrelsheikh Governorate Hospital used the avoiding conflict resolution style, and there is a correlation between conflict management strategies and problem solving styles. Findings suggest that the first line nurse managers can facilitate these positive outcomes by creating work environment and resources to deal with concepts to decrease conflict among administrators, staff and others.

Recommendations:

• The administrators of hospitals must insert conflict management strategies and problem solving styles in in-service training program as especial training skills needed for first line nurse managers.

• The first line nurse managers can prepare work environment and resources to deal with problems in order to decrease conflict among administrators, staff and others.

• The administrators of hospitals must provide a clear job description to avoid or reduce conflicts in work.

- First line nurse managers must use a creative problem solving style to deal with conflicts.

- Create management information system to access the information needed to solve the problems.

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