Leadership and Conflict Management Styles Among Nurse Managers in Saudi Arabia

Muhaydi Muttalib Alhazmi

Abstract

This research was conducted in the northern part of Saudi Arabia to determine the prevalence of leadership styles and styles of conflict management among nursing care staff and to see if there is a correlation between the two. A total of 91 male and female nursing leaders from seven different locations participated in the study. The research used a shortened version of the Multifactor Leadership Questionnaire to assess leadership styles, and found that there was no significant difference between male and female nurses in any of the leadership styles. The study found that the most commonly used conflict management style among nursing leaders was the integrated style, followed by avoiding, compromising, competing, and accommodating. The transformational leadership style was found to be positively correlated with the inspirational motivation, contingent reward, management-by-exception, and laissez-faire leadership styles. The transactional leadership style was found to be significantly and positively correlated with the laissez-faire leadership style and negatively correlated with the compromising and avoiding styles. The study suggests that policies and initiatives are needed to improve the working environment for nurses.

1. Introduction

This research aims to explore the relationship between leadership and conflict management styles among nurse managers in Saudi Arabia. Previous research has shown that nurse managers often experience workplace conflicts that can affect their ability to collaborate and provide the best possible care to patients. Many researchers have suggested that the majority of nurse managers are unable to effectively manage conflicts due to poor leadership skills. The goal of this research is to understand how leadership affects conflict management styles among nurse managers in Saudi Arabia. Transformational leadership, which involves inspiring and motivating followers to achieve long-term goals and self-actualization, is one aspect of leadership that may impact conflict management styles. The research will seek to understand the specific aspects of transformational leadership that are related to effective conflict management and to identify any potential barriers to the use of effective conflict management strategies among nurse managers in Saudi Arabia.

1.2. Aim and objective:

The aim of the research is to investigate how Saudi nurse managers' leadership impacts conflict management to evaluate its effect on the quality of care.

1.2.1. Research objectives:
- To explore how leaderships of the Saudi nurse managers impact conflict management
- To find out various means of managing conflicts by nurse managers
- To recommend the probable means nurse managers can easily manage their conflict.

1.2.2. Research question:
"How leadership among Saudi nurse managers affect their conflict management styles?

1.3. Research Hypothesis

The null hypothesis of this research is
- H0: There is not significant relationship between leadership style and conflict management styles among Saudi nurse managers

The Alternative Hypothesis of this research is
- H1: The conflict management style is significantly dependent on the leadership styles among Saudi nurse managers.

1.4. Significance of the study:

Nurse managers in Saudi Arabia often have to make decisions that can lead to conflicts and dissatisfaction. Effective conflict management through leadership can improve the decision-making abilities of nurse managers and increase their competence and confidence. This study aims to provide nurse managers with the opportunity to identify leadership-related issues that impact their conflict management skills, and to participate in training and workshops to improve their decision-making skills in regards to changes in patient needs, financial resources,

and technology through effective conflict management techniques.

1.5. Definition of terms

Nursing Management-managing, controlling leading the nursing workforce with efficient coordination
Conflict management-strategically handling the internal conflict within the team members and finding the resolutions
Nursing Service- delivering medical and healthcare services and care as per the instruction of medical professionals
Recipient of Nursing Care- patients or who are receiving the nursing care services
Nursing Research- Previous research and literatures on nursing practice, management, standard and others

2. Related Literature

2.1. Leadership Styles:

In the healthcare field, the primary focus is on providing patient care, particularly in nursing. Leadership plays a significant role in managing, coordinating, and controlling a team of nurses to deliver collaborative, high-quality patient care. There are several leadership styles that can be used in the healthcare sector, including autocratic, democratic, transformational, and servant leadership. Autocratic leadership involves making decisions and giving specific orders without allowing subordinates to participate in the decision-making process or to contradict. Democratic leadership involves actively communicating with subordinates and allowing them to convey their opinions and provide honest feedback. Transformational leadership, also known as innovative leadership, focuses on improving the overall teamwork and patient care quality of the nursing workforce. Servant leadership involves assessing the needs and expertise of individuals and ensuring that relationships and resources are available to achieve goals for individuals and groups. Good health leadership and management are important for achieving success in managing health facilities and their workers and for increasing competitiveness and achieving desired outcomes. It also involves adapting to modernity and developing the skills of employees in delivering health services. The leadership style adopted by an organization can affect the response of employees to decisions and orders given. In order to succeed, healthcare work needs effective leadership that can gain the trust and confidence of employees and inspire them to positively participate in decisions.

