

Effect of Assertiveness Educational Program on Conflict Handling Styles for Nursing Staff at Intensive Care Unit

¹Sara A. Mostafa, ²Seham I. Hamouda, ³Safaa A. Zahran, ⁴Heba K. Obied

¹Assistant lecturer, ²professor, ³Assistant Professor, ⁴Assistant Professor of nursing administration, Faculty of nursing, Tanta University

Abstract: Assertiveness skill is one of the communication skills that help nursing staff to deal with conflict through expressing one's feelings and needs openly and honestly without denying others' rights. Aim: to determine effect of assertiveness educational program on conflict handling styles for nursing staff at intensive care unit. Setting: Tanta International Teaching Hospital, Medical, Cardiac and Anesthesia ICUs. Subject: all (136) nursing staff working in previous setting. Tools: three tools was used. Nursing Staff Assertiveness Assessment Scale, Conflict Handling Styles Questionnaire and nurses' knowledge questionnaire. Results: Majority (88.2%) of nursing staff had moderate assertiveness level preprogram that improved postprogram to be 94.9% of them had high assertiveness. 30.1% of total nursing staff preferred avoiding conflict handling style preprogram, while, 35.3% of them preferred collaboration conflict handling style immediately postprogram. Also, there was a statistical significant correlation between ICU nursing staff total assertiveness and all conflict handling styles except avoiding style. Conclusion: Implementation of a designed program lead to significant improvement in nursing staff' knowledge about assertiveness and conflict handling styles. Also, they had high assertiveness level and preferred collaborating conflict handling style. Recommendations: Continuous offerings of staff development activities to improve nurses' assertiveness behavior and increase their awareness about conflict handling strategies.

Keywords: Assertiveness, Conflict handling styles, Educational program, ICU, Nursing staff.

1. INTRODUCTION

Intensive care units (ICUs) have multidisciplinary specialty devoted to the comprehensive and continuous management of critically ill patients⁽¹⁾. ICU nursing staff are competent registered nurses having specialized knowledge and skills to provide competent care for critically ill patients⁽²⁾. Although, critical care nurses, physicians and others involved in intensive care form an integrated team to work together in harmony, this team has different background, values, and goals that make it good media for conflict to arise⁽³⁾.

Conflict is a disagreement, or difference of opinion related to the management of patients in an ICU. It may emerge from variety of sources including interpersonal differences in values, opinions and scarce resources as well as inadequate communication and lack of clarity about one's tasks⁽⁴⁾. Little amounts of conflict enhance discussion and handle interpersonal differences while, unmanaged conflict will establish confusion in interpersonal relations, widen the chasm of misunderstanding and increase staff hostility^(5,6). Conflict handling is the practice of dealing with disputes in a rational, and effective way to achieve constructive rather than destructive results⁽⁷⁾.

Waithaka et al. (2015)⁽⁸⁾ differentiated between five conflict handling styles by using two dimensions, cooperativeness (one party satisfy the others party's concerns) and assertiveness (one party satisfy his or her own concern). The five conflict handling styles are avoiding, competing, accommodating, collaborating and compromising style. Avoiding style characterized by unassertiveness and uncooperativeness, individual parties tend to be passive and ignore conflict situations rather than confront them directly. Competing style known by assertiveness and uncooperativeness, it's a desire

to satisfy one's interest, regardless of the impact on the other party. Accommodating style known by unassertiveness and cooperativeness, the willingness of one party to place the opponent's interest above his or her own. Collaborating style known by assertiveness and cooperativeness, each individual respect the ideas and value of the other to find solution that satisfies both parties. Compromising style known by moderate level of assertiveness and cooperativeness, both parties have to give up a significant part of their interests⁽⁸⁾.

Conflict handling help conflicting parties to choose alternative positive decisions and develop a communication and problem-solving skills⁽⁹⁾. Assertiveness skill is one of communication skills that help them to deal with conflict⁽¹⁰⁾. It is the ability to express one's feelings, opinions, beliefs, and needs directly, openly and honestly, while not violating others' rights⁽¹¹⁾. Learning how to behave and communicate assertively can be a powerful tool to resolve conflicts and turn a difficult situation into an advantage⁽¹²⁾. Therefore, assertiveness educational program is expected to help ICU nurses to handle workplace conflicts.

Aim of The Study: Determine effect of assertiveness educational program on conflict handling styles for nursing staff at intensive care unit.

Research Hypothesis: Knowledge, levels of ICU nursing staff assertiveness and conflict handling styles preference were expected to be improved after applying assertiveness educational program.

2. SUBJECTS AND METHOD

SUBJECTS

Study design: Quasi experimental design was used to achieve the aim of the present study. Such design fits the nature of the problem under investigation.

Setting: The study was conducted at Tanta International Teaching Hospital. Mainly in Medical, Cardiac and Anesthesia Intensive Care Units.

Subjects: Consisted of all (136) nursing staff 46 from Medical, 51 from Cardiac and 39 from Anesthesia Intensive Care Units.

