University of Kerbala /College of Nursing

Influence of Communication Skills on Conflicts Management Styles Used by Nursing Staff

Thesis Submitted to the College of Nursing Council/University of Kerbala, in Partial Fulfillment of the Requirements for the Master's Degree in the Nursing Sciences

By

Oumaima Abbas Jasim

Supervised By

Assist.Prof. Dr. Selman Hussain Faris

July \ 2023 A.D.   **Moharim \ 1445 A.H.**

بسم الله الرحمن الرحيم

﴿وَقُلْ لِعِبَادِي يَقُولُوا الَّتِي هِيَ أَحْسَنُ إِنَّ الشَّيْطَانَ يَنْزَغُ بَيْنَهُمْ ۚ إِنَّ الشَّيْطَانَ كَانَ لِلْإِنْسَانِ عَدُوًّا مُبِينًا﴾

"صدق الله العلي العظيم"

سورة الاسراء الآية (53)

<u>Dedication</u>

With a great love and respect a dedicate this
work to my:

Parents for always being there for help and
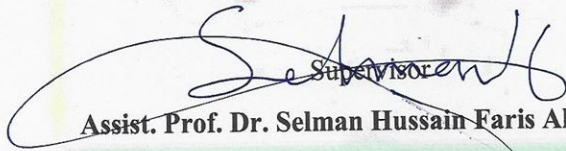endless support.

Husband for his love .

Sisters and brothers for their love .

For every one help me

Oumaima

(Supervisor Certification)

I certify that this thesis, which entitled (**Influence of Communication Skills on Conflicts Management Styles Used by Nursing Staff**), was prepared under my supervision at the College of Nursing, the University of Kerbala in partial fulfillment of the requirements for the degree of master in nursing sciences .

Supervisor

Assist. Prof. Dr. Selman Hussain Faris Al-Kerety

College of Nursing University of Kerbala

Date   / / 2023

(Approval Certification)

We are reviewing the thesis and fulfilling all the requirements.

Ghazwan

Head of Community Health Nursing Department

Assist . Prof. Dr. Ghazwan Abdulhussein

Date / / 2023

Selman

Associate Dean for Scientific Affairs and Higher Studies

Assist. Prof. Dr. Selman Hussain Faris Al-Kerety

College of Nursing University of kerbala

Date / / 2023

University of Kerbala

(Committee Certification)

We are, members of the examining committee certify that we have read this **Influence of Communication Skills on Conflicts Management Styles Used by Nursing Staff**, that is submitted by (Oumaima Abbas Jasim) and we have examined the student thesis in its contents, and what is related to it. We have decided that it is adequate for awarding the degree of Master in Nursing Sciences.
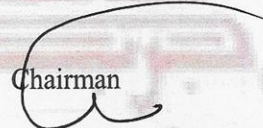
Member   Member

Assist. Prof. Dr. Ghazwan Abdulhussein   **Dr. instructor Haqi Ismael**

/ / 2023   / / 2023

Chairman

Prof. Dr. Fatima Wanas Khudhair

/ / 2023

Approved by the council of the College of Nursing University of Kerbala

Prof. Dr. Ali Kareem Al-Juboori

Dean College of Nursing /University of Kerbala

/ / 2023

Acknowledgments

Before all, great thanks to Almighty Allah, the Most Merciful, and the most Kindly.

I wish to express my deepest thanks and gratitude to the Dean of the College of Nursing University of Kerbela **Prof. Dr. Ali Kareem Al-Juboori** for his kindness and support.

My thanks are presented to my supervisor **Assist. Prof. Dr. Selman Hussain Faris** for his scientific advice, encouragement, assistance, and time, throughout the study.

My appreciation and profound thanks are extended to experts and all doctors who offered me advice and fruitful information about scientific research.

My thanks to all the staff member who participated in this study for their patience and cooperation to filling the questionnaire format who helped me in my research project.

My heartfelt gratitude and appreciation go to all of the experts who reviewed and evaluated the study and the study instrument.

Thanks and gratitude is due to all librarians and other staff of the College of Nursing / University of Kerbala.

Finally, special thanks are extended to my friends and colleagues who have been cooperative and helpful.

Abstract

Conflict management is an essential skill that nursing staff need to acquire and practice, since conflict is inevitable, whether in learning environments or clinical settings that deal with conflict and to prevent the mistakes , barrier of communication and nursing care. Another important aspect to deal with conflict is communication skills there are the important feature for nursing staff to enhance communication between nursing staff , to reduce barrier of communication and conflict.

The descriptive study was used to perform this design of study. Data were collected for the period from 6 of November ,2022 until the 26 of February, 2023; the study was carried out through the two teaching hospitals in Babylon city , Marjan teaching hospital and Imam Al-Sadiq teaching hospital to assess the relationship between communication skills and conflict management styles used by nursing staff . probability sampling (systemic Random sample). As for the sample of study, 300nurses were chosen to obtain the data.

The study results reveal that the collaborating style has the high mean (28.99) will the accommodating style mean is (22.39) when the mean of competing Style is (18.63) the compromising style has the lower mean (16.37). The study results display that most of that participants have satisfactory interpersonal communication skills (n = 236; 78.7%), followed by those who have good interpersonal communication skills (n = 22; 7.3%), and those who have poor skills (n = 42; 14%).

List of contents

List of Appendices

Appendix	Title
A	Administrative Agreements
B	Ethical Considerations
C	The statistician' opinion
D	The linguists' opinion
E	Research Questionnaire
F	Expert's Panel

List of Tables

List of Figures

List of Abbreviations

Items	Meaning
&	And
BNS	Bachelor's Nursing Science
CCU	Coronary care unit
df	Degree of Freedom
ECHO	Echocardiogram
EEG	Electroencephalogram
EI	Emotional Intelligence
et al.	et alias
Ex	Example
Fig	Figure
Fig	Figure
F	Frequency
GITU	Gastrointestinal tract unit
HDU	High-dependency unit
ICU	Intensive care unit
<	Less Than
Sig	Level of Significance
M.S	Mean of Score
>	More Than
$\geq$	More Than or Equal
NS	Non-significant
No.	Number
N,n	Number of sample

ANOVA	One-way Analysis of Variance
%	Percentage
P value	Probability Value
RCU	Respiratory care unit
S	Significant
SD	Standard Deviation
M	Statistical Mean
SPSS	statistical package for social sciences
SPSS	statistical package for social sciences
TKI	Thomas-Kilmann Instrument

Chapter One

Introduction

1.1. Introduction:

Conflict occurs frequently for staff nurses when they are at work. An essential component of their nurse leaders' work is resolving those conflicts. The improper application of dispute resolution techniques can compromise patient care, increase stress, and stifle innovation. Additionally, it results in bad working relationships and a breakdown in communication, especially between nurse leaders and their staff nurses(Ibrahim et al., 2020).

Conflict among employees is progressively rising as a result of individual differences and the competitive nature of today's workplace. Around the world, nurses' conflicts are regarded as a major problem in the healthcare environment. These conflicts can result from a variety of factors, such as disagreements over what constitutes, lack of the cash, resources, tools, and supplies, good work habits or a plan of action interdependence between individuals and groups, and personality and temper differences(Abd-Elrhaman and Ghoneimy, 2018).

Conflict is an actual event that happens to people and is seen to be part of basic human nature. Since conflict is bound to occur in any setting due to regular human interactions, the healthcare industry is particularly vulnerable to conflict. Conflict is more likely to occur for nurses who work in nursing care settings where people's lives are involved(Palacio, 2022).

Additionally, it is characterized by the involvement and cognizance of two or more individuals or groups, as well as by intensely negative feelings, goals, and behaviors that are intended to subdue the antagonist and gain control over one or more additional individuals or groups(Leveillee, 2018).

Healthcare professionals, including doctors, nurses, and healthcare assistants, are at risk for developing anxiety and depressive disorders, That can influence their quality of living as their ability to do their jobs. Conflicts may arise when a nurse is dissatisfied and uninterested in their work, which results in poor care(Zhalimbetova, 2019).

Intrapersonal, interpersonal, intragroup, intergroup, and interorganizational conflict are the five categories of conflict. When a person completes a task that does not align with his or her personal objectives, there will inevitably be intrapersonal conflict. Interpersonal conflict arises when two people have divergent opinions on a certain issue. Conflict within a group typically arises when there are disagreements in objectives, processes, and tasks. Intergroup conflict, meantime, arises between various departments or professional groups. Conflict between two or more organizations is known as interorganizational conflict(Ibrahim et al., 2020).

According to Thakore (2013), communicational problems (conflicts caused by misunderstandings, etc.) are the main causes of conflict.

Conflict management styles are the behavioral patterns people use to resolve conflicts. care for oneself and care for others are the two characteristics on which researchers have distinguished between different ways of resolving interpersonal conflict. Concern for oneself explains how much an individual tries to allay his or her worries(Vashisht et al.,2018).

Five conflict management approaches, including integrating, obliging, dominating, avoiding, and compromising, make up the multifaceted idea of conflict management strategy. When leaders manage conflict well, problem

solving improves, interpersonal ties are strengthened, and the stress associated with the disagreement is reduced(Ibrahim et al.,2015).

Conversely, people who choose a dominant or avoiding style have greater conflicts. Considering Therefore, conflict resolution or conflict management take conflict management style into account. Additional conflictual interactions in the literature include bullying, mobbing, and horizontal violence(Almost et al., 2015).

According to (Mostafa et al.,2019)   used two dimensions—cooperation (one party addresses the issues of the other parties) and assertiveness (one party addresses his or her own problems)—to distinguish between five conflict management philosophies. Avoiding, competing, accommodating, partnering, and compromise style are the five ways to handle conflicts. Individual parties frequently avoid being aggressive and uncooperative by being passive and ignoring conflict situations rather than actively confronting them. Competing behavior is characterized by assertiveness and lack of cooperation, and it stems from a desire to advance one's own interests at the expense of those of the other party. An accommodating style is one in which one side is prepared to put the interests of the other ahead of their own. It is characterized by unassertiveness and cooperation.

Any organization setting revolves around communication, which is closely tied to the investigation of how employees communicate with one another in the workplace. Every person uses communication to convey their thoughts, ideas, and feelings. Therefore, the structure and substance of an employee's communication are likely to be influenced by their position and function inside the organization(Jahangir et al., 2021).

Lack of communication, imprecise expectations, expectations, conflicts of interest, disputes over resources, performance concerns, changes in employees and diversity in age, gender, and culture, poor pay, increased effort, and different instructions from multiple sources are all factors that can negatively affect an organization. management may all be contributing factors to conflict. One of the five conflict management approaches—dominating, caving in, avoiding, compromising, and integrating—can be used to handle a conflict(Alhamdoun et al., 2021).

Communication is necessary for inter-relationships between people on a global scale and begins at conception and lasts until death. It is also necessary for the transmission of information and knowledge to one another .No one could possible survive without communication. It is an important and necessary part of existence (Bello, 2017).

People establish trust in social interactions over time by connecting with others. The relationship between a patient and a nurse is one of these circumstances, where a person is compelled to trust a person or individuals that he does not know or is only incidentally familiar with (Badiyepeymaiejahromi et al., 2018).

Nursing personnel in particular has to be proficient communicators because they spend most of the time with patients and their families of any healthcare staff member. Communication is essential in all nursing tasks, including prevention, treatment, rehabilitation, education, and health promotion (Vashisht et al., 2018).

Communication improves interpersonal relationships and facilitates the transfer of information from one person to another. Communication and

interpersonal skills are the most essential components for improving patient happiness, compliance, and general health outcomes (Kaur,2020).

Nurses must interact with people from various educational, cultural, and social backgrounds in an effective, compassionate, and professional manner, particularly while interacting with patients and their families. Effective communication between nurses and patients during interactions has a big impact on patient outcomes. Health, education, and adherence of patients are only a few topics that may be significantly impacted by this influence. (Jahangir et al., 2021).

Patients like the straightforward interactions, continuity of care, and one-on-one time that the nurse-patient connection makes possible. Communication between the nurse and patient is the cornerstone of this relationship since it allows the nurse to best meet the patient's demands for care(Miller and Nambiar-Greenwood, 2020).

Cohesive collaboration in surgery requires effective interdisciplinary communication, and its absence has been linked to catastrophic adverse events that can affect service delivery, patient safety, and outcomes. Findings supported the idea that inter-disciplinary conflict made collaboration challenging and, as a result, hindered efficient teamwork and communication. These disagreements definitely affect patient safety, novice socialization, and clinical effectiveness(Gillespie et al., 2010).

As we speak, our voice modulation, paying attention to what the other person is saying, the messages we put out, the signals our bodies send out, making eye contact, and the truth and clarity of what we say to the other person are all part of communication(Mishra et al.,2020).

Speaking and writing are both forms of verbal communication that people uses to express their ideologies. In healthcare settings, the words that patients

and caregivers use during a care encounter have a substantial impact on how well they can understand one another(Bello,2017).

Speech is not necessary for nonverbal communication. It is spread through the use of one's body rather than speech or writing. Both suitable and inappropriate messages can be communicated through body language, which is a kind of communication. It's crucial to keep in mind that body language has the ability to communicate meanings that are distinct from those expressed through speech. For effective communication, nonverbal communication abilities are essential (Sibiya, 2018).

According to(Lee et al., 2008) describes three useful communication techniques that can be applied to settle disputes: To avoid rambling and repetition of concerns, only one person should speak at a time, and opposing sides should be given one opportunity to speak on the matter before everyone has had a chance to voice their opinion. In the operating room and on the wards, these strategies can be utilized to manage teams well and to assist in resolving interpersonal problems.

Being true, accurate, clear, concise, and both thorough some of standards for business communication. For instance, when speaking or writing, you should be succinct and concise while also including all necessary data.. Additionally, you should project a professional tone with suitable greetings, complete phrases, and grammar(Lapum et al., 2020).

1.2.Important of the study:

Conflict occur frequently during interactions between people as a result of variations in personal opinions, values, and priorities. The likelihood that cultural differences may cause conflict rises as medical practice moves from solitary practitioners to complicated teams with growing cultural diversity.

Because ineffective communication and conflict are linked to medical errors, subpar patient outcomes, and clinician burnout, this transition necessitates that healthcare professionals collaborate and communicate effectively. (Sinskey et al., 2019).

One of the primary problems that nurses may encounter in their regular work is conflict. Particularly in a demanding and stressful work environment like an operating room, acute care unit, or emergency department. Conflict is largely inescapable in hospitals, where it can result in loss of motivation, decreased output, subpar teamwork, lower standard of patient care, rise in medical errors, and higher costs of healthcare (Alhamdoun et al., 2021).

Developing and keeping good connections with ward nurses is an essential managerial skill for nurse leaders. The ward nurses looked for competent leaders who could forge and maintain a professional relationship with them. Designing leadership development programs that emphasize fostering All personnel can benefit from having relations with the ward nurses, especially in a diverse and demanding workplace(Saleh et al., 2018).

All nurse, conflict management skills are necessary for everyone, regardless of position, to ensure delivery of high-quality patient care. Conflict is also one of the biggest obstacles in nursing and is largely dependent on the conflict management strategies used(Abd-Elrhaman and Ghoneimy, 2018).

Varied conflict circumstances require for varied conflict management techniques. The best course of action requires an understanding of the dynamics between the parties, the gravity of the problem, and the amount of time available for settlement. over a framework to help decide which approach

to dispute resolution works best in a particular circumstance(Sinskey et al., 2019).

Training in conflict resolution techniques should include both educational exercises aimed at enhancing interpersonal communication skills and conflict resolution strategies that will help the trainee manage conflict for the benefit of all parties. Training in conflict resolution techniques can provide a person a better sense of control over the problem and the capacity to solve it amicably(Waithaka and Moore-Austin,2015).

Conflict among staff is progressively rising as a result of individual differences and the competitive nature of today's workplace. Around the world, nurses' disputes are seen as a crucial problem in the healthcare setting. Additionally, managing conflict successfully is a critical skill for each nurses, whatever of their position, in order to provide high-quality patient care. Conflict is one of the biggest obstacles in nursing and is mostly determined by the conflict management techniques used(Abd-Elrhaman and Ghoneimy,2018).

(El Dahshan and   Keshk,2014)   identified that the most important to understanding the five conflict management strategies, their appropriate contexts, and applications is crucial to resolving conflicts within organizations. This will help choose the best strategy for each position, preventing harm to the company while also advancing its realization of its objectives. Learning conflict resolution techniques can help , both personally and professionally. Usual resolution of conflicts strategies include cooperating, accommodating, compromising, competing, and avoiding.

Managing conflicts enables disputing parties to make beneficial decisions and improve their communication and problem-solving abilities. One of their communication skills that aids in handling conflict is assertiveness. It is the capacity to directly, honestly, and freely communicate one's needs, feelings, and ideas without impinging on the rights of others. Learning aggressive behavior and communication skills can help you manage conflicts and take advantage of challenging circumstances(Mostafa et al.,2019).

In addition, administrative processes cannot appropriately address communication in this. Project managers and their teams must also have great communication skills (especially listening skills) to address project challenges. They must learn to cultivate an environment that encourages open communication in order to settle disputes, acquire team members' approval, and get them committed to the project's goals (Verma, 1998).

Each phase of nursing practice requires effective communication. Ineffective communication between the members of the healthcare team may compromise the quality of care. Because of this, it is essential that nurses' management create an environment that promotes effective communication and helps nurses improve their communication skills both formally and informally(Jankelová and Joniaková, 2021).

Communication skills are one of the most essential skills required in healthcare environments. It improves the professional and therapeutic nurse-patient interaction and makes patients feel more at ease while they are ill and receiving treatment in a hospital, where all of their activities. including daily activities, are under the supervision of medical staff(Mishra et al.,2020).

In order to succeed in the field of nursing, one must be able to communicate effectively and build relationships with others. Conflicts within an organization can be advantageous if they promote development and raise

output. However, confrontations frequently result in unfavorable outcomes, such as reckless behavior, unfair treatment, and disagreements at work(Zhalimbetova, 2019).

Effective communication between nurses and patients during interactions has a big impact on patient outcomes. These are only a few instances of the areas where this influence may be highly considerable, including patient health, education, and adherence. Any organization's ability to function effectively depends on effective communication. A nurse should always strive to improve their communication skills because poor communication can be damaging and lead to misunderstandings. (Oladitan, 2014).

The only way to resolve a disagreement is by open, unbiased, and honest discussion. The Council of Accreditation for Graduate Medical Education has acknowledged the significance of communication in doctors' professional development(Lee et al.,2008).

1.3. Problem statement :

1-problm identification: Human beings cannot avoid conflict; it is an inevitable element of life. People, parties, organizations, groups, and nations all have their own goals, which they work toward in one way or another(Hussein et al.,2017).

Communication skill One of the abilities that, even in its most basic form, may overcome and make up for many difficulties and other shortfalls .Therefore, it is anticipated that nurses possess adequate communication skills in addition to other clinical abilities(Badiyepeymaiejahromi et al.,2017).

2-Background: A skilled communicator can effectively convey a message, save a lot of time, and elicit more data from a patient, leading to quicker diagnoses and more successful treatment strategies(Mostafa et al., 2020).

Conflict is common and essential in the nursing profession., and it frequently arises in hospitals and other healthcare facilities. In order to build a culture that promotes personal development while also delivering high-quality patient care, staff nurses must be skilled at handling conflict. management of conflict is therefore essential for organizational success and efficiency(Mohammed et al.,2022).

3-Scope of problem: Nurses are essential to healthcare organizations' patient outcomes. However, nurses frequently quit their existing hospitals because of the push of unpleasant working conditions and the pull of appealing pay and working conditions in the new institutions. These conditions cause a significant shortage of nurses, especially in public hospitals, due to the high incidence of nurse turnover(Alharbi,2017).

Failures of communication in the medical field, mistakes that end in catastrophe have frequently occurred. One such incident was the improper delivery of medication, endangering patient (Kaur,2020).

4-Consequence of the problem: In recent years, organizations have noticed an increase in diversity among employees. This social diversity results in conflicts. Conflict is a broad meaning as "an interactive process manifested in incompatibility, disagreement, or dissonance within or between social entities" even though a formal definition has not yet been developed. Divergent beliefs, attitudes, preferences, interests, and goals may result in conflict.(Labrague and Al Hamdan,2018).

Conflict has a lot of harmful repercussions. If conflict is not handled properly, it may undermine group efforts and result in subpar performances. decrease employee commitment to the company, increase stress levels, and result in careless patients(Makableh et al.,2020).

5-Knowledge gaps: Organizational complexity, variable role expectations, interdepartmental rivalry, decision-making constraints, competition for limited resources, unclear job boundaries, and personality differences are just a few of the elements that can lead to conflict. Additionally, it got worse with ineffective management, poor working conditions, poor communication, a lack of resources, and organizational support(Mohammed et al.,2022). Unfortunately, many people, especially recently graduated nurses and nursing students, lack the excellent communication skills necessary to persuade, successfully collaborate, and effectively advocate for their patients. Additionally, evidence suggests that nurses who have worked in the field for a long period are more likely to lack appropriate communication skills due to the possibility that individuals may have been habituated to one specific communication style and be ignorant of its impacts. As a result, there is a continuing need for education and awareness-building, with a particular emphasis on the value of effective communication in nursing practice(Bello,2017).

6-Proposed solution: To make it possible for staff nurses to attend and take part in ongoing training programs, The hospital's management should be informed of the significance of conflict resolution for both staff nurses and organizational performance. Staff nurses should be encouraged to understand the most productive approaches to resolve disputes and should be made aware of the value of cooperation and collaboration(Mohammed et al.,2022).

Before being promoted to a leadership position, aspiring leaders are trained on appropriate behavior, ethical management practices, stress management, and emotional intelligence. - Establishing health care networks that cater to the needs of leaders helps them avoid toxic leadership and improves corporate commitment. - Fostering a cooperative work environment with the resources

to encourage increasing their organizational commitment and responsibility through creative work and maintaining decision-making autonomy, integration, and involvement (Ramadan and Eid,2020).

In order to train nursing educators, There should be suitable training programs for conflict management and resolution. often supplied to them. Nurse trainer should use methods like communicating respect, outlining course objectives, involving students in problem-solving, and fostering a community in the clinic and classroom as these could be useful in successfully managing conflict. Nurse trainer should also listen to students and enhance a healthy learning environment(Abou Hashish et al.,2015).

As consequence of nurses' extremely busy schedules, They lose awareness of the problem of inadequate professional communication style in most healthcare settings. To improve effective communication and increase awareness about barriers to effective communication in relation to nursing intervention, more trainings are needed. More training can be implemented to better prepare nurses for communication challenges, give them effective communication tools to use, and increase their openness to patient cues(Bello,2017).

