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Role of Emotional Intelligence in Conflict Management Strategies of Nurses

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SUMMARY

Purpose: This study analyzes the emotional intelligence levels and conflict management strategies of nurses and the association between them.**Methods:** This cross-sectional, descriptive study was conducted with 277 nurses in a stratified random sample from a university hospital in Turkey. The data were collected from nurses who gave their informed consent to participate using a personal information form, the Rahim Organizational Conflict Inventory-II and Bar-On's Emotional Quotient Inventory (EQ-I). Data were assessed by descriptive statistics, *t* tests, and Pearson correlation analyses, using SPSS software.**Results:** The levels of the nurses' strategies were as follows: avoiding ($M = 2.98$), dominating ($M = 2.76$), and obliging ($M = 2.71$) were medium; compromising ($M = 1.99$) and integration ($M = 1.96$) were low. The levels of the emotional intelligence of nurses (mean = 2.75) were medium on a 5-point scale. Integration ($r = .168$), obliging ($r = .25$), dominating ($r = .18$), and compromising ($r = .33$), which are conflict management strategies, were positively correlated with scores of emotional intelligence, and avoiding ($r = -.25$) was negatively correlated with scores of emotional intelligence ($p < .05$).**Conclusions:** The study determined that nurses' emotional intelligence affects conflict management strategies. To use effective strategies in conflict management, nurses must develop emotional intelligence. Training programs on conflict management and emotional intelligence are needed to improve effective conflict management in healthcare facilities.Copyright © 2016, Korean Society of Nursing Science. Published by Elsevier. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Introduction

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

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

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

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

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

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

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

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

Methods

Study design

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

Samples

A total of 943 nurses (560 from internal units and 383 from surgical units) in the university hospital were the target population for the study. The sample size was determined using the formula ($n = Nt^2pq^2 / d^2(N - 1) + t^2pq$), where N is the number of the population, t is the degree of significance (5%), p is the probability of occurrence, q is the probability of nonoccurrence, and d is sensitivity. Also, the Creative Research Systems (<http://www.surveysystem.com/sscalc.htm>) sample size calculator was used for this purpose. The confidence level was set at 95%, and the confidence interval was set at

5%. With both methods, 273 responses were required in order to be representative of the nurses. A stratified random sample of nurses was drawn from two units in the hospital. These were the internal unit (internal medicine, pulmonary medicine, physical medicine and rehabilitation, neurology, dermatology, psychiatry, infectious diseases, pediatrics, pediatric hematology, cardiology) and the surgical unit (general surgery, thoracic and cardiovascular surgery, neurosurgery, ear, nose and throat, ophthalmology, orthopedics, plastic surgery, pediatric surgery, hand surgery). First, the strata weights were calculated (internal units: $560 / 943 = .59$ and surgical units: $383 / 943 = .41$), as were the sample size for each units (internal units: $.59 \times 273 = 161$ and surgical units: $.41 \times 273 = 112$). However, considering the possibility of incomplete or unreturned questionnaires, 450 questionnaires were distributed. Of these, 166 questionnaires were not returned. Thus, 284 nurses who had volunteered for the study participated in the survey. Seven of the 284 were excluded from analysis because the questionnaires were returned incomplete. Therefore, data from 277 participants (response rate: 61.5%) were used for analysis.

Ethical considerations

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

Measurements

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

Personal information form

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

The Rahim Organizational Inventory-II

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

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

- (b) Obliging (low concern for self and high concern for others): This style is associated with attempting to play down differences and emphasizing commonalities to satisfy the concerns of the other party.
- (c) Dominating (high concern for self and low concern for others): This style is identified with a win-lose orientation or with forcing behavior to win someone's or group's position.
- (d) Compromising (intermediate concern for self and others): This style involves give-and-take, whereby both parties give up something to make a mutually acceptable decision.
- (e) Avoiding (low concern for self and others): This style is associated with withdrawal, buck-passing, or sidestepping situations.

There are three ROCI-II forms: A for supervisors, B for those under the supervisors, and C for peers [1]. In this study, the C form was used. The tool was translated into Turkish [21]. Validity and reliability studies were conducted [22], and Cronbach α of .84 was found. In our study, the Cronbach α for the total scale was .77, and for the subscales, they were as follows: integrating (.73), obliging (.71), dominating (.68), compromising (.67), and avoiding (.76).

