

Causes and Types of Conflict and Resolution Strategies among Nursing Students: A Comparative Study between Two Cultures

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Abstract: Purpose: To compare the causes, types, and applied conflict resolutions strategies among nursing students at Ain-Shams University in Egypt and Beirut Arab University in Lebanon. Methods: Design: This comparative cross-sectional study was conducted on a sample of 202 Egyptian and 75 Lebanese nursing students during the academic year 2009/2010. Data collection was through a self-administered form including a questionnaire for conflict causes (Cronbach alpha coefficient =0.955) and the conflict strategies inventory (Cronbach alpha coefficient =0.829). Findings: Time pressure was the most common cause of conflict among Egyptian (42.6%) and Lebanese (42.7%) students, and the intra-person type was the most prevalent among them, 32.2% and 17.3%, respectively. Egyptians had more use of accommodating ($p=0.02$), collaborating ($p=0.006$), competing ($p=0.007$), and avoiding ($p=0.006$) strategies. The competing, compromising, and avoiding strategies had weak positive statistically significant correlations with all types of conflict in the Egyptian sample, the strongest being between compromising and inter-person type ($r=0.394$). Among Lebanese, a weak negative statistically significant correlation was found between competing and inter-person type ($r=-0.250$). Conclusion: The study provides preliminary evidence of a possible influence of culture and ethnicity on the causes and types of conflict, and the resolution strategies used. Further research is needed in this area, preferably comparing more widely different cultures. Clinical relevance: Cultural factors and ethnic differences should be considered in conflict resolution training programs, particularly in multi-ethnic communities.

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1. Introduction:

Conflict which is natural result of human communication is generally defined as the consequence of real or perceived differences in mutually exclusive goals, values, ideas, attitudes, beliefs, feelings, expectations or actions within the individual or between two persons or parties (Marquis and Huston, 2009). It is an inevitable phenomenon in any organization. Universities as educational organizations do experience conflicts between different groups within its jurisdiction as between student-student, student-instructor, student-authority (Lussier, 2006; Adebayo, 2009).

Conflict can be categorized according to situation into intrapersonal, interpersonal, intragroup, and intergroup types (Roussel et al., 2006). It can also be positive or negative, healthy or dysfunctional. A certain amount of conflict is beneficial to individuals as it can increase creativity by acting as a stimulus for developing new ideas or identifying methods for solving problems. It also helps people recognize legitimate differences within the organization or profession and serves as a powerful motivator to

improve performance and satisfaction (Hagel and Brown, 2005).

Students come to colleges with different experiences, fears, expectations, attitudes, backgrounds, hopes, and aspiration which may lead to conflict between groups (Adebayo, 2009). Moreover, conflict can occur in colleges between students and faculty management, students and teachers or instructors, students and managers, and students and students (Miklas and Kleiner, 2003). In these situations, conflicts can take place for different reasons as lack of openness, time or feedback, communication problems, anger and irritation, low performance and responsibilities, and disobedience to the rules and policies (Osinchuk, 1995; Adrian-Taylor 2007).

One of the most important factors in effective and constructive management of conflict is the style used to resolve it (Rahim et al., 2000). Conflict management style is the general attitude reflected in responding to conflict in reciprocal interactions of individuals (Xu and Davidhizar, 2004). Commonly, there are five strategies for managing conflict: avoiding, accommodating,

competing, compromising, and collaborating (Lussier, 2006).

In avoiding style, the user attempts to passively ignore the conflict rather than resolve it. The individual shows a low level of concern for the self and for the other side (Kantek and Gezer, 2009). Accommodating or smoothing conflict style is unassertive but cooperative through complimenting one's opponent and focusing on minor areas of agreement (Certo, 2003). It may be appropriate in dealing with minor problems (Yoder-Wise, 2007). Conversely, competing or forcing conflict style is assertive and uncooperative. The individuals do all effort to win, regardless of the cost. It may be needed in situations involving unpopular or urgent decisions (Sullivan and Decker, 2005; Lussier, 2006). The compromising or negotiating style is moderately assertive and cooperative based on give-and-take approach (Rahim, 2000). It can serve as a backup to resolve conflict when collaboration is ineffective and when opponents are of equal power (Roussel and Swansburg, 2009). The collaborating or problem solving style resolves conflict by working together with the other person to find an acceptable solution (Lussier, 2006). It is considered the most effective means for resolving conflicts (Sullivan and Decker, 2005).

