Research Article

Role of Emotional Intelligence in Conflict Management Strategies of Nurses

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ARTICLE INFO

SUMMARY

Purpose: This study analyzes the emotional intelligence levels and conflict management strategies of nurses and the association between them.

Methods: This cross-sectional, descriptive study was conducted with 277 nurses in a stratified random sample from a university hospital in Turkey. The data were collected from nurses who gave their informed consent to participate using a personal information form, the Rahim Organizational Conflict Inventory-II and Bar-On's Emotional Quotient Inventory (EQ-I). Data were assessed by descriptive statistics, t tests, and Pearson correlation analyses, using SPSS software.

Results: The levels of the nurses' strategies were as follows: avoiding ($M = 2.98$), dominating ($M = 2.76$), and obliging ($M = 2.71$) were medium; compromising ($M = 1.99$) and integration ($M = 1.96$) were low. The levels of the emotional intelligence of nurses (mean = 2.75) were medium on a 5-point scale. Integration ($r = .168$), obliging ($r = .25$), dominating ($r = .18$), and compromising ($r = .33$), which are conflict management strategies, were positively correlated with scores of emotional intelligence, and avoiding ($r = -.25$) was negatively correlated with scores of emotional intelligence ($p < .05$).

Conclusions: The study determined that nurses' emotional intelligence affects conflict management strategies. To use effective strategies in conflict management, nurses must develop emotional intelligence. Training programs on conflict management and emotional intelligence are needed to improve effective conflict management in healthcare facilities.

Introduction

Q3 Today's competitions in the work environment and individual differences steadily increase conflict among employees. Conflict is defined as an interactive process manifested in incompatibility, disagreement, or dissonance within or between social entities (i.e, individuals, groups, organization) [1,2]. Conflict between nurses is considered a very important issue in the healthcare environment all over the world. The most important causes of conflict among nurses are differences in management strategies, the perceptions of employees, staff shortages, differences in objectives, and competition between working groups. Some of the most important sources of conflict in nursing settings are limited staff resources in the unit, resulting in higher levels of stress, differences in goals among work

groups, and disagreement between the leaders' or head nurses' demands and the subordinates' or staff nurses' own orientation and staff perspectives [3,4]. In addition, antecedents of conflict in nursing work environments are individual characteristics (differences in values, demographic dissimilarity), interpersonal factors (lack of trust, injustice or disrespect, inadequate or poor communication), and organizational factors (interdependence, changes due to restructuring) [5].

In healthcare organizations, ineffective conflict management causes unhealthy working conditions, power games, patient dissatisfaction, a reduction in the quality of care, and an increase in healthcare costs [3]. All conflicts, whether they are functional or not, are essentially emotional because conflicts arise from individuals' or groups' perception of threats to their agendas [6].

Emotional intelligence is an important concept for nurses in healthcare to understand the views and demands of patients and for manager nurses to develop relations that promote successful management [7]. Bar-On [8] defined emotional intelligence as a multifactorial array of interrelated emotional and social

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competencies, skills, and facilitators that influence one's ability to recognize, understand, and manage emotions; to relate with others; to adapt to change and solve problems of a personal and interpersonal nature; and to efficiently cope with daily demands, challenges, and pressures. Emotional intelligence is an important factor that can measure individuals' performance in their professional lives beyond their daily lives, increase or decrease their success, contribute to the measurement of managerial qualities, and improve organizational communication and interaction. In addition, emotional intelligence plays a key role in the effective management of conflicts and the selection of strategies used to deal with conflicts in professional life [9].

Emotional intelligence should be viewed in two dimensions: first, the nurse's perception and understanding of the patient's emotions; second, the nurse's utilization of these perceptions to achieve the goal of managing complex situations regarding quality patient care [10]. Enhancing emotional intelligence skills helps nurses to cope with the emotional demands of the healthcare environment, which can be stressful and exhausting, and lead to burnout. Emotional intelligence offers a framework to enhance collaboration, positive behaviors during conflict, and healthy relationships in the clinical care environment [11]. Deshpande and Joseph [12] found that the level of emotional intelligence of nurses is medium.