Tools: To achieve the aim of this study the following tools were used:-

Tool I: ICU Nursing Staff Assertiveness Assessment Scale. Developed by researcher guided by Saffy El-din (2003)⁽¹³⁾ and recent related literatures⁽¹⁴⁻¹⁸⁾ to assess ICU nursing staff assertiveness levels and consisted of three parts:

Part (1): ICU nursing staff personal characteristics including age, gender, position, department, marital status, level of education, years of experience and number of children. **Part (2):** ICU Nursing staff Assertiveness Assessment Scale included 51 items distributed into three subscales: workplace assertiveness behavior (18 items), relationship assertiveness behavior (20 items) and assertiveness techniques (13 items). Scoring system: nursing staff responses' were measured in a four points Likert Scale always, sometimes, rarely and never. **Part (3):** Factors affecting assertive behavior among ICU nursing staff included 23 items distributed into three subscales: personal factors (9 items), administrative factors (8 items) and human relationship factors (6 items). Scoring system: nursing staff responses' were measured in a five points Likert Scales strongly agree, agree, uncertain, disagree and strongly disagree.

Tool II: Conflict Handling Styles Questionnaire

This tool was developed by the researcher guided by Rahim (2000)⁽¹⁸⁾ and recent related literatures⁽¹⁹⁻²¹⁾ to measure conflict management dimensions among ICU nursing staff. It included 33 items distributed into five subscales: avoiding style (7 items), competing style (7 items), accommodating style (6 items), collaborating style (6 items) and compromising style (7 items). Scoring system: The nursing staff responses' were measured in a five points Likert Scale strongly agree, agree, uncertain disagree, and strongly disagree.

Tool III: Nurses' Knowledge Questionnaire Sheet.

This tool was developed by the researcher guided by recent related literature⁽²²⁻²⁴⁾ to determine ICU nursing staff knowledge about assertiveness and conflict handling styles (30 questions). Scoring system: Each question of knowledge questionnaire was allotted a score of (1) for correct answer and (0) for wrong answer.

Method

- Ethical consideration: the aim of the study was explained to ICU nursing staff to gain their cooperation for participation in the study and they had the right to withdraw from the study.
- Tool I and II were presented to a jury of 10 experts in the area of specialty to check content validity of each tool.
- A pilot study was carried out 10% of the sample of ICU nursing staff (n=14) and they excluded from the main study sample during the actual collection of data.
- Data collection phase: ICU nursing staff assessment sheet regarding assertiveness and conflict handling styles (tool I, II) were distributed by researcher before, after and within three months after implementation of the program.
- Nurses' knowledge regarding assertiveness and conflict handling styles (tool III) was distributed by the researcher before and after implementation of the program.
- ICU nursing staff was divided into 10 groups. The program time was 5 hours for each group. One session every day (one hr. / day / 5 days). The program was conducted for ICU nursing staff at their work place.

Construction of educational program

The main objective of the program was to improve ICU nursing staff' knowledge and practice regarding assertiveness and conflict handling styles.

Program content

After determining objectives of program, the content was specially designed, methods of teaching and evaluation were identified. The content designed to provide knowledge and skills related to assertiveness and conflict handling styles. The program contents were divided into five sessions as follow:

- First session: Concepts, benefits of assertiveness and assertive rights.
- Second session: Assertiveness behavior and difference between aggressive and non-assertiveness behavior.
- Third session: Component and techniques that can assist in the development of assertiveness skills.
- Fourth session: Concept causes and types of conflict.
- Fifth session: Conflict handling styles and its relation with assertiveness.

3. RESULTS

Table (1) reveals nursing staff characteristics. The highest percent (65.4%) of ICU nursing staff fall in age group 25- 35 years old with mean age 26.31 ± 3.30 which was 72.5% of this group worked at Cardiac ICU. The majority (97.8%) of ICU nursing staff were staff nurses and majority (86.8%) of them were female compared to 13.2% were male nurses and around two thirds (65.4%) of them were married. 58.8% of total ICU nursing staff had <5 years of experiences with mean 4.90 ± 3.69 with 67.4% of this group worked at Medical ICU. More than sixty (61.8%) of total ICU nursing staff had Baccalaureate Degree of nursing and 66.7% of this group worked at Anesthesia ICU. 52.2% of total nursing staff had no children with mean 0.83 ± 1.03 .

Figure (1) shows distributions of ICU nursing staff regarding assertiveness knowledge pre and immediately postprogram. Preprogram 53.7% of ICU nursing staff had poor knowledge level of assertiveness while, 96.3% of them have good knowledge level of assertiveness immediately postprogram.

Figure (2) shows distributions of ICU nursing staff regarding conflict handling styles knowledge pre and immediately postprogram. Preprogram 54.4% of ICU nursing staff had poor knowledge level of conflict handling styles while, 97.8% of them have good knowledge level of conflict handling styles immediately postprogram.

Figure (3) shows nursing staff assertiveness levels during different phases of program. 88.2% of nursing staff had moderate assertiveness level preprogram while, 94.9% and 91.9% of them had high assertiveness level immediately postprogram and 3 months postprogram respectively.