2.2. Related Studies:

Rubio and Picardo (2017) conducted a study using a consistent quantitative design to evaluate leadership, management, conflict management, and relationship methods at Talisay District Hospital. The study found that the most common style of leadership was democratic, and the most commonly used method of conflict management was collaboration. Al-Dahshan and Keshk (2014) conducted a study in two hospitals to explore the relationship between flexible work arrangements and conflict management. The study found that the most frequently used method of conflict management was avoidance, and there was a statistically significant negative association between turnover and the competitive process. Wilmont and Hooker (2001) defined conflict as "an expression of conflict between at least two interconnected parties who realize incompatible goals, scarce resources and interference from others in achieving their goals" and conflict management methods as "typical responses, or combinations of behavior, that people use in conflict" through various communication methods. On an individual level, conflict begins when one party perceives that another party has negatively affected, or is about to negatively affect, something that the first party cares about. Conflict management strategies can be classified as either problem-solving or emotion-focused, and both can be effective in different situations. It is important for organizations to have effective conflict management strategies in place to address conflicts in a constructive way and minimize negative effects on the organization and its employees.

2.3. Conceptual framework:

Bass argued that three second-order realms consist of leadership: transformational, transactional, and laissez-faire. Bass considers transformational leadership as an improvement in transactional leadership, unlike Burns. In addition, Bass sees transformational and transactional leadership as multidimensional principles consisting of many significant actions underlying them (Wescott, 2018).
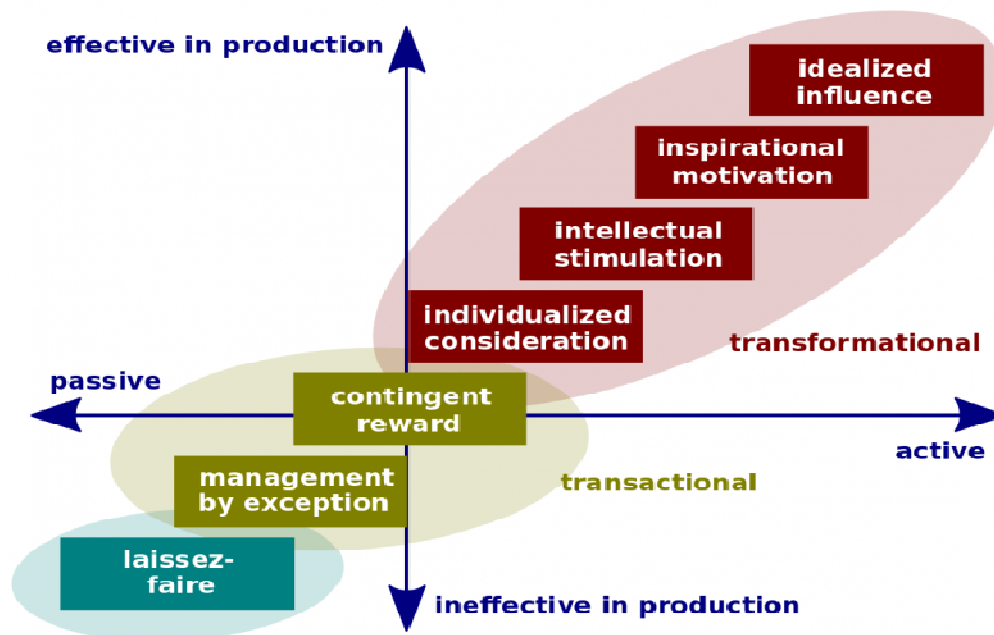
Figure 1: Full Range Leadership Model

