

Original Article

The Effect of Assertiveness and Conflict Resolution Skills Utilized by Nurses on Nursing Care Productivity in Different Health Care Sectors at Menofia Governorate, Egypt

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تأثير التواصل الايجابي وأسلوب فض الصراع المتبع على إنتاجية الرعاية التمريضية فى قطاعات الرعاية الصحية المختلفة بمحافظة المنوفية/ مصر

الملخص

مقدمة

التواصل الايجابي هو إحدى المهارات الضرورية للاتصال الفعال فى بيئة العمل التمريضية الحديثة. وهو أولى الخطوات تجاه النجاح فى العمل , وسمة ضرورية تصف ممرضة/ممرض القرن الحادى والعشرين الناجحة. وهو سلوك يعنى القدرة على تعبير عن الذات والمحافظة على حقوق الفرد الشخصية دون التعدي على حقوق الآخرين. كما يجب ان يتسم بها القائد لتحقيق الأهداف المنشودة فى العمل من حيث زيادة جودة وإنتاجية الرعاية التمريضية فى حدود الإمكانيات الكمية والكيفية المتاحة. كما يمثل الصراع فى المستشفيات إحدى القضايا الهامة التى تواجه رئيسات التمريض ويستحوذ على 25% من أوقاتهم لفض احد أشكال هذا الصراع. أوضحت الدراسات ان المهارة الإدارية فى معالجة الصراع مؤشر رئيسي للتنبؤ بنجاح وفعالية الإدارة , ويعرف الصراع بأنه "الموقف الذى يوجد فيه أهداف او مدركات او مشاعر غير متوافقة داخل او بين الأفراد او الجماعات او المؤسسات مما يتسبب فى حدوث التعارض او التفاعل العدواني بينهم". لذا يجب على الهيئات والمنظمات الحكومية الصحية ان توفر لرئيسات التمريض الفرص لتنمية مهارات الاتصال الايجابي ومهارات فض الصراع عن طريق عمل ورش العمل والمؤتمرات لما لها من تأثير بشكل فعال وإيجابي على رفع الجودة والإنتاجية التمريضية لدى هيئة التمريض . كما ان الكفاءة الإنتاجية التمريضية والتي تعرف بشكل عام بمدى قدرة المؤسسة على الاستفادة والاستغلال الأمثل للموارد المتاحة من أجل الحصول على أفضل النتائج المطلوبة واكبر عائد بأقل تكلفة. وتقاس الكفاءة الإنتاجية التمريضية بنسبة الإنتاج (المخرجات) الى الموارد (المدخلات) المستخدمة فى تحقيق هذه المخرجات .

هدف الدراسة: تهدف هذه الدراسة الى استكشاف تأثير التواصل الايجابي وأسلوب فض الصراع المتبع على إنتاجية الرعاية التمريضية فى قطاعات الرعاية الصحية المختلفة بمحافظة المنوفية.

عينة الدراسة: أجريت هذه الدراسة على مجموعتين من أعضاء هيئة التمريض, اشتملت المجموعة الأولى على 140 ممرض و ممرضة (50 من مستشفى شيبين الكوم الجامعي و50 من مستشفى شيبين الكوم التعليمي و40 من مستشفى الهلال للتامين الصحي) و اشتملت المجموعة الثانية على 30 رئيسة وحدة تمريضية (10 من كل مستشفى)

أدوات جمع البيانات: 1- استمارة استبيان لتحديد مدى إتباع التواصل الايجابي لدى الممرضات بالقطاعات الصحية المختلفة بمحافظة المنوفية.

2- استمارة استبيان لتحديد مهارات فض النزاع.

3- استمارة استبيان لقياس الإنتاجية المهنية.