Table (2) shows ranking ICU nursing staff perception regarding factors affecting assertiveness behavior during different phases of program. ICU nursing staff perceive that fear sarcasm from colleagues and stay away from them is the most personal factors affecting assertiveness behavior preprogram with mean 3.49 and immediately postprogram with mean 3.70. Also, they perceive that unable to use problem solving techniques is the most personal factors affecting assertiveness behavior at 3 months postprogram with mean 3.49. Preprogram, ICU nursing staff perceive that lack of motivation is the most administrative factor affecting assertiveness behavior with mean 3.46. While, they perceive that not rewarded on the good work is the most administrative factor affecting assertiveness behavior immediately postprogram with mean 3.85 and 3 months postprogram with mean 3.76. While, ICU nursing staff perceive that supervisor encourages them to work is a human relationship factor affecting assertiveness behavior during different phases of program with mean 2.81, 2.84 and 2.13 respectively.

Table (3) reveals correlation between ICU nursing staff assertiveness and their personal characteristics. There was a statistical significant correlation between nursing staff assertiveness and their age, gender, years of experience and level of education ($r = 0.169, 0.239, 0.180$ and 0.229) respectively. There was a statistical significant correlation between nursing staff position, gender and years of experience and workplace assertiveness behavior ($r = 0.309, 0.215$ and 0.229) respectively. There was a statistical significant correlation between ICU nursing staff age and relationship assertiveness behavior ($r = 0.202$). There was a statistical significant correlation between ICU nursing staff gender and years of experience and assertiveness techniques ($r = 0.183$ and 0.239) respectively.

Table (4) reveals percent distribution of nursing staff preferences of conflict handling styles according to type of ICU work unit pre and immediately postprogram. Preprogram, 30.1% of total ICU nursing staff preferred avoiding conflict handling style while, 35.3% of them preferred collaboration conflict handling style immediately postprogram.

Table (5) reveals correlation between ICU nursing staff assertiveness and conflict handling styles. There was a statistical significant correlation between ICU nursing staff total assertiveness and all conflict handling styles except avoiding style ($r = 0.405, 0.185, 0.180$ and 0.360) respectively.

Table (1): Characteristics of ICU nursing staff (n = 136)

Characteristics	Medical ICU (n = 46)		Cardiac ICU (n = 51)		Anesthesia ICU (n = 39)		Total (n = 136)		Test of sig.	p
	No.	%	No.	%	No.	%	No.	%		
Age (years)										
<25	17	37.0	10	19.6	11	28.2	38	27.9	$\chi^2 = 5.561$ $F = 3.073^*$	$MC_p = 0.226$ 0.050^*
25 - 35	28	60.9	37	72.5	24	61.5	89	65.4		
>35	1	2.2	4	7.8	4	10.3	9	6.6		
Min. – Max.	22.0 – 36.0		23.0 – 37.0		23.0 – 37.0		22.0 – 37.0			
Mean ± SD.	25.37 ± 2.23		26.96 ± 3.54		26.56 ± 3.80		26.31 ± 3.30			
Position										
Head nurse	1	2.2	1	2.0	1	2.6	3	2.2	$\chi^2 = 0.486$	$MC_p = 1.000$
Staff nurse	45	97.8	50	98.0	38	97.4	133	97.8		
Gender										
Male	5	10.9	7	13.7	6	15.4	18	13.2	$\chi^2 = 0.392$	0.822
Female	41	89.1	44	86.3	33	84.6	118	86.8		
Marital status										
Single	17	37.0	12	23.5	18	46.2	47	34.6	$\chi^2 = 5.179$	0.075
Married	29	63.0	39	76.5	21	53.8	89	65.4		
Years of experience										
<5	31	67.4	23	45.1	26	66.7	80	58.8	$\chi^2 = 8.673$	$MC_p = 0.062$
5 – 10	14	30.4	23	45.1	9	23.1	46	33.8		

>10	1	2.2	5	9.8	4	10.3	10	7.4	F=2.849	0.061
Min. – Max.	2.0 – 14.0		2.0 – 18.0		2.0 – 18.0		2.0 – 18.0			
Mean ± SD.	3.98 ± 2.25		5.75 ± 4.01		4.87 ± 4.39		4.90 ± 3.69			
Level of education									$\chi^2=6.582$	MCp=0.121
Post graduate studies	0	0.0	1	2.0	3	7.7	4	2.9		
Baccalaureate degree	25	54.3	33	64.7	26	66.7	84	61.8		
Associate degree	21	45.7	17	33.3	10	25.6	48	35.3		
No of children									$\chi^2=3.339$	MCp=0.509
No	25	54.3	23	45.1	23	59.0	71	52.2		
1-2	18	39.1	26	51.0	13	33.3	57	41.9		
>2	3	6.5	2	3.9	3	7.7	8	5.9	F=0.350	0.705
Min. – Max.	0.0 – 4.0		0.0 – 3.0		0.0 – 4.0		0.0 – 4.0			
Mean ± SD.	0.80 ± 1.05		0.92 ± 0.96		0.74 ± 1.12		0.83 ± 1.03			

