Manifest Needs and Managing Conflicts among staff nurses at the Critical Care Units

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Abstract: **Human nature involves a set of universal basic needs. Individual differences lead to the uniqueness of the individual's personality due to varying amounts of each need. In the critical care units (CCUs), if staff nurses have the need for achievement, affiliation, autonomy and dominance, they can easily manage conflicts on a daily basis. If conflicts are not managed properly, it can be damaging as they waste a lot of energy and time. It evokes tension and stress which reduces the productivity, decrease creativity of those involved, and consequently failure to achieve the organizational goals. The study aims to: Determine the relationship between manifest needs and managing conflicts among staff nurses at C.C Us at Damanhour Teaching Hospital. Design: A descriptive analytical design was utilized to conduct this study. Setting: The study was carried out in all CCUs at Damanhour Teaching Hospital (n= 12). Subjects: All staff nurses (n= 157) who were actually working in the C.C.Us at the time of conducting the study were recruited. Tools: Manifest Need Questionnaire (MNQ) that was developed by Steers and Braunste in (1976) to measure various things individuals do or try to do on their jobs, Conflict Modes Instrument that was developed by Thomas and Killmann (2010) to assess individuals' behavior in conflict situations. Also, the demographic data were also surveyed. Results: The highest percent of study subjects (86.6%) expressed moderate level of total manifest needs with the total mean score of 68.7 ± 5.3. The most expressed need in high level was achievement need (72.6%) with the highest mean (20.5 ± 2.7) followed by Dominance, autonomy and Affiliation needs with the mean of 17.8 ± 2.7, 15.4 ± 3.4, and 15.1 ± 2.1 respectively. Generally, 82.2% of staff nurses were managing their conflicts in a moderate level. As for Avoiding, Collaborating and compromising modes were the most commonly used in a moderate level (89.8%, 88.5 % and 84.1% respectively). Conclusion: The highest percent of staff nurses expressed moderate level of total manifest needs and the most expressed need was achievement need. Moreover, The highest percent of staff nurses used managing conflicts mode in a moderate level and the most commonly used were Avoiding, Collaborating and compromising modes respectively. Also no significant relationships were found between staff nurses' manifest need and their managing conflict modes. Recommendations: Regular assessment of staff nurses' needs should be done. This could provide more accurate picture of how manifest needs and conflict management modes are interrelated. Development of training programs for staff nurses about different modes of coping with conflicts.**

Keywords: **Manifest needs, Conflicts, and managing conflict Modes.**

1. INTRODUCTION

Human nature involves a set of universal basic needs. Individual differences lead to the uniqueness of the individual's personality due to varying amounts of each need [1]. Murray (1938) defined need as a "potentiality or readiness to respond in a certain way under certain given circumstances assuming that the human natural state is in a state of disequilibrium, and that is why individuals have needs to satisfy the lack of something. He divided needs into; **Primary needs** (biological needs) and **Secondary needs** (psychological needs) called the "psychogenic needs" which arise indirectly from primary need, function mostly on the unconscious level, and play a major role in an individual's personality [2, 3]. He postulated that

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needs are mostly acquired during one's life time rather than inherited and can be activated to manifest by introducing appropriate cues in the environment. Hence, environmental factors play a role in how these psychogenic needs are displayed in behavior [4]. Murray developed the concepts of needs into; **Latent needs-**needs not openly displayed**, manifest needs-** needs observed in individual's actions, **press**- external influences on motivation and **thema**-a pattern of press and need that coalesces around particular intersections [5].

Manifest needs theory states that behavior is driven by the desire to satisfy manifest needs. These needs include; need for **Achievement, Affiliation, Autonomy and Dominance. Need for achievement:** The individual is "achievement motivated" and therefore seeks achievement, attainment of realistic but challenging goals, and advancement in the job. There is a strong need for feedback as to achievement and progress, and a need for a sense of accomplishment. **Need for affiliation:** The individual is "affiliation motivated" therefore is motivated towards interaction with other individuals and has needs for friendly relationships. This individual is team player. **Need for autonomy:** The individual desires to establish and maintain warm, close, and intimate relationships with other individuals. He enjoys being with friends and individuals in general; accepts individuals readily and makes efforts to win friendships. **Need for dominance:** The individual is "authority motivated". This driver produces a need to be influential, effective and to make an impact. There is a strong need to lead and for his/ her ideas to prevail. There is also a need towards increasing personal status and prestige. Each need is important in and of itself; it can support other needs, conflict with one another, and can be interrelated. Not all individual are driven by the same needs and desires at any particular time. If needs are not met the conflict may occur and appear in a sort of behavior [6, 7].