1.4.This Study Objective to:

1- To evaluate level of communication skills according there responses for nursing staff.

2-To examine conflicts management styles for nursing staff.

3-To determine influence of communication skills on conflicts management resolution for nursing staff.

4-Identify relationships between conflicts management styles used by nursing staff and their demographic data.

1.5.Research Question : Does communication skills influence on conflicts management styles among nursing staff.

1.6. Definition of terms:
1.6.1. Communication

A. Theoretical Definition:

Is the transmission and receiving of information among people through speech, media including speech and text. Information is successfully shared between people when they can speak clearly. (Sibiya, 2018).

B. Operational Definition:

Is transfer of information , feeling and ideas from one nurse to another nurse by sending and resaving this information.

1.6.2.Skill

A. Theoretical Definition:

Is a learned ability to achieve pre-determined results with the highest degree of assurance and often with the least time, effort, or both (Zhang,2019).

B. Operational Definition:

A set of knowledge, information, experiences and personal capabilities resulting from the practice of communication continuously and by scientific methods so that nurse can improve communication skills.

1.6.3. Conflict Management Styles

A. Theoretical Definition:

Is the process for identifying the conflict, choosing and putting into action the best intervention techniques, and evaluating the outcome successful.(Mosadeghrad and Mojbafan,2018).

B. Operational Definition:

Is combination of technique that using by nurses sensibly, fairly and efficiently to reduce the conflict between nurses and other medical staff. This technique learn nurses to identify and manage the conflict during working in the hospitals.

Chapter Two

Literature Review

2.1.Overview of Conflict for Nursing Staff :

The term "conflict" is derived from the Latin word configure, who means "hit each other." Many academic disciplines, including psychology, sociology, anthropology, political and cultural studies, philosophy, history, management, public relations, etc., have investigated conflict as a multilevel, multidimensional, and dynamic social phenomena. Even though conflict is often associated with negativity in common speech and the phenomenon itself is seen negatively by modern scholars, it is actually viewed as neutral, if not even positive. The conflict theory was first developed within the field of psychology. One of the most notable contributors to the idea is Sigmund Freud a well-known psychologist, who explored the Dispute between the conscious and unconscious, as well as between an individual's motivations and the moral and legal standards of a society. Carl Jung, a well-known psychologist who also dealt with this issue, developed the concepts of extraversion and introversion and connected them, among other characteristics, to techniques for managing conflict(Alexeyva,2018).

The conventional wisdom holds that conflict should always be avoided or subdued since it might have detrimental effects like violence and devastation. According to the behavioral or human relations perspective, conflict is related and normal in organizations. It can have both positive and negative effects, thus it needs to be appropriately and carefully controlled. Last but not least, the interactionist viewpoint believes that conflict is beneficial and essential for organizational development and productivity, and that it should therefore be supported and encouraged (Mosadeghrad and Mojbafan, 2018).

Conflict is a natural phenomenon in organizations as a result of interactions among people. Conflict within organizations frequently results

from interactions between people. Managers can handle conflict depending on their personality attributes, organizational situations, and the specifics of the conflict. Even if disputes might not entirely be eradicated, a successful management intervention is expected to increase the positive rather than the negative effects of conflicts in an organization. For instance, conflict may lead to the idea exchange, modernity, and adaptation necessary for organizational success(Chandolia and Anastasiou, 2020).

The field of management and organizational behavior has identified conflict as a key component. In the study of management and organizational behavior, conflict has been emphasized as a key component. Conflict is a possibility for all types of organizations, without exception. Conflict is defined as difference, which may be brought on by factors such interests, values, understanding, styles, or opinions(Vashisht et al., 2018).

Conflict naturally occurs between parties when there are actual or perceived differences in their goals, values, beliefs, opinions, attitudes, feelings, expectations, and/or behaviors. Although internal conflicts within one individual are also possible, in the context of learning, conflict is thought to occur between two parties(Alnajjar and Abou Hashish,2022).

people inhibit by conflicts from meeting their requirements, inhibit educational organizations from achieving their goals, and may even be harmful to the development and ongoing existence of educational enterprises. At a result, the effective management that system of education depends on the country's future ability to produce the necessary labor force. Effective conflict resolution or management when it arises between people is one of these good administrative tools(Oladitan, et al., 2014).

It may result from a variety of things, such as interpersonal differences in values, viewpoints, and limited resources, as well as from poor communication and a lack of understanding of one's obligations. Small quantities of conflict promote conversation and help resolve interpersonal conflicts, but unresolved conflict will cause confusion in interpersonal interactions, expand the gulf between expectations, and generate staff dissatisfaction(Mostafa et al., 2019).

There are various ways to perceive conflict; some regard it as something unpleasant that must be avoided at all costs, while others see it as a positive chance for personal development that should be taken advantage of first for the benefit of the individual before the organization. Conflict can occur for a variety of reasons, including environmental changes, personal dislikes, value discrepancies, differences in fundamental beliefs or knowledge, differences in role structures, a need for tension relief, differences in goals, a range of economic interests, power or recognition, competition for position, perception differences, the heterogeneity of the workforce, and group partisanship(Hussein et al., 2017).

The classical or traditional view states that "management's role was to rid the organization of conflicts because all conflicts were seen as destructive." Conflict has, however, come to be seen as a significant source of organizational renewal in the present practical view(Oladitan, et al., 2014).

Although there are many distinct types of conflict, intrapersonal or interpersonal conflicts are the most common. Interpersonal conflict happens between people, whereas intrapersonal conflict is conflict that occurs within oneself. In the workplace, interpersonal conflict is common. Individual conflicts are widespread in all workplaces, but they may be more noticeable in

environments where teams of people are required to carry out or execute a task (Lee et al., 2008).

Conflict is typically seen as a harmful damaging, stifling concept that connotes hatred and wrath. However, every person who enters an organization does so with a unique set of beliefs, requirements, goals, and personalities. These several persons are forever connected to one another. On the other hand, a variety of elements, including managerial styles, misunderstandings, resource sharing, and functional reliance, might influence this connection. Coming out of many disagreements, frictions, and confrontations throughout time is typical(Sarpkaya, 2012).

However, when it is personal or becomes a barrier to work performance, conflict can become detrimental to student learning. Conflict is normal, healthy, and essential for team development. When students lack the abilities necessary for teamwork, conflict might arise(Seren and Ustun,2007).

According to (Thakore,2013) identified seven factors that lead to conflict: Members of the team bring ideals from many cultures to their workplace teams. Team members have various wants that are not addressed, which leads to frustration that fuels conflict. Team members have various attitudes that result in diverse objective for the staff. Team members have various views that lead to varied interpretations of the same information, Various expectations of the team members are not realized and cause conflict, Conflict frequently increases due to a lack of resources, and team members' different personalities often come into contact.

Many aspect of conflicts exist at different levels, such as the intrapersonal, interpersonal, intragroup, and intergroup levels. Although having the largest

group of healthcare workers in any facility, staff nurses occasionally have disagreements(Mohammed et al., 2022).

Nursing professionals constitute the majority of the staff in hospital organizations. When updating central management of all events occurring in the formal arena, their acts range from providing immediate patient care to practices that can reverberate in the core of decision-making (indirect action). The oddity makes specific accommodations for nurses, allowing them to interact with patients more independently, both directly and indirectly, and to subtly inhibit. Conflict phenomena are made into a distinguishing feature of professional nurses' work in critical leadership decision-making(Attia et al., 2019).

However, has historically produced negative feelings that is conflict within the nursing group. It has been observed to drain energy, impair concentration, and generate anger. Therefore, it is not unexpected that intensive care nurses have a reputation for adopting avoidance rather than a more forthright admission of the factors generating the dispute(Kelly,2006).

2.2. Sources of Conflict for nursing staff:

According(Çınar and Kaban, 2012), disputes are incidents brought on by disagreements between individuals and groups within an institution as a result of collaboration, interrupting or upsetting regular activity. Conflicts between persons or organizations having a functional relationship between their works, according to Stooner and Freeman, might arise from disparate statuses, goals, values, or perceptions. Conflicts represent discords caused by a variety of psychological characteristics, such as morals, character, the families they were raised in, the community, worldview, and outlook on life of the people

employed by the organization without regard for their social characteristics, such as their jobs, education, age, gender, etc.

Katz identifies three possible sources of conflict these three types of conflict are structural conflict (conflict resulting from the need to manage the interdependence between different organizational sub-units), role conflict (conflict resulting from predetermined behavior), and resources conflict (conflict resulting from interest groups competing for organizational resources).According to Robbins, there are three main causes of conflict in organizations, and knowing where a conflict originated increases the likelihood that it can be managed effectively. Communicational (conflicts resulting from misunderstandings, etc.), structural (conflicts relating to organizational responsibilities), and personal (conflicts resulting from individual differences) aspects are highlighted as the main origins of conflict. When used to a conflict originating from a different source, conflict management techniques that are effective in one situation may not necessarily be appropriate in another(Thakore,2013).

Another cause of conflict differences in thinking patterns and values between students and teachers these conflicts related to work in collage or schools. Teachers and students come from all backgrounds, each with their own perspectives on the world and different ways of thinking. This diversity offers many opportunities for issues and conflicts(Abou Hashish et al., 2015).

The common reason of conflict include lack emotional intelligence (EI), job ambiguity, poor work conditions, communication issues, and a low of organizational support, according to recent assessments of conflict sources. Staff nurses, doctors, patients, and their families frequently engage in conflict(Labrague et al.,2018).

Among the several approaches to categorizing conflict that have been proposed, the one that will be used for the current objectives is one that is based on the three types of causative variables causing conflict listed below: Factors that could lead to conflict. These are actual personality differences between people that could lead to conflict, such as disparities in how income, power, love, and beauty are distributed. Experienced sources of conflict, or disagreements or behaviors that people perceive to be provoking conflict. Conflictual action, often known as activity taken to adversely influence the interests of another agent(Allwood,2013).

Although a particular conflict situation may fall under two or more of the categories, all potential conflict generally falls into one of three types: Conflicts that are goal-oriented are related to final products, performance standards and criteria, goals, and objectives. The fundamental building blocks for administrative disputes, which correspond to the management structure and philosophy, are the establishing of roles and reporting linkages, as well as the responsibilities and authority for tasks, functions, and decisions. Interpersonal issues result from participants' disparate work ethics, styles, egos, and personalities(Verma,1998).

2.3.Type Of Conflict for nursing staff :

2.3.1. Intrapersonal conflict:

Intrapersonal conflict is a complicated process associated to each person's unique experiences and emotional condition. Intrapersonal conflict may lead to a decline in internal resources, an unwillingness to make any changes, doubts, and failure to solve the issue. Such emotional events might impair a person's capacity for making thoughtful judgments, particularly nurses who

bear a lot of responsibility at work. The relationship between fear, self-doubt, and unfulfilled desire and intrapersonal conflict(Zhalimbetova,2019).

When a person is faced with two or more requests that are irreconcilable, it can cause intrapersonal conflict, also known as discord or dissension. For instance, when a person wants to argue against someone but does not want to, this is an example of an intrapersonal conflict(Abd-Elrhaman and Ghoneimy,2018: Allwood,2013).

It occurs when an individual must distinguish between two opposing and divergent tendencies that are evoked by the same stimulus. It is normal for people in such circumstances to feel frustrated and to let their conflict situation show through a variety of behavioral methods, from apathy and boredom to absenteeism, binge drinking, or destructive activity. It is crucial to diagnose individual perception, use strategies to lessen anxiety-inducing inputs, and improve behavioral alignment with organizational requirements if such behavioral repercussions are to be avoided(Thakore,2013).

2.3.2. Interpersonal conflict:

When people experience unpleasant emotional reactions to perceived obstacles to their goals and differences, a dynamic process known as interpersonal conflict results. Other names for interpersonal conflict include intragroup, relationship, task, or process conflict (Almost et al.,2016).

There are three main situations for interpersonal conflicts were patient and family, nurse manager, and physician. There have been reports of conflicts between nurses and patients, relatives, and visitors as a result of different perspectives on which patient-care concern should be addressed first,

visiting hours limits, and prohibitions on the exposure of sensitive information(Johansen,2012).

2.3.3. Intragroup Conflict:

Intragroup conflict, which manifests on the third level when a member of a group pursues an objective that is different from that of the group, occurs. Conflict that arises within a group, team, or department is called intragroup conflict. Conflict between organizations happens in many kinds of organizations(Graham, 2009: Attia et al., 2019).

Intragroup conflict negatively impacts the entire team or teams, which negatively impacts each team member. Quality medical care can only be delivered by a efficient team. It is crucial that there be no intragroup conflict because of this. Interpersonal incompatibility as disharmony; conflicts in problem-solving, such as how a technique is carried out; conflicts in dispute resolution are some types of intragroup conflicts that can be categorized by nature(Zhalimbetova,2019).

2.3.4.Intergroup Conflict:

Intergroup conflicts happen when various groups within a company vie with one another to accomplish their objectives. Networks of related sections, teams, departments, persons, departments, or groups make up organizations. People frequently create such organizations when there is a need for them. Conflicts are influenced by internal organizational structural factors. There could not be a lot of naturally occurring interpersonal conflict between groups as a result. For instance, disputes between management and unions are significant and continuous. There are several conflicts between line and staff groups (Hussein and Al-Mamary,2019).

conflict that arises between members of various teams or organizations can also have emotional and/or substantive roots. Organizations frequently have intergroup conflict, which can make coordinating and integrating task operations exceedingly challenging. A common example is disagreement between functional departments or groups in corporations, such marketing and manufacturing. One strategy being used to reduce such conflicts and encourage more innovative and effective operations is the expanding usage of cross-functional teams and task groups(Thakore,2013).

2.3.5. Intra-Organizational Conflict:

There are four different types of intra-organizational conflict: role conflict, line-staff conflict, vertical conflict, and horizontal conflict. Although they have distinguishing qualities, they can overlap, especially with the role one. Between organizational levels, there can be vertical conflicts (such as conflicts between superiors and subordinates). They frequently result from superiors' attempts to exert authority, while horizontal disputes occurs between staff or departments that are organized according to the same organizational hierarchical levels. Conflict between line and staff departments also exists since, in most organizations, staff departments help line departments(Hussein and Al-Mamary,2019).

2.4.Stage of conflict:

There are three levels in the initial phases of conflict development. Latent conflict, awareness, and frustration are these things. Avoidance and denial are signs of latent conflict, whereas complaints, gestures, stress, and differences of opinion are signs of the conflict awareness stage. Negativity, retreat, and oversensitivity are signs of the frustration stage. The identifiable conflict stage

is crucial to the growth of a conflict. The most notable indicators of interpersonal conflict are unwillingness to cooperate, anxiety, hostility, lack of communication, and passive aggression behavior, which is the indirect expression of hostility through sarcastic sniping. These behaviors include Antagonism, anxiety, poor communication, unpredictability, and distrust are all signs of stress, appropriate misunderstandings and forgetfulness, "playful" mocking, sabotage and quiet treatment, frequent disagreement manifested in actions like victim posture and negativity, agreeing and blaming(Alexeyeva, 2018)**.**

This instance illustrates the 4 stages of conflict. The "first phase" of conflict is when it arises and leaves people engaged frustrated; the "second phase" happens when the individuals involved assign a reason for the conflict. "Phase 3" is the behavioral reaction to the "cause" stated in phase 2, "Phase 4" is when the behavioral reaction results in a worse than ideal result, and this tends to happen quickly and, if erroneous, can lead to misunderstandings that aggravate the conflict(Sinskey et al.,2019).

2.5.Overview about Conflict management styles for nursing staff :

Students in nursing must learn and practice conflict management because it frequently occurs in both classroom and clinical settings. Conflict management resolution are commended for encouraging teamwork and collaboration between healthcare professionals in medical and nurse education. The ability to handle conflicts is a necessary component of effective leadership, and leadership qualities and methods are likely to have an impact on the outcome of conflicts. Nursing and other professions have been

proven to be impacted by the link between leadership types and conflict management styles professions (Alnajjar and Abou Hashish, 2022).

Conflict management is a process that entails acknowledging the dispute, gauging its intensity, assessing the effects of this intensity, selecting the appropriate intervention tactics, and keeping track of the results. The following are the five most popular methods for handling conflicts: avoiding, accommodating, competing, compromising, and collaborating. These five strategies are distinguished by where they fall on the two dimensions of self- and other-care. Thus, the five types each represent a distinctive combination of aggressiveness and cooperation(Abd-Elrhaman and Ghoneimy, 2018).

The Thomas-Kilmann Conflict Resolution Model served as the study's theoretical foundation. The choices for handling disputes are shown in this model. The vertical axis, which deals with conflict resolutions based on a person's work to obtain what he needs, is one of the two dimensions represented in this model. These are what the advocates call the choice for assertiveness. The choice on cooperativeness is the second horizontal axis, which deals with solutions based on assisting others in getting what they want(Rubio and Picardo, 2017).

The Thomas-Kilmann Conflict Mode Instrument (TKI) assesses how someone behaves in conflictual circumstances, such as when two parties' concerns appear to conflict. Assertiveness, which refers to how much the person seeks to address his or her own difficulties, and cooperativeness, which refers to how much the person strives to address the concerns of others, are the two primary dimensions along which we can classify a person's behavior in conflict situations. These two behavioral parameters can be used to establish five dispute resolution techniques(Thomas and Kilmann, 2008).

According to the degrees of assertiveness and cooperativeness, Thomas and Kilmann (1978) distinguished between five conflict management philosophies. A competitive style in which one partner seeks to impose his own interests is one that is forceful and uncooperative. It works well when there is no time for deliberation and a quick conclusion is needed. Unaggressive and cooperative, accommodating style is characterized by one side putting the needs of the other person above his own. Compromise-style behavior is characterized by a moderate level of assertiveness and cooperation, and both parties must give up a sizable portion of their interests. In a collaborative approach characterized by assertiveness and cooperation, each individual respects the thoughts and values of the other in order to arrive at a solution that pleases them both. Both parties withdraw in an avoidance approach that is distinguished by its lack of assertiveness and cooperation, leaving the conflict unresolved. When further details and examination of the issue are required, or when one party is more powerful, avoidance can be advantageous(Obied and Ahmed, 2016).

An important competence of a successful nurse manager is conflict management, which refers to the efficient use of solutions to deal with conflict. This competency can have favorable effects on both the individual and organizational levels. The five fundamental methods for managing conflicts are competing, collaborating, accommodating, and avoiding(Heering and Karakashian, 2021).

Designing effective ways for reducing the fundamental causes of conflict helps to improve conflict-reduction techniques. It entails all steps taken to lessen the detrimental effects of conflict and maximize its beneficial effects(Moeta and du Rand, 2019).

One of the five conflict management approaches—dominating, caving in, avoiding, compromising, and integrating—can be used to handle a conflict. Additionally, the way that individual resolves a dispute relies on the parties involved as well as the circumstances. Numerous research have proven that different personal traits are linked to different conflict management philosophies. Based on the research, this review sought to analyze the relationship between personal traits and the methods employed by nurses to handle conflict at work literature (Alhamdoun et al.,2021).

These conflict-management techniques have many different facets, and although a person may choose one over another, the choice of style might change depending on personal traits, environmental factors, organizational and sociocultural context, and interpersonal circumstances(Labrague DM et al., 2018).

The accurate behavioral patterns that people use to handle conflict are referred to as conflict handling styles. Conflicts at work have a big impact on employee productivity, job happiness, loyalty, and organizational turnover. Ineffective conflict management techniques can exacerbate current problems and spark new ones. The only way to improve the performance of the organization or relationship is by applying the proper conflict management techniques. Two factors have been used to categorize how people handle interpersonal conflict: how much they care about themselves and how much they care about others(Waithaka et al., 2015).

Conflicts in every organization have led to a rise in cases of lack of commitment as many workers lose interest in going to work and organizational citizenship conduct deteriorates in the workplace. On the other hand, if conflict is handled properly, the outcome could be advantageous

because it fosters the development of fresh ideas for the organization's expansion. As a result, conflict management techniques vary depending on the level of employee commitment needed(Hussein et al., 2017).

It has been proposed that conflict management behaviors are partially situational, with the strategy to managing conflict being chosen to reflect the present situation, rather than being wholly dictated by an individual's disposition(Johansen, 2012).

Leadership in every healthcare facility must take steps to promote age-related changes and achieve high standards of patient care. New responsibilities, new technologies, financial limitations, increased emphasis on participation, cultural diversity, and education are just a few of the difficulties facing nursing leaders today(Lorber et al., 2015).

The leadership and persuasion of people and organizations to understand and handle conflict in a constructive manner is the responsibility of nurse managers in conflict management. This helps to foster a work atmosphere that is marked by development, innovation, and productivity. Additionally, this encourages subordinates to resolve disputes amicably and make wise choices. In actuality, there isn't a single dispute resolution method that works well in every circumstance. Additionally, a conflict management technique that worked in one setting might not work as well when the situation changes(Al-Hamdan et al., 2015).

Nurse managers in conflict management are responsible for providing leadership and influencing people and organizations to comprehend and handle conflict in a constructive manner. This promotes an environment at work that is focused on growth, innovation, and productivity. This also

encourages subordinates to choose wisely and settle disagreements amicably. In reality, there isn't a particular approach of resolving disputes that is effective in every situation. A conflict management strategy that was effective in one context might not be as effective in another(Abou Hashish et al., 2015).

Develop conflict management strategy, You may either end the dispute or keep it under control by employing a proactive plan that takes conflict and its impacts into account. It's crucial to comprehend how the project manager interacts with other project stakeholders, including senior management, functional and other managers, clients, and team members, during the course of the project when using this technique. Project managers must establish trusting connections with all of the stakeholders they work with in order to decrease the chance of conflict(Verma,1998).

The fight-flight and demand-withdrawal reactions are two examples of these behavioral systems. The type of affect that was triggered—typically classed as positive or negative affect—may be used to characterize the second dimension of conflict management. The third component dealt with the perception of conflict-management techniques as either helpful or harmful. Behaviors were deemed constructive or integrative if they restored relationships that had been damaged; on the other hand, destructive behaviors were those that weakened the relationship with the partner(Makey et al., 2000).

Considering conflict management or conflict mitigation must therefore take conflict management style into account. Additionally, there are several examples of conflictive encounters in the literature, including bullying, mobbing, and horizontal violence. Although these ideas include interdependence between parties and divergent interests, values, or views (a

concept related to conflict), each of these actions involves the intention to cause harm to a different party and always has unfavorable consequences. Contrarily, if handled well, conflict can result in advantages(Almost et al., 2015).