There are several factors that can influence leadership style, including transformational variables (charisma of inspirational motivation, attributed idealized influence, idealized actions of influence, intellectual stimulation, and individualized consideration), transactional variables (contingent reward, active management-by-exception, passive management-by-exception), and laissez-faire leadership. Idealized influence involves influencing followers through one's philosophy and values, and can be further divided into idealized influence (IA) and idealized behavior (IB). Inspirational motivation (IM) involves motivating followers through challenge, hope, and vision, while intellectual stimulation (IS) encourages innovation and creativity. Individualized consideration (IC) involves mentoring and developing followers. Contingent reward (CR) involves setting expectations and recognizing achievement. Active management-by-exception (MBEA) involves monitoring performance and taking corrective action when necessary, while passive management-by-exception (MBEP) involves remaining uninvolved until issues become relevant. Laissez-faire leadership involves disengaging and making no decisions. There are various conflict management strategies, including superiority, compromise, incorporation, avoidance, containment, withdrawing, smoothing, pressuring, problem solving, and compromise. It is important for organizations to have effective conflict management strategies in place in order to address conflicts in a constructive manner and minimize negative effects on the organization and its employees.
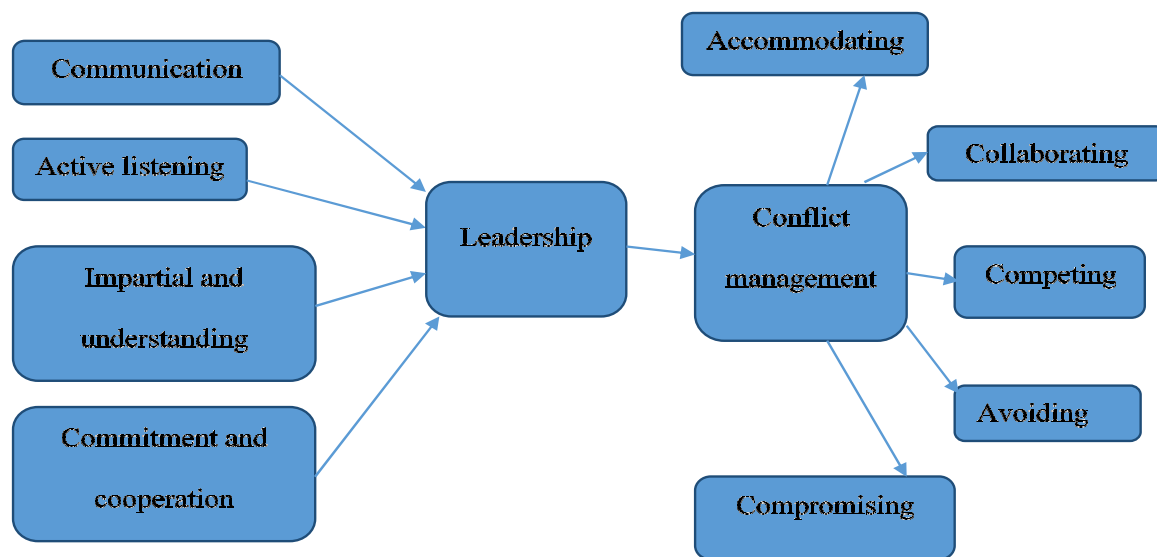
Figure 2: Conceptual Framework

There are different behavioral models in which interpersonal conflict can be controlled. Depending on the case, one style can be more appropriate than the other can in order to efficiently resolve conflict. Follett (1940) conceptualized five organizational strategies of conflict management, i.e. superiority, compromise, incorporation, avoidance and suppression. Blake and Mouton (1964) later updated the Follett model with their dual concern model, which handles conflict in various ways (i.e. withdrawing, smoothing, pressuring, problem solving, compromise) based on high / low output concern and high / low human concern (Li, Worm, & Xie, 2018). This model was expanded by Thomas and Kilmann (1974) by concentrating on the desire to meet your own concerns and the desire to satisfy the concern of the other, what became known as the Thomas-Kilmann Mode instrument (Zakaria & Lazim, 2018).