Conflicts occur at any time, in any place and are inherent in all human activities. They originate between two individuals/ parties or groups due to disagreement or difference in their values, attitudes, needs or expectations [8]. It is viewed as a necessary and positive indicator of organizational effectiveness. Emphasis has been shifted from the "resolution" of conflict to the "management" of conflict [9]. Conflict management is the process of limiting the negative aspects of conflict while increasing the positive aspects of it. Its aim is to enhance learning and group outcomes including effectiveness of performance in health care setting [10]. In the critical care units (C.C.Us), conflicts are a complex unavoidable phenomenon. Hence, C.C.U's conflicts have substantial negative effects on patient safety, team cohesion, staff nurses' burnout, and family well being as well as have adverse effects on productivity, morale, patient care, employee turnover, and certainly limit staff contributions and impede its efficiency. On the other hand, they may induce positive changes, innovation, and progress [11, 12].

Managing conflict in the C.C.Us is a time-consuming but necessary task for nurse managers. It exists between physicians, physicians and staff nurses and between the staff nurses or the health care team and the patient or patient's family. It may range from disagreements to major controversies that lead to litigation or violence [13]. Therefore, nurse managers who intended to act as a mediator to parties in conflict need to have skills and know the strategies necessary to manage conflict. These strategies or modes according to Thomas – Kilmann conflict mode (2010) are; **Competing:** In which one uses whatever power seems appropriate to win one's own position. **Accommodating:** In which an individual neglects his own concerns to satisfy the concerns of the other individual. **Avoiding:** It might take the form of diplomatically sidestepping an issue, postponing an issue until a better time or simply withdrawing from a threatening situation. **Collaborating:** When an individual attempts to work with other individual to find some solutions which fully satisfies the concerns of both of them. **Compromising:** When an individual has the objective of finding an expedient, mutually acceptable solution that partially satisfies both parties [14].

Significance of the study:

All staff nurses who work in CCU may experience conflicts in their daily practice. Studying conflicts in CCU is an emerging field. In Egypt, to the knowledge of the researchers, no study was conducted to determine the relationship between manifest needs and managing conflicts in CCUs. Hence, the current study will be conducted to thraw attention on the importance of the relationships between manifest needs and managing conflicts among staff nurses at the C.C.Us. Nurses can recognize and use these needs as leavers of motivation to manage their conflicts and at the same time to satisfy their needs. If conflicts are not managed properly, it can be damaging as nurse's waste a lot of energy and time. Unmanaged conflicts can evoke tension and stress which reduce the productivity, decrease creativity of those involved, and consequently failure to achieve the health organizational goals, efficiency and will in turn affect its reputation.

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The Study aims to:

1. Identify the manifest needs expressed by CCU's staff nurses.

2. Identify the managing conflict modes used by CCU's staff nurses.

3. Determine the relationship between manifest needs and managing conflicts modes among staff nurses at C.CUs in Damanhour Teaching Hospital.

Research Questions:

1. What manifest needs are expressed by CCU's staff nurses?

2. What managing conflict modes are used by CCU's staff nurses?

3. Is there a relationship between manifest needs and managing conflicts modes among staff nurses at C. C Us in Damanhour Teaching Hospital?

2. MATERIALS AND METHOD

Materials:

Research design: A descriptive analytical design was utilized to conduct this study.

Setting: The study was carried out in all critical care units at Damanhour Teaching Hospital (n= 12). The hospital was established at 1963, equipped with 542 beds. It is the biggest health care setting at El Beheira Governorate, with wide range of health care services such as inpatient units, outpatient clinics, acute care setting, and other support services such as; radiology, laboratory, pharmacy, blood bank, dietary, laundry and maintenance departments.

