

## **Introduction**

Nursing is a profession that is based on collaborative relationships with clients and colleagues. When two or more people view issues or situations from different perspectives, these relationships can be compromised by conflict (*Sportsman, 2005*). Conflict is commonly perceived as being a negative issue. However, the experience of dealing with conflict can lead to positive outcomes for nurses, their colleagues and clients. Conflict that is managed effectively by nurses can lead to personal and organizational growth. If conflict is not managed effectively, it can hinder a nurse's ability to provide quality client care and escalate into violence and abuse (*Freshwater, 2000; Gerardi, 2004; and Kelly, 2006*).

There has been no shortage of definitions for conflict, inspite of the divergent meanings the term has acquired. Conflict must be perceived by the parties to it, whether conflict exists or not is a perception issue ( *Dubrin, 1998*). Conflict is definitely something most of us fear or avoid. While it is uncomfortable, it must be accepted as a part of living and working together . It is a clash that occurs when a real or perceived threat or difference exists in desires, thoughts, attitudes, feelings, or behaviors of two or more parties (*Huber, 2000*).

Conflict can be defined as an expressed struggle between at least two interdependent parties who perceive that incompatible goals, scarce resources, and interference from others are preventing them from achieving their goals (*Wilmot & Hocker, 2001*). It can be seen as functional or dysfunctional, this difference depending on how each person perceives it, manages it and resolves it (*Garcia, 2006*).

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Although *Healy & McKay (1999)*; *McGowan (2001)*; and *Cox(2003)* has focused on the sources and effects of conflict in nursing units, there are various sources of conflict in today's health care environment . Som of the most important sources of conflict in nursing settings are divergent management style and staff perspectives, limited staff resources in the unit resulting in higher levels of stress, differences in goals among work groups and competition (*Kunaviktikul et al., 2000 , and McVicar, 2003*). Moreover, changes in organizational structures in health care organizations, such as the incorporation of new policies in the National Health Care Service, have been resulted in higher levels of disagreements and conflicts. also been one of the main sources of increased conflict, (*Forte, 1997; and Keenan et al., 1998*).

Available studies refer to the five-style' paradigm, the most common typology used in the area of negotiation and conflict management, when describing responses health professionals may select in handling disagreement, disputes and conflicts: *avoiding* (the person, issue, the situation), *accommodating* (giving in), *compromising* (both parties make adjustments), *competing* (forcing to satisfy one's desires) and *collaborating* (problem solving) (*Thomas, 1976; Rahim & Magner, 1995*).

Nurse Managers are increasingly challenged to manage conflict and reduce workplace stress. Dealing with misunderstandings, poor communication skills, or substandard job performance requires skill and expertise. Managers and leaders who seek to bridge and negotiate conflicting interests promote a healthy, professional unit (*Iacono, 2000*). Additionally, conflict can damage individual and group morale. Changes in attitudes can change behaviors, and thus create a new workplace culture that encourages professional behavior (*Iacono , 2003*) .

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Stress in the work environment is a concern from multiple perspectives as, stress contributes to organizational inefficiency, high staff turnover, sickness absenteeism, decreased quality and quantity of care, increased costs of health care, and decreased job satisfaction (*Taylor & Seeman, 1997*). In the nursing profession in particular, stress has been associated with less work satisfaction and impaired psychological and psychosomatic well being and is known to exert an important negative impact on the quality of nursing (*Clegg, 2001 and Lambert et al., 2004*).

### **Significance of the study**

Both literature and research studies related to the nature of nursing conflict management, in the last decades, is limited . The ability to creatively manage internal conflict in the organization is becoming a standard requirement. Today, successful organizations need to develop the processes, cultures and behaviours capable of accommodating and resolving conflicts in ways that benefit the consumers and employees ((*Keenan et al., 1998; and Nadler and Tushman, 1999*).

Although the findings of studies from 1980 to 2000 were relatively consistent, there has been limited research on conflict management styles in health care since that time. Given the major changes in the health care environment in the last 6 years, a reexamination of the styles used by nurses and other health care providers is important (*Sportsman and Hamilton , 2007*). Additionally ,according to the studies done in this field as *Ibrahim (1990)* , *El-Berry (2003 )* , and *Abd El-Aziz (2004)*, which recommended that develop head nurses and supervisors' skills in understanding the causes of conflict and its management resolution because of managing conflict effectively requires many professional qualities and skills.

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