

Nurses' perception of the first line nurse manager role as negotiator

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Abstract: Background: negotiation skills are inevitable for nurse's manager; if you want to become a good manager, become a good negotiator.

Aims: To assess role of first line nurse manager as negotiator as perceived by nurses.

Design: a descriptive study design was used, on 144 nurses, at Assiut University Hospitals. Socio demographic characteristics data sheet was uses beside a developed negotiation questionnaire.

Results: (59.9%) of studied nurses perceived first line nurse manager a very good negotiator. Most of the studied nurses 51.70 (80.8%) confirmed that during negotiation phase is the best one. There are a significant positive relation of negotiation with age, work setting, and experience of studied nurses (0.015*, 0.034*, and 0.046*) respectively.

Conclusion: staff nurses perceive first line nurse manager as a very good negotiator, and negotiation phase is the best one than other two phases. **Recommendations:** We recommended advanced research related to negotiation role of first line nurse manager from another prospective in different workplaces, and in different cultures.

Keywords: Negotiation, First line nurse manager, Conflict, Nurses, perception.

1. INTRODUCTION

It is very important to nurse managers in different health care institutions to identify different styles of negotiation; accordingly they can deal correctly with different situations of conflict that they faced in work setting. Today, in the healthcare organization, the roles of first line nurse manager vary; it is mainly around routine work and responsibility for nurses and patients. Skytt et al., (2008) based on Mintzberg's (1990) theory summarized and generated that negotiator is one from many roles and objectives needed to be achieved by both the manager and the staff. Many researchers and theorist had been generated that managers are the leaders and they are responsible for development of their staff, deals with problems, and managing conflicts efficiently in their organizations.

Hrinkanic, (1998) stresses the importance of negotiation as a skill required by nurses, to facilitate communication between frontline staff and managers. Cindy Clark, (2016) wrote that individuals avoid dealing with conflict because they lack the requisite skills or are unable to create the emotional or safe space needed for effective dialogue and conflict resolution.

Negotiations are done daily by managers and mostly are informal conversations with nurses and others. Simon Horton, (2012) said if you need to become a good manager, become a good negotiator. Baggs et al, (1999) as cited by Leever et al, (2010) when conflict are managed properly, it leads to constructive team performance; the better the collaboration, the better patient outcomes will be but when they are managed poorly, it leads to destructive team performance.

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Formal level of negotiation is a complex skill, highly creative process and take time to learn well. Negotiations to be successful need to be optimistic and aspirant, they will know what they want to get from the deal, and both parties should believe they could get a better deal by negotiating. This is achieved when one is clear about his goals, emotional goal, desired outcomes that are consistent with those goals, and relationship with the other party (Lewicki and Hiam, 2006).

First line nurse manager need to be successful in negotiation and must know number of parameters and principles about it; having agenda, resources, and constraints of you and other party and looks at this as a problem need to be solved and all parties should work collaboratively, and no one expect to achieve everything it wants, the parties could be ready for negotiate. Shapiro recommends parties of negotiation should be consulted together regarding the internal rules when they are intent to negotiate (Shapiro & Fisher, 2005).

It is important to know that all conflicts not created equally; some problems can't resolved at all, others resolved by simple conversation, and others require more energy and work, so it is important to address which one need negotiation from others. In addition to this, successful negotiation in the beginning need you to consider many questions and your answer will determine if you will contribute to this situation or not; your relationship with other party is important currently and in the future, how it will be affected?, ability to work with this person can be affected currently and in the future?, and what are the potential advantages? (Cindy Clark, 2016)

Significance of the study:

Despite importance of negotiation as one of many roles of first line nurse managers that is required to deal with daily conflicts between health care professionals, a little intention is directed to it in a small number of studies, so the researcher saw it is inevitable to assess role of first line nurse managers as negotiator perceived by nurses.

Aim of the study:

To assess the role of first line nurse manager as negotiator as perceived by nurses.

Research question:

To what extend nurses perceive first line nurse manager practice their role as negotiator?

2. MATERIALS AND METHODS

Design: a descriptive study design was used in this study.

Participants

The study population consisted of all available nurses (N=144 nurse) who were working in medical, surgical and intensive care units.

Setting of the study:

The current study was carried out in medical, surgical and intensive care units at Assiut University Hospital.