نتائج الدراسة: - أثبتت الدراسة أن النسبة المئوية الأعلى من الممرضين يقدمون خدمة مباشرة للمرضى 49.3% كانت لديهم درجة عالية من التواصل الإيجابي، كما وجد أن النسبة المئوية الأعلى من مشرفي الوحدات 53.3% كانت لديهم درجة متوسطة من التواصل الإيجابي. كما وجد أن النسبة المئوية الأعلى من مشرفي الوحدات 73.3% كانت لديهم أيضاً مهارات متوسطة من مهارات فض الصراع. وأيضاً عند دراسة العلاقة بين درجة التواصل الإيجابي و مهارات فض الصراع و معايير قياس الإنتاجية التمريضية بين ممرضات عينة البحث الكلية وجد أن الفارق بين درجة التواصل الإيجابي و مهارات فض الصراع و معايير قياس الإنتاجية التمريضية ذو دلالة إحصائية. بالنسبة لأنماط الحلول المستخدمة في إدارة الصراعات بين الممرضين، أوضحت نتائج الدراسة أن استخدام الحل التعاوني نمط مشاركة أطراف الصراع (74%) و استخدام الحل التوفيقى (36%) على التوالي لإدارة الصراعات هما أكثر الأنماط استخداماً في حل الصراعات بين الممرضين. بينما ثبت أن استخدام الحل الوسط نمط الاتفاق الودى بين أطراف الصراع (5.9%) هو أقل الأنماط استخداماً في حل الصراعات بين الممرضين، وقد تبين عدم وجود فرق ذو دلالة إحصائية بين الممرضات فيما يتعلق باستخدام الحل التعاوني والتفادى في حل الصراعات .

التوصيات: في ضوء النتائج التي توصلت إليها الدراسة يوصى بالآتي:

- 1- تنفيذ برنامج تعليمي مستمر من قبل إدارة المستشفى يركز على تعليم الممرضين مهارات التواصل الإيجابي و مهارات فض الصراع وذلك لتحسين علاقتهم مع بعضهم البعض ومع المرضى .
- 2- الإبقاء على خطوط الاتصال مفتوحة بين الممرضين والإدارة بالمستشفى وذلك بعقد اجتماعات دورية مع الممرضين لإعطائهم الفرصة للمشاركة في صنع القرارات الخاصة بهم .

ABSTRACT

Background: Assertiveness is a term used to describe behaviors that a person can use to stand up for himself and his rights without violating the rights of others. Conflict is defined as a clash that occurs when the balance among feelings, thoughts, values, needs, priorities, desires and behaviors is threatened. This disturbance results in incompatible behavior that interferes with goal attainment. Nursing productivity is defined as converting resources into products and services efficiently, effectively and with optimum utilization of human capital and physical resources for the benefit of society, the economy and the environment.

Aim: To explore the effect of assertiveness and conflict resolution skills utilized on nursing care productivity in different health care sectors at Menofia Governorate.

Design: descriptive correlation design.

Setting: The present study was conducted in three health care sectors at Shebin El-Kom, Menofia governorate-Egypt.

Subjects: A simple random sample was used to collect data from 140 staff nurses, and 30 nurse managers.

Tools: Three different tools were used in this study, namely: 1-assertiveness questionnaire 2-conflict resolution inventory, and 3-professional productivity checklist.

Results: (1) The majority of staff nurses at the three selected health sectors had moderate to high assertiveness degree. (2) There was a statistically significant difference between assertiveness, conflict resolution skills and total productivity among the total studied sample. (3) The higher percentage of the total studied sample had moderate conflict resolution skills. (4) The total studied sample reported collaboration style which is the most common style utilized followed by accommodating style.

Recommendation: Hospital managements are advised to encourage nurses to know their rights and responsibilities to help them in the application of assertive communication processes.

Key words: Assertiveness, Conflict Resolution Skills, Nursing Care Productivity.

INTRODUCTION

Nursing takes place within an organization requiring effective communication skills that a nurse needs to provide a safe practice and good standard of care. These skills include using assertive communication, which is one of the essential skills in the modern working environment. Assertiveness is a term used to describe behaviors that a person can use to stand up for himself and his rights without violating the rights of others.¹

Assertiveness is not a talent. It is a healthy behavior and skill that is developed through practice. No one is born knowing how to be assertive. Having knowledge of assertiveness is essential. Assertiveness is a tool for nurses that enables her to act for patient advocacy. As a nurse works within a professional team, using assertiveness skills is an essential component of working in a professional manner.²

There are a number of key principles that describe the concept of assertiveness. Essentially, these principles identify types of behavior, attitudes and feelings that influence how we interact with other individuals. Assertiveness is a way of communication that allows individuals to express themselves in direct, honest, and appropriate ways that do not infringe upon other people's rights.³

Hein & Albert⁴ have mentioned that there are many benefits of being assertive, such as being a better time manager, increasing self-esteem, and having the ability to negotiate more effectively. Assertiveness enables nurses to move towards professionalization and respect the rights of others. Most nurse educators prepare nurses to develop more nursing skills and teach them how to assert themselves as skill practitioners. People who learn assertive communication report a decrease in somatic symptoms such as headache, abdominal

distress, and it seems reasonable to assume that an honest expression of feelings would reduce a great deal of internal stress.⁵

Conflict is a natural phenomenon that strengthens an organization. It is an inevitable part of today's health care environment. It is often a prerequisite to change in people and organization. A certain degree of conflict is beneficial to an organization. Conflict can increase creativity by acting as a stimulus for developing new ideas or identifying methods for solving problems. Conflict serves as a powerful motivator to improve performance, effectiveness and satisfaction.⁶ Also Connie⁷ added that, resolving conflicts in a professional manner is incredibly important and there are a variety of strategies that can help manage conflicts and one important tool is clear communication.