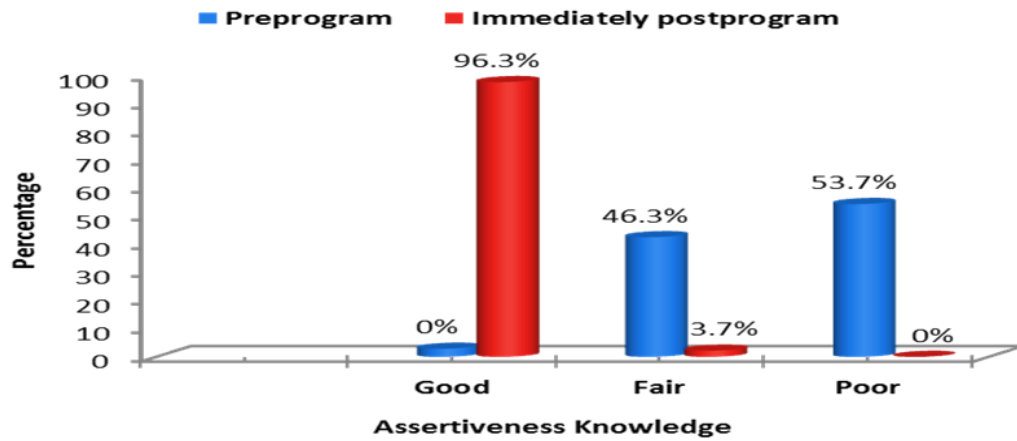


Figure (1): Distributions of ICU nursing staff regarding assertiveness knowledge pre and immediately postprogram (n = 136)

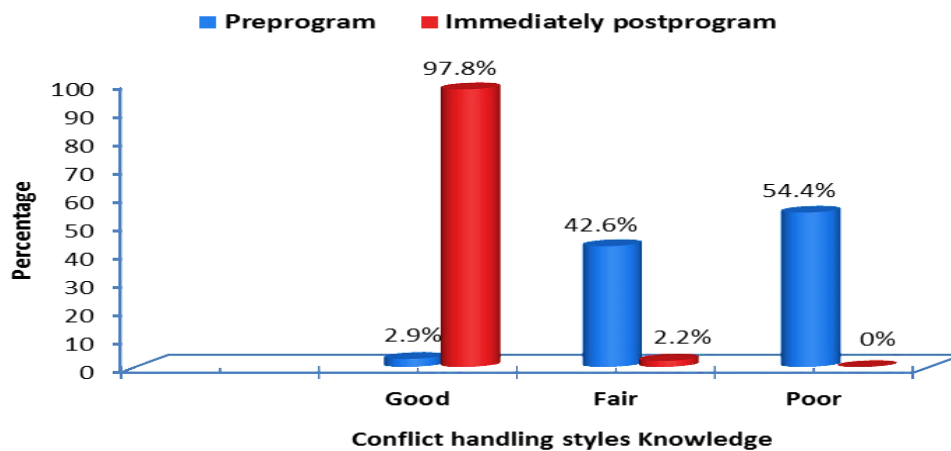


Figure (2): Distributions of ICU nursing staff regarding conflict handling styles knowledge pre and immediately postprogram (n = 136)

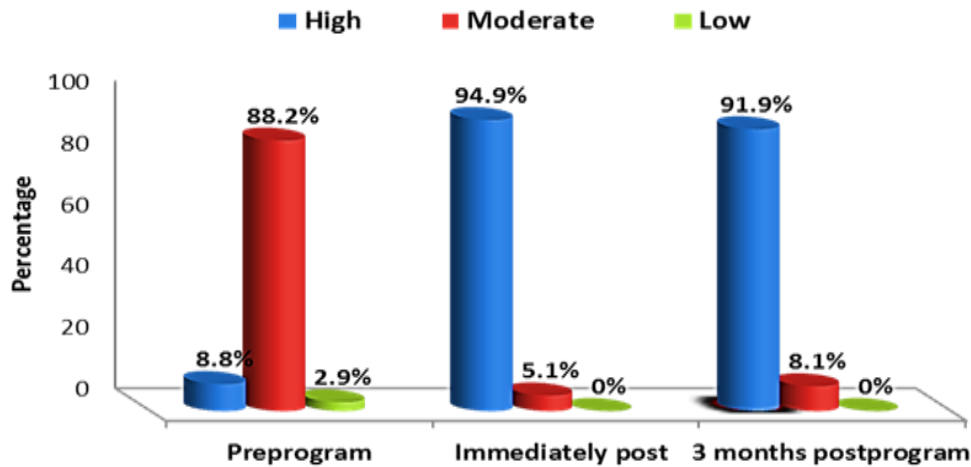


Figure (3): ICU nursing staff assertiveness levels during different phases of program (n = 136)

Table (2): Ranking ICU nursing staff perception regarding factors affecting assertiveness behavior during different phases of program (n = 136)