Subjects:

All staff nurses (n= 157) who were actually working in the C.C. Us at Damanhour Teaching Hospital at the time of conducting the study were recruited and represented as follow; Kidney dialysis (n= 30), Pediatrics (n= 22), High risk (n= 12), Coronary care (n= 12), Intensive care (n= 15), Recovery (n= 6), Emergency male (n= 7), Emergency female (n= 10), Neurosurgery (n= 12), Obstetrics and gynecology (n= 20), Diagnostic & treatment heart catheter (n= 5) and Open heart surgery unit (n= 6)

Tools: Two tools were used in this study.

Tool I: Manifest Needs questionnaire (MNQ): This tool was developed by Steers and Braunste in (1976) [6] to measure various things individuals do or try to do on their jobs. It consists of 20 statements that individuals feel most accurately describe their own behavior at work. These statements are classified into four main dimensions of needs namely; **Achievement**, **Affiliation**, **Autonomy** and **Dominance**. Each dimension is measured by five statements. Responses were measured on five point likert scale ranging from always "5" to never "1". Negative statements were reverse coded. This tool was previously tested for validity and reliability by the original authors. It was proved to be valid. Reliability was tested using test-retest reliability for the four dimensions (0.72, 0.75, 0.77, and 0.86 respectively).The degree of internal consistency of the four scale dimensions were done using cronbach alpha the values were (0.66, 0.56, 0.61, and 0.83 respectively).

Tool II: Conflict Modes Instrument: This tool was developed by Thomas and Killmann (2010) [14] to assess individuals' behavior in conflict situations. It describes the individual's behavior along two basic dimensions including; the extent to which the individual attempts to satisfy his/ her own concerns and the extent to which he/ she attempts to satisfy the other individual's concerns. These two basic dimensions of behavior are used to define five specific modes of managing conflicts which are **Competing**, **Accommodating**, **Avoiding**, **Collaborating** and **Compromising**. There are no universal right answers. The tool consists of 30 paired statements (A or B statements). Staff nurses choose the one resembles the most characteristics of their own behavior (A) or (B) then, they rate the extent to which they use that statement from 0 (very low use) to 12 (very high use). According to scoring system used by Thomas and Kilmann, the total score of conflict modes instrument was categorized into three categories namely; high use for those who score 76-100%, moderate use for those who score 26-75%, and low use for those who score 0-25%. This tool was previously tested for validity and

reliability by the original authors. The tool was proved to be valid. The reliability was tested using cronbach alpha for the modes Competing, Accommodation, Avoiding, Collaborating and Compromising (0.511, 0.281, 0.474, 0.334 and 0.291, respectively).

In addition, demographic data of staff nurses such as age, years of experience in critical care units, and educational qualifications were also surveyed.

Method:

1. An official permission was obtained from the heads of the identified settings to collect the necessary data.

2. Tools I and tool II were translated into Arabic language by the researchers and submitted to a jury of five professors from Faculty of Nursing -Alexandria University; three from nursing administration department and two from psychiatric and mental health nursing department to review translation and judge the tool validity. Accordingly, the necessary modifications were done. The two tools proved to be valid.

3. The Likert rating system for tool II was changed from "0" to "12" to range from "I" to "6" to make it simpler for the present Egyptian nurses.

4. Scoring system for tool **"I"** and tool **"II"** was categorized in the same manner as the following;

Those who scored<50% are considered having low level, those who scored 50% < 75% are considered having moderate level and those scoring ≥75 % are considered having high level of expressed manifest need or used managing conflict modes.

5. The reliability of tool **I** and tool **II** were tested using test-retest on 16 nurses from Alexandria Main University Hospital after obtaining an official permission with two weeks interval.

Concerning tool I, by calculating intra-class correlation coefficient (ICC), it was found to be 0.756, 0.743, 0.765 and 0.771, for Achievement, Affiliation, Autonomy and Dominance manifest needs respectively.) In addition, the internal consistency was also tested using cronbachs alpha which were calculated as 0.73, 0.74, 0.71 and 0.79 respectively.

Regarding tool II, the intra-class correlation coefficient was found to be 0.856, 0.822, 0.850, .806 and 0.819 for Competing, Accommodation, Avoiding, Collaborating and Compromising. The internal consistency of items was tested using cronbach's alpha which proved to be reliable (0.72, 0.70, 0.73, 0.69 and 0.63 respectively).