According to Marquis & Huston², conflict occurs in four categories, intrapersonal within one individual, interpersonal between two or more individuals, intragroup within one group, and intergroup conflict between two or more groups. William⁸ has described five conflict approaches, avoiding, accommodating, competing, compromising, and collaborating. On the other hand, Lewis⁹ has described five conflict handling modes in terms of two underlying dimensions, assertiveness and cooperativeness. Assertiveness is the extent to which the individual attempts to satisfy one own concern without neglecting concerns of others. Cooperativeness is the extent to which the individual attempts to satisfy the other person's concerns.⁶

Productivity has become a day-to-day concern for managers, because productivity indicates the overall efficiency of their organizations. It is very important to know all about productivity to reach the maximum quality in our health organizations. Nursing productivity refers to effectiveness of nursing care, which relates to its quality, appropriateness, and efficiency.¹⁰ Nursing productivity has been defined as the ratio of patient care hours per patient day to

salary and benefit costs paid out to staff by the organization. Nursing productivity models should take into account patients' needs, nursing competencies, the availability of material resources, and services provided. Nursing workload is a direct reflection of these variables and affects the delivery of patient care, patient safety, as well as satisfaction of nurses and of patients and their family members¹¹. Evidence is rapidly accumulated to report that staff productivity and effectiveness increase by improving assertiveness, interpersonal communication skills, as well as conflict management skills and effective team work. There are characteristics of a highly performing system, such as clarity of the purposes and objectives, commitment to these purposes, team work is focused on the task, and leadership is strong and clear.¹²

King¹³ has reported that assertiveness and productivity are essential characteristics of successful 21st century nurses, while conflict destroys productivity and morale. Assertiveness training has the benefit of increasing productivity through more effective communication, reduced interruptions at work, and increased work effectiveness.

Significance of the Study

Based on review of literature and clinical practice, it is found that lack of assertiveness leads to lowered job productivity. Nurse managers can increase productivity through an assertive communication style. In addition, the previous studies done by Bennett¹³ revealed that one of the most frequently described barriers to productivity is conflict. So, it is illustrated that the effect of assertiveness and conflict resolution on productivity is an important factor in improving quality of patient care. Therefore, the present study aims to explore the effect of assertiveness and conflict resolution skills utilized on nursing care productivity in different health care sectors at Menofia Governorate, Egypt.

Aim of the study: The aim of the present study is to explore the effect of assertiveness and conflict resolution skills on nursing care productivity in different health care sectors at Menofia Governorate, Egypt.

This aim should be fulfilled through the following objectives

- 1- Assess the assertiveness of nurses in different health care sectors at Menofia Governorate.
- 2-Assess conflict resolution skills of nurses in different health care sectors at Menofia Governorate.
- 3-Explore the correlation between assertiveness, conflict resolution, and nursing care productivity in different health care sectors at Menofia Governorate.

Subjects and methods

Research design: A descriptive correlation design was used for this study. Correlation is a procedure for quantifying the relationship between two or more variables. It measures the strength and indicates the direction of the relationship.¹⁵

Setting: The present study was conducted in three health care sectors at Shebin El-Kom, Menofia Governorate, Egypt. The first setting is Menofia University Hospital, which is affiliated to the university sector. Its bed capacity is 700 beds, and employs 790 nursing personnel, their qualifications ranging from diploma, bachelor, to master's degree in nursing. The second setting is Shebin El-Kom Teaching Hospital, which affiliates to Ministry of Health and Population MOHP. The nursing staff consists of 625 nurses. Their qualifications range from diploma to bachelor degree in nursing. The third setting is El Helal Hospital which is affiliated to the health insurance sector. The nursing staff, consists of 140 nurses classified into categories. The first category includes a minority of nurses with bachelor degree.. The second category comprises the majority of nurses with diploma in nursing.