Assertive behavior factors	Pre			Immediately post			3 months post		
	Mean	±SD	Rank	Mean	±SD	Rank	Mean	±SD	Rank
Personal factors									
Lack of courage to talk.	3.33	0.89	2	3.55	0.65	3	3.28	0.58	2
Fear of being neglected.	1.43	0.92	9	3.20	1.02	4	2.51	1.29	6
Fear sarcasm from colleagues and stay away from them.	3.49	1.03	1	3.70	0.69	1	2.87	1.34	3
Fear of losing my job when asking for my rights.	2.46	1.27	6	3.57	0.86	2	2.82	1.35	4
Fear from punishment.	2.63	1.23	3	3.04	1.17	6	2.38	1.32	8
Fear of personal failure or dim shed my self-worth.	1.56	0.99	8	2.99	1.22	7	2.31	1.29	9
Can stand for my rights all the way.	2.57	1.08	5	1.97	1.17	9	2.40	0.97	7
Unable to use problem solving techniques properly.	2.61	1.36	4	3.07	1.16	5	3.67	0.56	1
If I work in another unit I can be more enthusiastic.	2.18	1.37	7	2.17	1.37	8	2.56	1.22	5
Administrative factors									
Lack of supplies and equipment for nursing care.	1.99	1.28	4	2.24	1.32	7	3.03	0.89	6
Lack of nurses' training and staff development.	2.34	1.23	2	2.74	1.05	6	2.74	1.05	7
Lack of motivation.	3.46	0.83	1	3.65	0.85	2	3.53	0.86	3
I always punish from my superiors at work.	1.60	1.10	8	1.78	1.00	8	2.14	1.28	8
I always not rewarded on the good work.	1.98	1.20	5	3.85	0.42	1	3.76	0.43	1
Disorganized of work system.	1.87	1.27	7	2.90	1.36	5	3.19	1.22	5
High workloads.	2.07	1.29	3	3.63	0.74	3	3.57	0.68	2
Work in my unit need more official working hours.	1.98	1.30	5	3.40	0.95	4	3.32	1.13	4
Human relationship factors									
Avoid conflict.	1.78	1.09	2	2.13	1.26	2	1.10	0.49	6
Help new colleagues in learning new skills.	1.70	1.04	3	1.51	0.88	6	1.93	1.00	3
Feel comfortable in working with nursing team.	1.65	1.01	5	1.56	0.97	4	2.01	1.07	2
Supervisor could encourage me to work.	2.81	1.21	1	2.84	1.22	1	3.88	0.39	1
Ability to deal with different.	1.68	1.00	4	1.57	0.92	3	1.40	0.80	5
Prefer working with experienced colleagues.	1.52	0.94	6	1.55	0.96	5	1.85	1.05	4

Table (3): Correlation between ICU nursing staff assertiveness and their personal characteristics.

Personal characteristics		ICU Nursing Staff Assertiveness			
		Workplace assertiveness behavior	Relationship assertiveness behavior	Assertiveness techniques	Total
Age	r	0.025	0.202*	-0.045	0.169*
	p	0.774	0.018*	0.605	0.049*
Position	r _s	0.309*	0.150	-0.045	0.090
	p	<0.001*	0.081	0.600	0.298
Gender	r _s	0.215*	-0.162	0.183*	0.239*
	p	0.012*	0.060	0.033*	0.005*
Marital status	r _s	-0.129	-0.038	0.013	-0.069
	p	0.133	0.659	0.882	0.423
Years of experience	r	0.229*	-0.202	0.239*	0.180*
	P	0.007*	0.018	0.005*	0.036*
Level of education	r _s	0.014	-0.022	-0.016	0.229*
	p	0.870	0.801	0.850	0.007*
No of children	r	-0.065	-0.059	0.000	-0.063
	p	0.449	0.492	0.996	0.468

*: Statistically significant at $p \leq 0.05$

Table (4): Percent distribution of nursing staff preferences of conflict handling styles according to type of work unit pre and immediately postprogram (n=136)

Conflict handling styles	Medical (n=46)		Cardiology (n=51)		Anesthesia (n=39)		Total (n=136)	
	Pre	Immediately post	Pre	Immediately post	Pre	Immediately post	Pre	Immediately post
	%	%	%	%	%	%	%	%
Avoiding	30	10	32	12	29	10	30.1	10.3
Competing	15	11.3	10	14	11	17	12.2	14.0
Accommodating	16	25	16	25	18	24	16.9	25.0
Collaborating	20.6	36.8	19	34	22	35	19.9	35.3
Compromising	18.4	16.9	23	15	20	14	20.8	15.4

Table (5): Correlation between ICU nursing staff assertiveness and conflict handling styles (n=136)

Conflict Handling Styles		ICU Nursing Staff Assertiveness			
		Workplace assertiveness behavior	Relationship assertiveness behavior	Assertiveness techniques	Total
Avoiding style	r	-0.286*	-0.164	-0.072	0.167
	p	0.001*	0.056	0.403	0.052
Competing style	r	0.061	0.103	0.000	0.405*
	p	0.481	0.231	1.000	<0.001*
Accommodating style	r	-0.074	-0.090	0.137	0.185*
	p	0.395	0.298	0.113	0.031*
Collaborating style	r	0.116	0.206*	0.169*	0.180*
	p	0.178	0.016*	0.049*	0.036*
Compromising style	r	0.350*	0.180*	0.238*	0.360*
	p	<0.001*	0.036*	0.005*	<0.001*

*: Statistically significant at $p \leq 0.05$

4. DISCUSSION

In relation to ICU nursing staff knowledge, the current study findings showed that there was a statistical significant difference between ICU nursing staff knowledge related to assertiveness pre and immediately postprogram. Preprogram, more than half of ICU nursing staff had poor knowledge level of assertiveness compared to the majority of them have good knowledge level of assertiveness immediately postprogram. This can be attributed to lack of knowledge related to assertiveness before implementing the program and assertiveness rights wasn't included in the hospital policy, or hospital didn't promote and support assertive behavior, as well as lack of training program about assertiveness for nurses. While, after implementing the program ICU nursing staff gained knowledge about assertiveness and its techniques that assist in development of stronger assertiveness communication skills as useful tool in the management of hostile, and insulting behaviors in a peaceful manner.