6. The clarity and feasibility of the two tools were checked. Obstacles and problems that may be encountered were identified. The time needed for filling out the tools was estimated.

7. Data were collected by the researchers from 3 /5 /2016 to 5/ 6/ 2016.

8. Ethical considerations:

For each recruited subject, the following issues were being considered:

- An informed written consent was obtained from each subject after explanation of the aim of the study.

- The anonymity, data confidentiality, subjects' privacy and the right to refuse to participate in the study were assured.

9. Statistical Analysis:

The SPSS V 23.0 was used for the analysis of the data. Frequency tables and cross tabulations with percentages were used to illustrate the results of categorical data and tested by the Chi Square Test or Fisher's Exact Test. Quantitative data were summarized by the arithmetic mean and standard deviation.

3. RESULTS

Table 1: Demographic characteristics of staff nurses in C.C Units at Damanhour Teaching Hospital (n=157)

Demographic Characteristics	No	%
Age (years)		
▪ 20-	58	36.9%

▪ 30-	59	37.6%
▪ 40-	33	21.0%
▪ 50-60	7	4.5%
Mean ± SD	33.2 ± 8.0	
Years of experience in C C units		
▪ <5 years	60	38.2%
▪ 5-	26	16.6%
▪ 10-	23	14.6%
▪ 15+	48	30.6%
Mean ± SD	10.1 ± 8.6	
Educational Qualifications		
▪ Secondary Nursing School Diploma	76	48.4%
▪ Technical Institute of Health	34	21.7%
▪ Bachelor of Science in Nursing	37	23.5%
▪ Post Graduate Degree	10	6.4%

Table 1: Reveals that the mean age of staff nurses was 33.2 ± 8.0 years and the highest percentage (37.6%) being in the age group of 30 < 40 years and the lowest percentage (4.5%) in the age group of 50 to 60 years. Concerning years of experience in CCUs, the highest percentage of the nurses (38.2%) have less than 5 years followed by 30.6% of them have 15 years and more with the mean of 10.1 ± 8.6. Regarding their educational qualifications, nearly half of them (48.4%) being have secondary nursing school diploma compared to 6.4% of them are having post graduate degree.

Table 2: Levels of manifest needs among staff nurses in CCUs at Damanhour Teaching Hospital (n= 157):

Dimensions of Manifest needs	No	%	Mean ± SD
Achievement			
▪ Low	0	0.0%	20.5 ± 2.7
▪ Moderate	43	27.4%	
▪ High	114	72.6%	
Affiliation			
▪ Low	15	9.6%	15.1 ± 2.1
▪ Moderate	134	85.4%	
▪ High	8	5.0%	
Autonomy			
▪ Low	35	22.3%	15.4 ± 3.4
▪ Moderate	93	59.2%	
▪ High	29	18.5%	
Dominance			
▪ Low	7	4.5%	17.8 ± 2.7
▪ Moderate	85	54.1%	
▪ High	65	41.4%	
Total Manifest needs			
▪ Low	0	0.0%	68.7 ± 5.3
▪ Moderate	136	86.6%	
▪ High	21	13.4%	

Table (2) presents levels of total manifest needs and its four dimensions. It was noticed that **the total mean score of manifest needs was** 68.7 ± 5.3 and the highest percent of study subjects (86.6%) expressed **moderate** level of total manifest needs. As regard the four manifest needs dimensions; specifically the most expressed need in high level was **achievement need** (72.6%) with the highest mean (20.5 ± 2.7) followed by **Dominance need** with the mean of 17.8 ± 2.7 and expressed by 41.4% of them**, autonomy need** with the mean of 15.4 ± 3.4 and expressed by 18.5% of them. Only 5.0% of them expressed high level of **affiliation need** with the mean of 15.1 ± 2.1.