One of the difficulties nurses often experience is effectively handling disagreement. regardless of their position, nurses must all be skilled at managing conflict.to create a setting that fosters personal development and guarantees high-quality patient care. Effective conflict resolution fosters drive, improves morale, and supports individual and group development(Al Hamdan et al., 2014).

2.6. Model of conflict management styles for nursing staff:

According to(Black,2018), conflicts inside organizations typically arise due to differences, conflict for limited resources, or challenges to autonomy. twenty years later, to consider organizational conflict and suggest that companies offer the environment for disputes to organically develop and be strategically managed to foster collaboration. Active conflict promotes the potential for different opinions in problem-solving and for adaptation to change in the system of the pure conflict model, and it may help the organization succeed and last for a long time.

The Preliminary Stage, the first stage of the model, focuses on the manager's prepare for conflict management resolution. This includes building a psychic power base for inter-personal relationships to conflicts, achieving a level of trust and acceptance that will support successful management, and cultivating meaningful communication that includes attentive listening and sending of positive, constructive messages. Successful conflict management in

the second phase, referred to as the Resolution Stage, entails challenging the participants' presumptions, clearly defining the goal to be achieved in the conflict situation, brainstorming to identify all feasible alternatives, fostering creative processes and new and innovative possibilities, and assisting them in choosing the best alternatives. The final phase, known as the achieving an understanding amongst the opposing parties over the decision to be carried out is the goal of the maintenance stage. out and how—a practical, practicable, and specific plan—as well as ongoing review and oversight of the procedure(Hilda et al.,2012).

Three different kinds of conflict management models used in organizations: the dual concern model, which focuses on both formal and informal conflict management, and the integrative and distributive negotiation models, which focus on labor negotiations and third-party interventions. Model for Traditional Conflict Mediations have shown to be the most important all-encompassing approach to conflict resolution. When viewed from this angle, the same fundamental truth holds true: managing conflict is a managerial responsibility. That is no longer the case where a manager must handle every dispute by himself. kinds: Process model and structural model. Structural Model: Addresses variables affecting project conflicts and conflicting processes. Process Model: This model focuses on the conflict's chain of events. Models of processes are more static(Daisy, 2020).

2.7.Type of Conflict Management styles for nursing staff:

2.7.1. Competing style:

Competing is aggressive and unhelpful. The person uses whatever power seems necessary to further his or her own interests, frequently to the detriment

of another. When one competes, they may be maintain their rights, protecting what they believe to be good or merely seeking victory. The behavior's intended outcome can be summed up as follows: "I persuaded the others of the validity and merits of my position." This fashion is represented by a lion. Techniques including domination, authoritative command, and majority rule are employed(Alexeyeva,2018).

competing style (aggressive and uncooperative) One who pursues their own interests at the possible expense of another is said to have a competing style(Mosadeghrad and Mojbafan, 2018).

A power-oriented mode, competing style is aggressive and uncooperative. When competing, a person prioritizes their own needs over those of the opposing party and will resort to any and all tactics to strengthen their position. When compete, can be attempting to win or just defending your rights or standing up for what believe to be right(Thomas and Kilmann, 2008).

The management has the option of using a win-lose strategy or a competitive conflict resolution style. Assertiveness will be high and cooperativeness low in this situation. It may be employed when less aggressive approaches are not appropriate or when significant rights are at stake, necessitating the need to advance their concerns despite those of the opposing party (Conflict Management Techniques). Additionally, it is important if the issue must be settled soon or if it lasts for a very long time. The key benefits will be a speedy resolution of the issue and an increase in self-esteem(Marco,2018).

2.7.2. Collaboration/integration style:

A strategy of cooperation and integration. According to this style, the opposing parties create the communication necessary to clear up any misunderstandings and come up with the best practical solution while retaining a pleasant attitude. In addition, if the method is to be effective at fostering justice and fairness—two essential elements for effective teamwork—it must involve confrontation and an honest discussion of the issue. (Saiti,2015).

A person with an integrating style, also known as a problem-solving style, demonstrates a greater interest in both their own and other people's concerns. In order to discover a solution that will satisfy both parties, this technique involves cooperation between groups (openness, exchange of ideas, and exploration of differences). Obliging style, often referred to as obligating style, is when a person expresses a great level of concern for the other side while demonstrating little worry for themselves(Abou Hashish et al.,2015).

When an abusive manager respects their opinions, nurses may adopt the collaborative approach in other circumstances. They work together to try to come up with a satisfactory answer(Abou Ramadan and Eid,2020).

The right side of the model's top part is where the collaborative style is located, and it is shameful to maintain a deliberate detachment. Compromise skills were shaped by the demands of collaboration in light of mutual respect, an openness to cooperating with others, and creativity in learning activities(Rubio and Picardo,2017).

2.7.3. Avoiding style:

The phrase "avoidance of conflict" refers to a situation where conflictual activity is anticipated but does not actually take place (due to actual conflict producing characteristics or observed grounds for conflict). Additionally, it refers to situations where disputing parties "agree to disagree" and avoidance is employed to stop the dispute from escalating(Allwood,2013).

Avoiding style refer that individual parties prefer to be passive and overlook conflict situations rather than actively engage them, which is a style they try to avoid(Mostafa et al.,2019).

Avoiding style is Low self- and other-care is associated with avoidant behavior. This style is frequently accompanied with withdrawal since the individual using it is unable to handle both his or her own problems and the concerns of the other party. This strategy is typically used when conversing with the other person seems to produce more unfavorable results than favorable ones. People typically use this strategy when dealing with perceived tactical or minor obstacles(Copley,2008).

Conflict prevention can be achieved by taking action to stop the occurrence of factors that might otherwise lead to conflict before it actually arises. Some ways to do this include fostering mutual respect and creating reciprocal duties, such as "If I help you/be nice to you, you will help me/be nice to me vice" and the like. Generally speaking, fostering similarities between individuals reduces the likelihood of conflict(Allwood,2013).

2.7.4.Compromising styles:

When collaboration is impossible, "compromising style" is frequently required. This technique of conflict resolution requires a sacrifice from each

party. For instance, a patient with cardiac illness who is planned for a lengthy and extensive operation is more likely to have difficulties from general anesthesia. The anesthesiologist and surgeon may opt for a quicker, less invasive operation to lower overall risk. This type of dispute resolution involves "giving in" and allowing the opposing side get their way(Sinskey et al.,2019: Alnajjar and Abou Hashish,2022).

Using a compromise approach, the parties aim to settle their differences and find a solution that will satisfy everyone concerned. Another method for resolving conflicts is through collaboration. This approach is used by parties in dispute to resolve issues by taking into account the demands of all parties. The parties collaborate to develop a solution that will be accepted by all parties. Parties frequently employ this method of conflict resolution because they take into account the requirements and interests of all parties involved(Waithaka et al.,2015).

2.7.5. Accommodating style:

Accommodating Selflessness, co-operation, and lack of assertiveness. To address the concerns of others, people overlook their own concerns. It is a lose-win strategy to be accommodating or smoothing, which is passive and cooperative. In order to resolve the conflict, one might have to sacrifice their own needs or wants. It promotes self-expression in humans. When the opposing party is right, more powerful, or the topic is more vital to them, it is correct(Krautscheid et al., 2017: Abd-Elrhaman and Ghoneimy, 2018).

In this style is Contrary to competing, where one would forgo their advantage in favor of the benefit of the other party, accommodating behavior

preserves their advantage. By agreeing to meet halfway, compromise serves the interests of both sides(Palacio, 2022).

Accommodating style is unaggressive and cooperative, competing style is assertive;. To address the needs of the other, one must compromise their own worries. This includes being charitably or selflessly generous, following a command even though one would prefer to ignore it, or bending to another's viewpoint. This method of resolving disputes places greater emphasis on the emotional rather than the core issues. Instead than focusing on disagreements, this debate emphasizes points of agreement. Differences persist even after the end of the conflict because they are not discussed. It develops into a dormant conflict that might trigger further conflict episodes(Alexeyeva,2018).

leveling down differences and focusing on shared interests can be described as an accommodating technique, which aims to allay the concerns of the other party. Conflicts are handled passively and amenably by those who utilize an accommodating approach, and they also comply with other parties' decisions. This approach is more frequently utilized with superiors than with peers or subordinates(Vashisht et al., 2018).

In order to meet the demands of the other party, accommodating manner is related with seeking to minimize differences and emphasize commonality. This approach has been observed to be adopted by individual who think They could be in error, and it would be much more significant to consider the other person's viewpoint.When someone is prepared to make a concession in the hopes of receiving something in return, it can be utilized as a strategy(Copley, 2008).

2.8.1.Overview About Communication:

The definition of "communication" or "to communicate" has never been universally agreed upon. Communicare was a verb that mean "to share with," "to share out," "to make generally available," or "to discuss together" in ancient Latin. The process of making meaning is what communication is primarily concerned with, including inquiries into the psychological, social, and cultural aspects of meaning making, the intellectual comprehension of communications, and the emergence and resolution of ambiguity. "People create and use meaning in interpreting events, and communication does not happen in a vacuum." The key question hence is how we define "meaning" and how the process of creating meaning operates(Ruler,2018).

Communication is frequently taken for granted since we take it for granted in our everyday lives. When it fails, especially in a hospital context, it can have severe effects. Communication has only recently been recognized as a professional talent that, like all other clinical competencies, should be adequately taught, despite the fact that getting a patient's medical history is universally accepted to be significantly more important than doing an examination to determine a diagnosis. (Kraszewski and McEwen 2010).

Our work as nurses entails communicating a lot. Every day, we communicate with patients, other nurses, medical professionals, family members, and the general public. Our approach will be somewhat influenced by our position within a hierarchy, such as that of a senior sister or a first-year student nurse. Our rank frequently determines how we respond to junior and senior colleagues, families, and patients. Although it would be incorrect to believe that this hierarchy does not exist, it is quite essential in some other

cultures and countries, unlike the UK where it is not very obvious(Burnard and Gill,2014).

Communication has been has been described by several as the sharing of knowledge, emotions, and ideas, and thoughts between individuals. The communication may be oral or written, vocal or nonverbal, specialized or generic, relationship-focused or even impersonal. Both verbally (by clearly speaking) and nonverbally (by acting, exhibiting, touching, doing, etc.), nurses convey their nursing care to patients. The "how, what, why, and where" of the communication method we choose as people, organizations, civilizations, religions, and nations can either degrade or elevate us(Bello, 2017).

communication is clearly defined as the transfer of knowledge and understanding from one person to another. Cohesive collaboration in surgery requires effective interdisciplinary communication, and its absence has been linked to catastrophic adverse events that can affect service delivery, patient safety, and outcomes(Gillespie et al., 2009).

This relationship varies from other types in that the nurse makes the most of her interpersonal strength, understanding of human behavioral patterns, and communication skills to further the client's development. The client's thoughts, emotions, and experiences are what this relationship is all about. This theory's primary tenet is that rather than the patient himself, the nurse and patient's engagement is centered on their relationship. The objectives of this interaction are to promote the patient's recovery and to aid in his understanding of his health challenges and learning from them as he develops new behavioral patterns. The nurse also gains a clear understanding of how general stressors and illnesses affect the lives and behaviors of the specific client(Olufunke and Oluwakorede A, 2016).

Hildegard Peplau (1991, 1992, 1997) (one of the earliest nursing theorists) looked at nursing communication and the nurse-patient connection. Peplau's theory of interpersonal interactions is a significant nursing theory that places emphasis on reciprocity in the interpersonal relationship between nurses and patients. The interpersonal relations theory of Peplau serves as the basis for this investigation. Despite not being a novel theory, However, it still applies to how nurses work today. Many of the challenges faced in the realm of professional nursing practice, particularly those involving communication and interpersonal connections, can be understood in terms of interpersonal relations(Bello, 2017).

The first phase of the Peplau theory's several phases is Orientation. At this point, the patient is asking for assistance, and the nurse recognizes the issue and offers the patient support in doing so. Establishing a trusting relationship with the patient is especially essential at this time since it helps to lower the patient's anxiety(Arabacı and Taş, 2019).

The working phase, which makes up phase two of Peplau's theory, is where the majority of the relationship's labor is done, therefore the name. This phase consists of the identification and exploitation phases. The focus is on the patient's responses and the tasks they must accomplish as they move closer to successful health outcomes. During the identification phase, the nurse may assume a number of roles. A nurse might act as a caregiver, substitute parent, educator, or counselor, for example. Here, the nurse uses her training, knowledge, and ability to treat a particular health concern (Senn, 2013).

Other phases is exploitation The nurse helps the patient achieve the objectives of therapeutic interventions and make the best use of the medical facility. that have been mutually agreed upon. This is the practical job of the

nurse-patient relationship. Dispatch Phase After this phase, the treatment collaboration comes to an end. Along with the previously established and accomplished goals for treatment and care, new objectives are defined. When the nurse and patient first met, they did it with purpose, and they shared deeply and meaningfully. Termination phase, During the termination phase, the nurse's professional contact with the patient ceases. Despite the connection being brief, It gives them a chance to evaluate their collective successes and consider the past (Kaur, 2020) .

Termination phase ,this phase of the nurse's and patient's professional relationship that is terminating. Due to the focus on health diagnosis and treatment, the termination phase is sometimes overlooked, yet endings are a time for introspection and personal development. Even if they are brief, the correct termination of a therapeutic relationship can be a useful moment for the patient and the nurse to assess the success of their objectives and reflect on their time together(Bello, 2017).

Resolution phase: As a result of good communication, patients' problems are fixed and they gain autonomy. The nursing associate and patient's relationship ends when the patient can no longer rely on their assistance. The nursing assistant should be able to use these abilities to help the patient become more independent and lead a better and more satisfying life(Archer and Jones, 2021) .

Any analysis of communication between people is inherently difficult. A wide variety of connected factors have an immediate impact on the interpersonal process, which is complex and dynamic. This indicates that social interactions are frequently understood and thoroughly examined using some form of interpretive framework. In actuality, numerous different

frameworks were developed especially for this. Interactions with others, for instance, have been described, among other things, as: a type of cooperative economic activity or social exchange in which both parties aim to maximize benefits and reduce costs, and rewards can take the form of cash, commodities, services, status, esteem, or affection(Hargie, 2019).

Interdisciplinary communication is recognized on a global scale as being crucial to team effectiveness and, thus, reducing errors and harm in healthcare(Gillespie et al., 2009).

Communication between a nurse and a patient is crucial, especially when the patient is a youngster because this is one of the most critical times for development. Specific skills, competence, and dedication are needed for communication between nurses and these patients. According to numerous research, poor communication rather than a lack of clinical knowledge is the primary cause of most patient complaints about healthcare personnel in intensive care units(Mustafa et al., 2020).

Effective communication is essential for nurses to develop therapeutic relationships with their patients and raise patient satisfaction. It also improves nursing care standards and lowers treatment mistakes. Experts that actively listen, engage in detailed conversations, provide knowledge at the appropriate moment, and communicate with empathy are highly respected by patients and by their careers. However, several studies have shown that nurses' subpar communication skills are a result of their inadequate training or a failure to grasp the significance of patient-centered communication (Gutiérrez-Puertas et al., 2020).

The interaction dynamics of human communication are prioritized from a communication perspective, which also provides conflict in organizational contexts is the subject of a substantial and well-developed corpus of thought. The clinical environment's dynamics are prioritized from a nursing perspective, which many social scientists have identified as a very unique organizational situation, to which a lot of organizational theory and research may not immediately apply (Nicotera, 2021).

Understanding the process of communication, its factors that influence it, and the results of that understanding helps people better understand and deal with communication challenges in the workplace. Communication is a complex process that involves more than just words; it also involves gestures and facial expressions (Broca and Ferreira, 2015).

Communication is a core aspect of human nature. Communication is possible for everyone. The value of communication and its content. Although the contents refer to what was said, the relationship refers to the way it was said. The nature of the link will depend on how the two parties interpret the communication flow. It is impossible to communicate in one direction only. Each transmitter transforms into a receiver in this link, and vice versa. Negative attitudes and preconceptions frequently stem from failing to recognize the potential for two-way dialogue (Kourkouta and Papathanasiou, 2014).

2.8.2.Communication Skills for Nursing Staff:

Communication skills is one of the most important traits for healthcare professionals, according to research. Information sharing, question-asking, involvement, rapport-building, and cooperation are all crucial communication

skills for nurses. However, there is limited interaction between nurses and patients, and nurses spend little time conversing with patients(Badiyepeymaiejahromi et al., 2018).

Currently, they are referred to as "soft skills," which is inaccurate in our opinion because these are "hard skills" that must be developed and have an impact on your work performance, career, and personal life. Communication has a number of facets. The needs, values, and personalities of the employee are part of the psychological environment of communication. Relational context refers to interpersonal interactions. While situational context is psychological, environmental context deals with the physical aspects of the communication site, such as the furnishings, location, premises, noise, time of day, and work environment(Kaur, 2020).

Communication that is skillful and effective is essential to the standard of care. In order, excellent therapeutic communication skills are a crucial tool for assessing patients' needs and providing them with the appropriate level of physical care, emotional support, knowledge transfer, and information exchange. (Amoah et al.,2018).

Communication skills are effective technique of communication between health professionals is crucial for delivering high-quality care that lessens the symptoms of worry, guilt, discomfort, and illness. They can also enhance the patient's functional and physiological status and encourage the patient's satisfaction, acceptance, and cooperation with the medical staff. This significantly affects the patient's instruction as well (Norouzinia et al., 2016).

A Communication skills One of the things that, even in its most basic form, may overcome and make up for many difficulties and other shortfalls is.

As a result, it is expected that nurses possess adequate clinical and communication abilities. In order to take the required steps and address this issue, Because nurses had observed and experienced the value of communication in the treatment and care of patients, the researchers tried to examine nurses' communication abilities based on their perceptions (Badiyepeymaiejahromi et al.,2018).

Multidisciplinary teams and hand offs are common in the modern healthcare setting, and effective communication is essential. Stress at work can be significantly increased by poor communication. Poor teamwork has repeatedly been cited as a contributing factor in catastrophic mishaps that have led to significant loss of life in high-risk environments like aviation and nuclear power, which share similar problems with task complexity(Reader et al.,2007; Sinskey et al.,2019).

2.9. Types of communication for nursing staff:

Verbal and non-verbal communications and written communication are the principal techniques for human communication (Sibiya, 2018).

2.9.1.Verbal communication:

As was already mentioned, spoken and written communication make up the majority of human communication. But the "primary form of language" is speech. Speech is taught before writing, and while certain human communities may have spoken languages but no written ones, writing is always accompanied by speaking in all human cultures. Oral communication naturally involves using one's voice in addition to language components like sounds, words, phrases, and sentences. However, it goes well beyond this (Bottomley and Pryjmachuk, 2019).

verbal communication is a method of face-to-face information transfer and dissemination in which individuals use words to convey their views. It enhances one's capacity for interpersonal interactions and bonds(Jahangir et al., 2021).

Oral communication that takes place through spoken words, sounds, voice intonation, and pace is known as verbal communication. It can take place in person, one-on-one, in a group setting, over the phone, or through video conferencing. As a nurse, you will converse verbally with patients, families, coworkers, and multidisciplinary teams(Lapum et al., 2020).

2.9.2.Non- Verbal communication:

Nonverbal communication does not require language. It is spread through the use of one's body rather than speech or writing. Both suitable and inappropriate messages can be communicated through body language, which is a kind of communication. It's crucial to keep in mind that body language can communicate meanings that are distinct from those that are communicated through speech. The majority of communication—60%—is non-verbal, so effective the ability to communicate nonverbally is crucial. Nonverbal cues frequently have greater significance than audible ones.. Accent, bodily contact, gaze direction, and voice tone are a few examples of nonverbal signals. Emotional content of speech, words, gestures, facial emotions, and physical attributes, posture, and closeness, Timing issues and speaking mistakes(Sibiya, 2018).

Nonverbal communication can be characterized as the exchange of messages without the use of words. Before a word is said, the tone of an engagement can be set by a look, a gesture, a facial expression, or even

touching someone. According to several scholars, nonverbal communication frequently captures the message recipient's attention more so than spoken communication. Health practitioners must therefore pay attention to both the nonverbal signs they give and receive. Positioning is another aspect that is usually disregarded. Health practitioners are now advised to set the evaluation space so that they are the same height as patients in order to lessen emotions of superiority or inferiority(Kraszewski and McEwen , 2010).

Body language, eye contact, facial expressions of emotion, and hand gestures are examples of non-verbal communication strategies that can be used to express ideas without using words. The majority of your conversation in many contexts takes place nonverbally. Among the feelings that can be expressed nonverbally are empathy, compassion, and acceptance. Being aware of your non-verbal communication is essential since customers frequently build opinions of nurses based more on how they act than what they say(Lapum et al., 2020).

   Without words, communication may occur. It is an ongoing process. Nonverbal communication is influenced by facial expressions, gestures, posture, and physical factors like proximity to the other person. Harmony between verbal and nonverbal communication is essential. It can be difficult to spot changes in the non-verbal signs of the patients we primarily interact with when under stress. Furthermore, each patient has particular characteristics that influence how they behave during conversation as well as if and how they will use nursing services and engage in self-management of health (Kourkouta and Papathanasiou, 2014).

2.9.3. Written communication:

Written signs or symbols are used to convey in written communication. It is possible to type or print a message. Written forms of communication can be used for internal communication, including letters, reports, memoranda, bulletins, job descriptions, employee handbooks, and electronic mail. For written communication with the outside world, a variety of mediums are used, including electronic mail, Internet Web sites, letters, proposals, telegrams, faxes, postcards, contracts, advertising, brochures, and press releases. In written communication, the message is affected by the vocabulary and grammar utilized, the writing style, and the clarity and precision of the language used (wambui et al.,2012).

Some informal written forms of communication, like texting or emailing someone, uploading a photo to Instagram, or using an emoji on Twitter, are undoubtedly already familiar to you. You might also have written letters and papers, which are considered to be more academic writing. In addition to documentation notes, written communication for nurses also includes scholarly writing such as essays, peer-reviewed articles, protocols, practice standards, and best practice guidelines. Some of these writing styles may not be familiar to you yet, but as your nursing degree progresses, you will get more accustomed to them(Lapum et al.,2020).