These results go in the same line with **Gultekin (2018)**⁽²⁵⁾ who found that there was a statistically significant difference between nursing students' knowledge (experimental group) post educational program. **Hojjat et al. (2016)**⁽²⁶⁾ found that nursing' knowledge about assertiveness was improved after implementing assertiveness training program as assertiveness education leads to increase interpersonal interaction with express feelings comfortably.

Our study results revealed a statistical significant difference between ICU nursing staff knowledge related to conflict handling styles pre and immediately postprogram. Preprogram, more than half of ICU nursing staff had poor knowledge level of conflict handling styles compared to the majority of them have good knowledge level of conflict handling styles immediately postprogram. This can be attributed to those nursing staff had lack of knowledge about conflict handling styles plus their unattendance to previous training program about conflict handling styles. While, after implementing program, ICU nursing staff acquired knowledge about conflict handling styles and its relation to assertiveness that is necessary to behave in a professional manner and to handle conflict with building strong relationship among them and creating a win-win solution to certain problems. These result go in the same line with **Abd-Elrhaman and Ghoneimy (2018)**⁽²⁷⁾, **Ibrahim et al. (2018)**⁽²⁸⁾ and **Obied and Ahmed (2016)**⁽²²⁾ revealed that there was statistically significant improvement in staff nurses' knowledge related to conflict management immediate post program.

Assessment of ICU nursing staff perception about assertiveness before implementing program revealed that majority of ICU nursing staff had moderate assertiveness level. This may be due to ICU nursing staff had poor knowledge of assertiveness, lack of courage to talk, as well as hospital doesn't promote assertive behaviour and lack of nurses' assertiveness training program. These findings supported by **larijani et al. (2013)**⁽²⁹⁾ who found that nearly third of nurses had average level of assertiveness. **Stojčić et al. (2014)**⁽³⁰⁾ found that majority of nurses had moderate assertiveness level.

After implementing our program, majority of ICU nursing staff had high assertiveness level. This may be due to ICU nursing staff understand program sessions which clarified to them assertiveness rights, how to differentiate between assertive and non-assertive behaviors and outcomes of practice assertive behaviors in right manner. These findings supported by **Dehnabi et al. (2017)**⁽³¹⁾ who found that the mean score of nurses assertiveness skills was significantly higher in postporgram compared to the preprogram. Also, **Mohammed (2018)**⁽³²⁾ indicated that the majority of nursing students had high assertiveness levels after implementation of assertiveness program.

Results of the current study showed that preprogram, most of ICU nursing staff perceived that fear of sarcasm with staying away from colleagues and lack of courage to talk are the most personal factors affecting assertiveness behavior. These result in line with **Wahab (2009)**⁽³³⁾ indicated that courage and fear of being punished if they ask for their rights are personal factors affecting assertiveness behavior. Results of the current study showed that preprogram, majority of ICU nursing staff perceived that lack of motivation and lack of nurses' training and staff development are most administrative factor affecting assertiveness behavior. This finding is supported by **Gholamzadehet al. (2016)**⁽³⁴⁾ and **McCabe and Timmins (2015)**⁽³⁵⁾ concluded that assertiveness training program are administrative factor affecting assertiveness behavior.

Results of the current study showed that preprogram, most of ICU nursing staff perceived that supervisor stand next to them and encourages them to work is a human relationship factor affecting assertiveness behavior pre and immediately postprogram. These finding is attributed to that head nurse provides them chance to express feelings and thoughts and foster communication effectively to solve conflicts in a constructive way. Therefore, ICU nursing staff able to deal with

work-related problems properly. These findings confirmed by **Qureshi et al. (2018)**⁽³⁶⁾ found that nurse supervisor is responsible for motivating nursing staff in order to perform better in hospital and create environment that enhance positive attitude.

Assessment of ICU nursing staff preferences of conflict handling styles before implementing program revealed that around thirty percent of ICU nursing staff preferred avoiding conflict handling style. This may be due to that avoidance is a strategy employed in cases of denial that a problem exists and used in case of fear of consequences due to lack of self-confidence, feeling of powerless, in addition to lack of hospital support, and when there is insufficient background to deal with the situation. The present study is congruent with **Moisoglou et al (2014)**⁽³⁷⁾ and **Kaitelidou et al. (2012)**⁽³⁸⁾ found that high percent of nurses used avoidance strategy to deal with conflict. Also, **Obied and Ahmed(2016)**⁽²²⁾ supported our study results and found that around one third of ICU nurses preferred avoiding style before implementing educational program.

After implementing program, more than thirty of ICU nursing staff preferred collaboration conflict handling style. This can be attributed to that ICU nursing staff acquired knowledge about conflict handling styles and assertiveness communication skills so, they can control their emotions and behavior, communicate their needs without frightening and listen to the other party which in turn arriving to building an effective collaborative relationships. **Obied and Ahmed(2016)**⁽²²⁾ who found that ICU nurses preferred collaboration as conflict management styles post educational program.