Subjects: The total subjects included in the present study were 170 nurses and consisted of two groups: nurse managers and staff nurses group.

Nurse managers: this group consisted of 30 nurse managers of different wards/units, haemodialysis, orthopedics, urology, operations, premature, obstetrics, emergency, medicine, surgery and intensive care who were working in these departments during the period of data collection. A nurse manager sample consisted of 10 nurse managers from each of the selected hospitals, namely Menofia University, Teaching and El Helal hospital.

Staff nurses: A simplerandom sample of 140 staff nurses was selected to constitute the present study subjects from different wards/units,haemodialysis ,orthopedics, urology, operations, premature, obstetrics, emergency, medicine, surgery and intensive care in the three selected hospitals, in addition to the oncology ward in Menofia University. This group consisted of the staff nurses whose qualifications ranged from diploma, diploma with specialty, technical institute, or bachelor degree in nursing, and had the responsibility of direct patient care and who were working in the study settings during the period of data collection and agreed to be included in the study. The sample consisted of 50 staff nurses from each of the University and Teaching hospitals and 40 from El Helal hospital.

Tools of data collection: In order to fulfill the research objectives of this study, three tools were used to collect data. *The first tool:part one:* it was concerned with the socio-demographic data of nurses, such as hospital name, age, marital status, residence, and job related data, including qualification, years of experience and attendance of assertiveness course.

Part two: Assertive behavior inventory tools (ABIT) developed by Clark & Shea ¹⁶,

which was used before in Egypt by EL Molla ¹⁷, Bakr ¹⁸ and Safey EL-Din ¹⁹.The scale aimed to measure assertive behavior after being translated into Arabic in order to accommodate our community.It was reviewed by three experts of psychiatric nursing and three experts of nursing administration. The questionnaire consisted of 46 questions constructed to collect data on verbal and non-verbal communication style, control of anxiety and fear, active orientation, work habits, questions related to co-workers and negotiating the system.

Scoring system:The five possible responses of each item in the scale were“never”, “rarely”, “sometimes” “often”, and “always”. They were scored 1, 2, 3, 4, and 5, respectively. This tool can be categorized as low, moderate, and high levels of assertiveness. The score which was less than 90 was considered a low level of assertiveness, the score which ranged from 90 to135 was considered a moderate level , while the score which more than 135 was considered a high level of assertive.

The second tool: Conflict resolution inventory: This inventory was developed by Hurt & Kinney²⁰, and was used and validated in Egypt by Ismail ²¹ and Mohamed ²²,and was directed toboth nurse managers and their staff nurses to identify conflict resolution styles as self-perceived and as perceived by their staff nurses. It included 29 items which represented five basic conflict management styles that cover all the effective ways of dealing with conflict, namely collaborating style (6 items), compromising style (6 items), accommodating style (6 items), competing style (6 items), and avoiding style (5 items).

Scoring system :the five possible responses of each item in the scale were “never”, “rarely”, “sometimes” , “often”, and “always”. They were scored 1, 2, 3, 4, and 5, respectively. The scores of the items for each domain were summed up and the total score was divided by the number of the

items giving the average score of this domain. These scores were converted into a percent score to facilitate the comparing across domains.

The third tool: Professional productivity checklist: It was developed by Curtin²³ and was directed to both nurse managers and their staff nurses. This instrument was designed to measure productivity by the following means

- 1- Objective measures of efficacy which included information about qualification, certificates of training and skill courses, and years of experience in nursing,
- 2- Objective measures of effectiveness which included demonstrating the ability to execute job-related procedures, correctly prioritized activities, performance according to professional and legal standards, clear and concise recording of appropriate information, and cooperative working with others,
- 3- Objective measures of efficiency which included promptness, attendance, reliability, adaptability, and economic disposition of resources.

Scoring system: the responses "not done (No)" and "done (Yes)" were scored "0" and "1", respectively. The researcher made three observations of the performance for each nurse and head nurse related to objective measures of effectiveness and efficiency, and scored each item as "done (yes)" if two of the three incidences met the criteria, and as "not done (no)" if only done once or not at all. All scores were expressed as percentages. The performance was considered adequate if the percent score was 60% or more, and inadequate if less than 60%.