Bar-On Emotional Quotient Inventory

Bar-On Emotional Quotient Inventory (EQ-I) was developed by Bar-On [8]. The five metafactors of the conceptual model of emotional intelligence and their 15 subscales are as follows:

- (a) Intrapersonal skills (self-awareness and self-expression): Self-regard, emotional self-awareness, assertiveness, independence, and self-actualization are the subscales. People who have high scores in intrapersonal skills are aware of their emotions and feelings, feel good about themselves, and feel positive about what they are doing in their lives.
- (b) Interpersonal skills (social awareness and interaction): Empathy, social responsibility, and interpersonal relationship are the subscales. This metafactor is essentially concerned with the ability to be aware of others' feelings, concerns, and needs, and the ability to establish and maintain cooperative, constructive, and mutually satisfying relationships.
- (c) Adaptability (change management): Testing, flexibility, and problem solving are the subscales. Adaptability determines how a successful person is able to cope with daily demands by effectively "sizing up" and dealing with problematic situations.
- (d) Stress management (emotional management and control): Stress tolerance and impulse control are the subscales. This component relates primarily to emotional management and control, and governs the ability to deal with emotions so that they work for a person and not against him or her. People who have high scores in this component can take on stressful, anxiety-producing, and critical tasks.
- (e) General mood (self-motivation): Optimism and happiness are the subscales. This determines the ability to enjoy oneself, others, and life in general, as well as influences one's general outlook on life and overall feeling of contentment. People who have high scores for general mood are typically cheerful, hopeful, positive, and well-motivated, and know how to enjoy life.

The tool has 87 items. The inventory responses are also set on a 5-point Likert scale (*totally agree, agree, somewhat agree, disagree, and totally disagree*), and the grading system was from 5 to 1 (5: *totally agree* and 1: *totally disagree*). The scale for some questions was reversed (1: *totally agree* and 5: *totally disagree*). Accordingly, scores ranging from 1.00 to 1.80 were considered very low, those

from 1.81 to 2.60 were low, those from 2.61 to 3.40 were medium, those from 3.41 to 4.20 were high, and those from 4.21 to 5.00 were very high [23]. The inventory was adapted for use in Turkish, and validity and reliability studies were conducted [24]. The Cronbach α was .92. In our study, the Cronbach α for the total scale was .68 and for the subscales, the values were as follows: intrapersonal skills (.67), interpersonal skills (.70), adaptability (.71), stress management (.67), and general mood (.69).

Data collection

Data collection was conducted using a questionnaire for nurses, ROCI-II and EQ-I at a university hospital in Izmir in Turkey. A letter was sent to the hospital for the purpose of recruitment. When permission was obtained from the hospital and the university administration, one of the researchers visited the hospital to distribute the questionnaires, which were collected after 1 week. Data collection took approximately 3 months. We asked that the questionnaires be completed by the participant. During the data collection period, the written consent and the answered questionnaires were treated separately so that the responses of the participants would not be exposed.

Data analysis

Collected data were analyzed using SPSS 11.5 (SPSS Inc, Chicago, IL, USA). In the data analysis, frequency distribution, percentage distribution, means were calculated; *t* test was used to determine if there was a significant difference regarding marital status, the state of the staff, and the working unit; analysis of variance was used for other factors; advanced analysis (LSD – least significant difference) and Pearson correlation analyses ($p < .05$) were used for statistical significance. Cronbach α reliability coefficients were calculated for the two inventories.

Results

Characteristics of participants

The mean age of the nurses in the study was 33.00 years (± 7.09 years); 63.2% of the nurses were married, and 44.0% had undergraduate degrees. The mean duration of employment among the nurses was 11.68 years (± 8.23 years). While 62.5% of the nurses were employed as permanent staff, 37.5% were employed on a contractual basis. The mean number of patients that the nurses served was 10.2 (± 5.3) during the day and 13.7 (± 9.4) at night. The average weekly working hours were 47.5 hours (± 7.9 hours).

Table 1 Characteristics of participants (N = 277).

Characteristics	Categories	Mean \pm SD or n (%)
Age (yr)		33.00 \pm 7.09
Marital status	Single	102 (36.8)
	Married	175 (63.2)
Education	Health vocational school	31 (11.2)
	Associate degree	107 (38.6)
	Bachelor's	122 (44)
	Master's/doctorate	17 (6.1)
Length of employment (yr)		11.68 \pm 8.23
People that nurses have most conflict with	Manager nurses	42 (15.2)
	Nurses in same unit	106 (38.3)
	Nurses in other units	9 (3.2)
	Doctors	90 (32.5)
	Auxiliary staff	30 (10.8)

Conflicts in work environments

The nurses in this study reported that they had conflicts with nurses working in the same unit (38.3%), doctors (32.5%), manager nurses (15.2%), auxiliary staff (10.8%), and nurses in other units (3.2%) (Table 1).