2.10.Modle of Communication for nursing staff:

The three models of communication:

2.10.1.The Transmission or linear Model:

The Transmitter According to the communication model, communication is a one-way, linear process in which a sender consciously communicates with

a recipient. This paradigm for communication encounters puts the sender and the message in the spotlight. The receiver, despite being a part of the model, is viewed more as a destination or endpoint than as an ongoing procedure. In this instance, it is presumed that the recipient either effectively understands and assimilates the message or fails to do so. This paradigm therefore misrepresents how messages are received in efficient communication. Because it is sender- and message-focused, this strategy places the burden of ensuring the message is effectively communicated on the sender(Lapum et al., 2020).

The Shannon and Weaver (1949) model, which was first referred to as "a mathematical model of communication," is the most well-known model of communication. It is an understandable, straightforward linear model. A message is created by a sender in linear communication. Without receiving any comments, they transmit it to the recipient. Five main components make up this model: source: the location where the message is created, transmitter: the location where it is encoded (repeated), channel: the signal's carrier, receiver: the location where it is decoded, and destination: the final location of the message shown in figure(2-1) (Boyd and Dare,2014).
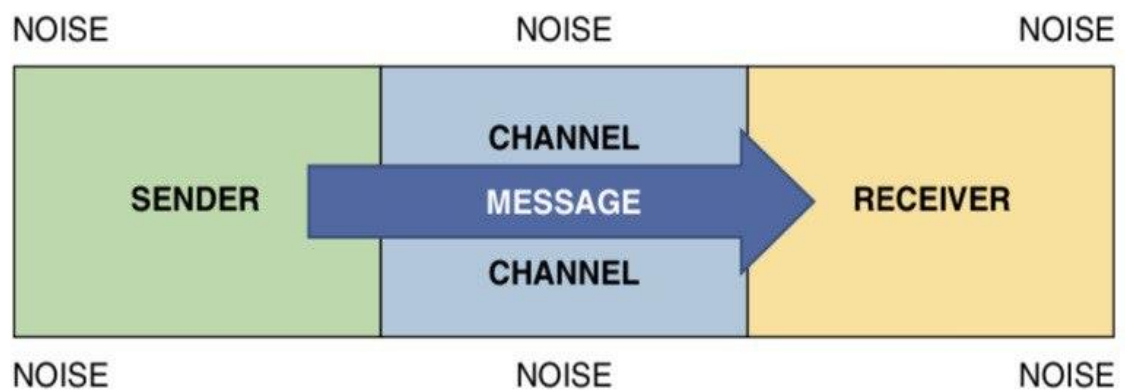
Fig. (2-1) The Transmission or linear Model. (Archer and Jones,2021)

2.10.2. The Interaction Model:

The interactive or interaction model of communication depends on an exchange of communication from the sender to the receiver and back again in order to produce two-way communication in both physical and psychological environments. The main difference between one-way and two-way communication is that one provides feedback, enabling the sender and receiver to verify that the meaning of the information has been understood. As a result, it completes the communication process and aids in minimizing errors in the recipient's interpretation of the original meaning of the message. This strategy is mostly focused on the engagement and communication process itself. With so many signals being sent at once, this model acknowledges shown in figure(2-2) (Archer and Jones, 2021).

Fig. (2-2) The Interaction Model.(Lapum et al,.2020)

2.10.3. The Transaction Model:

The transactional model of communication emphasizes the dynamic aspect of interpersonal communication as well as the variety of roles that communicators play in it. Time, messages, noise, fields of experience, frames of reference, meanings, shared systems of communicators, and personal systems are all influences on the communication process. It is typical for communicators to participate simultaneously (sending, receiving, and interpreting). Therefore, a person's unique interpretive and perceptual mechanisms are crucial for communication shown in figure (2-3) (Sibiya, 2018).
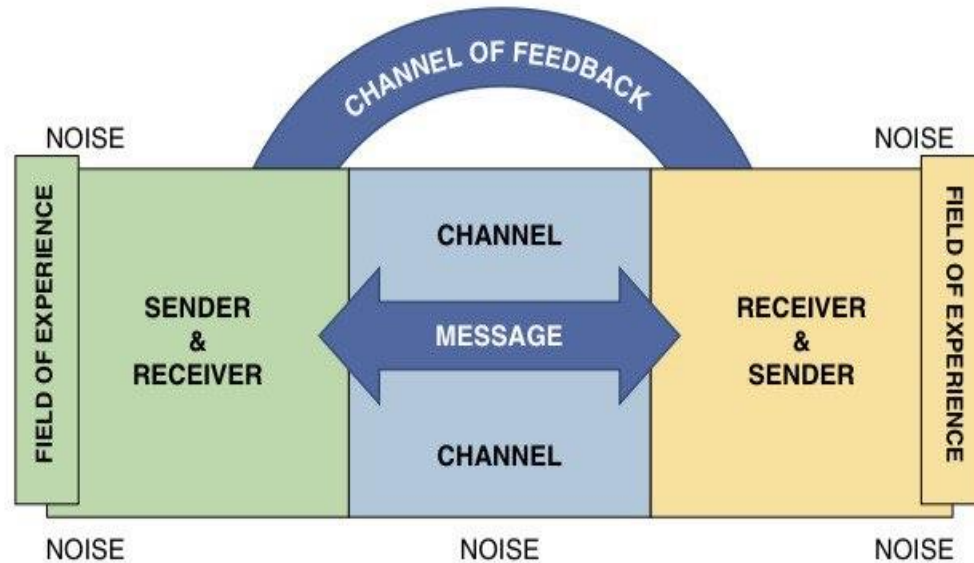
Fig. (2-3) The Transaction Model. (Archer and Jones,2021)

2.11.Communication process:

The process of translating a communication message into thoughts is known as decoding, and encoding is the process of converting thoughts into communication. Of course, communication is not limited to verbal exchanges; there are other means, or channels, available. A channel, or the sensory path that a message traverses, is used to deliver encoded communications to the recipient for decoding. Although information can be sent and received by any sensory pathway (sight, smell, touch, taste, or sound), the bulk of communication occurs through visual (sight) and/or auditory (sound) channels. If your roommate is wearing headphones and engrossed in a video game, you might need to wave your hands to gain their attention before you can ask about obtaining Thai cuisine. About getting Thai food(Lapum et al., 2020).

The message transmitted and the message received are also different. Based on subjective preferences and arbitrary judgments, the signals are

decoded. This fact makes communication possible, as does the feedback procedure. Instead of basing our interpretation of what we hear on what the sender actually said, we use our own code. Caretakers should be especially careful when speaking in technical terms and medical jargon when interacting with the sick because it is frequently noticed that the patient interprets what he hears differently or even more cannot understand what is meant precisely, especially from the therapist, which increases mental stress(Kourkouta and Papathanasious, 2014).

The source, coder, message, channel, decoder, and receiver are the connected parts that make up a communication process. In addition to personal variables, sources and receivers are constrained in how they act by the roles they play in the sociocultural system. It's important to understand how people fit into the social structure, as well as their roles, responsibilities, status, how others see them, and the cultural background that influences their actions, values, and beliefs. Each of the components of the communication process has characteristics that might have both a positive and a negative impact(Broca and Ferreira, 2015).

Limiting verbal communication, there are six basic components that must exist for a communication act to be carried out: the sender, the addressee, the context, the message, the connection , and the code. The addressee receives a message from the sender. The message reaches the intended recipient. For effective message, a context must exist for it to be relevant, be verbal or able to be verbalized, be understood by the recipient, have a code that the sender and recipient both share(i.e., the message's coder and decoder), and eventually make touch, creating a physical conduit and psychological bond —that will allow them to begin and continue communicating(Costa et al., 2009).

2.12.Barriers of communication for nursing staff:

Communication barriers include a broad range of characteristics that affect patients, staff members, and the environment. A few of the challenges experienced by health care workers (nurses) include a lack of spoken language skills, an excessive use of jargon, frequent interruptions, a lack of experience, preoccupation with personal matters, and prejudice-based decision-making. Environmental variables such a protracted wait at the admittance counter, a protracted discharge process, many counters for collecting fees and reports, and an infrastructure it can be challenging to effectively communicate with patients due to poor ergonomic design. (Kaur, 2020).

A major potential obstacle to providing essential services in care contexts is inadequate communication. Stress, confusion, misdiagnosis, probable abuse, exposure to problems, extension of hospital stay, resource waste, and discontent may follow, which may cause misplacements (Amoah et al., 2018).

Environmental factors that place pressure on nurses and impede the development of effective communication skills include a heavy workload, a lack of staff support, inadequate access to crucial tools like computers and the internet for accurate documentation, a lack of privacy, and inadequate staff support. Most articles cite patient or nurse self-image/self-esteem, fear, anxiety, unresolved emotional issues, hidden known or unknown agendas, nurse cultural taboos about communication, personal history and background, psychosocial level, literacy, financial, and cultural factors as common barriers to effective communication(Bello, 2017).

Despite knowing that studies on blindness have been conducted, nothing is known about how it affects communication. It should be stressed that the

impaired vision channel the sensory barrier that the experience of being blind generates that may alter the information obtained when providing patients with nursing care. Nurses must understand and advance research on verbal and nonverbal communication theories, adapt them for use with aided users, and learn how blind people behave in order to read the cues they give off. They ought to learn how to use therapeutic communication and arrange their actions so that they don't cause communication obstacles out of necessity(Costa et al., 2009).

language difference the nurse and patient's varied native languages are another hindrance to effective communication. When the nurse and the patient cannot communicate with one another because of linguistic barriers, their interactions become extremely difficult. cultural differences Yet another obstacle is culture. Good nurse-patient relationships may be hampered by the patient's culture since patients' conceptions of health and mortality differ. When two or more parties disagree, conflict frequently results. Conflict can be advantageous since it presents other points of view and beliefs. Communication is hampered when emotional "noise" gets in the way of the task at hand or the intended goal. People's ability to communicate is impacted by internal conflict. It may be challenging for the patient to focus on what the nurse is saying while they are experiencing fear or worry. People may find it difficult to hear when they're feeling fearful or angry(Jahangir et al., 2021).

Most articles mention factors like the nurse's or patient's self-image/self-esteem, fear, anxiety, unresolved emotional issues, hidden known or unknown agendas, nurse's cultural taboos about communication, personal history and background, psycho-social level, literacy, financial and cultural factors as barriers to effective communication. Physical or mental disorders that cause

symptoms including pain, depression, difficulties concentrating or listening, and speech impediments have a negative impact on effective communication (Bello, 2017).

Effective communication between health professionals is crucial for delivering high-quality care that lessens the symptoms of worry, guilt, discomfort, and illness. They can also enhance the patient's functional and physiological status and encourage the patient's satisfaction, acceptance, and cooperation with the medical staff. Additionally, this has a substantial impact on the patient's trainin(Norouzinia et al., 2015).

Nurses have identified psychosomatic problems, dysfunctional families, and an increase in grievances as individual consequences of conflict. According to some research, conflict at work can result in illness or absenteeism, violent altercations, and, in the worst cases, hospitalization for depression. Low job satisfaction and significant staff turnover are commonplace in conflict-ridden settings, which can put off potential employees. Because of the potential harm that conflict may do to a business, competent nursing managers are required to minimize the related financial and reputational costs. Employees. Because of the detrimental effects that conflict can have on a business, competent nursing managers are required to mitigate the related financial and reputational costs shown in figure(2-4) (Moeta and du Rand, 2019).
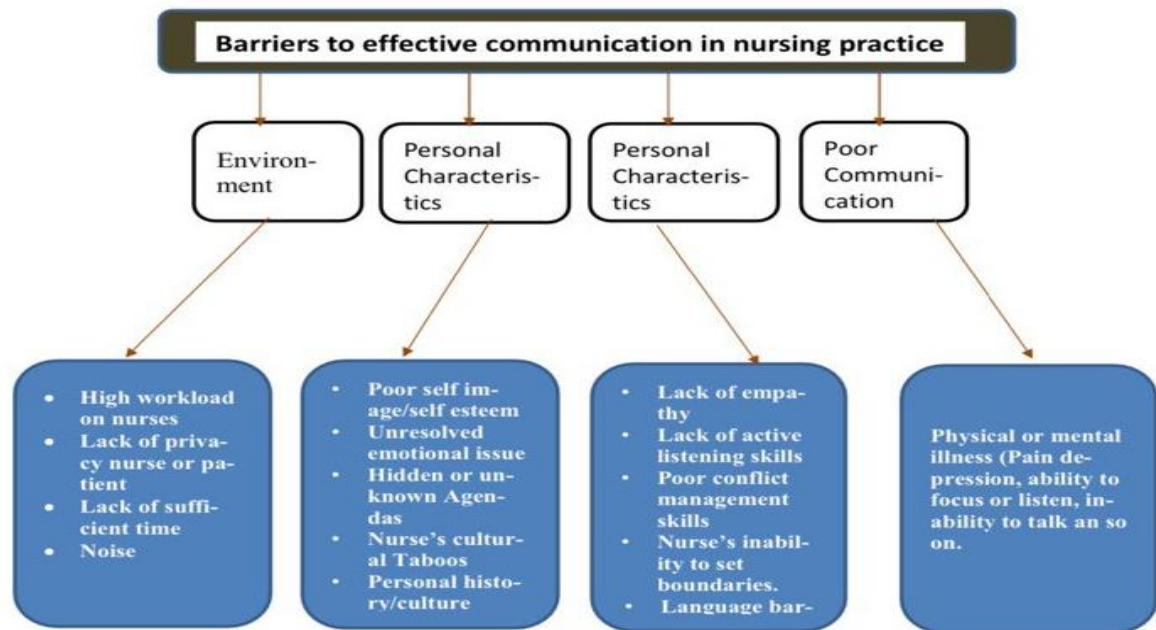
Fig. (2-4) Barriers of communication. (Bello,2017)

2.13.Importance of communication for nursing staff:

The important of communication is widely acknowledged in nursing. There are numerous specialties within the nursing field, each needing a unique set of abilities, not the least of which is communication. There is a variety of information available on communicating with people who have an intellectual disability as well as with patients or service users(Martin et al.,2010).

perhaps it is ingrained in us as humans that communication is a vital component of interpersonal relationships. The importance of interpersonal skills and the need to promote effective contact and communication in all facets of life are widely acknowledged. However, you know from experience that it can be difficult to communicate sometimes and that individuals might easily misunderstand one another(Bottomley and Pryjmachuk, 2019).

Better compliance with local and regional regulations and accreditation body standards. Safety: Reduce medication errors while increasing patient security. Patient satisfaction is increased, which leads to healing and reduces anxiety, despair, and isolation. Receiving positive patient feedback leads to job satisfaction and can help reduce stress to some extent. Making choices – When a patient has the autonomy and legal capacity to choose what should be done to his or her body, the choice (Kaur, 2020).

Effective communication improves the nurse-patient relationship and significantly influences how well the patient feels their therapy is working(Norouzinia et al., 2015).

A community has developed as a result of communication. The following are some additional primary causes of communication: We connect with those with who we are interacting to inform and instruct them, To impart knowledge, for instance, at religious services, political gatherings, etc., To provide knowledge and abilities necessary for people to live in society comfortably, To raise people's awareness and provide them with opportunities to actively participate in public life, We communicate for information, so if there is something you want to know, you must ask and be told. We listen to pass the time. We listen for conversation and persuasion, for comprehension and insight, and because communication is necessary for self-awareness. Humans' basic and social needs are addressed through communication connections, which also helps us to understand ourselves and others and to build meaningful relationships(Wambui et al., 2012).

2.14.Influence of communication skills on conflicts management styles for nursing staff:

A communication problem Poor message encoding, poor interpersonal relationships between organizational members, a lack of an effective information process, and poor timing may be some of the elements that obstruct mutual understanding between organizational members and, as a result, may lead to conflict and antagonism at work. In fact, a lack of transparency and a refusal to address the needs of others prevents productive debate and may, as a result, have negative effects on how well people communicate (Saiti, 2014).

The predominant perception of the nurse in the public arena is that of a ministering angel who is soft and caring, despite caricatures of the nurse as the starched to the core battleaxes, the control freak, the naughty nurse, or the doctor's handmaiden being present. As a result, there is practically a stereotype that nurses should avoid conflict as people want nurses to have compassionate, empathetic, and pleasant personalities(Kelly, 2006).

The energy of an employee is increased by a positive communication climate, which played a crucial role in it. A team can function in a highly methodical way by having a happy working environment. In order to achieve inventive accomplishment in a well-organized and simple manner, it is therefore up to the manager to use his experience to maintain and foster a healthy work environment. He will also be able to evaluate whether a behavior is coherent or not and change it accordingly(Jahangir et al., 2021).

Performance is probably the most important and fundamental structural variable in every business in order to accomplish objectives, develop goods

and services, and gain a competitive edge. The improvement of health care performance has emerged as a serious global issue. the core of the nursing workforce. Performance is influenced by the requirements of the work, the organization's objectives and goals, as well as its perceptions of the behaviors it values most(Mohammed et al., 2022).

Due to competition, reductions in staff, restructuring, cost control, and modern technology, healthcare environments today confront greater challenges than in decades past; these developments are likely to cause disputes inside the business. Effective conflict resolution in nursing is associated with higher levels of nursing care quality and fewer medication errors, while inefficient resolution of conflicts has a detrimental effect on nurses, the organization, and overall patient outcomes(attia et al., 2019: Labrague DM et al., 2018).

Staff commitment is one of the most important issues for nurses to maintain performance improvement and job happiness given its importance to the healthcare company. Nevertheless, the unwholesome behavior of toxic leaders disturbs the nursing staff and creates unsafe working conditions. In order to maintain the dedication of the nursing staff, healthcare organizations' main goal is to regularly examine any toxic conduct in leaders and work to diminish and eliminate it(Ramadan and Eid, 2020).

Managing conflicts allows disputing parties to make productive decisions and improves their ability to communicate and solve problems. One of their communication skills that aids in handling conflict is assertiveness. It is the capacity to directly, honestly, and freely communicate one's needs, feelings, and ideas without impinging on the rights of others. Learning assertive

behavior and communication skills can help you overcome conflicts and make the best of a bad situation(Mostafa et al., 2019).

Gillespie et al. (2009) findings of supported the idea that cross-disciplinary conflict made collaboration challenging and, as a result, hampered effective teamwork and communication. Such disagreements obviously have an impact on patient safety, novice socialization, and clinical effectiveness. Cohesive collaboration in surgery requires effective interdisciplinary communication, and its absence has been linked to catastrophic adverse events that can affect service delivery, patient safety, and outcome.

Therefore, it is necessary to handle conflict management. To increase health care professionals' (doctors and nurses') awareness and improve their communication and conflict management abilities, the department of Community Medicine is holding workshops and other training sessions(Mishra et al., 2020).

In many foreign studies, the idea of conflict management resolution in nursing managing has been explored. There is, however, a dearth of research that assesses the conflict that nurses encounter when they deal with head nurses, staff nurses, and nurse supervisors. The researcher pursued this study to learn more about the conflicts that nurses encounter in their relationships with one another and with themselves in terms of communication, roles and responsibilities, problem-solving or decision-making, and individually focused issues. (Palacio, 2022).

Based on their leadership and conflict-resolution abilities, nurse managers have a significant impact on the nursing staff, other members of the healthcare team, and patient care. The ability to learn conflict communication

competencies is one that can be applied to any role. An effective leadership intervention is coaching. The setting of boundaries and the tone for conflict management, as well as how it is viewed and handled, are all important aspects of how executive leaders can influence corporate culture and operations. To build real support inside the organization, the nurse manager can teach other nurse managers how to handle conflicts(Black, 2018).

Working collaborations are hampered by ineffective communication channels, which can also lead to separate, professional decision-making, more misunderstandings, and worries about patient safety. Nurses may be better equipped to promote honest and efficient communication with providers for the greatest patient care with an improvement in knowledge and training. Conflict can have negative repercussions if there is no culture change and it continues, so nursing administrators must take the lead in fostering cooperation and conflict management(Leveillee, 2018).

The effective conflict resolution depends on effective communication, and that ineffective conflict resolution, particularly when it leads to disruptive activities, causes stress and low job satisfaction. These things can serve as the starting point rather than the end point for research that is well-grounded in social science (Nicotera, 2021).

Effective communication requires knowledge of the patient's experiences and those they share. Nursing knowledge and a genuine desire to assist the patient are both necessary for understanding their issues. Being able to understand the patient is not enough; the nurse must also convey that the patient is acceptable and understandable. It displays their knowledge together with their skills, way of thinking, and emotions(Kourkouta and Papathanasiou, 2014).

Nursing is a challenging career that calls for a mix of interpersonal, intellectual, and practical skills. A key element of the latter, along with appropriate values, is communication, which is essential to the therapeutic interaction between a nurse and a patient. Effective communication between a nurse and a patient depends on building a relationship based on mutual respect and trust. Empathy and compassion are qualities and ideals that support this interaction. Environmental elements like furniture, lighting, and noise can also affect it(Bottomley and Pryjmachuk, 2019).

Communication involves objectives and targets that must be met in order to obtain a certain response; as a result, "we have taken the first step towards positive and efficient communication when we learn to express our goals in terms of specific answers by the people receiving our messages." However, for this to occur, Human behavior must be observed, and it must be accurate enough to be related to actual communication behavior. Communication must make sense in the environment in which it takes place. to avoid being unreasonable and inconsistent with oneself, logic must be used (Broca and Ferreira, 2015).

Positive communication environments make it simple for the organization to make decisions and complete tasks, and they can also ensure the smooth flow of information to the campaign. Therefore, all businesses will achieve a good communication environment if they remove the obstacles that hinder communication and are well informed about the importance of effective communication(Jahangir et al., 2021).

2.15. Previous studies :

First study :

A Study was conducted by (Masarrah Aqeel Hadi,2022) : The objective of the current study is to assess disparities in attitudes toward nurses' therapeutic communication skills based on sociodemographic variables (N=104 Nurses) in Babylon teaching hospital at al hilla teaching hospital and al sadiq teaching hospital. The study will assess nurses' attitudes toward therapeutic communication skills during preoperative care. This study discovered that a moderate degree of views toward therapeutic communication skills with surgical patients were indicated by 45.2% of nurses. The attitudes of the nurses toward therapeutic communication skills are substantially correlated with their gender (p=0.000), education level (p=0.000), number of training sessions (p=0.000), years of experience in surgical wards (p=0.007), and degree of experience (p=0.000).