Pilot study

After revision of the questionnaire by experts and its approval, a pilot study was carried out before starting the actual data collection. The purpose of the pilot study was to ascertain the clarity and applicability of the study tools, and to identify the obstacles and problems that may be

encountered during data collection. It also helped to estimate the time needed to fill in the questionnaire. Based on the results of the pilot study, modifications, clarifications, omissions, and rearrangement of some questions were done. The pilot study was done on 20 staff nurses and 6 unit managers working in different departments of the selected study hospitals, and these were not included in the total sample of the research to ensure stability of the answers.

Ethical considerations and procedure

Before any attempt to collect data, a formal letter was issued from the Faculty of nursing, Menofia University, to obtain an official approval from the administrators of the hospitals where the data were collected to conduct the study. The letter identified the researcher, the title, and the aim of the research. The data collection phase of the study was carried out over a three-month period, starting from January 2008 to the end of March 2008. The researcher introduced herself to the respondents, and explained the aim and objectives of the study to the nurses in the study setting. Each participant was notified about the right to refuse to participate in the study before taking her verbal consent. Anonymity and confidentiality of the information gathered was ensured. Then, the study tools were distributed among participants, during both morning and night shifts for three days a week, with instructions about their filling, and were collected on the same day or the following day. This was repeated in each unit/ward of the study hospitals. The researcher was present most of the time to clarify any ambiguity. For observation of productivity measures, the procedure was repeated three times. The result was considered negative if two observations were negative and the third was positive. Conversely, the result was considered positive if two observations were positive and the third was negative. The time taken for every questionnaire to be completed was about 20-25 minutes for each nurse. Head nurses from selected units helped as research

assistants. They were excluded from the study sample. . On the other hand, bachelor nurses observed professional productivity of staff nurses, while nurse managers utilized the professional productivity checklist.

Data management and statistical analysis: data entry and analysis were done using Statistical Package for the Social Sciences “SPSS” program, version 13. Data were represented using descriptive statistics in the form of frequencies and percentages for qualitative variables and means and standard deviations for quantitative variables. Pearson correlation analysis was used for assessment of the relationships among quantitative variables, while the Chi-square test was used for qualitative data. Statistical significance was considered at p -value ≤ 0.05 .

RESULTS

Table 1 demonstrates the socio-demographic characteristics of nurses under study at different health sectors. Concerning age, more than half of the total sample of nurses (53.5%) were 25 years to less than 30 years old. The majority of nurses (92.9%) were females. As for nursing qualifications, half of the nurses (50%) had nursing diplomas. Regarding the occupation of nurses. More than three quarters (82.4%) were staff nurses. Most of them (71.2 %) were married. More than half (54.1%) were from rural areas.

The degree of assertiveness of the studied sample of nurses distributed by their different health sectors is illustrated in table (2). It indicates that nearly half of the staff nurses (49.3%) were highly assertive, compared to 53.3% of nurse managers who were moderately assertive. There was a statistically significant association between health sectors regarding the degree of assertiveness among staff

nurses ($p = 0.0001$) but not among nurse managers. However, there was no statistically significant association between the total degree of assertiveness among staff nurses and nurse managers in different health sectors ($p = 0.67$).

In table (3), it is evident that more than one half of staff nurses (58.5%) had moderate conflict resolution skills, compared to 73.3% of nurse managers. However, there was a statistically significant difference between staff nurses and nurse managers at health sectors regarding conflict resolution skills ($p = 0.05$).

Table (4) shows that the collaboration style was the most common style utilized by nurses in conflict management skills (43.5%), followed by the accommodating style (21.1%), while the compromising style was the least used (5.9%). A statistically significant difference was observed among studied nurses in different health sectors regarding the utilization of competing, compromising and accommodating styles in conflict management ($p=0.001, 0.04, \text{ and } 0.05$, respectively).

Table (5) shows that there was a statistically significant difference between conflict resolution skills and the item "demonstrated ability to execute job-related procedures" ($p = 0.001$). Also, there was a statistically significant difference between assertiveness and the items "demonstrated ability to execute job-related procedures", "performance according to professional and legal standards", "reliability", and "economic disposition of resources", ($p = 0.017, 0.031, 0.011 \text{ and } 0.041$, respectively). There was a statistically significant difference between the total scores of assertiveness and total nursing care

productivity, where $p = 0.02$. Also, there was a statistically significant difference between the total scores of conflict resolution skills and total nursing care productivity, where $p = 0.04$.

Table (1): Distribution of nurses according to their demographic characteristics in different health sectors (n=170).