Thomas-Kilmann Instrument of Mode

The Thomas-Kilmann Conflict Mode Instrument (TKI) measures an individual's behavior in conflict situations by defining their behavior along two dimensions: assertiveness and cooperativeness. Assertiveness is the degree to which the individual seeks to satisfy their own concerns, while cooperativeness is the degree to which they prioritize respect for others. These two dimensions can be used to describe five conflict-handling modes: competing, collaborating, compromising, accommodating, and avoiding. Competing is power-oriented and assertive, while collaborating is both assertive and cooperative. Compromising is intermediate in both assertiveness and cooperativeness, while accommodating is unassertive and cooperative, and avoiding is unassertive and uncooperative. Conflict is a normal part of life, especially in healthcare facilities, and it is important for organizations to have effective conflict management strategies in place in order to address conflicts in a constructive manner and minimize negative effects on the organization and its employees.
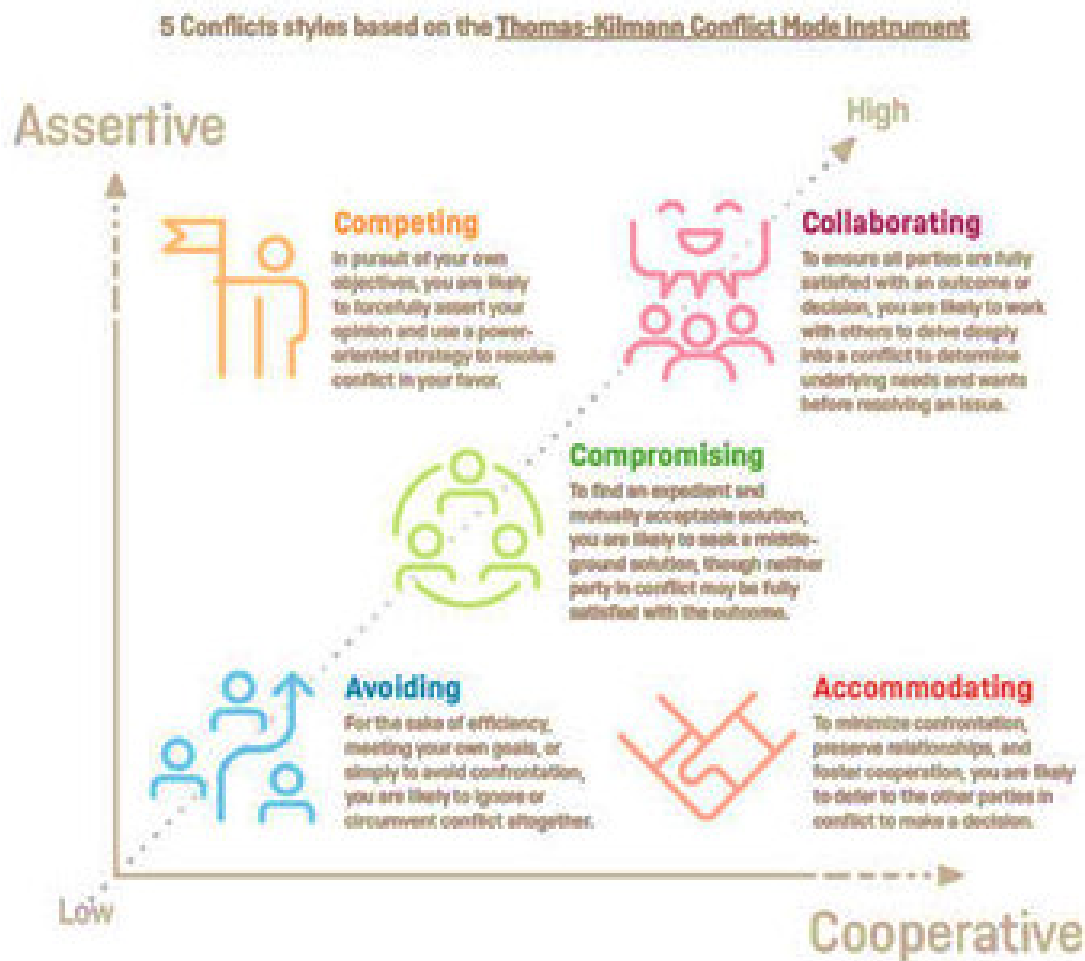
Figure 3: Conflict Management Styles