Second study :

A Study was conducted by (Palacio,2022): The study's goal was to evaluate the level of conflict between nurse managers, head nurses, and staff nurses. experienced or saw in the workplace, as well as the efficacy of nurse managers' attempts to manage conflict in particular hospitals affiliated with Manila Central University. The participant had 149 staff nurses, 143 head nurses, and 46 nurse supervisors. According to this study, the majority of nurse supervisors (78.26%) were female, (36.96%) were between the ages of 41 and 50 (36.96%), had master's degrees (43.48%), and had between 1 and 5 years of experience as a nurse supervisor (65.22%), head nurse (36.96%), and staff nurse (43.48%). The majority of head nurses (67.13%) were female, and

they had an average age between 31 and 40 (41.96%), a BSN (53.15%), and 1 to 5 years of experience as a head nurse (73.43%) and staff nurse (58.04%). The majority of staff nurses (60.40%), who were between the ages of 21 and 30 (69.13%), had a BSN degree (90.60%), and had 1 to 5 years of experience as staff nurses (92.62%). In the areas of communication, problem resolution, role functions, and personality/individually oriented issues, the nursing supervisors encountered "Low Level" conflict. The head nurses' interactions with cohead nurses, staff nurses, and nurse supervisors were marked by "Low Level" conflict. The staff nurses' interactions with head nurses and nurse supervisors were marked by "Low Level" conflict.

Third study :

A Study was conducted by (Moustafa et al.,2020): The goal of this study is to evaluate the link between nursing staff communication abilities and nursing care quality. The sample consisted of 40 nurses on the nursing staff and the 40 patients they were allocated if they met the requirements. the location of the study was a Cairo University Specialized Pediatric Hospital. This study discovered that the communication skills of 67.5 percent of the sample and the nursing care quality of 7 percent of the sample were both subpar. Additionally, there was a strong statistical correlation between effective communication and the standard of nursing care.

Fourth study :

A Study was conducted by(Mishra et al,.2020): The study's goal is to determine how crucial communication abilities are in dealing with a variety of issues, such as conflict resolution in Indian healthcare settings. The majority of the nursing interns, according to the study, highly agreed or agreed that the

workshop themes were appropriate, had expanded their knowledge, and should be given to other nursing students in the future. In addition to professional communication (87.23%) and effective communication skills (72.34%), they have learned how to overcome obstacles (93.61%). Be a good listener, communicate clearly and simply, and demonstrate empathy were further takeaways. They had also acquired different conflict-resolution techniques (95.48%).

Fifth study :

A Study was conducted by (Ibrahim et al,.2020): The purpose of the study was to ascertain how the effectiveness of vertical dyad linking at Port Said hospitals in Egypt related to the conflict management techniques employed by head nurses. The participant's 203 staff nurses and 31 head nurses who work at Port Said Health Insurance Hospitals and Port Said General Hospital less than two-thirds (64%) of staff nurses had a neutral relationship with their head nurses, while more than two-thirds (67.7%) of head nurses used accommodating techniques as their main method of conflict resolution. Compromise strategies were employed by 51.6% of head nurses.

Sixth study:

A Study was conducted by (Mostafa et al.,2019) : This study evaluates Tanta International Teaching Hospital's approach to dispute resolution and communication skills. Determine the impact of an assertiveness education program on how the nursing staff at the intensive care unit handles conflicts. Setting: Medical, Cardiac, and Anesthesia ICUs at Tanta International Teaching Hospital. Subject: All (136) nursing personnel employed in prior

environment This study discovered Prior to the training, the majority of the nursing staff (88.2%) shown moderate assertiveness, but after it, 94.9% of them displayed high assertiveness. Pre-program, 30.1% of the entire nursing staff favored avoiding conflict dealing styles, but post-program, 35.3% of them preferred collaborating conflict handling styles. Additionally, all conflict handling methods other than avoiding style showed a statistically significant link with the overall assertiveness of the ICU nursing staff.

Seventh study :

A Study was conducted by (Zhalimbetova,2019): In order to prevent disputes in the future, the study aims to determine whether there are any conflicts among Kazakh nurses who work in a hospital environment in Kazakhstan. It also aims to identify the reasons of conflicts as described by nurses. According to this study, 2 senior nurses and 27 nurses participated in semi-structured individual interviews for the qualitative study. Results. The results indicated that disagreements existed among Kazakh nurses. These conflicts in the workplace were described by respondents. Conflicts between individuals, groups, and between groups were exposed. Nearly all of the participants made an effort to cooperate and resolve the problem on their own. Young nurses with limited experience were more likely to employ avoidance as a conflict management strategy.

Eighth study:

A Study was conducted by (Abd-Elrhaman and Ghoneimy,2018): The study aimed to identify how well staff nurses handled conflicts in relation to patient care. Study Environment At the Benha University Hospital in Egypt, the study was carried out in the general medical units. The study sample

consisted of 200 patients from the study environment indicated above, and included all staff nurses present (116). The findings of this study showed that the staff nurses' comprehension of conflict had significantly improved thanks to the curriculum. Additionally, the program's level of patient care quality and methods for handling conflicts saw a highly statistically significant improvement.

Ninth study :

A Study was conducted by (Badiyepeymaiejahromi et al.,2017) : Nurses should have adequate communication skills since they are adept in other clinical abilities. The aim of this study is to evaluate the communication abilities of nursing staff. In Iranian hospitals connected to Jahrom University of Medical Sciences, this descriptive study was carried out in 2015. The study has 215 nurses as participants. The study discovered that 120 nurses' communication skills (55.8%) were poor, 95 (44.2%) were moderate, and there was no good evaluation (0%). Conscious beginning (75.8%), verbal and nonverbal communication (86.5%), inner and outward harmony (92.6%), regard for the patient (94.4%), and unwavering acceptance of the patient (100%) are all considered, the majority of nurses lacked these communication abilities. The amount of schooling, mean age, and work experience of the nurses, as well as the quality of their communication abilities, were significantly correlated.

Tenth study :

A Study was conducted by (Hussein et al.,2017): This study aims to investigate the relationship between Organizational commitment on the individual, group,and institution and the conflict management strategies

utilized by Sana'a institution (forcing, cooperating, compromise, avoiding, and accommodating). At Sana'a University in Yemen, a sample of employees (N=204) from various faculties, departments, and centers participated in the study. According to the survey, of the sampled individuals, (56.86%) agreed that the management utilized a coercive approach to resolving problems, (19.23%) disagreed, and (23.77%) were neutral. The average of the forcing style is 70%, meaning that respondents agree with the measured variables, and The average of all construct-related elements is 3.50 over 3 (neutral point). The findings also indicated that, at the individual, group, and university levels, cooperating, compromise, avoiding, and accommodating were found to have favorable connections with organizational commitment. This indicates that the respondents concur that the management uses a coercive approach.

Chapter Three

Methodology

This chapter involves the research methodology, including The study's setting, administrative processes, ethical considerations, study sample, and the design of the study, the study's tool, content validity, a pilot study, the reliability of the questionnaire, data collection techniques, statistical data analysis, descriptive data analysis, and inferential data analysis.

3.1. Design of the Study:

The design of study was descriptive cross-sectional study data. In which asses and evaluate method used to achieve the objectives of the study and was conducted for(Influence of communication skills on conflicts management styles used by nursing staff) from the period September1st 2022,to August 10st 2023.

3.2. Administrative Arrangement:

Prior to the actual data collection, formal administrative approvals for the project were received from the following organizations: University of Kerbala/College of Nursing, Department of Community Health Nursing (Appendix A-IV). Permission was acquired by the Ministry of Health's Babylon Health Department, Training and Human Development Center, Imam Al_Sadiq Teaching Hospital, and Marjan Teaching Hospital in Babylon City(Appendix A-II).

3.3. Ethical Consideration:

The ethics committee of the research approval for the study in the Collage of Nursing/University of Kerbala in regards to participant confidentiality and anonymity, as seen in (Appendix B). Also, After completely explaining the current study's objectives to the participants, their voluntary agreement was requested in order for them to take part in it. Additionally, consideration has

been given to the confidentiality of the information acquired from the nursing personnel.

3.4. Setting of the Study:

The available populace includes nursing staff in Babylon city. The study is conducted in Babylon city including :Marjan teaching hospital and Imam Alsadq teaching hospital according to Health Department/ Training and Human Development Center how are limiting this hospitals.

Table(3-1)Distribution of the sample according to the setting of the study.

Hospitals	Total number of nursing staff	Number of samples
Marjan teaching hospital	870	140
Imam Alsadq teaching hospital	1130	160
Total	2000	300

3.5. Sample of the Study:

The sample was chosen by non-probability sampling(Convenience sample). sample of (300) nurses at Marjan teaching hospital and Imam Sadeq teaching hospital in Babylon city were chosen . The total sample of nurses was selected (15%) from the average of the total number of nurses (2000) see in table (3-1).

Inclusion criteria for the nursing staff:

1-Each nursing staff who works at Marjan and Imam Sadeq teaching hospitals

2- Having an inclination to give permission and approval of participation in the study

The following exclusion criteria were applied:

Following the nurse's withdrawal from the study after the start of data collection was the criterion for discontinuation.

3.6. Instrument of the Study:

An instrument of conflict management styles is developed by (Rahim organizational conflict inventory) and questionnaire of communication skills are developed by (Rafiu and Olanrewaju,2012 ;Uzun and Ayik ,2017) are modified for the goal of the study by reviewing relevant research, consulting a panel of experts, and looking at related studies. as shown (Appendix C). It consists of three parts; demographic characteristics of the nursing staff and scales that are intended to measure communication skills &conflict management styles for nursing staff.

Part I: This section consist of Sociodemographic characteristics of the nurse participating in the study & it include age, education level, monthly income , gender , years of experience , current place of work in hospital , number of communication skill courses and working shift .

Part II: This part includes 40 items used to evaluate the communication skills nursing staff .

-Scores in the 1 > 15 range indicate areas of your communication skills that need improvement.

-Scores in the 16 > 21 range indicate areas of communication skills that need more consistent attention.

- Scores in the 22 > 30 range indicate areas of strength or potential strength.

Poor = 10-15; Satisfactory= 16-21; Good = 22-30

Shown in figure (3-1):

Score Section I Total Sending Clear Messages	Score Section II Total Listening	Score Section III Total Giving and Getting Feedback	Score Section IV Total Handling Emotional Interactions
30	30	30	30
29	29	29	29
28	28	28	28
27	27	27	27
26	26	26	26
25	25	25	25
24	24	24	24
23	23	23	23
22	22	22	22
21	21	21	21
20	20	20	20
19	19	19	19
18	18	18	18
17	17	17	17
16	16	16	16
15	15	15	15
14	14	14	14
13	13	13	13
12	12	12	12
11	11	11	11
10	10	10	10
9	9	9	9
8	8	8	8
7	7	7	7
6	6	6	6
5	5	5	5
4	4	4	4
3	3	3	3
2	2	2	2
1	1	1	1

Fig. (3-1) Explain the Interpersonal Score Section For Communication Skill.

Part III: The part of questionnaire consist of 28 items used to assess the conflict management styles used by nursing staff . figure (3-2) Explain Scoring Conflict Management Styles:

Fig. (3-2) Explain Scoring Conflict Management Styles.

3.7. Content Validity:

The instrument was shown to a panel of (12) experts in the various domains as shown in (Appendix D) in order to increase their validity. (4) educators at the College of Nursing, University of Kerbala , (3) educators at the College of medicine , University of Kerbala , (3) educators at the College of Nursing , University of Babylon , (1) educator at the College of Nursing, University of Warith AL-Anbia , (1) educator at the College of Nursing,

University of AL-Ameed. The results of the experts' review of the instrument revealed that they were all in agreement with its items because the items were accurate and sufficient for the study's measurement. On certain items, minor changes were made, such as a modification of their formulation. The modifications were made according with the advice of the experts.

3.8. Pilot Study:

Pilot study carried out during the period from 15 January to 17January 2023. The sample of pilot study consisted 30 nurses selected by convince method from the staff of Marjan teaching hospital and Imam-al Sadiq teaching hospital. This sample was excluded from the total sample of study.

The purposes of the pilot study were:

Identify the necessary modifications and to confirm the instrument's clarity and content sufficiency throughout the subject's understanding.
 To determine the typical duration of time needed for each interviewee's data gathering.
To determine the best strategy required to determine the kind of challenges they would meet.

3.9. Reliability of the Questionnaire:

The instrument's reliability was used to determine the accuracy of the questionnaire, Since the results showed a very high level of stability and internal consistency of key components about the responses to the questionnaire's items, all of those were calculated using the key statistical parameter: Alpha Cronbach is a reliable reliability coefficient that measures the internal consistency of a questionnaire according to examination. The

questionnaire has been effective, meaningful, and validly created to examine the phenomenon, as indicated in table (3-2) by calculated results. (Influence of communication skills on conflicts management styles used by nursing staff) under the assumption that conditions on the examined population would remain stable, on the same population at any point in the future.

Table(3-2)Reliability coefficients of the studied questionnaire concerning internal consistency (Alpha Cronbach).

No	Scale	Reliability Coefficients of the studied Questionnaire			
		Alpha (Cronbach - α)	Number of items	Standard lower bound	Assessment
1)	Communication Skills	0.750	40	0.70	Accepted
2)	Conflict management styles	0.832	28	0.70	Accepted

The reliability statistics display the communication skills scale enjoys a dependability with good internal consistency (Cronbach's alpha = 0.750), whereas the conflict resolution method scale has very strong internal consistency reliability (Cronbach's alpha = 0.832).

3.10.Data Collection Methods:

Teaching hospitals were visited 5 days a week and nurses who fit the research criteria and accepted to participate in the research were included in the study. 300 nurses who work in the teaching hospitals and applied to the 2 teaching hospitals in the Babylon city for any reason were given application via interview method and questioner method. The data were collected through the period from the 29 January 2023 until the 26 of February 2023.

questionnaire is 20-30 minute and the data collection is from 8.00 am to 2.00 pm every day visit through five days a week.

3.11. Statistical Analysis:

To evaluate and analyze the study's findings, the statistical package for the social sciences (SPSS) Version (24), was utilized. The statistical data analysis techniques listed below were applied.

3.11.1. Descriptive Data Analysis:

a- Frequencies and Percentages.

b- Reliability coefficient for the pilot study for calculating inter- and intra-examiner differences.

c- Alpha Cronbach (α) for the reliability of instrument (internal consistency).

3.11.2. Inferential Data Analysis:

The mathematical mean and standard deviation were also used. The inferential statistical measures analyses were performed by using SPSS, and one way analysis of variance (ANOVA) were also used.

3.11.3. The cutoff point:

Table(3-3) *Cut-off-point of the study instrument*

Scale	Poor	Fair	Good
Communication Skills	40-66.7	66.8-93.4	93.5-120

Conflict Resolution Method	28-65.33	65.34-102.66	102.67-140

Poor = 10-15; Satisfactory= 16-21; Good = 22-30 section of total level of communication skill

Chapter Four

Study Results

The results of the data analysis displayed systematically in figures and tables, which are consistent with the following study objectives:

Table(4-1) *Participants' sociodemographic characteristics (N = 300)*

Variable	Frequency	Percent
Age (Years)		
20-29	178	59.3
30-39	89	29.7
40-49	28	9.3
50-58	5	1.7
Mean (SD): 29.64 ± 6.86		
Male	139	46.3
Female	161	53.7
Educational Qualification		
High school	42	14.0
Diploma	101	33.7
Bachelor's degree	142	47.3
Master's degree	10	3.3
Doctoral degree	5	1.7
Monthly Income		
Sufficient	86	28.7
Somewhat sufficient	141	47.0
Insufficient	73	24.3

SD: Standard Deviation

The study results reveal that the age mean is 29.64 ± 6.86; slightly more than half of participant at age group 20-29-years (*n = 178*; 59.3%), followed by those who at age group 30-39-years (*n = 89*; 29.7%), those who age 40-49-years (*n = 28*; 9.3%), and Participants who age 50-58-years (*n = 5*; 1.7%).

Concerning the gender, more than half of study sample are females (*n = 161*; 53.7%) while the males (*n = 139*; 46.3%).

Regarding the educational qualification, less than half hold bachelor's degree (*n = 142*; 47.3%), followed by those who hold diploma degree (*n = 101*; 33.7%), those who are nursing high school graduates (*n = 42*; 14.0%), those who hold master's degree (*n = 10*; 3.3%), and those who hold a doctoral degree (*n = 5*; 1.7%).

Concerning the monthly income, less than half hold somewhat sufficient income (*n=141*; 47.0%) ,followed by those who hold sufficient income (*n=86*; 28.7%) , and those who are hold insufficient income (*n=73*; 24.3%) .

Table(4-2) *Participants' employment (N = 300).*

Variable	Frequency	Percent
Years of Employment		
1-5	154	51.3
6-10	84	28.0
11-15	27	9.0
16-20	23	7.7
21-25	6	2.0
26-31	6	2.0
Mean (SD): 7.14 ± 6.44		
Current Unit You Work in:		
Emergency Room	51	17.0
Consultancy Clinic	5	1.7
Medical Ward	34	11.3
Private Ward	6	2.0
Surgical Ward	10	3.3
Maternal Ward	15	5.0
Operation Room	17	5.7
ICU	7	2.3
Delivery Room	18	6.0
Oncology Ward	24	8.0

Variable	Frequency	Percent
Premature Unit	12	4.0
Pediatric Ward	17	5.7
Echo	1	.3
Nursing Affairs	1	.3
CCU	42	14.0
Dialysis	16	5.3
RCU	19	6.3
GIT - Medical Ward	1	.3
Catheterization	3	1.0
HDU	1	0.3
Variable	**Frequency**	**Percent**
Number of training courses in communication skills		
None	130	43.3
1-3	151	50.3
4 & more	19	6.3
Mean (SD): 1.29 ± 2.30		
Work Shift		
Morning	186	62.0
Night	114	38.0

SD: Standard Deviation

* Percent is not exactly 100.0%

The study results reveal that the mean of years of experience is 7.14 ± 6.44; more than half have 1-5-years (*n* = *154*; 51.3%), followed by those who have 6-10-years (*n* = *84*; 28.0%), those who have 11-15-years (*n* = *27*; 9.0%), those who have 16-20-years (*n* = *23*; 7.7%), and those who have each of 21-25-years and 26-31-years (*n* = *6*; 2.0%) for each of them.

Concerning the current unit the nurses work in, the highest proportion of work in emergency room (*n* = *51*; 17.0%), followed by those who work in

coronary care unit (CCU) (*n = 42*; 14.0%), those who work in medical ward (*n = 34*; 11.3%), and those who work in oncology unit (*n = 24*; 8.0%).

Regarding the number of training courses in communication skills, its mean was 1.29 ± 2.30; more than half reported that they have 1-3 courses (*n = 151*; 50.3%), and those who never have such courses (*n = 130*; 43.3.

With respect to the work shift, most reported that they have been working in morning shift (*n = 186*; 62.0%) compared to those who have been working in night shift (*n = 114*; 38.0%).

Table(4-3)*The total level of communication skills for nursing staff according to the basic sections of communication skills(n=300).*

Communication skills	N	Minimum	Maximum	Mean	S.D	Evaluation
Sending Clear Messages	300	13.00	30.00	21.99	2.71	Satisfactory
Listening	300	14.00	29.00	21.53	2.70	Satisfactory
Giving and Getting Feedback	300	12.00	30.00	21.18	2.82	Satisfactory
Handling Emotional Interactions	300	14.00	42.00	22.58	3.07	Good

Poor = 10-15; Satisfactory= 16-21; Good = 22-30

The study results reveal that all of the communication skills like sending clear massage (*mean=21.99*) ,listening (*mean=21.53*) and giving getting feedback(*mean=21.81*) are satisfactory ; will the handling emotional interaction (*mean=22.58*) is good.

Fig(4-1) The total level of communication skills for nursing staff according to the basic sections of communication skills.
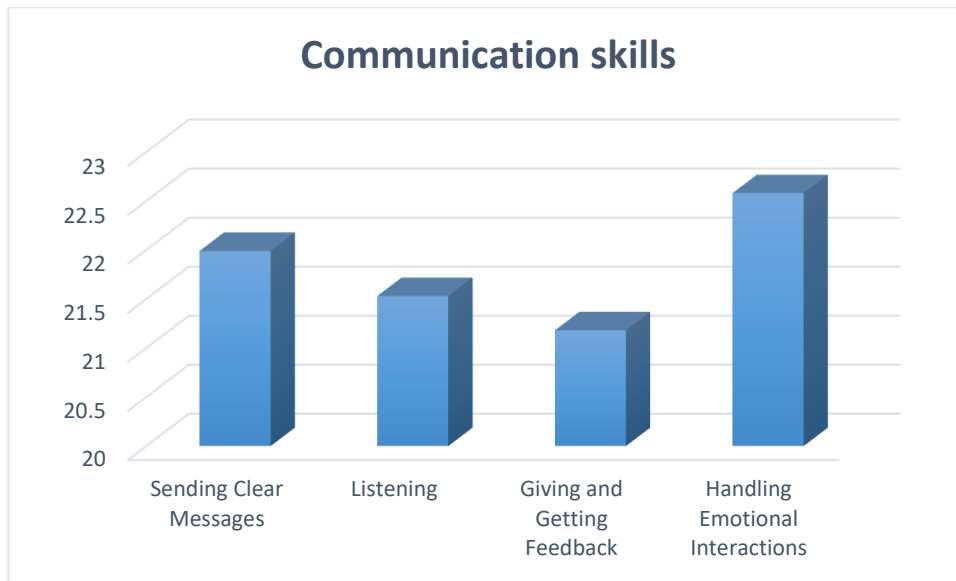
Table(4-4)Total level of communication skill for nursing staff.

Total level of communication skill for nursing staff					
		Frequency	Percent	Valid Percent	Cumulative Percent
level of communication skill	Good	22	7.3	7.3	7.3
	Satisfactory	236	78.7	78.7	86.0
	Poor	42	14.0	14.0	100.0
	Total	300	100.0	100.0	

Good=100-120; Satisfactory= 80-99; Poor= 40-79

The study results display that most of participants have satisfactory interpersonal communication skills (n = 236; 78.7%), followed by those who have good interpersonal communication skills (n = 22; 7.3%), and those who have poor skills (n = 42; 14%).