Instruments

- 1- Personal characteristics as age, gender, qualification, and years of experience in current workplace.
- 2- Negotiation style of conflict resolution sheet: it was developed by the researcher to assess knowledge and skills about negotiation of conflict, the initial study to generate items of negotiation based on an extensive literature review. The questionnaire consists of (31) items in three phases, (before negotiation phase) (11 items), (during negotiation phase) (16 items), and (after negotiation phase) (4 items) based on four point scale from (4) strongly agree to (1) strongly disagree, the total score ranged from 31- 124. The higher the scores, the higher negotiation.

Validity and reliability of the study:

The content validity and psychometric analyses of the questionnaire was assessed by seven professors in the field of education in administration department and community department at Assiut University. Then it was translated into Arabic using the translate-re-translate process. The reliability of the study tool was assessed in a pilot study by measuring their internal consistency using cronbach's alpha coefficients (0.82 to 0.90), thus indicating a high degree of reliability.

Fieldwork

After ensuring the clarity and understandability of the study tools the actual data collection was took about five months started in September 2018 and ended January 2019. The researchers met with all participated nurses and explained to them the purpose of the study, and they was asked for oral consent to participate in this study then the researchers distributed the questionnaire form to them, the researcher stays with participant for any clarification. Data were collected in different shifts according to work schedule of each unit.

Ethical considerations:

Research proposal was approved from Ethical Committee at the Faculty of Nursing Assiut University. There is no risk for study participants during application of the research. The study was following common ethical principles in clinical research. Oral agreement was taken from the participants in this study. Study participants have the right to refuse or to participate and/or withdraw from the study without any rational at any time. Confidentiality and anonymity was assured.

Statistical analysis:

All analysis was performed with the IBM SPSS 20.0 software. The data tested for normality using the Anderson- Darling test and for homogeneity variances prior to further statistical analysis. Categorical variables were described by number and percent, while continuous variables were described by mean and standard deviation. A two- tailed $P < 0.05$ was considered statistically significant.

3. RESULTS

The personal characteristics of the respondents are summarized in Table one. More than half of the respondents were male (52.8%), and (58.3%) of them are within 20 to 25 years old. Three quarters of participated nurses (75.0%) have experienced less than 5 years. Generally they are distributed in medical then surgical department (44.4% and 39.6%) respectively.

Table two displays number and percentages of nurses' perception role of first line nurse manager before negotiation phase, data appears nurses strongly agree that first line nurse manager can negotiate effectively with peers, subordinates, and bosses, be always ready to negotiate with both parties to the dispute, and do not assume doubt because it makes it difficult to distinguish between real intentions or starting a dialogue (58.3%, 50.7, and 43.1%) respectively. Data also reveals nurses are disagree that first line nurse manager trying to resolve differences between hospital staff and she can clarify all important things about work for others (29.2%, and 25.7%) respectively. Total mean and standard deviation (SD) for this phase is (35.04±3.75).

Table three illustrates number and percentages of nurses' perception role of first line nurse manager during negotiation phase, results reveals nurses strongly agree that first line nurse manager can communicate well between the two sides to build a good business relationship and avoid blaming any party even if it deserves and respects the other person (52.8% and 52.1%) respectively. On the other hand (31.3% and 29.9%) of study subjects disagree that first line nurse manager during negotiation can understand the needs of different behavior patterns of the parties and deal with them, and she can deal effectively with passive individuals. Total Mean and standard deviation (SD) for this phase is (51.61±5.31).

Table four shows number and percentages of nurses' perception role of first line nurse manager after negotiation phase, results demonstrate first line nurse manager made proposals to preserve the self-image of the parties to the conflict and can put the first step to reach consensus between the parties to the conflict (48.6% and 47.9%) respectively, also data reveals nurses disagree that first line nurse manager can make decisions that affect other (21.5%). Total mean ± SD for this phase is (12.86±1.7).

Table six illustrates negotiation and its relation to demographic characteristics of the study subjects. A significant relation was found between negotiation and age, work setting, and experience in current workplace with young aged nurses, nurses worked in surgical ward and less than 5 year experience nurses have more negotiation mean (0.015*, 0.034*, and 0.046*) respectively.