In the literature, four types of conflicts have been mentioned:

(1)   individual conflict, which emerges from two conflicting demands within the individual,

(2)   personal dispute occurring between two or more persons due to confusion or a difference in values

(3)   conflicts between supportive groups that arise between one or maybe more supportive groups at work when discrepancies arise in access to resources, authority or status, and

(4)   disputes between companies and organizations resulting from resources or facilities between two or more parties.

Conflict can be competitive, irritating, or it can be based around control. Conflict in the company between groups is prevalent. From machine differentiation, interdependence of roles, finite resources, judicial uncertainty and the division of power information, this disparity is generated (Busari, 2019).

4. METHODS

This research aimed to examine the relationship between nursing leadership styles and conflict management styles in northern Saudi Arabia. A cross-sectional survey was conducted using a purposive sampling method to recruit 100 nurses, including nursing leaders and nurse managers, from seven hospitals in the region. The Multifactor Leadership Questionnaire (MLQ) and the Thomas-Kilmann Conflict Mode Instrument (TKI) were used to assess leadership styles and conflict management styles, respectively. The response rate was 91%, with 91 completed questionnaires being used in the analysis. The results showed a significant relationship between transformational leadership and cooperation as a conflict management style, and a significant relationship between laissez-faire leadership and accommodation as a conflict management style. The study suggests that more research should be conducted in this field with a larger sample from various hospitals in different regions in order to better understand the causes and management of conflict in healthcare settings.

4.1. Data analysis:

In this research, the statistical treatment of data involved the use of frequencies, means, and standard deviations for descriptive statistics, and t-tests and ANOVA for testing hypotheses. Both Excel and SPSS software were

used for data analysis. The reliability and validity of the research tool were established through a review process involving multiple experts and the use of the Cronbach Alpha method. Ethical considerations, including obtaining informed consent from participants, were addressed. The study had some limitations, including the use of a self-reported questionnaire and the potential for subjectivity in responses, as well as the limited generalizability of the findings due to the small sample size and the specific context of the study.