Fig(4-2)Total level of interpersonal communication skill for nursing staff.
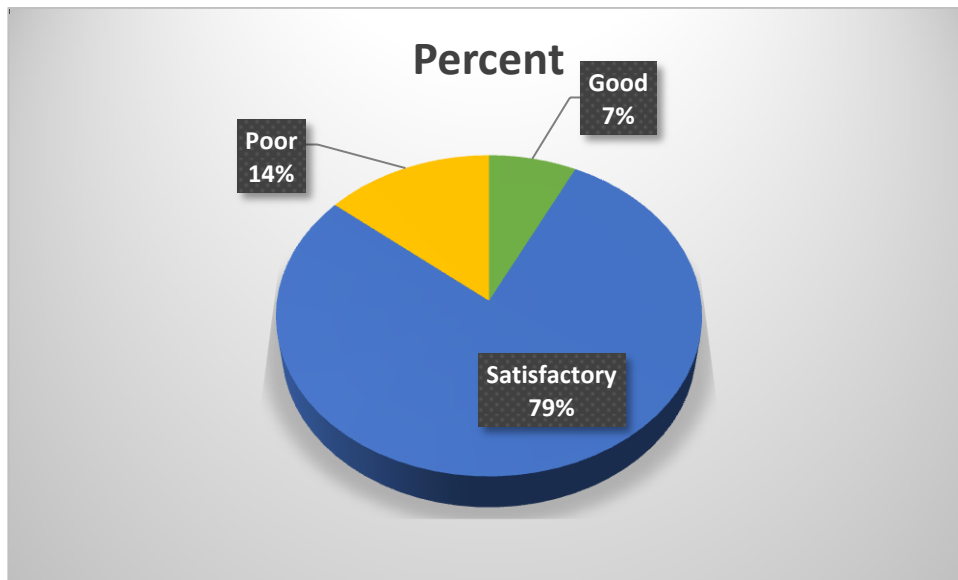
Table(4-5) Descriptive statistics, mean of score for five categories of conflict management styles.

Conflict management style	N	Minimum	Maximum	Mean	Std. Deviation
Collaborating Style	300	17.00	35.00	28.99	4.01
Accommodating Style	300	11.00	30.00	22.39	3.95
Competing Style	300	7.00	42.00	18.63	3.79
Avoiding style	300	14.00	30.00	24.29	3.54
Compromising style	300	7.00	20.00	16.37	2.64

The study results display that the collaborating style has the high mean (28.99)and standard deviation (4.01) will the accommodating style mean is (22.39) and the standard deviation is (3.95) when the mean of competing Style is (18.63) and the standard deviation is (3.54) and the mean of the

avoiding style is (24.29) and the standard deviation is (3.54) the compromising style has the lower mean (16.37) and standard deviation (2.64)

Fig(4-3)the five categories of conflict management styles used by nursing staff.

Table(4-6) Correlation Between Communication Skills sections and type of Conflict Management Styles of Nursing Staff.

Variables		Collaborating	Accommodating	Competing	Avoiding	Compromising
Sending Clear Messages	Pearson Correlation	.154**	.210**	.079	.092	.109
	Sig. (2-tailed)	.007	.000	.173	.111	.058
	N	300	300	300	300	300
Listening	Pearson Correlation	-.019	.136*	.122*	-.005	-.053
	Sig. (2-tailed)	.749	.018	.035	.931	.364
	N	300	300	300	300	300
Giving and Getting Feedback	Pearson Correlation	.093	.169**	.126*	.026	.022
	Sig. (2-tailed)	.108	.003	.030	.650	.709
	N	300	300	300	300	300
Handling Emotional Interactions	Pearson Correlation	.163**	.189**	.051	.123*	.100
	Sig. (2-tailed)	.005	.001	.377	.034	.084
	N	300	300	300	300	300

**= High significant (P <.01); * = Significant (P <. 0.5)

The study results reveal that there is statistically highly significant difference in the Sending Clear Messages and Collaborating style (.007,$p=<0.01$),also the Sending Clear Messages has highly statistically significant between Accommodating style(000, $p=<0.01$).

Regarding of Listening that there is statistically significant difference of Accommodating style(.018,$p=<0.5$), also has statistically significant difference between Listening and Competing(.035,$p=<0.5$).

Concerning Giving and Getting Feedback that there is statistically highly significant difference of Accommodating style(.003,$p=<0.01$), also has statistically significant difference between Giving and Getting Feedback and Competing style (.030,$p=<0.5$).

The study result shows in this table that there is statistically highly significant difference between Handling Emotional Interactions and Collaborating style(.005,$p=<0.01$), also show that there is statistically highly significant difference between Handling Emotional Interactions and Accommodating (.001 ,$p=<0.01$) and the study result displays that there is statistically significant difference between Handling Emotional Interactions and Avoiding style(.034, $p=<0.5$).

Table(4-7) Relationships between conflicts management styles for nursing staff and their age group.

		Sum of Squares	df	Mean Square	F	Sig.
Collaborating	Between Groups	418.022	30	13.934	.853	.691
	Within Groups	4395.965	269	16.342		
	Total	4813.987	299			
Accommodating	Between Groups	285.335	30	9.511	.585	.961
	Within Groups	4376.252	269	16.269		

		Sum of Squares	df	Mean Square	F	Sig.
	Total	4661.587	299			
Competing	Between Groups	425.670	30	14.189	.988	.489
	Within Groups	3864.517	269	14.366		
	Total	4290.187	299			
Avoiding	Between Groups	361.237	30	12.041	.954	.540
	Within Groups	3396.110	269	12.625		
	Total	3757.347	299			
Compromising	Between Groups	196.243	30	6.541	.932	.572
	Within Groups	1887.943	269	7.018		
	Total	2084.187	299			

The study results display that there is no statistically significant difference between conflicts management styles for nursing staff and their age group.

Table(4-8)Relationships between conflicts management styles for nursing staff and their gender.

		Sum of Squares	df	Mean Square	F	Sig.
Collaborating	Between Groups	.015	1	.015	.001	.975
	Within Groups	4813.971	298	16.154		
	Total	4813.987	299			
Accommodating	Between Groups	11.804	1	11.804	.756	.385
	Within Groups	4649.783	298	15.603		
	Total	4661.587	299			
Competing	Between Groups	1.112	1	1.112	.077	.781
	Within Groups	4289.075	298	14.393		
	Total	4290.187	299			
Avoiding	Between Groups	.109	1	.109	.009	.926
	Within Groups	3757.238	298	12.608		
	Total	3757.347	299			
Compromising	Between Groups	.466	1	.466	.067	.797
	Within Groups	2083.721	298	6.992		
	Total	2084.187	299			

The study results reveal that there is no statistically significant difference between conflicts management styles for nursing staff and their gender.

Table(4-9)Relationships between conflicts management styles for nursing staff and their educational qualification.

ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
Collaborating	Between Groups	112.410	4	28.102	1.763	.136
	Within Groups	4701.577	295	15.938		
	Total	4813.987	299			
Accommodating	Between Groups	47.429	4	11.857	.758	.553
	Within Groups	4614.158	295	15.641		
	Total	4661.587	299			
Competing	Between Groups	3.447	4	.862	.059	.993
	Within Groups	4286.740	295	14.531		
	Total	4290.187	299			
Avoiding	Between Groups	81.805	4	20.451	1.641	.164
	Within Groups	3675.541	295	12.459		
	Total	3757.347	299			
Compromising	Between Groups	23.873	4	5.968	.855	.492
	Within Groups	2060.313	295	6.984		
	Total	2084.187	299			

The study results reveal that there is no statistically significant difference between conflicts management styles for nursing staff and their educational qualification .

Table(4-10)Relationships between conflicts management styles for nursing staff and their monthly income.

ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
Collaborating	Between Groups	183.374	2	91.687	5.881	.003
	Within Groups	4630.613	297	15.591		
	Total	4813.987	299			
Accommodating	Between Groups	40.277	2	20.138	1.294	.276
	Within Groups	4621.310	297	15.560		
	Total	4661.587	299			
Competing	Between Groups	88.358	2	44.179	3.123	.045
	Within Groups	4201.829	297	14.148		
	Total	4290.187	299			
Avoiding	Between Groups	79.445	2	39.723	3.208	.042
	Within Groups	3677.902	297	12.384		
	Total	3757.347	299			
Compromising	Between Groups	29.306	2	14.653	2.118	.122
	Within Groups	2054.881	297	6.919		
	Total	2084.187	299			

The study results reveal that there is statistically highly significant difference between Collaborating style and monthly income Within Group of participants (.003,p=<o.o1)

Concerning competing style there is statistically significant difference with monthly income of group participants(.045,*p=<0.5*).

This table show that there is statistically significant difference between avoiding style and monthly income within group of participants(.042,p=<0.5).

Table(4-11)Relationships between conflicts management styles for nursing staff and their Years of experience.

ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
Collaborating	Between Groups	737.542	27	27.316	1.823	.009
	Within Groups	4076.445	272	14.987		
	Total	4813.987	299			
Accommodating	Between Groups	576.215	27	21.341	1.421	.086
	Within Groups	4085.371	272	15.020		
	Total	4661.587	299			
Competing	Between Groups	275.362	27	10.199	.691	.875
	Within Groups	4014.825	272	14.760		
	Total	4290.187	299			
Avoiding	Between Groups	348.958	27	12.924	1.031	.426
	Within Groups	3408.388	272	12.531		
	Total	3757.347	299			
Compromising	Between Groups	207.971	27	7.703	1.117	.319
	Within Groups	1876.215	272	6.898		
	Total	2084.187	299			

The study results display that there is statistically highly significant difference between Collaborating style and years of experience within Group of participants (.009,p=<o.o1).

Table(4-12)Relationships between conflicts management styles for nursing staff and Number of training courses in communication skills.

ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
Collaborating	Between Groups	135.219	11	12.293	.757	.683
	Within Groups	4678.768	288	16.246		
	Total	4813.987	299			
Accommodating	Between Groups	155.912	11	14.174	.906	.535
	Within Groups	4505.675	288	15.645		
	Total	4661.587	299			
Competing	Between Groups	128.110	11	11.646	.806	.634
	Within Groups	4162.076	288	14.452		
	Total	4290.187	299			
Avoiding	Between Groups	107.101	11	9.736	.768	.672
	Within Groups	3650.246	288	12.674		
	Total	3757.347	299			
Compromising	Between Groups	118.043	11	10.731	1.572	.106
	Within Groups	1966.144	288	6.827		
	Total	2084.187	299			

The study results reveal that there is no statistically significant difference between conflicts management styles for nursing staff and their number of training courses in communication skills .

Table(4-13)Relationships between conflicts management styles for nursing staff and their Work Shift.

ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
Collaborating	Between Groups	.742	1	.742	.046	.830
	Within Groups	4813.245	298	16.152		
	Total	4813.987	299			
Accommodating	Between Groups	60.071	1	60.071	3.890	.049
	Within Groups	4601.516	298	15.441		
	Total	4661.587	299			
Competing	Between Groups	.003	1	.003	.000	.989
	Within Groups	4290.184	298	14.397		
	Total	4290.187	299			
Avoiding	Between Groups	14.200	1	14.200	1.130	.289
	Within Groups	3743.147	298	12.561		
	Total	3757.347	299			
Compromising	Between Groups	.179	1	.179	.026	.873
	Within Groups	2084.007	298	6.993		
	Total	2084.187	299			

The study results display that there is statistically significant difference between accommodating style for nursing staff and work shift within group of participants (.049,p=<o.5).

Chapter Five

Discussion

Conflict management styles are the process of recognizing the conflict, determining its type and intensity, evaluating its effects, choosing and implementing the best possible solution strategies, and measuring the results. In order to reduce conflict, nursing staff members must use efficient methods of communication to break down communication barriers and work together to find a solution.

5.1.Discussion of Socio-demographic Characteristics of the Study Sample. as show in table (4-1):

The present study shown that the participant of nurses were slightly more than half of participant at aged group 20–29 years old(59.3%) of the total number of participant .This result matches the result of the study conducted by (Hadi ,2022); who showed that 64.4% of all participants in their study were younger than the study subject's average age of 20 to 29 years.

With regard to gender, female nurses outnumbered male nurses and made up more than half of all nurses, while male nurses made up 53.7% of all participants. and have the Bachelor's degree(47.3%) of all study sample. These results agree with (Mostafa et al.,2020) show in the study result (75%) of nurses are female, (30%) have bachelor degree which found that the majority of their study sample are females and Bachelor's degree.

According to the data collected from nursing staff,(1_5)years of experience (51.3%) of all participant for nursing staff. This finding matches with the study of (Mostafa et al.,2019) nursing staff had <5 years of experiences with 67.4% of this study majority of their study samples had less than five years of expertise.

The findings result reveals that half of the study participants were had (1_3) number of training course in communication skills (50.3%).this finding is tittle compare of because of that, the majority of nurses are new employees who have not yet had the chance to participate in communication skills training. These results are incompatible with a result obtained from (Kirca & Bademli, 2019) study who state that a majority of the study subjects, didn't had communication training account for (62.5%).

5.2.Discussion of Total level of Communication Skills for Nursing staff:

According to the study findings which show that the majority of nurses have satisfactory interpersonal communication skills (frequency=236,78.7%) show in table (4-4) .

According to (Moustafa et al.,2020) finding in this study is not compatible result, Who state that the majority of study participants, or (62.5%), have communication training.

According to (Beserra et al.,2018)show in the result that the leadership, communication and interpersonal skills, and teamwork are the three essential attitudes that nurses must have while managing conflicts. These attitudes must be learned through continual training that fosters the growth of these and other abilities necessary to uphold the standard of nursing practice.

 According to (Bello,2017)The study finding that indicated that the health and satisfaction of patients are directly impacted by effective communication. To educate nurses about the appropriate use of effective communication,

awareness of their own traits, and ways of understanding patients' cues and characteristics, more communication skills trainings need to be organized.

According to(Bramhall, 2014)the study finds importance of communication skills between nurses to reduce conflict, mistake and barrier of communication and that encourage of training course of communication skills . It focuses on basic communication skills, their definitions, and the positive implications that follow when they are put into practice. An essential component of providing compassionate, superior nursing care is effective communication. The aim of this article is to improve upon and review previous knowledge and expertise of successful communication techniques.

According to(Gutiérrez-Puertas et al.,2020) the study finding that obtained significant finding in of communication skill, and to improve course training in communication to improve nursing communication skills.

5.3. Discussion of conflict management style:

According to the study findings which show that the collaborating style has the high mean (28.99)and standard deviation (4.01) , will the compromising style has the lower mean (16.37) and standard deviation (2.64) show in table (5-4) also show the least utilized for conflict management styles are competing(mean=18.63,std=3.79), avoiding(mean=24.29,std=3.54) and compromising style(mean=16.37,std=2.64).

According to (Labrague et al.,2018) show the most of participant for nursing staff use the collaborating style or integrating style is Highly utilized for conflict management styles and least frequently used conflict management styles is avoiding and competing style and this result is agree to our study result.

Another study that is compatible with this study result show according (Al-Hamdan et al.,2014) the conflict management techniques most frequently used by nurses included integrating or collaborating strategies.

However,(Ibrahim et al.,2020) finding in the study result that more of the participants use the accommodating and compromising to solve the problem and this finding result is not compatible with our study result.

According to(Ibrahim et al.,2015) finding in study result that the avoiding strategy has the lowest degree of opinion scores, while the integrating strategy has the highest degree.

According to(Tuncay et al.,2017)the study result find that the participants of nursing staff that utilized the collaborating style to deal with conflict in working area that is compatible with my study result but the style of conflict resolution might be well predicted by looking at factors like age, educational background, length of service, and managerial experience.

According to (Ahanchian et al.,2015)the study finding there was the highest scores belonged to the collaborating and compromising styles, respectively.

5.4 Discussion of relationship between communication skills and conflict management styles used by nursing staff.

The present study shown that the participant of nurses statistically highly significant relationship between communication skills and conflict management styles utilized by nursing staff and , more of their participants use collaborating style (0.007,p=<0.01) and use collaborating style with sending clear message of level of communication skills .

According to(Rafiu and Olanrewaju,2012) study result find that three components of communication skills (literacy, verbal ability, and active listening skill) significantly predicted the conflict management style, as this study clearly showed.

According to (Mishra et al.,2020) that show the majority of nurses were effective communicators with the ability to convey their ideas clearly and succinctly. They also showed empathy and they had also learnt various styles to solve conflict.

According to(Zhalimbetova,2019) finding Poor communication skills, misunderstandings, and workplace mistakes are the main causes of disagreements. The key component of good interpersonal communication is well-developed communication skills.

5.5.Discussion Relationships between conflicts management styles for nursing staff and their Socio-demographic Characteristics.

1.Regarding to age groups:

The study results display that there is no statistically significant difference between conflicts management styles for nursing staff and their age group also finding in the result that there is no statistically significant difference between conflicts management styles for nursing staff and their gender.

According to(Al-Hamdan et al.,2014) no statistically significant relationship was found between age and conflict management style that agree with this study result, also finding in this study that there statistically

significant difference between conflicts management styles for nursing staff and their gender this finding is non-compatible with recent study.

2-Concerning the years of experience :

The study results reveal that there is no statistically significant difference between conflicts management styles for nursing staff and their educational qualification, but the study result of experience of years display that there is statistically highly significant difference between Collaborating style and years of experience within group of participants (.009,p=<o.o1).

According to(Palacio ,2022)there was no significant relationship between the profile of the staff nurses educational qualification   attainment and experience of years of staff nurse and conflict management styles.

3-Concerning the training course in communication skills and work shift :

The study results reveal that there is no statistically significant difference between conflicts management styles for nursing staff and their number of training courses in communication skills.

Badiyepeymaiejahromi et al. (2018), "The study's findings showed that 215 nurses were seen in Iranian hospitals affiliated with Jahrom University of Medical Sciences. displayed findings that show the poor communication abilities of nurses with the patient and training communication skills that lead to decrease ability of communication.

According to (Hadi ,2022) finding that significant between communication skills and training course in communication skills.

Additionally, the study's findings show that 62.0% of participants work the morning shift.

(Norouzinia et al.,2015) study finding highly of participants are morning shift that compatible of the study result.

4-Regarging of the monthly income:

The study results reveal that there is statistically significant difference between conflict management styles and monthly income.

According to (Aseery et al.,2023)the study finding that conflict management techniques and monthly income were shown to be statistically strongly connected, with the strength of the relationship increasing with higher income, this study result is compatible with the recent study.

Chapter Six

Conclusions and Recommendations

6.1. Conclusion:

 In light of the results discussed and their interpretations, our study concludes that:

1.Most of the study sample were female between age (20-29) with bachelor's degree who have (1-5) experience of years.

2. Most of participants have satisfactory interpersonal communication skills.

3.Most of participants use the collaborating style and the lower use is for compromising style.

4- The study showed a significant relationship between the section on communication   skills   and   the   type   of   conflict   management styles(collaborating,   accommodating,   competing,   avoiding,   and compromising).

5- The findings of the study showed that , there are significant relationships between conflict management style and factors including monthly income, years of experience, and work shift.

6.2.Recommendations:

   Based on the results and the conclusion of the current study, the study suggests the following recommendations:

   1-   Continuing training sessions and programs should be used to improve nurses' communication skills and teach them how to deal with conflicts between nursing staff.

   2-   conduct educational program for conflict management style for nursing staff to deal with conflict and to solve the problem.

   3-   Reassessment and follow-up for nurses are required following an education session to monitor, evaluate, and promote their skills by contribute the questioner check list to assess their knowledge in order to ensure their application in the work.

   4-   Further researches should be carried out that may contribute to improve and enhance communication skills and conflict management styles to deal with conflict ,solving the problem and prevent communication barriers.

   5- It is recommended that future researchers create new variables for the questioner, for example the location where the nurse is located.

References

❖ ❖ سورة الاسراء الاية (53)

❖ Abd-Elrhaman, E. S. A., & Ghoneimy, A. G. H. (2018). The effect of conflict management program on quality of patient care. *American Journal of Nursing Science*, 7(5), 192-201.

❖ Abd-Elrhaman, E. S. A., & Ghoneimy, A. G. H. (2018). The effect of conflict management program on quality of patient care. *American Journal of Nursing Science*, 7(5), 192-201.

❖ Abou Ramadan, A., & Eid, W. (2020). Toxic leadership: conflict management style and organizational commitment among intensive care nursing staff. *Evidence-Based Nursing Research*, *2*(4), 46-59.

❖ Ahanchian, M. R., Zeydi, A. E., & Armat, M. R. (2015). Conflict management styles among Iranian critical care nursing staff: a cross-sectional study. *Dimensions of critical care nursing*, *34*(3), 140-145.

❖ Al-Hamdan, Z., Adnan Al-Ta'amneh, I., Rayan, A., & Bawadi, H. (2019). The impact of emotional intelligence on conflict management styles used by Jordanian nurse managers. *Journal of nursing management*, *27*(3), 560-566.

❖ Al-Hamdan, Z., Norrie, P., & Anthony, D. (2014). Conflict management styles used by nurses in Jordan. Journal of Research in nursing, *19*(1), 40-53.

❖ Alhamdoun, A. (2021). Nursing Strategies toward Conflict: A Short Literature Review. *EC Pulmonology and Respiratory Medicine*, *10*.

❖ Allwood, J. (2013). Types of conflict and conflict handling in an academic seminar. New Genres in Sience Studies. *University of Gothenburg, Department of Theory of Science*.

❖ Almost, J., Wolff, A. C., Stewart-Pyne, A., McCormick, L. G., Strachan, D., & D'Souza, C. (2016). Managing and mitigating conflict in healthcare teams: an integrative review. *Journal of advanced nursing*, 72(7), 1490-1505.

❖ Alnajjar, H., & Abou Hashish, E. (2022). Exploring the relationship between leadership and conflict management styles among nursing students. *Nursing Management*, 29(3).

❖ Alnajjar, H., & Abou Hashish, E. (2022). Exploring the relationship between leadership and conflict management styles among nursing students. *Nursing Management*, 29(3).

❖ Alyeksyeyeva, I. (2018). Conflict in interpersonal and corporate communication: strategies and tactics. *Kyiv: ТОВ АВЕГА*.

❖ Anjali Daisy.(2020). Conflict Management Models. https://orcid.org/0000-0003-1207-5002, SASTRA University (Deemed), India. IP Adress:1.38.56.113

❖ Arabacı, L. B., & Taş, G. (2019). Effect of Using Peplau's Interpersonal Relation Nursing Model in the care of a juvenile delinquent. *Journal of Psychiatric Nursing/Psikiyatri Hemsireleri Dernegi*, 10(3).

❖ Archer.J. & Jones.L.(2021). Theories and Models of Communication. The Nursing Associate's Handbook of Clinical Skills, First Edition. Edited by *Ian Peate.*

❖ Aseery, M., Mahran, S., Felemban, O., Aseery, M. Y., & Mahran, S. M. (2023). The Relationship Between Emotional Intelligence and Conflict Management Strategies From the Nurse Managers' Perspective. *Cureus*, *15*(3).

❖ Attia, A. M., Elsayed, S. H., & Ata, A. A. (2019). Relation between Conflict and Perception of Professionalism among Nurses working at Kafr Sakr General Hospital. *Zagazig Nursing Journal*, *15*(2), 35-53.