Significance of the study

Conflict management skills are valued in medical and nursing education as a means of fostering teamwork and collaboration among health care professionals. This value is based on two assumptions. First, conflicts faced by students in teaching organizations have a direct effect on performance as well as the outcome of learning experience. Second, the responsibility of nursing colleges is to increase the ability and competency of their students to establish working relationships with diverse individual and groups of people as future professionals. As conflict causes and management depend on the cultural and environmental factors within the organization, it was deemed important to compare them in two related but different settings.

The aim of this study is to provide nursing educationalists with useful information about conflict in different cultures through comparing the causes, types, and applied conflict resolutions strategies among nursing students of Ain-Shams University in Egypt and Beirut Arab University in Lebanon.

2. Methods:

Research Design and Setting

A comparative cross-sectional design was used in this study, which was done at two faculties of nursing, one affiliated to Ain-Shams University in

Egypt, and the other affiliated to Beirut Arab University in Lebanon. The researchers selected those two countries because, although both are Arab countries, they have marked differences in historical dimensions and ethnicity, political environment, legislation, and economic and social structure.

Subjects

The study subjects consisted of nursing students from the four grades in the academic year 2009-2010, with the only inclusion criterion of being a full-time student during the time of the study. The Egyptian group included 202 students from the Faculty of Nursing at Ain Shams University. The Lebanese group included all the students in the Health Sciences Nursing Department, at Beirut Arab University. Their number was 75; 10 were selected for the pilot study, while 15 refused to participate in the study.

The sample size was calculated to detect any difference of 20% in conflict types or resolving styles prevalent with a rate of 50% or more, at 95% confidence level and 80% study power, using the sample size equation for a difference between two proportions (Schlesselman, 1982). As the total number of Lebanese students was limited, it was decided to calculate the sample size with proportion 3:1 for Egyptian and Lebanese groups, respectively. Accordingly, the required sample size was 201 and 67 students, respectively. As the number of students who accepted in the Lebanese school was 75, which is close to the required sample size, it was decided to include all of them. For the Egyptian group, randomized sampling was used to recruit students to achieve the required sample size. The number of students recruited in the four academic years was proportional to the number of students in each year.

Tools of data collection

Two tools were used for data collection, namely the conflict causes questionnaire, and the conflict strategies inventory.

Conflict causes questionnaire:

This tool was derived mainly from Rahim Organizational Conflict Inventory I (ROCI-I), which has proved construct, criterion, convergent and discriminant validity as well as internal consistency (Rahim, 1983). It was modified by the researchers guided by Certo (2003), Marquis and Huston (2009) to identify the causes and types of conflicts among nursing students. The questionnaire included 56 items in Arabic language to identify the causes and types of conflict. The responses were on a 5-point Likert scale: always, frequently, sometimes, rarely, and never occur. The items were classified

into ten causes and four types. The ten causes were related to teacher behavior (10), professional development (3), faculty management authority (4), incompatible values/goals (3), home-study interface (4), team work relations (8), student reward/discipline system (4), role ambiguity (2), time pressure (3), and clinical learning environment (15). The four types of conflict were intra-group (16), intra-person (9), inter-group (29), and inter-person (2). The tool was appended with a part for basic demographic characteristics as age, sex, academic year, residence, pre-university qualification. The tool was rigorously revised by a jury group of experts in nursing management for content validity using a Delphi technique. The process involved translation-re-translation, addition, deletion, and rephrasing of items as requested by experts. It was then pilot tested for reliability assessment, and proved to have Cronbach alpha coefficient 0.955, indicating a very high degree of reliability.