With respect to the areas of conflict in the work environment, the nurses reported that they had conflicts regarding their working conditions (52.5%), imbalances of authority and power (49.2%), differences in professional criteria and objectives (36.3%), inadequate communication (31.8%), insufficient cooperation (30.2%), and insufficient information (17.8%).

Conflict management of nurses

The mean scores received by the nurses on the subscales of the ROCI-II were 2.98 ± 0.72 for the avoiding strategy, 2.76 ± 0.61 for the dominating strategy, 2.71 ± 0.59 for the obliging strategy, 1.99 ± 0.42 for the compromising strategy, and 1.96 ± 0.41 for the integrating strategy.

Conflict management by demographics and work conditions

There were no significant differences between conflict management strategy scores and age or the marital status of nurses ($p > .05$). Significant differences in the dominating strategy scores of nurses were reported according to their education ($F = 2.70$, $p = .046$). LSD post hoc analyses indicated that nurses with master's or doctorate degrees had higher scores (2.96 ± 0.63) than nurses with a health vocational school degree (2.53 ± 0.49) for this strategy ($p < .05$). Integrating strategy scores of nurses working in surgical units were higher (2.04 ± 0.39) than nurses working in internal units (1.90 ± 0.42). This difference was statistically significant ($t = 2.918$; $p < .05$). Significant differences in the integrating strategy scores of nurses were reported according to their length of experience ($F = 2.97$, $p = .032$). LSD post hoc analyses indicated that nurses with 1–5 years of work experience had higher scores (2.04 ± 0.46) than nurses with 6–10 years of work experience (1.86 ± 0.44) for this strategy ($p < .05$).

Correlation analysis was used to describe the strength of the relationship between the mean weekly work hours and the number of patients receiving care by nurses and their conflict management strategies. The results indicated that there was a significant negative correlation between the mean weekly work hours and the avoiding strategy scores ($r = -.12$; $p < .05$). Integrating strategy scores of nurses and the mean number of patients receiving care by

nurses also indicated a significant negative correlation ($r = -.14$; $p < .05$).

Emotional intelligence of nurses

The EQ-I total score of nurses was 2.75 ± 0.19 . The nurses' emotional intelligence subscales scores are in Table 2.

Is there a significant relationship between the nurses' conflict management strategies and emotional intelligence level? As shown in Table 3, a Pearson correlation analysis was conducted to measure the relationship between the mean scores of the nurses' conflict management strategies and their mean scores on the EQ-I. There was a positive and significant, but weak correlation between the emotional intelligence scores and the integrating ($r = .17$; $p = .005$), obliging ($r = .25$; $p < .001$), dominating ($r = .18$; $p = .003$), and compromising ($r = .33$; $p < .001$) conflict management strategies.

There was also a negative and significant, but weak, correlation between the emotional intelligence scores and the avoiding ($r = -.25$; $p < .001$) conflict management strategy ($p < .05$). As shown in Table 3:

- There was a positive and significant, but weak correlation ($r = .13$; $p < .05$) between the integrating strategy and the intrapersonal skills component of emotional intelligence.
- There was also significant, but weak correlation between the obliging strategy and the intrapersonal skills, stress management, and general mood components.
- There was also significant, but weak correlation between the dominating strategy and the intrapersonal skills, general mood, and adaptability components.
- There was also significant, but weak correlation between the compromising strategy and the intrapersonal skills, interpersonal skills, general mood, and adaptability components.
- Lastly, there was a negative and significant, but weak, correlation between the avoiding strategy and the intrapersonal skills, adaptability, stress management, and general mood components.

Discussion

Among the nurses, 38.3% stated that they had conflicts most with their colleagues in the same unit, while 32.5% stated that they had conflicts most with doctors. This result is in fact supported by the finding that working conditions and imbalances of the authority and power were reported by the nurses as the areas with the most conflict. Findings from another study [25] noted that nurses complained about inadequate communication, an imbalance of authority and responsibility, a lack of job descriptions, a lack of opportunities for promotion, a lack of feeling of appreciation for achievements, a lack of job satisfaction, insufficient income, and the incompatibility between tasks and training and workaholism. In this sense, these findings confirm the results of this study.