❖ Badiyepeymaiejahromi, Z., Ramezanli, S., Farzaneh, M., & Torabizadeh, C. (2018). Quality of Communication skills of nurses worked at the Hospitals

Affiliated to Jahrom University of Medical Sciences, Iran. *Bangladesh Journal of Medical Science,* 17(2), 275.

❖ Bello, O. (2017). Effective communication in nursing practice: *A literature review.*

❖ Beserra, E. P., do Amaral Gubert, F., Martins, M. C., Vasconcelos, V. M., de Figueiredo, G. A., Silva, L. A. D., & de Lima, M. A. (2018). CONFLICT Management in nurse training. *Journal of Nursing UFPE/Revista de Enfermagem UFPE*, 12(10).

❖ Black, J. (2018). Conflict management and team building as competencies for nurse managers to improve retention.

❖Bottomley ,J.& Pryjmachuk,S.(2019). Communication Skills for your Nursing Degree textbook. British Library Cataloguing in Publication Data A CIP record for this book is available from the *British Library*.

❖ Boyd, C., & Dare, J. (2014). Communication skills for nurses. John Wiley & Sons.

❖ Bramhall, E. (2014). Effective communication skills in nursing practice. *Nursing Standard* (2014+), 29(14), 53.

❖ Broca P.V.& Ferreira M.D.A.(2015). Communication process in the nursing teama based on the dialogue between Berlo and King. Universidade Federal do Rio de Janeiro. Rio de Janeiro - RJ, Brazil. DOI: 10.5935/1414-8145.20150062.

❖ Burnard, P., & Gill, P. (2014). Culture, communication and nursing. Routledge.

❖ Chandolia, E., & Anastasiou, S. (2020). Leadership and conflict management style are associated with the effectiveness of school conflict management in the Region of Epirus, NW Greece. *European Journal of Investigation in Health, Psychology and Education*, 10(1), 455-468.

❖ Çınar, F., & Kaban, A. (2012). Conflict management and visionary leadership: An application in hospital organizations. *Procedia-Social and Behavioral Sciences,* 58, 197-206.

❖ Copley, R. D. (2008). Conflict management styles: A predictor of likability and perceived effectiveness among subordinates (Doctoral dissertation).

❖ Dahshan, M. E. A., & Keshk, L. I. (2014). Managers' conflict management styles and its effect on staff nurses' turnover intention at Shebin El Kom Hospitals, Menoufiya Governorate. *World Journal of Medical Sciences*, 11(1), 132-143.

❖ de Almeida Rebouças, C. B., Pagliuca, L. M. F., de Almeida, P. C., Costa, K. N. D. F. M., & Cardoso, M. V. L. M. L. (2009). Aspects of verbal communication between nurses and visually impaired people. *Rev Rene*, *10*(2), 29-36.

❖ Eula Miller &Gayatri Nambiar-Greenwood.(2020). Communication Skills in Nursing Practice (2nd Edition) book. Edition: 2ndPublisher: SageEditor: Lucy WebbISBN: 9781526489364.

❖ Gillespie, B. M., Chaboyer, W., Longbottom, P., & Wallis, M. (2010). The impact of organisational and individual factors on team communication in surgery: a qualitative study. *International journal of nursing studies*, 47(6), 732-741.

❖ Graham, S. (2009). The effects of different conflict management styles on job satisfaction in rural healthcare settings. *Economics & Business Journal*: Inquiries & Perspectives, 2(1), 71-85.

❖ Gutierrez-Puertas, L., Marquez-Hernandez, V. V., Gutierrez-Puertas, V., Granados-Gamez, G., & Aguilera-Manrique, G. (2020). Educational interventions for nursing students to develop communication skills with

patients: a systematic review. *International journal of environmental research and public health*, 17(7), 2241.

❖ Hadi,M.A.(2022). Attitudes of Nurses' Therapeutic Communication Skills During Preoperative Care for Patients Undergoing General Surgeries, master Thesis.

❖ Hargie.O.(2019). The Handbook of Communication Skills. Fourth edition by Routledge 2 Park Square, Milton Park, Abingdon, Oxon, OX14 4RN.

❖ Hashish, E. A. A., Hamouda, G. M., & Taha, E. E. S. (2015). Nursing Students' Perception of Conflict Management Styles of Their Nursing Educators. *Journal of Education and Practice*, 6(21), 21-30.

❖ Hashish, E. A. A., Hamouda, G. M., & Taha, E. E. S. (2015). Nursing Students' Perception of Conflict Management Styles of Their Nursing Educators. *Journal of Education and Practice*, 6(21), 21-30.

❖ Helle Heering& Arsi L. Karakashian.(2021). Conflict Management: Managing Conflict Between Nurses. Published by Cinahl Information Systems, 1509 Wilson Terrace, Glendale, CA 91206.

❖ Hussein, A. F. F., & Al-Mamary, Y. H. S. (2019). Conflicts: Their types, and their negative and positive effects on organizations. *International journal of scientific & technology research,* 8(8), 10-13.

❖ Hussein, A. F. F., Al-Mamary, Y. H. S., & Hassan, Y. A. G. (2017). The relationship between conflict management styles and organizational commitment: a case of Sana'a university. *American Journal of Science and Technology*, 4(4), 49-66.

❖ *Ibrahim, A., El-Shaer, A., & El-Sayed, N. (2015).* leadership styles and conflict management strategies of head nurses at mansoura university hospital. *Mansoura Nursing Journal*, 2(2), 1-11.

❖ Ibrahim, S. A., Mohamed, H. A., & El-Gazar, H. E. (2020). Conflict management strategies utilized by nurse managers and its relationship to vertical dyad linkage with nurses. *Port Said Scientific Journal of Nursing*, 7(2), 1-19.

❖ Jacinta Kelly.(2006). An Overview of Conflict, [dimens crit care nurs. 2006;25(1):22/28], vol. 25 / no. 1.

❖ Jahangir, N., Safdar, A., & Zaheen, B. (2021). Impact of Communication Climate on Conflict Management Styles among Employees. *Journal of Business and Social Review in Emerging Economies*, 7(1), 63-68.

❖ Jankelová, N., & Joniaková, Z. (2021, March). Communication skills and transformational leadership style of first-line nurse managers in relation to job satisfaction of nurses and moderators of this relationship. In Healthcare (Vol. 9, No. 3, p. 346). MDPI.

❖ Johansen, M. L. (2012). Keeping the peace: Conflict management strategies for nurse managers. *Nursing management*, 43(2), 50-54.

❖ Kaur, B. (2020). Interpersonal communications in nursing practice-key to quality health care. *Arch Nurs Pract Care*, 6(1), 19-22.

❖ Kirca, N., & Bademli, K. (2019). Relationship between communication skills and care behaviors of nurses. Perspectives in psychiatric care, 55(4), 624-631.

❖ Kourkouta, L., & Papathanasiou, I. V. (2014). Communication in nursing practice. Materia socio-medica, 26(1), 65.

❖ Krautscheid, L. C., Luebbering, C. M., & Krautscheid, B. A. (2017). Conflict-handling styles demonstrated by nursing students in response to microethical dilemmas. *Nursing Education Perspectives*, *38*(3), 143-145.

❖ Labrague, L. J., Al Hamdan, Z., & McEnroe-Petitte, D. M. (2018). An integrative review on conflict management styles among nursing

professionals: implications for nursing management. *Journal of nursing management*, *26*(8), 902-917.

❖ Labrague, L. J., Al Hamdan, Z., & McEnroe-Petitte, D. M. (2018). An integrative review on conflict management styles among nursing professionals: implications for nursing management. *Journal of nursing management*, 26(8), 902-917.

❖ Lapum, J., L, ST-AMANT,O., HUGHES,M.,& GARMAISE-YEE,J.(2020). Introduction to Communication in Nursing. 1st Canadian Edition, 2020 textbook.

❖ Lee, L., Berger, D. H., Awad, S. S., Brandt, M. L., Martinez, G., & Brunicardi, F. C. (2008). Conflict resolution: *practical principles for surgeons. World Journal of surgery*, 32, 2331-2335.

❖ Leveillee, M. G. (2018). Exploration of Conflict Management Styles Used by Medical-Surgical Nurses.

❖ Lorber, M., Treven, S., & Mumel, D. (2016). The examination of factors relating to the leadership style of nursing leaders in hospitals. Naše gospodarstvo/Our economy, 62(1), 27-36.

❖ Maame Kissiwaa Amoah, V., Anokye, R., Boakye, D. S., & Gyamfi, N. (2018). Perceived barriers to effective therapeutic communication among nurses and patients at Kumasi South Hospital. Cogent Medicine, 5(1), 1459341.

❖ Mackey, R. A., Diemer, M. A., & O'Brien, B. A. (2000). Conflict-management styles of spouses in lasting marriages. Psychotherapy: Theory, Research, Practice, Training, 37(2), 134.

❖ MAHSAN, I., MOUSTAFA, E. S., ABED, A., & DN, S. (2020). The Relationship between Nursing Staff Communication Skills and Quality of

Nursing Care in A Pediatric University Specialized Hospital. *The Medical Journal of Cairo University*, 88(March), 305-310.

❖ Marco, A. (2018). Management of conflict within small and medium group teams in French organizations (Master's thesis).

❖ Martin, A. M., O'Connor-Fenelon, M., & Lyons, R. (2010). Non-verbal communication between nurses and people with an intellectual disability: a review of the literature. *Journal of Intellectual Disabilities,* 14(4), 303-314.

❖ McEwen, A., & Kraszewski, S. (2010). Communication skills for adult nurses. McGraw-Hill Education (UK).

❖ Mishra, A., Bhardwaj, D., & Kishore, J. (2020). Effective Communication and Conflict Management Workshop for Nursing Interns: Experience at a Tertiary Care Hospital of Delhi*, India. International Journal of Healthcare Education & Medical Informatics (ISSN: 2455-9199)*, *7*(3&4), 6-10.

❖ Moeta, M. E., & Du Rand, S. M. (2019). Use of scenarios to explore conflict management practices of nurse unit managers in public hospitals. *Curationis*, *42*(1), 1-11.

❖ Moeta, M. E., & Du Rand, S. M. (2019). Use of scenarios to explore conflict management practices of nurse unit managers in public hospitals. Curationis, 42(1), 1-11.

❖ Mohammed, A., Ahmed, M., El-Shaer, A., & Zakaria, A. (2022). Effect of Conflict Management Program on Staff Nurses' Performance. Mansoura Nursing Journal, 9(1), 235-242.

❖ Mohammed, A., Ahmed, M., El-Shaer, A., & Zakaria, A.(2022). Effect of Conflict Management Program on Staff Nurses' Performance. Mansoura Nursing Journal; 9(1), 235-242.

❖ Mosadeghrad, A. M., & Mojbafan, A. (2019). Conflict and conflict management in hospitals. *International journal of health care quality assurance*, 32(3), 550-561.

❖ Mostafa, S., Hamouda, S., Zahran, S., & Obied, H. (2019). Effect of assertiveness educational program on conflict handling styles for nursing staff at intensive care unit. *International Journal of Novel Research in Healthcare and Nursing*, 6(2), 1729-1739.

❖ Nicotera, A. M. (2021). Nursing and Conflict Communication: A Review. Nursing Communication, 1 (1). Retrieved from https://repository.usfca.edu/nursingcommunication/vol1/iss1/6

❖ Norouzinia, R., Aghabarari, M., Shiri, M., Karimi, M., & Samami, E. (2016). Communication barriers perceived by nurses and patients. *Global journal of health science*, 8(6), 65.

❖ Obied, H. K., & Sayed Ahmed, S. E. (2016). Effect of utilizing conflict management strategies for ICU nurses on patient care. *Journal of Nursing and Health Science*, *5*(2), 39-46.

❖ Oladitan, O. I., Ajibua, M. A., Fashogbon, B. A., & Ajayi, M. O. (2014). Influence of leadership style on interpersonal conflict management among teaching and non-teaching staff in secondary schools in Osun State, Nigeria. *Higher Education of Social Science*, *6*(1), 39-44.

❖ Olufunke, O. C., & Oluwakorede, O. (2016). Peplau's Theory of Psychodynamic Nursing and the Nurse-Patient Interaction: A Literature Review. *South American Journal of Nursing, Special Edition*, 1-13.

❖ Osisioma, H. E., Osisioma, B. C., & Chukwuemeka, E. E. (2012). Developing a conflict management model for the Nigerian executive. *Singaporean Journal of Business, Economics and Management Studies*, 51(1103), 1-19.

❖ Özkan Tuncay, F., Yaşar, Ö., & Sevimligül, G. (2018). Conflict management styles of nurse managers working in inpatient institutions: the case of Turkey. *Journal of nursing management*, 26(8), 945-952.

❖ Palacio, D. J. (2022). Conflict in the Workplace and Effectiveness of Conflict Management in a Selected Level III Department of Health Hospitals: Implications to Nursing Education and Practice. Educational Research (IJMCER), 4(2), 335-344.

❖ Rafiu, B. A., & LAWAL, I. O. communication skills as predictors of conflict management style of road transport union leaders in lagos state.

❖ Rahim organizational conflict inventory instrument.

❖ Rubio, M. A., & Picardo, R. L. (2017). Leadership, management and conflict management styles among nurse middle managers. *University of the Visayas Journal of Research*, 11(1), 105-112.

❖ Saiti, A. (2015). Conflicts in schools, conflict management styles and the role of the school leader: A study of Greek primary school educators. *Educational Management Administration & Leadership*, *43*(4), 582-609.

❖ Saleh, U., O'Connor, T., Al-Subhi, H., Alkattan, R., Al-Harbi, S., & Patton, D. (2018). The impact of nurse managers' leadership styles on ward staff. *British journal of nursing, 27*(4), 197-203.

❖ Sarpkaya, P. Y. (2012). Types and causes of conflict experienced instructors. Procedia-Social and Behavioral Sciences, *46*, 4349-4355.

❖ Senn, J. F. (2013). Peplau's theory of interpersonal relations: application in emergency and rural nursing. Nursing science quarterly, *26*(1), 31-35.

❖ Seren, S., & Ustun, B. (2008). Conflict resolution skills of nursing students in problem-based compared to conventional curricula. *Nurse Education Today*, *28*(4), 393-400.

❖ Sibiya, M. N. (2018). Effective communication in nursing. *Nursing*, *19*, 20-34.

❖ Sibiya, M. N. (2018). Effective communication in nursing. Nursing, 19, 20-34.

❖ Sinskey, J. L., Chang, J. M., Shibata, G. S., Infosino, A. J., & Rouine-Rapp, K. (2019). Applying conflict management strategies to the pediatric operating room. Anesthesia & Analgesia, 129(4), 1109-1117.

❖ Thakore, D. (2013). Conflict and conflict management. *IOSR Journal of Business and Management*, *8*(6), 7-16.

❖ Thomas, K. W. (2008). Thomas-kilmann conflict mode. *TKI Profile and Interpretive Report*, *1*(11).

❖ Uzun, T., & Ayik, A. (2017). Relationship between Communication Competence and Conflict Management Styles of School Principals. *Eurasian Journal of Educational Research*, 68, 167-186.

❖ Van Ruler, B. (2020). Communication theory: An underrated pillar on which strategic communication rests. In *Future Directions of Strategic Communication* (pp. 39-53). Routledge.

❖ Vashisht, R., Singh, K., & Sharma, S. (2018). Emotional intelligence and its relationship with conflict management and occupational stress: A meta-analysis. *Pacific Business Review International*, *11*(4), 30-38.

❖ Vijay K. Verma.(1998). conflict management. From The Project Management Institute Project Management Handbook, Ed: Jeffrey Pinto. 1998. isbn 0-7879-4013-5

❖ Waithaka, A. G., Moore-Austin, S., & Gitimu, P. N. (2015). Influence of Conflict Resolution Training on Conflict Handling Styles of College Students. *Research in Higher Education Journal*, 28.

❖ Waithaka, A. G., Moore-Austin, S., & Gitimu, P. N. (2015). Influence of Conflict Resolution Training on Conflict Handling Styles of College Students. *Research in Higher Education Journal*, *28*.

- ❖ Wambui,A.W,Kibui,A.W.,&Gathuthi,E.(2012). Communication Skills, Students Coursebook. www.vdm-vsg.de.
- ❖ Zhalimbetova, Z. (2019). Conflict prevention and management in nursing.
- ❖ Zhang, C.-Q. (2019). Skill (pp. 270-272). In D. Hackfort, R.J. Schinke, & B. Strauss (Eds.), Dictionary of Sport Psychology: Sport, Exercise, and Performing Arts. London, UK: Academic Press.

Appendices

Administrative Agreements

Appendix A-I

| Ministry of Health
Babylon Health Directorate
Imam Sadiq General Hospital | جمهورية العراق | وزارة الصحة
دائرة صحة بابل
مستشفى الامام الصادق (ع)
شعبة الموارد المالية والادارية
وحدة الموارد البشرية
العدد:
التاريخ: /2022 |

إلى/ جامعة كربلاء/ كلية التمريض

م/ تسهيل مهمة

تحية طيبة

اشارة الى كتاب مركز التدريب و التطوير ذي العدد ١٦٩٧ في ٢٠٢٢/١٢/٤ لامانع لدينا من تسهيل مهمة الطالبة (اميمة عباس جاسم) لاتمام بحثها في مستشفانا قدر تعلق الامر بنا وحسب الضوابط على أن لا تتحمل مستشفانا أي تبعات مالية أو قانونية.

للتفضل بالاطلاع .... مع الاحترام

الدكتور
ماجد ياس خضير الشمري
مدير مستشفى الامام الصادق (ع) التعليمي
/ ٢٠٢٢/

نسخة منه الى

• مكتب مدير المستشفى
• معاون المدير لشوون التمريض
• وحدة التدريب و البحوث

Appendix A-II

		وزارة الصحة
Ministry Of Health Babylon Health Directorate Email:- Babel_Healthmoh@yahoo.com		دائرة صحة محافظة بابـل المديـر العـام مركز التدريب والتنمية البشرية وحدة أدارة البحوث

العدد : ١٦٩٧

التاريخ : ٤ /١٢/ ٢٠٢٢

إلى / مستشفى مرجان التعليمي
مستشفى الأمام الصادق (ع)

م // تسهيل مهمة

تحية طيبة ...

أشـارةَ إلـى كتـاب جامعـة كـربلاء/ كليـة التمـريض / شـعبة الدراسـات العليـا ذي العدد ٢٨١ في ٢٠٢٢/١١/٢٨

نرفـق لكـم ربطـا اسـتمارات المـوافقة المبدئيـة لمشـروع البحـث العائـد للباحثـة طالبـة الدراسات / الماجستير (اميمة عباس جاسم).

للتفضـل بـالاطلاع وتسـهيل مهمـة المومـا أليـه مـن خـلال توقيـع وخـتم اسـتمارات أجـراء البحـث المرفقـة فـي مؤسسـاتكم وحسـب الضـوابط والإمكانـات لاستحصـال الموافقـة المبدئيـة ليتسـنى لنـا أجـراء الـلازم علـى أن لا تتحمـل مؤسسـاتكم أيـة تبعـات ماديـة وقانونية .... مع الاحترام

المرفقات :
استمارة عدد /٢

الدكتور
محمد عبد الله عجرش
مدير مركز التدريب والتنمية البشرية
/ / ٢٠٢٢

نسخة منه إلى :
• مركز التدريب والتنمية البشرية / وحدة أدارة البحوث مع الأوليات ...

babiltrainning@gmail.com

Appendix A-III

وزارة الصحة والبيئة
دائرة صحة محافظة بابــــل
المديــــر العــــام
مركـــز التدريب والتنمية البشرية
لجنة البحوث

Ministry Of Health
Babylon Health Directorate
Email:-
Babel_Healthmoh@yahoo.com
Tel:282628 or 282621

استمارة رقم :- ٢٠٢١/٠٣

رقم القرار :-   ١٢
تاريخ القرار :- ٦/٧/٢٠٢٢/١

قرار لجنة البحوث

تحية طيبة ...

درست لجنة البحوث في دائرة صحة بابل مشروع البحث ذي الـرقم (٢٠٢٢/٠١٤١/ بابل) المعنون (تأثير مهارات التواصل على أساليب أداره النزاعات المستخدمة من قبل الملاكات التمريضية)

والمقدم من الباحثة (أميمه عباس جاسم) إلى وحدة أدارة البحوث والمعرفي مركز التدريب والتنمية البشرية في دائرة صحة بابل بتاريخ ٢٠٢٢/١٢/١٢ وقررت :

قبول مشروع البحث أعلاه كونه مستوفيا للمعايير المعتمدة في وزارة الصحة والخاصة بتنفيذ البحوث ولا مانع من تنفيذه في مؤسسات الدائرة .

مـــــع الاحتـــــرام

الدكتور / محمد عبد الله عجرش
رئيس لجنة البحوث
٢٠٢٢ /   /

نسخة منه إلى :
●مكتب المدير العام / مركز التدريب والتنمية البشرية / وحدة إدارة البحوث ... مع الأوليات.

Appendix A-IV

الى / دائرة صحة بابل

م/ تسهيل مهمة

تحية طيبة...

يرجى التفضل بالموافقة على تسهيل مهمة طالبة الماجستير السيدة (أميمة عباس جاسم) لإنجاز
رسالتها الموسومة :

Influence of communication skills on conflicts management styles used by nursing staff.

تأثير مهارات التواصل على اساليب ادارة النزاعات المستخدمة من قبل الملاكات التمريضيه.

وهي احدى طلبة الدراسات العليا / الماجستير في كليتنا / للعام الدراسي (2022-2023) .

... مع التقدير ...

أ.م.د. سلمان حسين فارس الكريطي
معاون العميد للشؤون العلمية و الدراسات العليا
2022 / 11 / 28

نسخة منه الى :-
- مكتب السيد المعاون العلمي المحترم.
- شعبة الدراسات العليا.

Ethical Considerations
Appendix B

Ministry of Higher Education and Scientific Research
University of Karbala / College of Nursing
Scientific Research Ethics Committee

وزارة التعليم العالي والبحث العلمي
جامعة كربلاء / كلية التمريض
لجنة اخلاقيات البحث العلمي

استمارة اخلاقيات البحث العلمي

عنوان مشروع البحث
Influence of communication skills on conflicts management styles used by nursing staff
تأثير مهارات التواصل على اساليب ادارة النزاعات المستخدمة من قبل الملاكات التمريضية

بيانات عن الباحث الرئيسي	
مستوى الدراسة	الاسم الثلاثي للطالب
ماجستير/ تمريض صحة مجتمع	اميمة عباس جاسم

بيانات الباحث او الباحثين المشتركين	
اللقب العلمي	الاسم الثلاثي للأستاذ المشرف
أ.م.د	سلمان حسين فارس

اهمية موضوع البحث واهدافه (Importance of the research and its objectives)

Importance of the study:

First-line nurse mangers play an important role in solving these problem of nursing. It is often their responsibility to establish meaningful connection with patients. Conflict is one of the main issues that nurses may face in their daily work. Especially, in a challenging and stressful work environment; emergency department, intensive care unit and operation room.