Demographic data		Health sectors						Total		p-value
		University hospital		Teaching hospital		E L-Helal hospital				
		No	%	No	%	No	%	No	%	
Age (years)	20- <25	17	28.3	13	21.7	19	38	49	28.8	$\chi^2 = 9.26$ $p = 0.06$
	25- <30	36	60	30	50	25	50	91	53.5	
	>30	7	11.7	17	28.3	6	12	30	17.7	
Gender :	Male	5	8.3	3	5	4	8	12	7.1	$\chi^2 = 0.60$ $p = 0.73$
	Female	55	91.7	57	95	46	92	158	92.9	
	Total	60	100	60	100	50	100	170	100	
Nursing qualification:	Nursing Bachelor	31	51.7	8	13.3	10	20	49	28.8	$\chi^2 = 57.4$ $p = 0.000$
	Health technical institute	6	10	5	8.3	2	4	13	7.6	
	Associated Degree	0	0	21	35	2	4	23	13.6	
	Nursing Diploma	23	38.3	26	43.4	36	72	85	50	
Occupation:	Staff nurses	50	83.3	50	83.3	40	80	140	82.4	$\chi^2 = 32.6$ $p = 0.000$
	Nurse manager	10	16.7	10	16.7	10	20	30	17.6	
	Total	60	100	60	100	50	100	170	100	
Marital status:	Single	16	26.7	13	21.7	16	32	45	26.5	$\chi^2 = 5.3$ $p = 0.50$
	Married	42	70	46	76.7	33	66	121	71.2	
	Divorce	0	0	1	1.7	0	0	1	0.6	
	Widow	2	3.3	0	0	1	2	3	1.8	
Residence:	Urban	24	40	29	48.3	25	50	78	45.9	$\chi^2 = 1.32$ $p = 0.51$
	Rural	36	60	31	51.7	25	50	92	54.1	
Mean nursing educational years \pm SD		3.4 \pm 0.64		3.3 \pm 0.69		3.2 \pm 0.46		3.3 \pm 0.62		$p = 0.07$
Total		60	100	60	100	50	100	170	100	

Table (2): Distribution of nurses according to their degree of assertiveness in different health sectors.

Assertiveness degree	Health care sectors						Total		p-value	
	University hospital		Teaching hospital		EL-helal hospital					
	No	%	No	%	No	%	No	%		
Staff nurses :	Low assertive	0	0	0	0	3	7.5	3	2.1	$\chi^2 = 43.0$ $p = 0.0001$
	Moderate assertive	38	76	9	18	21	52.5	68	48.6	
	High assertive	12	24	41	82	16	40	69	49.3	
	Subtotal	50	100	50	100	40	100	140	100	
Nurse managers :	Low assertive	0	0	0	0	0	0	0	0	$\chi^2 = 4.2$ $p = 0.11$
	Moderate assertive	4	40	8	80	4	40	16	53.3	
	High assertive	6	60	2	20	6	60	14	46.7	
	Subtotal	10	100	10	100	10	100	30	100	
Total	60	100%	60	100%	50	100%	170	100%		

* Comparison between the total degree of assertiveness among staff nurses and nurse manager: $\chi^2 = 0.79$, $p = 0.67$

Table (3): Conflict resolution skills among nurses in different health sectors (n=170).

Conflict resolution skills	Health sectors						* Total		
	University hospital		Teaching hospital		EL-helal hospital				
	No	%	No	%	No	%	No	%	
Staff nurses :	Low conflict resolution skills	5	10	10	20	9	22.5	24	17.1
	Moderate conflict resolution skills	37	74	23	46	22	55	82	58.6
	High conflict resolution skills	8	16	17	34	9	22.5	34	24.3
Subtotal	50	100	50	100	40	100	140	100	
Nurse manager	Low conflict resolution skills	0	0	2	20	0	0	2	6.7
	Moderate conflict resolution skills	9	90	5	50	8	80	22	73.3
	High conflict resolution skills	1	10	3	30	2	20	6	20
Subtotal	10	100	10	100	10	100	30	100	
Total	60	100	60	100	50	100	170	100	

* Chi square test = 9.27, $p \leq 0.05$ means a significant difference

Table (4): Conflict management skills (styles) among nurses in different health sectors.