Scoring: scores 5 to 1 were respectively given to responses from always to never. For each student, the mean score of each type or cause was calculated and converted into a percent score. A score of 60% or higher indicated the presence of the conflict cause or type or its high level.

Conflict strategies inventory:

This tool was adopted from Rahim Organizational Conflict Inventory II (ROCI II), which was developed for determining what styles people use to handle conflict and also has proved construct, criterion, convergent and discriminant validity as well as internal consistency. The tool has 30 items equally divided among the five conflict management styles of accommodating, collaborating, competing, compromising, and avoiding. The responses are on a 5-point Likert scale: always, frequently, sometimes, rarely, and never occur; a higher score indicates that a particular style is used more (Rahim, 1983). The tool was modified and translated into Arabic using the translation-re-translation method to ascertain its validity. The scoring was similar to the first tool. Additionally, for each student the strategy with the highest score was considered as the predominantly used strategy. The reliability was tested, and Cronbach alpha coefficient was 0.829, indicating very high reliability.

Procedures

Official permission was obtained to perform the study after reviewing its ethical aspects by the Ethics Committees in both faculties. A pilot study was done on 10% of the sample students; accordingly the tools and data collection plan were finalized. Pilot subjects were not included in the study sample. Data

were collected three days per week. A verbal informed consent was obtained from each participant after explaining the purpose of the study and informing him/her about the rights to refuse or withdraw from the study at any time. Confidentiality of the data was ascertained. The questionnaires were anonymous and self-administered.

Statistical analysis

Data entry and statistical analysis were done using SPSS 14.0 statistical software packages. Quantitative continuous data were compared using Student t-test in case of comparisons between two groups. Qualitative categorical variables were compared using chi-square test. Whenever the expected values in one or more of the cells in a 2x2 tables was less than 5, Fisher exact test was used instead. In larger than 2x2 cross-tables, no test could be applied whenever the expected value in 10% or more of the cells was less than 5. Pearson correlation analysis was used for assessment of the inter-relationships among quantitative variables, and Spearman rank correlation for ranked ones. Statistical significance was considered at p-value <0.05.

3. Results:

The socio-demographic characteristics of nursing students in the two study groups showed in (Table 1). The age of Egyptian students group ranged between 17-25 years (19.3 ± 2.6 years). The age of Lebanese students group ranged between 17-48 (21.2 ± 4.5 years). The majority of students in the two groups had general secondary school as pre-university qualification (87.1 and 84.5% respectively). Also more than half of Egyptian students (52.0%) had rural residence, compared to 9.3% among Lebanese students. It is also noticed that the majority of Egyptian and Lebanese students chose the faculty of nursing by their own will (71.8% and 85.3%, respectively). Additionally, 45% of Egyptian students group were male compared to 52 % male students among Lebanese group.

Concerning the causes and types of conflict, Table (2) demonstrates that time pressure was the most commonly mentioned by both Egyptian and Lebanese students (42.6% and 42.7%, respectively). Statistically significant differences are noticed between the two groups in almost all causes of conflict with exception to role ambiguity and time pressure as causes of conflict. In all these differences, the causes of conflict were higher among Egyptian students. As for the types of conflict, the table indicates that the intra-person type was the most prevalent among both Egyptian (32.2%) and Lebanese (17.3%) students. Also, statistically

significant differences were observed between the two groups in almost all types of conflict, the only exception being in inter-person conflict. In all these types, the prevalence was higher among Egyptian students.

Table (3) shows a comparison of the conflict resolution strategies used in the two study groups. It shows statistically significantly higher use of accommodating ($p=0.02$), collaborating ($p=0.006$), competing ($p=0.007$), and avoiding ($p=0.006$) strategies by Egyptian students. The collaborating strategy was the most used in both groups, whereas the avoiding was the least among Egyptian students, and the competing was the least among Lebanese students. The table also indicates that the collaborating strategy was the most common predominant strategy used by both Egyptian (64.9%) and Lebanese (49.3%) students. Also, a statistically significant difference was revealed, with more use of competing and avoiding strategies by Lebanese students, and more use of collaborating and accommodating strategies by Egyptian students, $p<0.001$.