Objectives of this study:

1-to assess communication skills for nursing staff

2-to assess conflict management styles for nursing staff

3- identify relationships between communication skills and management conflict styles for nursing staff

4-identiy relationships between management conflict styles for nursing staff and their demographic data

Time and Setting of the Research (الاماكن المقترحة لأجراء البحث فيها) وقت ومكان اجراء البحث

The study will be conducted at Nursing staff (Babylon city hospitals).1/9/2022-1/9/2023

منهجية البحث (Methodology)

Cross sectional study (descriptive study)

Sample of the study عينة الدراسة

Random sampling (300 nurses)

الاعتبارات الاخلاقية خلال اجراء البحث (Ethical consideration during research)

التعهد

اني الموقع ادناه اميمة عباس جاسم اتعهد بان اقوم باجراء البحث وفقا لما ذكر في البروتوكول اعلاه وان التزم باتباع القوانين والتعليمات فيما يخص اجراء البحوث والالتزام بأخلاقياتها , كما واتعهد باخذ الموافقة من افراد العينة للمشاركة في الدراسة واخذ موافقة من ولي أمر المشارك الشرعي في حال كون عمر الشخص المشارك اقل من ١٨ سنة، او كونه غير قادر على الفهم , وان اقدم الإيضاحات و المعلومات الخاصة بالدراسة لافراد العينة للمشاركين في حال طلبها. وان اتعامل بسرية تامة مع بيانات افراد العينة.

اسم وتوقيع الباحث

توصية لجنة اخلاقيات البحث العلمي في الكلية
قرار اعضاء لجنة اخلاقيات البحث العلمي حسب جلستها المنعقدة بتاريخ / / ٢٠٢ :
☑ الموافقة على اجراء البحث ☐ عدم الموافقة على اجراء البحث

عضو رئيس اللجنة عضو عضو عضو

The Statistician' Opinion

Appendix C

اميه

اقرار الخبير الاحصائي

اشهد بان الرسالة الموسومة :

(influence of communication skills on conflicts management styles used by nursing staff.

قد تم الاطلاع على الاسلوب الاحصائي المتبع في تحليل البيانات واظهار النتائج الاحصائية وفق مضمون الدراسة ولأجله وقعت.

توقيع الخبير الاحصائي:
الاسم واللقب العلمي: ا.د. شروق عبد رضا
الاختصاص الدقيق: احصاد تطبيقي
مكان العمل: جامعة كربلاء / كلية الادارة والاقتصاد / قسم عام
التاريخ: ٢٢ / 5 / 2023

The linguists' opinion

Appendix D

Appendix E - I

"الاستبانة "

عزيزي الممرض .. عزيزتي الممرضة

نضع بين أيديكم الكريمة استبانة البحث لرسالة الماجستير الموسومة :

" تأثير مهارات التواصل على أساليب إدارة النزاعات المستخدمة من قبل الملاكات التمريضية "

ملتمسين قراءتها بعناية والإجابة عن جميع فقراتها .. نَوَدُّ إعلامكم بأنه لا توجد إجابة صائبة أو أخرى خاطئة، وإنما إجابتك تعبّر عن حالتك إزاء كل فقرة. كما ونَوَدُّ إعلامكم بأنّ جميع البيانات المأخوذة من هذا البحث ستكون لأغراض البحث العلمي فقط وأنّ جميع هذه البيانات ستعامل بسرّيّةٍ تامَةٍ ومن قبل الباحثة فقط. نشكر لكم تعاونكم معنا خدمة للمسيرة العلمية في عراقنا الحبيب ..

الجزء الاول " البيانات الديمغرافية"

1. العمر:(   ).

2. الجنس: ذكر(   )   انثى(   ).

3. مستوى التعليم : اعدادية (   )، دبلوم (   )، بكالوريوس (   )، ماجستير(   )، دكتوراه (   )

4. الدخل الشهري : يكفي (   ) ، بالكاد يكفي (   ) ، لا يكفي (   )

5. سنوات الخدمة :(   ).

6. مكان العمل الحالي في المستشفى :(   ).

7.عدد دورات مهارات التواصل :(   ).

8. وقت الدوام : صباحي (   ) . مسائي (   ) .

الجزء الثاني (مهارات التواصل بين الافراد)
"تكون الاجابة بوضع علامة صح في الحقل المقابل للفقرة"

نادراً	أحياناً	دائماً	الفقرات
			1. يصعب عليك التحدث الى الاشخاص الآخرين
			2. عندما تحاول شرح شي ما، يميل الآخرون الى الاملاء اليك لتنهي كلامك
			3. عادة اثناء المحادثة، تخرج كلماتك بالطريقة التي تريدها
			4. تجد صعوبة في التعبير عن افكارك عندما تختلف عن افكار الناس من حولك
			5. تفترض ان الشخص الآخر يعرف ما تحاول قوله، دعه\دعها يسألك اسئلة
			6. يبدو الآخرون مهتمين او متيقظين عندما تتحدث معهم
			7. عند التحدث، من السهل عليك أن تميز تفاعل الاشخاص مع كلامك
			8. تطلب من الشخص الآخر أن يخبرك كيف يشعر/تشعر حيال النقطة التي تحاول شرحها
			9. لديك معرفة بنبرة الصوت أو اللهجة التي تؤثر في الآخرين
			10. في المحادثة، تتطلع للتحدث حول الأشياء التي تهم كلاكما أنت والشخص المقابل
			11. في المحادثة، تميل للتحدث أكثر من الشخص الآخر
			12. في المحادثة، تسال الشخص أسئلة عندما لا تفهم ما قاله
			13. في المحادثة، تحاول اكتشاف ما سيقول الشخص الآخر قبل أن ينتهي من التحدث
			14. تجد نفسك لا تجلب الانتباه أثناء المحادثة مع الآخرين
			15. في المحادثة، تستطيع أن تعرف بسهوله الفرق بين ما يقوله الشخص وما يشعر به
			16. بعد انتهاء الشخص الآخر من التحدث، توضح ما سمعته قبل ان تقدم استجابة
			17. في المحادثة، تميل الى انهاء كلامك أو ترك الحديث للشخص المقابل
			18. في المحادثة، تجد نفسك تجلب قدراً أكبر من الاهتمام للحقائق والتفاصيل، وفي أغلب الاحيان تفقد النبرة العاطفية لصوت المتحدثين
			19. في المحادثة، تسمح للشخص الآخر بإنهاء حديثة قبل الرد على ما قاله/قالته
			20. من الصعب عليك رؤية الاشياء من وجهة نظر الشخص الآخر
			21. يصعب عليك سماع أو قبول النقد البناء من شخص آخر
			22. تمتنع عن قول شيء تعتقد أنه سيكون مزعجاً ويجعل الامور أسوء لشخصٍ ما
			23. عندما يؤذي شخصٌ ما مشاعرك، تناقش هذا معه/معها
			24. في الكلام ، تحاول وضع نفسك في مكان الشخص الآخر
			25. تشعر بعدم الارتياح عندما يقوم شخص ما بمجاملتك
			26. تجد صعوبة بالاختلاف مع الآخرين لأنك خائف من انهم سيغضبون
			27. تجد صعوبة في مجاملة او مدح الآخرين
			28. يلاحظ الآخرون أنك على حق دائماً
			29. تجد أن الآخرين يبدون موقفاً دفاعياً عندما لا تتفق مع وجهة نظرهم

نادراً	أحياناً	دائماً	
			30. هل تساعد الاخرين على ان يفهموك من خلال قول ما تشعر به
			31. تحاول تغيير الموضوع عند تؤثر مشاعر الشخص المقابل في المناقشة
			32. يزعجك الامر عندما يختلف معك أحد
			33. تجد صعوبة في التفكير بوضوح عندما تكون غاضباً من شخص ما
			34. عندما تنشأ مشكلة بينك وبين شخص ما، يمكنك مناقشتها دون أن تغضب
			35. أنت راضٍ عن الطريقة التي تتعامل بها مع الآخرين رغم خلافاتك معهم
			36. عانيت لفترة طويلة بعدما ضايقك أحد ما
			37. تعتذر لشخص قد جرحت مشاعره
			38. تعترف بانك مخطئ عندما تعلم أنك كنت مخطئا بشأن شيء ما
			39. تتجنب أو تحاول تغيير الموضوع إذا كان أحدهم يعبر عن مشاعره أثناء الحديث
			40. عندما يشعر شخص ما بالضيق، يصعب عليك مواصلة الحديث معه

الجزء الثالث :(أسلوب إدارة الصراعات)

"تكون الاجابة بوضع علامة صح في الحقل المقابل للفقرة"

لا اوافق بشدة	لا اوافق	محايد	اوافق بشدة	أوافق	الاسئلة
					1. احاول التحقيق في القضايا مع زملائي في العمل لإيجاد حل مقبول لنا
					2. احاول بشكل عام تلبية احتياجات زملائي في العمل
					3.احاول تجنب الوضع المربك على الفور واحاول حصر الصراع أو المشكلة بيني وبين زملائي في العمل
					4. أحاول دمج أفكاري مع أفكار زملائي في العمل للتوصل الى قرار مشترك
					5. أحاول العمل مع زملائي في العمل لإيجاد حل للمشكلة بحلولٍ ترضي توقعاتنا
					6. أنا عادة أتجنب المناقشة المفتوحة عند مناقشة خلافاتي مع زملائي في العمل
					7. أحاول ايجاد حل وسط للخروج من المأزق
					8. استخدم تأثيري في الآخرين لقبول أفكاري
					9. أستخدم سلطتي لاتخاذ قرارٍ لصالحي
					10. انا عادة ما ألبي رغبات زملائي في العمل
					11. أنصاغ لرغبات زملائي في العمل
					12. أتبادل المعلومات الدقيقة مع زملائي في العمل لحل المشكلة معا
					13. انا عادة أقدم تنازلات لزملائي في العمل
					14. انا عادة أقترح قاعدة مشتركة لكسر الجمود
					15. أتفاوض مع زملائي في العمل للوصول الى حلٍ وسط
					16. احاول الابتعاد عن الخلاف مع زملائي في العمل
					17. أتجنب المواجهة مع زملائي في العمل
					18. أستخدم خبرتي لاتخاذ قرار لصالحي
					19. غالباً ما اوافق على اقتراحات زملائي في العمل
					20. أستخدم مبدأ " أخذٌ وعطاء" حتى يمكن الوصول الى حل وسط
					21. انا بشكل عام صارم في متابعة القضايا التي تهمني
					22. احاول طرح جميع مخاوفنا على الملأ حتى يمكن حل القضايا بأفضل طريقة ممكنة
					23. أتعاون مع زملائي في العمل للوصول الى قرارات مقبولة لكلينا
					24. احاول ارضاء توقعات زملائي في العمل
					25. احاول استخدام قوتي للفوز بموقف تنافسي مع زملائي في العمل
					26. احاول أن أبقي خلافاتي بيني وبين زملائي في العمل لنفسي من أجل تجنب المواقف الحرجة
					27. احاول تجنب الامور غير المرغوبة مع زملائي في العمل
					28. احاول العمل مع زملائي في العمل لفهم المشكلة بشكل صحيح

Appendix E - II
" Questioner "

: Demographic Data

1- age: (   )

2- gender: Male (   ) ,   Female (   )

3- level of education: Preparatory (   ), Diploma (   ), Bachelors (   ), Master's ( ), Doctora (   )

4- income: Enough (   ), Not Enough (   ) ,Barely Enough (   )

5- years of experience:(   )

6- current place of work:(   )

7- number of communication skill courses: (   )

8- work shift : Morning (   ) , Night (   )

PART 2: Interpersonal Communication Skills Inventory

SECTION 1

	Questions	usually	sometimes	seldom
1	Is it difficult for you to talk to other people?			
2	When you are trying to explain something, do others tend to put words in your mouth, or finish your sentences for you?			
3	In conversation, do your words usually come out the way you would like?			
4	Do you find it difficult to express your ideas when they differ from the ideas of people around you?			
5	Do you assume that the other person knows what you are trying to say, and leave it to him/her to ask you questions?			
6	Do others seem interested and attentive when you are talking to them?			
7	When speaking, is it easy for you to recognize how others are reacting to what you are saying?			
8	Do you ask the other person to tell you how she/he feels about the point you are trying to make?			
9	Are you aware of how your tone of voice may affect others?			
10	In conversation, do you look to talk about things of interest to both you and the other person?			

SECTION 2

	Questions	usually	Sometimes	seldom
11	In conversation, do you tend to do more talking than the other person does?			
12	In conversation, do you ask the other person questions when you don't understand what they've said?			
13	In conversation, do you often try to figure out what the other person is going to say before they've finished talking?			
14	Do you find yourself not paying attention while in conversation with others?			
15	In conversation, can you easily tell the difference between what the person is saying and how he/she may be feeling?			
16	After the other person is done speaking, do you clarify what you heard them say before you offer a response?			
17	In conversation, do you tend to finish sentences or supply words for the other person?			
18	In conversation, do you find yourself paying most attention to facts and details, and frequently missing the emotional tone of the speakers' voice?			
19	In conversation, do you let the other person finish talking before reacting to what she/he says?			

	Questions	Usually	Some times	Seldom
20	Is it difficult for you to see things from the other person's point of view?			
21	Is it difficult to hear or accept constructive criticism from the other person?			
22	Do you refrain from saying something that you think will upset someone or make matters worse?			
23	When someone hurts your feelings, do you discuss this with him/her?			
24	In conversation, do you try to put yourself in the other person's shoes?			
25	Do you become uneasy when someone pays you a compliment?			
26	Do you find it difficult to disagree with others because you are afraid they will get angry?			
27	Do you find it difficult to compliment or praise others?			
28	Do others remark that you always seem to think you are right?			
29	Do you find that others seem to get defensive when you disagree with their point of view?			
31	Do you have a tendency to change the subject when the other person's feelings enter into the discussion?			
32	Does it upset you a great deal when someone disagrees with you?			
33	Do you find it difficult to think clearly when you are angry with someone?			

34	When a problem arises between you and another person, can you discuss it without getting angry?			
35	Are you satisfied with the way you handle differences with others?			
36	Do you sulk for a long time when someone upsets you?			
37	Do you apologize to someone whose feelings you may have hurt?			
38	Do you admit that you're wrong when you know that you are/were wrong about something?			
39	Do you avoid or change the topic if someone is expressing his or her feelings in a conversation?			
40	When someone becomes upset, do you find it difficult to continue the conversation?			

Part 3 : Conflict Management Styles Inventory

	Questions	Agree	Strongly agree	Neutral	Disagree	Strongly disagree
1	I try to investigate an issue with my supervisor to find a solution acceptable to us					
2	I generally try to satisfy the needs of my supervisor.					
3	I attempt to avoid being "put on the spot" and try to keep my conflict with my supervisor to myself.					
4	I try to integrate my ideas with those of my supervisor to come up with a decision jointly.					
5	I try to work with my supervisor to find solution to a problem that satisfies our expectations.					
6	I usually avoid open discussion of my differences with my supervisor.					
7	I try to find a middle course to resolve an impasse.					
8	I use my influence to get my ideas accepted.					
9	I use my authority to make a decision in my favor.					
10	I usually accommodate the wishes of my supervisor.					
11	I give in to the wishes of my supervisor.					
12	I exchange accurate information with my supervisor to solve a problem together					

13	I usually allow concessions to my supervisor.					
14	I usually propose a middle ground for breaking deadlocks.					
15	I negotiate with my supervisor so that a compromise can be reached.					
16	I try to stay away from disagreement with my supervisor.					
17	I avoid an encounter with my supervisor.					
18	I use my expertise to make a decision in my favor.					
19	I often go along with the suggestions of my supervisor.					
20	I use "give and take" so that a compromise can be made.					
21	. I am generally firm in pursuing my side of the issue.					
22	. I try to bring all our concerns out in the open so that the issues can be resolved in the best possible way.					
23	I collaborate with my supervisor to come up with decisions acceptable to us.					
24	I try to satisfy the expectations of my supervisor.					
25	I sometimes use my power to win a competitive situation.					
26	I try to keep my disagreement with my supervisor to myself in order					

	to avoid hard feelings.					
27	I try to avoid unpleasant exchanges with my supervisor.					
28	I try to work with my supervisor for a proper understanding of a problem.					

Expert's Panel
Appendix F

مكان العمل	سنوات الخبرة	الاختصاص العلمي	الشهادة	العنوان الوظيفي	اسم الخبير	ت
جامعة بابل / كلية التمريض	38	تمريض صحة المجتمع	الدكتوراه	استاذ	د. امين عجيل ياسر	1
جامعة بابل / كلية التمريض	38	تمريض صحة مجتمع	الدكتوراه	استاذ	د. سلمى كاظم جهاد	2
جامعة بابل / كلية التمريض	33	تمريض صحة مجتمع	الدكتوراه	استاذ	د. ناجي ياسر	3
جامعة كربلاء / كلية التمريض	30	تمريض الصحة النفسية والعقلية	الدكتوراه	استاذ	د. علي كريم خضير الجبوري	4
جامعة كربلاء / كلية الطب	24	بورد دكتوراه / طب مجتمع	الدكتوراه	استاد مساعد	د. علي عبد الرضا ابو طحين	5
جامعة كربلاء / كلية التمريض	20	تمريض الصحة النفسية والعقلية	الدكتوراه	استاذ مساعد	د. صافي داخل نوام	6
جامعة كربلاء / كلية التمريض	18	تمريض صحة المجتمع	الدكتوراه	استاذ مساعد	د. غزوان عبد الحسين	7
جامعة وارث الانبياء / كلية التمريض	16	تمريض صحة مجتمع	الدكتوراه	استاذ مساعد	د. مرتضى غانم عداي	8
جامعة كربلاء / كلية الطب	10	بورد دكتوراه / طب مجتمع	الدكتوراه	استاذ مساعد	د. بشير عقيل مسلم	9

جامعة كربلاء / كلية الطب	8	بورد دكتوراه / طب مجتمع	الدكتوراه	استاذ مساعد	د. شهرزاد شمخي الجبوري	10
جامعة العميد / كلية التمريض	7	تمريض صحة المجتمع	الدكتوراه	استاذ مساعد	د. رضا محمد لفتة	11
جامعة كربلاء / كلية التمريض	6	تمريض صحة المجتمع	الدكتوراه	مدرس دكتور	د. حقي اسماعيل منصور	12

المستخلص

الخلفية العلمية : ادارة الصراعات هي مهارة اساسية تحتاج الملاكات التمريضية لاكتسابها و ممارستها ، لان الصراع او الخلاف امر لا مفر منه ، سواء في بيئات التعليم او الاماكن السريرية التي تتعامل مع الصراعات لتجنب الاخطاء و تجنب حاجز التواصل و تحسين الرعاية التمريضية.

هنالك جانب اخر مهم للتعامل مع الصراعات هي مهارات التواصل بين الملاكات التمريضية وهي سمة مهمة لتعزيز التواصل ولتقليل حواجز التواصل والصراعات بين الملاكات التمريضية.

المنهجية : أُستخدم المنهج الوصفي في تصميم هذه الدراسة. تم جمع البيانات في الفترة ما بين ٦ تشرين الثاني (نوفمبر) ٢٠٢٢ حتى ٢٦ شباط (فبراير) ٢٠٢٣ ، واجريت الدراسة في مستشفيين تعليميين في محافظة بابل ، مستشفى مرجان التعليمي و مستشفى الامام الصادق التعليمي ، لتقييم العلاقة بين مهارات التواصل واساليب ادارة النزاعات المستخدمة من قبل الملاكات التمريضية. اخذ العينات الاحتمالية (عينة عشوائية نظامية).تم اختيار عينة الدراسة ٣٠٠ ممرض و ممرضة للحصول على البيانات .

النتائج : أوضحت نتائج الدراسة أن النمط التعاوني له متوسط مرتفع (28.99) بينما متوسط النمط المتكيف (22.39) ومتوسط الأسلوب المنافس هو (18.63) بينما النمط المساوم لديه المتوسط الأدنى (16.37). تظهر نتائج الدراسة أيضًا أن معظم المشاركين لديهم مهارات تواصل شخصية مُرضية (العدد = 236 ؛ 78.7٪) ، يليهم أولئك الذين لديهم مهارات تواصل شخصية جيدة (العدد = 22 ؛ 7.3٪) ، وأولئك الذين لديهم مهارات ضعيفة (العدد = 42 14٪).

الخلاصة والتوصيات: اوضحت الدراسة الحالية ان معظم الملاكات التمريضية يستخدمون الأسلوب التعاوني والاسلوب الاقل استخداما هو اسلوب المساومة . يستخدم الأسلوب التعاوني لحل المشاكل وتعزيز التعاون بين الملاكات التمريضية ، فإن معظم الملاكات التمريضية لديهم مهارات تواصل شخصية مرضية. وهناك علاقة ذات دلالة إحصائية بين مهارات التواصل و أسلوب إدارة الصراعات (التعاون ، الاستيعاب ، التنافس ، التجنب ، المساومة). **توصي الدراسة بما يلي :** يجب تطبيق الدورات والبرامج التعليمية المستمرة لتعزيز مهارات الاتصال بالملاكات التمريضية ومن يتعامل مع الصراعات بين الملاكات التمريضية. عمل برنامج تعليمي لأسلوب إدارة الصراعات للملاكات

التمريضية للتعامل مع الخلافات وحل المشكلة وإعادة التقييم و متابعة الممرضين بعد اقامة الدورات التعليمية لرصد وتقييم وتعزيز مهاراتهم من خلال المساهمة في توزيع استبانات لتقييم معرفتهم من أجل ضمان تطبيقها في مجال العناية التمريضية .

جامعة كربلاء / كلية التمريض

تأثير مهارات التواصل على اساليب ادارة الخلافات المستخدمة من قبل الملاكات التمريضية

رسالة مقدمة الى مجلس كلية التمريض / جامعة كربلاء وهي جزء من متطلبات نيل درجة الماجستير في علوم التمريض

بواسطة

اميمة عباس جاسم

باشراف

أ.م.د سلمان حسين فارس الكريطي