Table 3: Levels of managing conflict modes used among staff nurses in CCUs at Damanhour Teaching Hospital (n= 157)

Managing Conflict Modes	High		Moderate		Low		Total	
	Count	%	Count	%	Count	%	Count	%
Competing	7	4.5	108	68.8	42	26.8	157	100.0
Accommodating	20	12.7	125	79.6	12	7.6	157	100.0
Avoiding	15	9.6	141	89.8	1	0.6	157	100.0
Collaborating	5	3.2	139	88.5	13	8.3	157	100.0
Compromising	16	10.2	132	84.1	9	5.7	157	100.0
Total	63	8.0	645	82.2	77	9.8	785	100.0
Chi square Test	337.762		P= 0,000					

P value <0.05 (significant)   P value <0.005 (highly significant)

Table 3: The relationship between managing conflict modes according to their levels was highly significant (x^2 337.762, P = 0,000). Generally, 82.2% of staff nurses were managing their conflicts in a moderate level. As for **Avoiding**, **Collaborating** and **compromising** modes were the most commonly used in a moderate level by staff nurses (89.8%, 88.5 % and 84.1% respectively). On the other hand, **Accommodating** and **compromising** modes were the most highly used but by only 12.7% and 10.2% respectively. The lowest percent of managing conflict mode was for competing (26.8%) which is almost three times or more than the other managing conflict modes.

Table (4): Relationship between demographic characteristics of staff nurses' total manifest needs and their managing conflict modes (n= 157)

Demographic characteristics of staff nurses	Manifest needs F MCP	Managing conflict modes				
		competing F MCP	accommodating F MCP	avoiding F MCP	collaborating F MCP	compromising F MCP
Age (years)	0.822 0.771	1.918 0.751	3.359 0.500	3.804 0.433	1.955 0.744	1.337 0.855
Years of experience at critical care units	0.785 0.189	4.983 0.289	5.219 0.266	5.810 0.214	2.511 0.643	1.009 0.908
Educational qualifications	0.914 0.555	4.807 0.569	5.624 0.467	3.669 0.721	4.176 0.653	4.377 0.626

MCP: Mont Carlo exact probability *P<0.05(significant)   Test Fisher's exact test

Table 4: Reveals that all relationships were not statistically significant between demographic characteristics of staff nurses (age, years of experience at critical care units, educational qualifications) and total manifest needs as well as their five managing conflict modes.

Table (5): Relationship between levels of manifest needs and managing conflict modes among staff nurses at C.C units at Damanhour Teaching Hospital

Levels of manifest need		Levels of managing conflict modes														
		Competing			Accommodating			Avoiding			Collaborating			Compromising		
		high	moderate	low	high	moderate	low	high	moderate	low	high	moderate	low	high	moderate	low
High	Count	2	28	14	2	40	2	5	38	1	2	38	4	4	40	0
	%	4.5	63.6	31.8	4.5	90.9	4.5	11.4	86.4	2.3	4.5	86.4	9.1	9.1	90.9	0.0
Moderate	Count	5	80	28	18	85	10	10	103	0	3	101	9	12	92	9
	%	4.4	70.8	24.8	15.9	75.2	8.8	8.8	91.2	0.0	2.7	89.4	8.0	10.6	81.4	8.0
Total	Count	7	108	42	20	125	12	15	141	1	5	139	13	16	132	9
	%	4.5	68.8	26.8	12.7	79.6	7.6	9.6	89.8	0.6	3.2	88.5	8.3	10.2	84.1	5.7
x^2 Value and P		0.824 0.662			4.968 0.083			2.858 0.239			0.437 0.804			3.916 0.141		

MCP: Mont Carlo exact probability *P value <0.05(significant)

Table 5: Shows no significant relationships between total levels of staff nurses' manifest need and their five managing conflict modes.