As for the relation between the scores of conflict types and conflict resolution strategies, Table (4) demonstrates no statistically significant correlations between the accommodating style and

any of the four types of conflict. Meanwhile, the competing, compromising, and avoiding strategies had weak positive statistically significant correlations with all types of conflict among Egyptians, the strongest being between compromising and inter-person type ($r=0.394$). Among Lebanese, a weak negative statistically significant correlation was found between the competing strategy and the inter-person type of conflict ($r=-0.250$). The collaborating strategy had a weak negative statistically significant correlation with the intra-group conflict in the Egyptian ($r=-0.169$) and Lebanese ($r=-0.231$) groups, and on the inter-person type in the Lebanese group (-0.368).

Table (5) illustrates the correlation between the scores of conflict resolution strategies and students' age and academic years. The table shows weak positive statistically significant correlations between the academic year of Egyptian students and each of their scores of competing, compromising, and avoiding strategies ($r=0.183$, 0.251 , 0.230 , respectively). Also, there were weak positive statistically significant correlations between their age and the scores of avoiding ($r=0.235$) and compromising ($r=0.189$) strategies. As for the Lebanese sample, no statistically significant correlations could be demonstrated.

Table 1. The socio-demographic characteristics of nursing students in the two study groups

	Group			
	Egyptian (n=202)		Lebanese (n=75)	
	No.	%	No.	%
Age (years):				
<20	103	51.0	22	29.3
20+	99	49.0	53	70.7
Range	17.0-25.0		17.0-48.0	
Mean±SD	19.3±1.6		21.2±4.5	
Sex:				
Male	91	45.0	39	52.0
Female	111	55.0	36	48.0
Academic year:				
1	56	27.7	18	24.0
2	41	20.3	13	17.3
3	43	21.3	17	22.7
4	62	30.7	27	36.0
Pre-university qualification:				
General	176	87.1	63	84.0
Nursing school	9	4.5	11	14.7
Nursing technical institute	17	8.4	1	1.3
Choice of career:				
Forced	57	28.2	11	14.7
Willing	145	71.8	64	85.3
Residence:				
Urban	97	48.0	68	90.7
Rural	105	52.0	7	9.3

Table 2. Comparison of the sources and types of conflict among nursing students in the two study groups

	Group				X ² Test	p-value
	Egyptian (n=202)		Lebanese (n=75)			
	No.	%	No.	%		
Causes of conflict:						
Teacher behavior	55	27.2	7	9.3	10.08	0.001*
Professional development	52	25.7	6	8.0	10.40	0.001*
Faculty management authority	60	29.7	11	14.7	6.49	0.01*
Incompatible values/goals	34	16.8	5	6.7	4.67	0.03*
Home-study interface	71	35.1	14	18.7	6.99	0.008*
Team work relations	40	19.8	5	6.7	6.94	0.008*
Student reward/discipline system	65	32.2	10	13.3	9.84	0.002*
Role ambiguity	53	26.2	12	16.0	3.19	0.07
Time pressure	86	42.6	32	42.7	0.00	0.99
Clinical learning environment	45	22.3	1	1.3	17.32	<0.001*
Types of conflict:						
Intra-group	41	20.3	2	2.7	12.96	<0.001*
Intra-person	65	32.2	13	17.3	5.96	0.01*
Inter-group	38	18.0	2	2.7	11.54	0.001*
Inter-person	48	23.8	10	13.3	3.59	0.06

(*) Statistically significant at p<0.05

Table 3. Comparison of the conflict resolution strategies used by nursing students in the two study groups