In the light of findings about conflict strategies, it could be suggested that the nurses used the avoiding, dominating, and obliging strategies at a moderate level, while they used the compromising and integrating strategies at a mild level. Among studies conducted using the ROCI-II, the most popular conflict management strategies used by nurses were integrating, obliging, avoiding, compromising, and dominating [17]. Similarly, another study identified nurses using the integrating, dominating, obliging, compromising, and avoiding conflict management strategies at a moderate level [16].

On the other hand, findings from a study [13] noted that nurses often used the avoiding, obliging, and compromising strategies. According to one study [14], nurses used the compromising,

Table 2 Nurses' Emotional Intelligence Subscales Scores ($N = 277$).

Emotional Quotient Inventory subscales		Mean \pm SD (Subscales)	Mean \pm SD
Intrapersonal skills	Emotional self-awareness	2.44 \pm 0.40	2.82 \pm 0.25
	Self-regard	2.82 \pm 0.52	
	Assertiveness	2.41 \pm 0.42	
	Self-actualization	2.80 \pm 0.40	
Interpersonal skills	Independence	3.62 \pm 0.65	2.50 \pm 0.28
	Empathy	2.49 \pm 0.42	
	Interpersonal relationships	2.54 \pm 0.38	
Adaptability	Social responsibility	2.46 \pm 0.38	2.81 \pm 0.31
	Problem solving	2.36 \pm 0.41	
	Reality testing	3.26 \pm 0.50	
	Flexibility	2.80 \pm 0.45	
Stress management	Stress tolerance	2.63 \pm 0.42	2.99 \pm 0.38
	Impulse control	3.35 \pm 0.64	
General mood	Happiness	2.88 \pm 0.43	2.64 \pm 0.29
	Optimism	2.39 \pm 0.42	

Table 3 Correlations Between Nurses' Conflict Management Strategies and Five Metafactors of Nurses' Emotional Intelligence (N = 277).

Five metafactors of emotional intelligence	Conflict management strategies ^a				
	r (p)				
	Integrating	Obliging	Dominating	Compromising	Avoiding
Emotional intelligence ^a	.17 (.005)*	.25 (< .001)**	.18 (.003)*	.33 (< .001)**	-.25 (< .001)**
Intrapersonal Skills	.13 (.030)*	.28 (< .001)**	.13 (.030)*	.23 (< .001)**	-.26 (< .001)**
Interpersonal Skills	.11 (.051)	.11 (.065)	.02 (.637)	.27 (< .001)**	.02 (.685)
Adaptability	.10 (.085)	.05 (.386)	.19 (.001)*	.14 (.016)*	-.16 (.006)*
Stress management	.00 (.966)	.19 (.001)*	.09 (.111)	.03 (.592)	-.22 (< .001)**
General mood	.08 (.176)	.13 (.027)*	.15 (.009)*	.31 (< .001)**	-.12 (.043)*

Note. ^aEmotional intelligence is measured by Bar-On's Emotional Quotient Inventory, while conflict management strategies is measured by the Rahim Organizational Conflict Inventory-II.

*p < .05. **p < .001.

integrating, dominating, avoiding, and obliging strategies the most [14], while in another study, nurses tended to use the avoiding and compromising strategies [15].

The nurses in this study used the avoiding strategy most often. This result could be taken to mean that the nurses tried to psychologically or physically move away from conflicts, and that they refused and avoided conflict. On the other hand, the nurses used the avoiding, dominating, and obliging strategies at a moderate level, whereas they used the integrating strategy, which is referred to as the most effective strategy, at a mild level. This suggests that they were not capable of managing conflicts effectively and that their professional approach to conflicts was inefficient.

The positive correlation between the integrating strategy, which is referred to as the most effective strategy for the parties in the conflict and for resolving conflicts favorably, and level of emotional intelligence was in the expected direction, but it was not at the expected (stronger) level. On the other hand, it was an expected result that the avoiding strategy, which was not considered suitable for effective conflict management and results, was less often used with increasing levels of emotional intelligence.