4. DISCUSSION

In the critical care units, if staff nurses have the need for achievement, affiliation, autonomy and dominance, they can easily manage conflicts on a daily basis [15]. Unfortunately, the implications of manifest need to managing-conflict mode have not received adequate attention in recent researches. This study aimed to determine the relationship between manifest needs and managing conflicts among staff nurses at C.C.Us in Damanhour Teaching Hospital. The results of the present study revealed that **achievement need scored the highest by staff nurses' rated it high,** which mean that, they are highly in need for achievement and seeking to fulfill that need. This result may be attributed to staff nurses in critical care units doing their best when their assignments are difficult and taking risks at work. In addition to, challenging themselves by accepting more responsibilities and performing better than their peers with incompatibility between tasks in other general health setting. Therefore, staff nurses performed their job within stressful work environment, as well as they are responsible for life and death decision about seriously ill patient under time pressure. This result is consistent with Nayeri and Jafarpour (2014), who found that the highest rank in the rankings of needs is the need for achievement [16]. Also, Sung (2010) and Al-Jishi (2009) found that nurses in need of achievement, permanently desire to be appreciated. They prefer to receive feedbacks on how well they master and fulfill their task or situation individually. They set real and reasonable goals to achieve. On the other hand, individuals with low achievement need are more concerned about environment, they want to know how others feel about them rather than how well they are doing [17, 18]. In this respect, Prottas (2011) found a statistical relation between motivating environment and high needs for achievement [19].

Furthermore, the results of the present study revealed the fact that staff nurses expressing their high need for **Dominance** which scored the second highest level of manifest needs. This result may be attributed to staff nurses needed to work in a group instead of work individually to fulfill their need for dominance by controlling, leading and directing the behavior of others through suggestion, education, persuasion, or commands. According to shaver et al. (2011) stated that dominance behavior is expressed by deterring others from competing for exerting control over one's resources, attack or threatening to attack others until power is restored [20]. Moreover, **Autonomy** is the third highly ranked manifest need which is expressed in the form of seeking to be independent and free from constraints either from dominating authority by nurse manager or contextual environment of C.C.Us. This is consistent with Nelson and Quick (2015), who stated that individual with high need for autonomy desires for independence. They prefer to work alone and to control the pace of their work, free to act, to avoid, quitting activities prescribed by dominating positions [21]. On the other hand individual with higher level of autonomy in the work place tend have an increase satisfaction [22, 23].

Also, the lowest high level in manifest needs was **affiliation** need. This may be attributed to the nature of work at CCUs which is characterized by complex in nature and work overloaded under stress. Therefore, the staff nurses desire and tend to make associations, friendships as well as to be close and loyal to another individual to have love, fun and relax through expressing their feelings. This result is consistent with Spangler et.al (2014) they stated that affiliation need is considering by itself, the followers indicated that the leader and their peers were more sensitive to their needs and more considerate of their feelings when taking actions [24]. On the other hand, Rabinowit and Hall(1977) assumed that, employees who have high need for affiliation would not be involved in jobs that don't enable them to interact and have close contact with others[25]. Also, Akrani (2010) stated that individual with high need for affiliation, seeks to establish and maintain friendships and does emotional relationships with others and develops a sense of belonging by joining informal groups in the organizations [26].

Moreover, the results of the study finding revealed that the highest percentages of studied staff nurses had moderate level of the three needs affiliation, autonomy, and dominance. Consequently, it was not a surprise to find that the total level of manifest need was moderate. This result is consistent with Adib-Hajbaghery and Dianati (2005), who concluded that the highest percentage of their studied subjects had moderate level of total manifest needs [27]. In this respect, Kozak and Nerglz (2009) mentioned that need for; affiliation, autonomy, and dominance respectively can represent important needs in determining work attitudes and behaviors [28].

Conflict of needs grow out of differences in goals and outcomes. Therefore, effective managing conflict is one of the challenges staff nurse frequently face regardless their position. So, they should practice it effectively in order to stimulate personal growth and ensures quality patient care. Furthermore, the present study showed that **Avoiding**, **Collaborating** and **compromising** managing conflict modes were the most commonly used in an integrated **moderate level** while

accommodating mode is used in a high level by staff nurses but in low percentage. This result may indicated that staff nurses in critical care units considered using **avoiding managing c**onflict mode is an appropriate choice as they tend to ensure productivity, to enhance achievement need and tasks as both parties prefer not to discuss the situation at the time of its occurrence till time passes and forget the stress they went through it, thus they became less anxious. In this respect, Ogunyemi et.al (2011) found that the highest percentage of the managing conflict mode was for avoiding [29]. Also, Vivar (2006) stated that nurses tend to use the avoiding mode [30]. On the other hand, Richardson (1995) mentioned that the lowest low percent of managing conflict mode was related to avoiding [31].