	Group				X ² Test	p-value
	Egyptian (n=202)		Lebanese (n=75)			
	No.	%	No.	%		
Conflict resolution strategies:						
Accommodating	66	32.7	14	18.7	5.22	0.02*
Collaborating	141	69.8	39	52.0	7.62	0.006*
Competing	48	23.8	7	9.3	7.16	0.007*
Compromising	36	17.8	10	13.3	0.80	0.37
Avoiding	20	9.9	17	22.7	7.70	0.006*
Predominant strategy used:						
Accommodating	39	19.3	2	2.7	41.64	<0.001*
Collaborating	131	64.9	37	49.3		
Competing	8	4.0	18	24.0		
Compromising	9	4.5	5	6.7		
Avoiding	15	7.4	13	17.3		

(*) Statistically significant at p<0.05

Table 4. Correlations between the scores of conflict types and conflict resolution strategies

Conflict resolution strategies	Pearson correlation coefficient			
	Types of conflict			
	Intra-group	Intra-person	Inter-group	Inter-person
Egyptian (n=202)				
Accommodating	0.040	0.033	0.097	0.076
Collaborating	-0.169*	-0.051	-0.136	-0.049
Competing	0.351**	0.250**	0.336**	0.260**
Compromising	0.215**	0.229**	0.318**	0.394**
Avoiding	0.156*	0.198**	0.206**	0.200**
Lebanese (n=75)				
Accommodating	-0.108	0.081	-0.038	-0.115
Collaborating	-0.231*	0.012	-0.190	-0.368**
Competing	0.002	-0.084	-0.095	-0.250*
Compromising	-0.102	0.100	-0.019	-0.201
Avoiding	-0.177	0.077	-0.107	-0.039

(*) Statistically significant at p<0.05 (**) statistically significant at p<0.01

Table 5. Correlations between the scores of conflict resolution strategies and students' age and academic years

Conflict resolution strategies	Pearson correlation coefficient	
	Age	Academic year [#]
Egyptian (n=202)		
Accommodating	0.090	0.060
Collaborating	-0.062	-0.104
Competing	0.103	0.183**
Compromising	0.189**	0.251**
Avoiding	0.235**	0.230**
Lebanese (n=75)		
Accommodating	0.155	0.030
Collaborating	0.148	0.155
Competing	0.000	0.009
Compromising	0.096	0.010
Avoiding	0.143	-0.028

(*) Statistically significant at $p < 0.01$

(#) Spearman rank correlation

4. Discussion:

In this study the causes and types of conflict among two nursing faculties students in Egypt and Lebanon were compared and the applied conflict resolutions strategies by those students of both countries were examined. The study revealed statistically significant differences between the two groups in the causes and types of conflict, as well as in the resolution strategies used.

The present study findings revealed that almost all conflict types were significantly higher among Egyptian students. These differences might be explained by a number of characteristics of the students and the settings. For students, the Lebanese were older in age and mostly from urban areas. For the settings, apart from the larger number of students and lower availability of resources, the Egyptian setting has a more restrictive system in primary and secondary schools, which does not provide the student with the communication skills needed for university life; this may hinder the ability of youth to accommodate with norms and expectations of the new university society. In line with this, Shazly et al. (2005) identified environmental factors in the setting as independent predictors of conflict among nurse interns.

Regarding conflict resolution strategies, the present study demonstrated a preference for the collaborating strategy by two studied groups. This was also the most predominant as it leads to win-win situation. Kocaman (2003) explained the high use of this strategy in nursing by the emphasis on interpersonal relationships, communication and interaction in the nursing education curriculum, as well as skills employed during practice, such as

assessing patients holistically, identifying their needs, and listening to them. The finding is in agreement with Steele (2003) who showed that the collaboration strategy worked successfully both at the individual and group levels among medical students. Furthermore, Kantek and Gezer (2009) reported that the nursing students often use integrating conflict resolution styles as collaborating.