There are primarily five strategies (integrating, dominating, avoiding, obliging, and compromising) that individuals use in conflict management. Studies show that nurses use different strategies. Nevertheless, nurses around the world were reported to use the avoiding, compromising, and obliging strategies more often [13–15]. Studies conducted in Turkey showed that nurses tend to use the integrating, dominating, and obliging strategies more often [16,17]. In particular, there was a positive relationship between a high level of emotional intelligence and the integrating strategy, the latter of which is considered the most effective way in terms of the parties and the consequences of conflict [18,19]. In light of this, the relationship between conflict management strategies and emotional intelligence needs to be investigated within the nursing context.

The aim of this study is to investigate the role of emotional intelligence in the conflict management strategies of nurses. Answers to the following question were sought in the research for this purpose: "Is there a significant relationship between subscales of emotional intelligence and the conflict management strategies of nurses?"

Methods

Study design

This study used a cross-sectional, correlational design to examine the relationship between emotional intelligence and the conflict management strategies of nurses. The study was implemented in a university hospital in Turkey.

Samples

A total of 943 nurses (560 from internal units and 383 from surgical units) in the university hospital were the target population for the study. The sample size was determined using the formula $(n = Nt^2pq^2 / d^2 (N - 1) + t^2pq)$, where N is the number of the population, t is the degree of significance (5%), p is the probability of occurrence, q is the probability of nonoccurrence, and d is sensitivity. Also, the Creative Research Systems (http://www.surveysystem.com/sscalc.htm) sample size calculator was used for this purpose. The confidence level was set at 95%, and the confidence interval was set at 5%. With both methods, 273 responses were required in order to be representative of the nurses. A stratified random sample of nurses was drawn from two units in the hospital. These were the internal unit (internal medicine, pulmonary medicine, physical medicine and rehabilitation, neurology, dermatology, psychiatry, infectious diseases, pediatrics, pediatric hematology, cardiology) and the surgical unit (general surgery, thoracic and cardiovascular surgery, neurosurgery, ent, ophthalmology, orthopedics, plastic surgery, pediatric surgery, hand surgery). First, the strata weights were calculated (internal units: 560 / 943 = .59 and surgical units: 383 / 943 = .41), as were the sample size for each units (internal units: .59 × 273 = 161 and surgical units: .41 × 273 = 112). However, considering the possibility of incomplete or unreturned questionnaires, 450 questionnaires were distributed. Of these, 166 questionnaires were not returned. Thus, 284 nurses who had volunteered for the study participated in the survey. Seven of the 284 were excluded from analysis because the questionnaires were returned incomplete. Therefore, data from 277 participants (response rate: 29.0%) were used for analysis.

Ethical considerations

Before the data collection stage, permissions for conducting the research were obtained from the university administration and the hospital administration. This study was approved by the institutional review board of the university (IRB approval no.: 200843). The participants were informed before initiating the study, and their verbal consent was obtained. Additionally, written permissions were obtained from the authors for the measuring tools used in the study.

Measurements

Three different questionnaires were used for data collection in the study.

Personal information form

The personal information form was developed by the researchers and contained a total of 10 questions about the nurses' age, marital status, education, working years, working unit, and weekly working time; the number of patients per nurse; the state of the staff; and whether conflict was experienced, with whom, and on which topics.

The Rahim Organizational Inventory-II

This inventory was developed by Rahim [1] for the purpose of determining what strategies people use to handle interpersonal conflict in organizations. The tool has 28 items and categorizes 5 conflict management strategies. The inventory takes 6–8 minutes to complete. The Rahim Organizational Inventory-II (ROCI-II) uses a 5-point Likert scale (1–5 points) with the highest score showing that a particular strategy is used most. Accordingly, scores from 1.00 to 1.79 were considered very low, those from 1.80 to 2.59 were considered low, those from 2.60 to 3.39 were considered medium, those from 3.40 to 4.19 were considered high, and those from 4.20 to 5.00 were considered very high [20]. Descriptions of these strategies are presented below [1,2]:

(a) Integrating (high concern for self and others): This style involves openness, exchange of information, and examination of differences to reach an effective solution acceptable to both parties. It is associated with problem solving, which may lead to creative solutions.