4. DISCUSSION

Negotiation is essential everywhere. It is not only the organizations where negotiation is important but also in our daily life. Nurse managers must try our level best to adopt negotiation skills to avoid misunderstandings and lead a peaceful and a stress free life. In order to achieve a desirable outcome, it may be useful to follow a structured approach to negotiation. For example, in a work situation a meeting may need to be arranged in which all parties involved can come together Zhang, Y. (2013).

The most important results in the current study that nurses are satisfied with role of the first line nurse manager as negotiator which they are perceived it as very good level. Skjørshammer, (2001) in a qualitative case study in a Norwegian hospital categorized negotiation (compromising), avoiding and forcing styles that are the most used by nurses and physicians in workplace.

Regarding to before negotiation phase, current study results reflected a large number of studied nurses strongly agree that first line nurse managers can negotiate effectively with peers, subordinates, and bosses, and they are always ready to negotiate with both parties to the dispute. This is may be explained that the first line nurse managers are graduated from higher nursing school, with good education and training base and based on this they are prepared well to be good communicators and as known communication is the corner stone of negotiation. According to Yoder-Wise, (2013) negotiation is education and training, providing health care professionals with the skills and expertise to deal with conflict in the workplace for comfortable and more safety for everyone.

On the other side in this phase more than quarter of nurses disagree that the first line nurse manager trying to resolve differences between hospital staff and she can clarify all important things about work for others. It is well known that that effective handling workplace conflict in a hospital setting is a critical skill and nobody likes dealing with conflict, but without performing this, appears the first line nurse manager having shortage and needs self-development and be more aware of work.

Regarding to during negotiation phase, our study results reveals it has the highest mean score among different phases ; this means that the first line nurse managers are best when engaged in negotiation. Cindy Clark, (2016) said that active listening and setting ground rules of engagement are required for successful negotiation. Study results indicated that more than half of nurses in this phase strongly agree that the first line nurse manager can communicate well between the two sides to build a good relationship, and she avoid blaming any party even if it deserves and respects the other person. It is important to recognize that every interaction is an opportunity for building trust, and our choices in the current conversation impact the next negotiation with that person. Collaborative communication is really the cornerstone of negotiation, conflict resolution mainly based on mutual and conflicting interests with clear communication of ideas (Haddigan, 1996 and Haddigan, 1997).

However, in this phase about one third of studied subjects confirms that first line nurse manager during negotiation phase can't understand the needs of different behavior patterns of the parties and can't deal effectively with passive individuals. Behavioral differences and individual differences is truth and need especial skills and wide experience to deal with such persons. According to Cindy Clark, (2016) individuals avoid dealing with conflict because they lack the requisite skills or are unable to create the emotional (safe space) needed for effective dialogue and conflict resolution.

Regarding to after negotiation phase, about half of studied nurses strongly agree that first line nurse managers can made proposals to preserve the self-image of the parties to the conflict and can put the first step to reach consensus between the parties to the conflict. This means that the first line nurse manager is successful in negotiation that requires an ability to listen attentively and ask questions, Gerardi say. "Negotiation require balance our assertive drive to get all that we can with the cooperativeness necessary for preservation of much needed working relationships (Case Management Monthly, 2007) cited in (Strategies for Nurse Managers, 2019).

Our study results reveal a significant relation of negotiation with studied nurses' age, work setting and experience. This means that when nurses increased in age and experience their perception role of negotiation of the first line nurse manager is increased. Nelson et al., (2008) suggested that more experienced nurses are more able to say what they meant without fear of repercussion or misunderstanding. This finding also implies that nurses who more experience had held more power

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than did nurses who had less experience. This may indicate that more experienced nurses were more comfortable with their communication skills in general and their problem-solving skills in particular than were less experienced nurses.

5. CONCLUSIONS

Based on the current results of our study, staff nurses perceive first line nurse manager as a very good negotiator, and negotiation phase is the best one than other two phases.

6. RECOMMENDATIONS

Based on the forgoing conclusions, the following recommendations are proposed:

- i. Nurse managers need to improve their management role by mastering their negotiation skills through establishment of educational and training courses to honor skills of negotiation.
- ii. Advanced research related to negotiation role of first line nurse manager from another prospective in different workplaces, and cultures need to be implemented.
- iii. Education managers, developing scientific approach to negotiations, employing the experts who are familiar with principles and techniques of negotiation, conflict management, and communication.
- iv. Nurse managers should provide constant interaction and deep understanding required for assessment of negotiation skills as a very important solution for conflict today.