The present study results revealed a statistically significant difference in the predominantly used conflict management strategies among the two study groups. As the second strategy after collaborating, Egyptian students had more preference to accommodating strategy, while Lebanese ones preferred the competing strategy, followed by the avoiding one, which was the lowest among Egyptians. These differences may reflect different cultures and norms, with more assertiveness among Lebanese students. Thus, Lebanese have more preference to the two extreme strategies, whereas Egyptians prefer the moderation style. These differences reflect the variations in cultures as also demonstrated in comparison with other studies. For instance, Kantek and Gezer (2009) reported that Turkish university nursing students prefer to use the compromising style secondary to collaborating. This compromising style is one of the least in the present study.

The higher use of accommodating strategy among Egyptians is in congruence with Shazly et al. (2005) who similarly showed that accommodating was the second choice among Egyptian nurse interns. Their least preference to avoiding style also goes in line with Rahim et al. (2000) who indicated that

avoiding style was the least preferred strategy among nursing students.

Concerning the relation between the types of conflict and conflict resolution strategies, the present study demonstrated no correlations between the accommodating style and any of the four types of conflict, which means that this strategy has no effect on conflict perception by students. On the other hand, the competing, compromising, and avoiding strategies have positive correlations with all types of conflict in the Egyptian group, which means that these strategies are associated with higher levels of the four types. Meanwhile, a negative correlation was found between the competing strategy and the inter-person type of conflict in the Lebanese data, which means that the use of this strategy is associated with lower perception of this type of conflict. As for the collaborating strategy, it seems to have a lowering effect on the intra-group conflict in the two groups, and on the inter-person type in the Lebanese group. These findings indicate the merits of the collaborating strategy in intra-group and inter-person types of conflict. They also demonstrate that the competing strategy may be successful in the inter-person type of conflict among the Lebanese group, while in the Egyptian group it might increase the conflict. However, given the cross-sectional design of the study, no temporal relationship can be deduced between conflict types and conflict strategies. Therefore, it is not known whether it is the type of conflict that dictates the strategy to be used, or is it the strategy used that affects the perception of the conflict type.

As for the relationship between of students' age and academic year on their scores of conflict resolution strategies, the present study showed that the scores of compromising and avoiding increased with age and academic year of Egyptian students, and the competing increased with their academic year. Meanwhile, no relations were revealed in the Lebanese sample. These findings might be explained by the increasing leniency among students as they grow up in age and academic level, with more tendency towards soothing or avoiding approaches. Meanwhile, the competition increases as they advance in academic level. Seren and Ustun (2008) had similar findings and attributed them to the more emphasis given to communication skills in the early study years of the nursing curriculum.

5. Conclusion and recommendations

The study findings provide preliminary evidence of significant differences in the causes and types of conflict, as well as the resolution strategies between Egyptian and Lebanese group of nursing students. Egyptian students have higher prevalence,

and prefer moderation in resolution, while Lebanese prefer the two extreme strategies. Thus, based on the study findings, it recommended that the faculty staff reinforce a collaborative approach in minimizing causes of conflict as well as in resolving conflict through rules, regulation and coordination within the faculty and its departments. Keeping personal and professional communication in two- ways channels between faculty and students. Also prospective follow up studies are recommended to observe the students' actual behavior in solving conflict to indicate temporal relationship between conflict types and conflict strategies the same as for the relationship between of students' age, academic year and their conflict resolution strategies. To our knowledge, this study is the first addressing the influence of culture and ethnicity on conflict types and resolution strategies. So further research is needed to assess this influence using more widely different cultures. Such research would help nursing educationalists to tailor training programs in communication and conflict resolution to suit culture and ethnicity.