According to the result of current study, there was a statistical significant correlation between ICU nursing staff total assertiveness and all conflict handling styles except avoiding style. This may interpreted by that assertiveness plays an important role in arriving integrative outcomes which allows ICU nursing staff to handle the situation and convinces the other party that their conclusion is right which in turn lead to win-win solution between both parties. These findings were supported by **Gholamzadehet al. (2016)**⁽³⁴⁾ who showed that there was a significantly positive relationship between nurse managers' assertiveness and conflict management styles. **Abd El- Rahman et al. (2018)**⁽³⁹⁾ revealed that there was positive statistically significant correlation between nursing students' total assertiveness as regards their using of conflict management collaborating, accommodating and competing with their peers.

5. CONCLUSION

Immediately after implementation of a designed program about assertiveness and conflict handling styles lead to significant improvement in ICU nursing staff knowledge about assertiveness and conflict handling styles. Also, they had high assertiveness level and preferred collaborating conflict handling style. There was a statistical significant correlation between ICU nursing staff total assertiveness and all conflict handling styles except avoiding style.

So, we recommend that,

- Hospital need to set up policies and guidelines to encourage assertiveness communication as a proactive measure to address conflict issues and moving toward resolution.
- Educate ICU nursing staff how to resolve conflict more effective through case scenarios and role-playing exercises.
- Continuous implementation of staff development activities to improve nursing staff knowledge, skills and attitude regarding assertiveness behavior.
- Motivate staff members to express their opinions and personal rights and provide them greater autonomy by participating in decision-making and opportunities for professional development.

REFERENCES

- [1] **Komenda I.** Modeling critical care unit activities through queuing theory. Published PHD Thesis. School of Mathematics. Cardiff University. 2013; 1-39. [cited 2018 May 25] Available from: <https://orca.cf.ac.uk/47686/1/2013komendaiphd.pdf>.
- [2] **El-Nageer S.** Quality nursing care barriers in critical care units at Tanta University Hospitals. Unpublished Master Thesis. Faculty of Nursing. Tanta University. 2016; 1-5.

International Journal of Novel Research in Healthcare and Nursing

 Vol. 6, Issue 2, pp: (1729-1739), Month: May - August 2019, Available at: www.noveltyjournals.com

- [3] **Olson P, Brasel J, Redman J, Alexander C, Schwarze L.** Surgeon-reported conflict with intensivists about postoperative goals of care. *JAMA Surg.* 2013; 148(1): 29–35.
- [4] **Fassier T, Azoulay E.** Conflicts and communication gaps in the intensive care unit. *Curr.Opin. Crit. Care* 2010; 16(6): 654–65.
- [5] **Kaitelidou D, Kontogianni A, Galanis P, Kostagiolas P, Siskou O, Mallidou A, et al.** Conflict management and job satisfaction in pediatric hospitals in Greece. *Journal of Nursing Management.* 2012; 20(4): 571-8.
- [6] **Higazee M.** Types and levels of conflicts experienced by nurses in the hospital settings. *Health Science Journal.* 2015; 9(6): 1-6.
- [7] **Gunkel M, Schlaegel C, Taras V.** Cultural values, emotional intelligence, and conflict handling styles: a global study. *Journal of World Business.* 2016; 51(4): 568-85.
- [8] **Waithaka A, Austin S, Gitimu P.** Influence of conflict resolution training on conflict handling styles of college students. *Research in Higher Education Journal.* 2015; 28 (1):1-13.
- [9] **Karage A.** Workplace conflict management styles among Nigerian employees. *Journal of Business and Management.* 2015; 17(9): 1–8.
- [10] **Ilhan N, Sukut O, Akhan U, Batmaz M.** The effect of nurse education on the self-esteem and assertiveness of nursing students: a four-year longitudinal study. *Nurse Education Today.* 2016; 39(1): 72-8.
- [11] **McVanel S, Morris B.** Staff's perceptions of voluntary assertiveness skills training. *Journal for Nurses in Staff Development.* 2010; 26(6): 256–9.
- [12] **Affiliations B, Mohamadi J, Sadeghi S.** Effect of assertiveness training methods on self-esteem and general self-efficacy female students of Islamic Azad University, Anzali Branch. *Journal of Basic and Applied Scientific Research.* 2012; 2(3):2265-9.
- [13] **Saffy El-din A.** Factors affecting assertiveness behavior of nurses working in different units in Cairo University Hospitals. Unpublished Master Thesis.Faculty of Nursing.Cairo University. 2003. 58-69.
- [14] **Begley C, Glacken M.** Irish nursing students' changing levels of assertiveness during their pre-registration programme. *Nurse Education Today.* 2004; 24(7): 501–10.
- [15] **Kirst L.** Investigating the relationship between assertiveness and personality characteristics. Published Master Thesis.College of Sciences. University of Central Florida. 2011; 23-30. [cited 2019 June 15] Available from: <https://pdfs.semanticscholar.org/4bfe/50e2122ae4c6593d382471fda607d95824ea.pdf>
- [16] **Center for Research on Learning** [Internet]. Lawrence, KS: University of Kansas; 2016. Assertiveness questionnaire. [cited 2018 May 25]; [one page]. Available from: <http://researchcollaboration.org/uploads/AssertivenessQuestionnaire.pdf>
- [17] **Pro Mind Management and Organization Development** [Internet]. Pro Mind Consulting SA; 2012. Assertiveness - self-assessment questionnaire. [cited 2018 May 25]; [5 pages]. Available from: http://www.hr4free.com/PDF_Files/Blog_EN_Management_assertiveness_assessment_questionnaire.pdf
- [18] **Rahim M.** Empirical studies on managing conflict. *International Journal of Conflict Management.* 2000; 11(1): 5–8.
- [19] **Kassim M, Ibrahim H.** Conflict management styles and organizational commitment: a study among bank employees in Penang. *International Journal of Business, Economics and Law.* 2014; 4(1):45-53.
- [20] **Wilmot W, Hocker J.** *Interpersonal conflict.* New York: McGraw-Hill Higher Education; 2011. 146-8p.
- [21] **Akdeniz D.** An assessment of the conflict management attitudes of police peacekeepers. Published PHD Thesis.University of New Jersey.Graduate School-Newark.2014; 160-2. [cited 2018 May 25] Available from: <https://rucore.libraries.rutgers.edu/rutgers-lib/45614/PDF/1/play/>