Conflict resolution skills	University hospital		Teaching hospital		EL-helal hospital		Total		P-value
	No	%	No	%	No	%	No	%	
Avoiding: Never used	6	10	9	15	8	16	23	13.5	$\chi^2=6.2$ P=0.18
Sometimes used	53	88.3	44	73.3	38	76	135	79.4	
Always used	1	1.7	7	11.7	4	8	512	7.1	
Collaborating : Never used	1	1.7	7	11.6	3	6	10	6.5	$\chi^2=8.7$ P=0.06
Sometimes used	32	53	25	41.6	28	56	85	50	
Always used	27	45	28	46.6	19	38	74	43.5	
Competing : Never used	0	0	7	11.7	0	0	7	4.1	$\chi^2=22$ P=0.001
Sometimes used	57	95	42	70	47	94	146	85.9	
Always used	3	5	11	18.3	3	6	17	10	
Compromising : Never used	16	26.7	19	31.7	24	48	59	34.7	$\chi^2=10.1$ P=0.04
Sometimes used	43	71.7	36	58.3	22	44	101	59.4	
Always used	1	1.6	5	8.3	4	8	10	5.9	
Accommodating Never used	11	18.3	15	25	16	32	42	24.7	$\chi^2=9.2$ P=0.05
Sometimes used	41	68.3	31	51.6	20	40	92	54.1	
Always used	8	13.4	14	23.3	14	28	36	21.1	
Total	60	100	60	100	50	100	170	100	

Table (5): Correlation coefficient (r) between total scores of the degree of assertiveness, total scores of conflict resolution skills, and nursing care productivity among all nurses under study (n=170).

Variables	Assertiveness		conflict	
	r	p	r	p
PQ1: Demonstrated ability to execute job-related procedures.	.183*	.017	.257**	.001
PQ2: correctly prioritized activities.	.090	.244	.076	.324
PQ3: Performance according to professional and legal standards.	.166*	.031	.073	.346
PQ4: Appropriate information clearly recorded, cooperative working with others.	.133	.085	-.122	.113
PQ5: promptness.	.131	.089	-.108	.162
PQ6: Attendance.	.097	.209	-.090	.243
pQ7: Reliability.	.195*	.011	-.061	.432
PQ8: Adaptability.	.105	.174	-.006	.936
PQ9: Economically disposition of resources.	.157*	.041	-.029	.705
Total productivity	0.25*	0.02	0.15*	0.04

* Correlation is significant at the 0.05 level (2-tailed).
** Correlation is significant at the 0.01 level (2-tailed)

DISCUSSION

Assertiveness is developed over time. Like a good physical workout, the results of being assertive are cumulative. Your body feels better and your sense of self-value improves. Communication is the key to assertive behavior. Communication includes a sender, a message and a receiver. The sender must put out a clear message. If the message is clear and assertive, the receiver will have an easier time responding in a similar manner. Assertiveness is enriching. It allows you to show genuine concern for others' rights because your own have been met²⁴. Being assertive is a core communication skill. Being assertive means that you express yourself effectively and stand up for your point of view, while also respecting the rights and beliefs of others. Being assertive can also help improve your self-esteem and earn others' respect. Because assertiveness is based on mutual respect, it's an effective and diplomatic communication style. Being assertive shows that you respect yourself, because you're willing to stand up for your interests and express your thoughts and feelings. It also demonstrates that you're aware of the rights of others and are willing to work on resolving conflicts²⁵.

The present study findings revealed that half of the nurses in the study had diploma degrees. This may be because the nursing diploma program was the only one available at Menofia Governorate until the establishment of the Faculty of Nursing at Shebin El-Kom in 1992.

Menofia University Hospital had a higher percentage of nurses (51.7%) with bachelor degrees, but with less years of clinical experience compared to Shebin El-Kom Teaching Hospital. This may be due to

the existence of the Health Technical Institute and Faculty of Nursing in Menofia University, which are responsible for the graduation of younger and less experienced nurses each year, and who enter the workforce and are mostly attracted to the newly established University Hospital.

The high percentages of the nurses were married, so they had more responsibilities in general life which could affect their work responsibility. The findings of the present study indicated that the majority of the sample nurses were moderately to highly assertive. This might be attributed to the age of the subject, where younger ages were more enthusiastic, more productive and assertive.

These findings are on the same line with Safey El-Din ¹⁹, who studied factors affecting assertive behavior of nurses working in different units in Cairo University Hospitals. His study indicated that the majority of the sample nurses were moderately to highly assertive.

The result of the present study is in disagreement with Ehninger ²⁶, who pointed out that many nurses were faced with societal and professional sanctions against assertiveness, such as perceiving themselves as powerless to change their situation. This was due to the presence of three factors, helplessness, powerlessness and unrecognition. All of these factors lead to depression which interferes with their motivation to assert themselves. Conversely, the opposite situation occurs in head nurses who possess the authority to change.