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References:

- Adebayo, F.A (2009). Student-authority conflict in Nigerian universities. *The Social Science*, 4(5),489-493.
- Adrian-Taylor, S.R. (2007). Conflict between international graduate students and faculty supervisors: Toward effective conflict prevention and management strategies. *Journal of Studies in International Education*, 11 (1): 90–117.
- Certo, S. (2003): *Supervision Concepts and skill building*, 4th ed., McGraw –Hill Irwin pp374-400.
- Hagel, J., and Brown, J.S. (2005). Productive friction: How difficult business partnerships can accelerate innovation. *Harvard Business Review*, 83(2): 82-91.
- Kantek, F., Gezer, N.(2009) Conflict in schools: Student nurses' conflict management styles Nurse. *Education Today*, 29: 100–107.
- Kocaman, G.(2003). Problem-based education. Retrieved July 21, 2003, from <www.geocities.com/sagliktoplum/g.ppt>. In Seren,S., Ustun, B. (2008). Conflict resolution skills of nursing students in problem-based compared to conventional curricula. *Nurse Education Today* , 28:393–400

- Lussier, R.N.(2006). Management fundamentals: concepts, applications, skill development.3rd ed. Thomson-South-Western. Australia. PP.323-327
- Marquis, B., Huston, C.(2009). Leadership Roles and Management Functions in Nursing: Theory and Application.(6th ed). Lippincot-Williams &wilkins. Philadelphia. pp.493-510.
- Miklas, E.J., Kleiner, B.H. (2003). New developments concerning academic grievans. Management Research News, 26 (2-4):141-147
- Mura, G., Bonsignore,V Diamantini ,D.(2010). Conflict management among secondary school students. Procedia Social and Behavioral Sciences, 2 :2402-2408
- Osinchuk, M.E. (1995). Students' perceptions of teacher-student conflict. University of Alberta (Canada), Disseration, Pub No: AATMM06411.
- Rahim, M.A. (1983). A measure of styles of handling interpersonal conflict. Academy of Management Journal 2: 368-376.
- Rahim, M.A.(2000). Empirical studies on managing conflict. The Journal of Conflict Management, 11 (1): 5-8.
- Rahim, M.A., Magner, N.R., Shapiro, D.L. (2000). Do justice perceptions influence styles of handling conflict with supervisors? What justice perceptions, precisely? The International Journal of Conflict Management, 11 (1): 9-31.
- Roussel, L., Swansburg, R.C., Swansburg, R.j (2006). Management and leadership for nurse administrators, 4th ed Jones and Bartlett publishers. Boston. pp. 199-206.
- Roussel, L., Swansburg, R.C(2009). Management and leadership for nurse administrators, 5th ed., Jones and Bartlett publishers. Boston. pp. 280-283.
- Seren,S., Ustun, B. (2008). Conflict resolution skills of nursing students in problem-based compared to conventional curricula. Nurse Education Today , 28: 393-400
- Schlesselman J. (1982). Case control studies: design, conduct, analysis. Oxford Uni. Press, New York, pp 145-146.
- Shazly.M.M., Mostafa.G.M., El-Sayed,S.H(2005). Conflict among nurses interns: Causes, Types, and resolution strategies. The first national scientific nursing conference. PP. 196-214.
- Steele, G.(2003). Conflict management strategies and communication among medical. 16th Annual IACM Conference Melbourne, Australia. Available at SSRN: <http://ssrn.com/abstract=399701> or doi:10.2139/ssrn.399701. Retrieved, May2010.
- Sullivan, E.J., Decker, P.J. (2005). Effective Leadership and Management in Nursing, 6th ed., Pearson Prentice Hall, New Jersey, pp134-140.
- Yoder-Wise, P. (2007). Leading and Managing in Nursing, 4th ed., Mosby Elsevier, St Louis, pp460-472.
- Xu, Y., Davidhizar, R. (2004). Conflict management styles of Asian and Asian American nurses. The Health Care Manager, 23 (1):46-53

Clinical resources

<http://www.managementhelp.org>

<http://www.foundationcoalation.org/publication/conflict.pdf>

<http://www.irbdirekt.de/daten/iconda/CIB12148.pdf>

http://www.ssi.nrcs.usda.gov/publications/_borders/1_PPCs/PPC012_pdf.ConflictManagement.pdf

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