4.2 Results and Discussion

This study included 91 nurses, of which 63.7% were female and 36.3% were male. The mean age of the sample population was 34.79 years, with most of the nurses falling in the 31-40 year age category (62.6%). Half of the nurses had a Diploma as their highest level of education, while 38.5% had a bachelor's degree. 58.2% of the nurses were working as head nurses, and 23.1% were working as supervisors. Most of the nurses (60.4%) had 6-10 years of experience, while 29.7% had 11-15 years of experience. The nurses in the study came from seven different hospitals in northern Saudi Arabia, with roughly equal numbers coming from each hospital. This study evaluated the leadership styles of nurses using a thematic approach. The leadership styles examined were transformational leadership and transactional leadership. Transformational leadership included the factors of idealized influence, inspirational motivation, intellectual stimulation, and individual consideration. Transactional leadership included the factors of contingent reward, management by exception (passive), and management by exception (active). The results showed that the nurses demonstrated higher levels of transformational leadership, with the highest frequency in the idealized influence factor. The nurses demonstrated lower levels of transactional leadership, with the highest frequency in the management by exception (passive) factor. The study also found that there were no significant differences in the leadership styles based on the nurses' gender or level of education. This study used a statistical technique called principal factor analysis (PFA) to verify the presence of different factors in the Multifactor Leadership Questionnaire (MLQ). The PFA was conducted using SPSS software, and the results of the analysis were used to identify the number and nature of the factors present in the data. The analysis included a KMO test to assess the adequacy of the sample size and a Bartlett test to ensure that the data met the assumptions for PFA. The results showed that the assumptions for PFA were met, and that the sample size was adequate. The PFA identified seven factors, which were extracted using a scree plot with eigenvalues for each factor. The factors accounted for a total variance of 65.21% after rotation, with the highest factor accounting for 28.49% of the variance. The loadings of the variables on the factors were also presented in the results, with higher absolute loading values indicating a stronger relationship between the variables and the factors. This study analyzed the leadership styles of nurses using the Multifactor Leadership Questionnaire (MLQ). The MLQ consists of 7 factors: idealized influence, inspirational motivation, intellectual stimulation, individual consideration, contingent reward, management-by-exception, and laissez-faire. The study found that the majority of nurses demonstrated low levels of transformational leadership, with idealized influence being the highest and intellectual stimulation being the lowest. Transactional leadership was also found to be lower, with contingent reward being the highest and management-by-exception being the lowest. Laissez-faire leadership was found to be moderate overall, with the majority of nurses demonstrating this style. The study also found that leadership style varied based on the position held by the nurse and their level of experience. In addition, the study analyzed the conflict management styles of nurses using the Thomas-Kilmann Conflict Mode Instrument, which consists of 5 styles: competing, collaborating, compromising, avoiding, and accommodating. The majority of nurses demonstrated a competing style, followed by compromising and collaborating. The study also found that conflict management style varied based on the position held by the nurse and their level of experience. The study found that nurse managers in this region were more likely to use an integrated method of conflict management, followed in rank order by avoiding, accepting, competing, compromising, and cooperating. There was no significant difference in conflict management styles between male and female nurse managers. The study also found that the avoiding conflict management style was more prevalent among nurse managers in the age group of 20-30 years and compromising was more prevalent among those in the age group of 51-60 years and 20-30 years. The competing style was more prevalent among those in the age group of 31-40 years and 41-50 years. Accommodating was the highest among those in the age group of 21-30 years and lowest among those in the age group of 51-60 years. The collaborating score was similar in all age groups. The study also found that the avoiding style was more prevalent among supervisors and head nurses, while the competing style was more prevalent among assistant chief nurses and chief nurse managers. The compromising style was more prevalent among chief nurse managers and head nurses. The accommodating style was more prevalent among assistant chief nurses and head nurses. The collaborating style was similar across all positions.

5. Conclusions

On the basis of the results, it can be concluded that the research is a key exploratory step towards identifying the types of conflict management and how they influence Saudi Arabian ethical decision-making processes. The current research expands the results of a previous research that successful conflict management can contribute to

good workplace relationships and strengthen ethical decision-making. It does, however, add to the concept of ethnic identity and how it applies to forms of conflict management within the decision-making umbrella. Since there is a detrimental racism of Arabs, the study also calls for further studies on how communication is conducted out in Arab countries. The study has, hopefully enough, provided some basis for ongoing research into conflict management styles as well as how they affect decision - making from the understanding of ethics in Saudi Arabia. The need to design and implement an educational curriculum that can teach managers various types of conflict management and how they can be well handled to keep coming up with an ethical decision should be advised in the light of the research results. In addition , it is important to remember that Arabian researchers need to include more females in their studies in order to balance the perspectives of both sexes in their results.

Recommendation

The results of the analysis indicate that:

(1)   Nursing faculties should promote the requisite expertise and skills of nursing staff that contribute to quality patient care.

(2)   The hospital should conduct an ongoing in-service training curriculum on policies and guidelines that promote collaborative practice, and use constructive steps to discuss and resolve conflict issues.

(3)   Management and subordinates, by being able to listen and find accurate solutions, must be concerned and committed to resolving disputes between coworkers.

(4)   In order to provide productive support and manage / mitigate disputes, the hospital must provide internal and/or external third party assistance (e.g. spiritual care, psychologists, healthy workplace advocates and clinical practice specialists / consultants).

(5)   A routine evaluation, which may include quality metrics, should be carried out by the hospital to determine the types and results (short-term and long-term) of disputes between nurses, physicians and other health professionals.

(6)   More research on conflict management capabilities and skills among undergraduate and graduate students should be conducted for exploration.

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