In a study of 92 nurses [19], there was a positive relationship between a high level of emotional intelligence and the integrating strategy, while there was a negative relationship between a high level of emotional intelligence and the avoiding strategy. One study [18] identified a positive relationship between a high level of emotional intelligence and the integrating conflict management strategy. Similarly, another study [26] determined that a high level of emotional intelligence and using the integrating and compromising strategies in conflict situations are correlated. All these findings are comparable to the results of this study.

Relationship between conflict management strategies and components of emotional intelligence

Intrapersonal skills

This study found a positive and significant relationship between the intrapersonal skills component and the integrating, obliging, dominating, and compromising conflict management strategies, but it found a negative and significant relationship between the same component and the avoiding strategy. Findings from one study [6] stated that individuals' emotional self-awareness and empathy are positively correlated with the integrating and dominating strategies, but that their emotional self-awareness is negatively correlated with the avoiding strategy. Dominating involves competition and winning. Therefore, it could be suggested that the nurses used this strategy in conflict resolution. It is an expected result that the nurses preferred the integrating and dominating strategies as their intrapersonal skills improved. Researchers from another study [27] claimed that increased assertiveness and self-regard improved individuals' conflict management ability.

Morrison [19] also found a negative relationship between the obliging strategy and the assertiveness subscale of emotional intelligence.

Interpersonal skills

In this study, there was a positive correlation between the interpersonal skills component and only the compromising conflict management strategy. This result could be taken to indicate that the nurses acted as "a balance" among colleagues in providing healthcare services.

Adaptability

This study found a positive correlation between the adaptability component and the dominating and compromising conflict management strategies, but a negative correlation between the same component and the avoiding strategy. Researchers from one study [6] suggested that those who were better at individual conflict resolution tended to use the dominating strategy more often, and using this strategy could be needed to complete a task. In this current study, the positive correlation between the adaptability component and the dominating strategy was an expected result.

Stress management

In this study, there was a positive correlation between the stress management component and the obliging conflict management strategy, but a negative correlation between the same component and the avoiding strategy. According to another study [28], nurses and doctors suffered from severe levels of job-related stress, and the authors reported a significant decline (by means of an emotional intelligence training session) in the state-trait anxiety levels of the experimental group in comparison with the control group. Researchers from another study [29] determined that the strategies chosen by nurses in conflict management were actually correlated with the level of stress they experienced in the work environment, and that there was a negative correlation between perceived stress and using the integrating and dominating strategies. However, there was a positive correlation between stress and the obliging and avoiding strategies [29].

General mood

This study found a positive correlation between the general mood component and the compromising, dominating, and obliging conflict management strategies, but a negative correlation between the same component and the avoiding strategy. Abraham [30] found that nurses with satisfactory levels on the happiness subscale preferred to use compromising and integrating strategies in conflict management.

Nurses working in emergency departments were excluded from the sample due to the lack of time to answer the forms. This study aimed to investigate nurses' conflicts among themselves, and the

data collection form was suitable for people working in the same status ROCI-II (C). For these reasons, nurse managers were excluded from the sample. We focused on investigating strategies for managing interpersonal conflicts.

Conclusions

This study showed that nurses had conflicts mostly with their colleagues in the same unit, and they had conflicts mostly related to their work conditions, imbalances of authority and power, and inadequate communication. In addition, the nurses used avoiding, dominating, and obliging strategies respectively at a moderate level, whereas they used compromising and integrating strategies at a mild level. This study also determined that these strategies were affected by the nurses' level of education, duration of employment, and units or departments.

This study identified a significant, but weak correlation in the same direction between the integrating, obliging, dominating, and compromising conflict management strategies and emotional intelligence scores. On the other hand, there was a negative and significant, but weak correlation between the avoiding strategy and emotional intelligence scores. The strategies used most by the nurses in conflict management, namely the avoiding, obliging, and dominating strategies, are not effective ways for the parties involved, the institution, and the consequences. Considering the fact that emotional intelligence affects conflict management strategies, it is essential that nurses' emotional intelligence levels should be improved.

Skills requiring a high level of emotional intelligence, such as problem solving, interpersonal relations, and stress management, play a key role in effective conflict management. There is a need for training programs designed to improve conflict management and emotional intelligence for nurses in order to effectively manage conflicts among them, which is inevitable in healthcare institutions.

It is recommended that future studies include manager nurses and investigate differences related to the work environment by including other institutions where nursing services are given (i.e., primary healthcare facilities, secondary healthcare facilities, tertiary healthcare facilities, schools, nursing homes, work places).

Conflicts of Interest

The authors declare no conflict of interest.

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