International Journal of Novel Research in Healthcare and Nursing

 Vol. 6, Issue 2, pp: (1729-1739), Month: May - August 2019, Available at: www.noveltyjournals.com

- [22] **Obied H, Ahmed S.** Effect of utilizing conflict management strategies for ICU nurses on patient care. IOSR Journal of Nursing and Health Science. 2016; 5(2): 39-46.
- [23] **Dzaferovic M.** Nonviolent communication, empathy and assertion as modern strategies in the study of overcoming conflicts. *Metodičkiobzori*. 2012; 7(1):105-17.
- [24] **Rasetoke R.** Assertive behavior of professional nurses and nurse managers in unit management at management at academic hospital settings in the Pretoria Region. Published Master Thesis.Faculty of Health Science.University Of Johannesburg.2013; 6. [cited 2018 May 25] Available from:<https://ujcontent.uj.ac.za/vital/access/services/.../uj.../CONTENT1>
- [25] **Gultekin A, Ozdemir A, Budak F.**The effect of assertiveness education on communication skills given to nursing students.*International Journal of Caring Sciences*. 2018; 11(1): 395- 401.
- [26] **Hojjat K, Golmakani E, Khalili N, Chenarani S, Hamidi M, Akaberi A.**The effectiveness of group assertiveness training on happiness in rural adolescent females with substance abusing parents.*Global.Journal of Health Sciences*. 2016; 8(2): 156-63.
- [27] **Abd-Elrhaman E, GhoneimyA.** The effect of conflict management program on quality of patient care.*American Journal of Nursing Science*. 2018; 7(5): 192-201.
- [28] **Ibrahim S, Mohamed H, EL-Gazar H.** The effect of conflict management enhancing strategy for head nurses on the quality of vertical dyad linkage with nurses. *International Journal of Nursing Didactics*. 2018; 8(4): 25-34.
- [29] **Iarijani T, Rezayat F, Seydfatemi N, Mehran A.** The effect of the assertiveness training program on nursing students' assertiveness skills. *Journal of Nursing Education*. 2013, 1(2): 42-52.
- [30] **Stojčić Ž, Perković, Stašević I, Stojčić N, Ropac D.** Relationship of perception conflict and assertiveness in nurses.*Acta Med Croatica*. 2014; 68(3):259-71.
- [31] **Dehnabi A, Radsepehr H, Dehnabi M.** Effectiveness of assertiveness skills in the promotion of assertive behaviors in the nurses in Vasei Hospital in Sabzevar, Iran. *Biomedical and health*. 2017; 2(2): 127-36.
- [32] **Mohammed N.** Effect of assertiveness training program on self-esteem and self-efficacy of faculty nursing students at Zagazig University. Unpublished PHD Thesis.Faculty of Nursing.Zagazig University.2018; 58-68.
- [33] **Wahab E.** Assertiveness and job satisfaction among nursing perssonel at Zagazig University Hospital. Unpublished Master Thesis.Faculty of Nursing.Zagazig University.2009; 58-66.
- [34] **Gholamzadeh Z, Vahdat S, Hessam S.** Studying the relationship between strategies of conflict management and assertiveness of nurse managers in hospitals affiliated to Shiraz medical science university. *International Journal of Management and Applied Science*. 2016; 2(8):35-40.
- [35] **McCabe C, Timmins F.**A survey of UK midwives' views of their assertive behavior in the workplace.*Jacobs Journal of Nursing and Care*.2015; 1(2); 1-12.
- [36] **Qureshi M, Hamid K, Jeihoony P, Ali A, Brohi N., Magsi R, et al.** Is supervisor support matter in job satisfaction? a moderating role of fairness perception among nurses in Pakistan. *Academy of Strategic Management Journal*. 2018; 17(6): 1-10.
- [37] **Moisoglou I, Panagiotis P, Galanis P, Siskou O.** Conflict management in a Greek Public Hospital: collaboration or avoidance? *International Journal of Caring Sciences*. 2014; 7(1): 75-82.
- [38] **Kaitelidou D, Kontogianni A, Galanis P, Kostagiolas P, Siskou O, Mallidou A, et al.** Conflict management and job satisfaction in pediatric hospitals in Greece. *Journal of Nursing Management*. 2012; 20(4): 571-8.
- [39] **Abd El- Rahman R, Hosny W, Ata A.** Conflict management styles, assertiveness and stress among nursing students. *Journal of Nursing and Health Science*. 2018; 7(2): 49-59.