It is evident from the results of the present study that there was a statistically significant difference between total assertiveness, objective measures of

effectiveness, and efficiency of productivity among the three settings of the study. This may be due to the style of hospital management which can give the nursing staff a chance that enables them to control over work activities and the respect from doctors with whom they work.

Participants in the present study have mentioned some factors that can improve their job environment to achieve quality of care. These factors are good doctor-nurse relationship, involvement in decision-making, taking feedback from supervisors regarding job performance, meeting the perceived demands of immediate supervisors, absence of conflict with other healthcare providers, adequate job policies, opportunity to advance, adequate facilities, and financial resources, in addition to absence of time pressure and low salary.

The present study revealed that the higher percentage of staff nurses and nurse managers had moderate conflict resolution skills, and there was a statistically significant difference between them. The present study contradicted with the findings of the study done by Mohammed ²² and Abd Elgheny ²⁷. Their findings showed that nurse managers reported high conflict resolution skills compared to staff nurses upon the utilization of appropriate conflict resolution skills. This might be related to difference in the nursing educational level between staff nurses and nurse managers that reflected on differing views of expectation of inherent conflict resolution skills.

Analysis of the results of the present study indicated that there was no appropriate or inappropriate management style to deal with conflict. However, detecting initial symptoms of conflict and adopting the most effective behavior to conflict resolution is essential in nursing units ²⁸. In this respect, the present study revealed that collaborating

was the most frequently style utilized by nurses in managing conflict, followed by accommodating, competing, avoiding and compromising. This result was in total agreement with Cox²⁹ who found a greater preference for non-confrontation, and more comfortable and often less effective choices of accommodation, and compromising for conflict management than more assertive and dominating styles of collaborating and competing styles.

Also, this result was in total agreement with that of many similar research studies^(22,27,30,31). On the contrary, results by Hendel et al³² showed that head nurses viewed themselves as transformational leaders as opposed to transactional leaders. The compromise strategy was the most common strategy used in conflict resolution.

The present study revealed that there was a statistically significant correlation coefficient between total scores of assertiveness and total scores of conflict among the whole studied sample. This result is supported by the work of Davies³³. Moreover, Jundt³⁴ mentioned that assertiveness was one mode for handling conflict, where nurse managers' communication often centers on conflict which consumes as much as 25% of their time.

Regarding the relationship between assertiveness and nursing care productivity, the present study findings show that there was a statistically significant relation between assertiveness and nursing care productivity among the whole studied sample. This result is on the same line with Fabra & Stewart³², who added that the non-assertive behavior affected the work group as evidenced by decreased productivity and negative job feeling.

Also, the present study revealed that there was a statistically significant relationship between conflict and productivity among the whole studied sample. This result is on line with the results of³⁶, who mentioned that the conflict can lead to job dissatisfaction, absenteeism and turnover which are all considered as symptoms of low productivity.

CONCLUSION

In the light of the present study findings, it may be concluded that the majority of staff nurses at the University Hospital, Shibin El kom Teaching Hospital and El -Helal Hospital had high degrees of assertiveness, while the majority of nurse managers had moderate degrees of assertiveness, but there was no statistically significant difference between the total degrees of assertiveness among nurse managers in different health sectors. There was a statistically significant difference between staff nurses and nurse managers regarding conflict resolution skills. Also, the higher percentage of staff nurses and nurse managers in the studied sample had moderate conflict resolution skills. Nurses reported that the collaboration style was the most common style utilized, followed by the accommodating and competing styles. A statistically significant difference was noted among the studied nurses in different health sectors regarding the utilization of competing, compromising and accommodating styles in conflict management. However, there was no statistically significant difference among other styles. There was a statistically significant difference between assertiveness, conflict resolution skills and total productivity among the total studied sample of nurses.

RECOMMENDATIONS

Based on the literature review and the findings of this study, the following recommendations are proposed:

- 1-Periodical assessment of the assertiveness status of nurses to identify the aspects of weakness in their behavioral communication attitudes.
- 2- Encourage nurses to know their rights and responsibilities to help them in the application of assertive communication processes.
- 3- Staff development programs should be conducted for nursing personnel focusing on assertive communication and conflict resolutions skills to learn how to react effectively and positively with them.
- 4- Further studies should be done regarding staff development programs conducted for nursing personnel and focusing on assertive communication and conflict resolutions skills to learn how to react effectively and positively with them.

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