It is obvious from the results of the present study that the highest next percent of staff nurses **were moderately collaborate** with each other**.** This may be attributed to staff nurses at critical care units all the time using their energy for achieving their task and **collaborate** with each other for enhancing   productivity. They have not enough time and energy to satisfy their own wishes to build relationship and to express their own feelings among them through open discussion of all issues and concerns. This result is consistent with Froyd (2017) who reported that time and energy is necessary to collaboratively managing the conflict [32]. In this respect, Hertzel and Frase (2003) stated that collaboration is not always the most appropriate mode [33]. Also, it is incompatible with Kilmann and Tomas (2010) who reported that the lowest score was in collaborating mode [14].

Concerning the moderate use of **compromising** mode of managing conflict among staff nurses in this study finding, the result may be attributed to that it is more practical when time is a factor , a situation requires a quick solution and the goal of both parties are equally important especially in CCUs. This result is consistent with Sahin (2005) who stated that nursing using the compromising mode at a moderate level [34]. On the other hand, Basogul & Ozgur (2016) stated that nurses used a compromising mode at a mild level [35].

Moreover, the study indicated that the **accommodating mode** was the highest level in managing conflict mode but in low percent among studied subjects. This result may be attributed to staff nurses' try to soothe the other's feelings, and not to hurt them, controversially deny their own needs. Because they were already highly expressed their need for achievement and seeking to fulfill this need as previously mentioned. This finding is supported by Kalish (2017) who mentioned that if the individual scored high in accommodating mode, it means that the individual's needs are not being met[36].

Furthermore, the lowest percent of managing conflict mode was for competing which is almost three times or more than the other managing conflict modes. This result could be attributed to that staff nurses' expression of achieving their responsibilities and roles at CCUs are not in need for using this mode which may hinder their effectiveness in caring for seriously ill patients. This result is consistent with Arend and Loseph(2015) who stated that competitiveness usage is uncomfortable for some individuals that may hinder their effectiveness[37]. On the other hand, this result is incompatible with Hertzel and Farse (2003) as competing is crucial for quick- decisive action [33].

Also, the study indicated that no significant relationships were found between manifest need of staff nurses and their managing conflict modes. This is not surprising result. Hence, all studied subjects either bachelor or post graduate degree did not study or practice how to manage conflict as well as how to be assertive in dealing with conflicts. Another possible explanation of this study finding is the potential impact of contextual variables of the critical care units (work overload, working under stress, lacking interpersonal communication, demographic dissimilarity of El Beheira Governorate, etc.). Consequently, they affect their manifest needs. This explanation is parallel to the finding of Leder and Betsch (2016) that found interpersonal context impacted the behavior of participants in a conflict situation [38]. Furthermore, the clarification of no relationship between the two study variable may be attributed to that staff nurses when answering the TKI, they were forced to choose between pairs of statements that were matched by ratings of social preference making it more difficult to answer items accordingly. This is in accordance with Thomas et.al (2008) [39] and Nauta & Kluwer, (2004) [40].

5. CONCLUSION

The highest percent of study subjects expressed **moderate** level of total manifest needs. Specifically the most expressed need in high level was **achievement need** followed by need of **dominance, autonomy** and **affiliation.** Generally, staff nurses were managing conflicts in a moderate level as for **Avoiding**, **Collaborating** and **compromising** modes respectively. Also, no significant relationships were found between staff nurses' manifest need and their managing conflict modes.

6. RECOMMENDATIONS

Based on the findings of the present study, the following Recommendations are suggested:

1. Regular assessment of staff nurses' needs should be done. This could provide more accurate picture of how manifest needs and conflict management modes are interrelated.

2. Awareness sessions for head nurses about their staff nurses manifest needs can help proper dealing with it.

3. Development of training programs for staff nurses about different modes of coping with conflicts.

4. Design educational curricula for nursing students involving different manifest needs and managing conflict mode in different contextual variables.

5. Future researches are needed on a large scale to:

a. Accurately assess staff nurses' manifest needs by including other institutions.

b. Identify factors that affect manifest needs of staff nurses and their managing conflict modes in different hospital' wards at Damanhour Teaching Hospital.

c. Evaluate conflict behavior from differing perspectives, such as through peer or observer reports.

d. Assess the impact of cultural differences on Manifest needs and Managing Conflicts among staff nurses.

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