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APPENDIX

Table (1) Socio demographic characteristic of studied nurses

Items	variables	Nurses (n=144)	
		No	%
Age	20-25 years	84	58.3
	25-30years	53	36.8
	more than 30	7	4.9
Gender	Male	76	52.8
	Female	68	47.2
Work setting	Intensive care unite	23	16.0
	Medical	64	44.4
	Surgical	57	39.6
Experience in current workplace	Less than 5 years	108	75.0
	More than 5 years	36	25.0

Table 2: Number and percentages of items before negotiation phase as perceived by studied nurses.

Before negotiation phase	strongly disagree		disagree		Agree		Strongly agree	
	No	%	No	%	No	%	No	%
1. You can review and discuss repeated complaints daily.	10	6.9	27	18.8	58	40.3	49	34.0
2. Notes the rules and procedures governing the organization.	0	0.0	27	18.8	61	42.4	56	38.9
3. Try to adapt to patient conditions and working conditions.	0	0.0	35	24.3	49	34.0	60	41.7
4. Always participate in collective negotiations.	0	0.0	29	20.1	54	37.5	61	42.4
5. Trying to resolve differences between hospital staff.	0	0.0	42	29.2	60	41.7	42	29.2
6. You can deal with everyday work problems.	4	2.8	29	20.1	53	36.8	58	40.3
7. You can clarify all important things to work for others.	0	0.0	37	25.7	49	34.0	58	40.3
8. She can strengthen her relationship with her colleagues in work with honesty and respect.	0	0.0	36	25.0	56	38.9	52	36.1
9. Be always ready to negotiate with both parties to the dispute.	0	0.0	21	14.6	50	34.7	73	50.7
10. You can negotiate effectively with peers, subordinates, and bosses.	4	2.8	18	12.5	38	26.4	84	58.3
11. Do not assume doubt because it makes it difficult to distinguish between real intentions or starting a dialogue.	0	0.0	23	16.0	59	41.0	62	43.1
Range: (22-44)	Mean ± SD: (35.04±3.75)							

Table 3: Number and percentages of items of during negotiation phase as perceived by studied nurses.

During negotiation phase	strongly disagree		disagree		Agree		Strongly Agree	
	No	%	No	%	No	%	No	%
1. Find more creative solutions to convince the parties.	14	9.7	13	9.0	55	38.2	62	43.1
2. You can control their emotions and behavior during conflict resolution.	0	0.0	29	20.1	49	34.0	66	45.8
3. Trying to find consensus between the parties in the event of any points of disagreement.	0	0.0	28	19.4	44	30.6	72	50.0
4. Can communicate well between the two sides to build a good business relationship.	6	4.2	14	9.7	48	33.3	76	52.8
5. You can understand the needs of different behavior patterns of the parties and deal with them conducting phase.	0	0.0	45	31.3	37	25.7	62	43.1
6. Help others focus on interests rather than taking positions.	0	0.0	31	21.5	61	42.4	52	36.1
7. You can communicate through the development of conventional negotiating language.	0	0.0	26	18.1	62	43.1	56	38.9
8. You can turn adversity into opportunities for communication.	0	0.0	25	17.4	66	45.8	53	36.8
9. It deals effectively with aggressive individuals conducting phase.	0	0.0	39	27.1	45	31.3	60	41.7
10. You can deal effectively with passive individuals conducting phase.	0	0.0	43	29.9	55	38.2	46	31.9
11. The parties to the dispute shall decide on the dimensions of the problem.	0	0.0	27	18.8	60	41.7	57	39.6
12. The parties to the conflict feel a sense of completeness in accordance with the principles of their personal and professional lives.	0	0.0	21	14.6	63	43.8	60	41.7
13. Trying to see the situation on the other side.	0	0.0	30	20.8	50	34.7	64	44.4
14. The element of surprise is used in a positive way to change beliefs and bad expectations at the opponent.	15	10.4	14	9.7	46	31.9	69	47.9
15. Avoid blaming any party even if it deserves and respects the other person.	0	0.0	19	13.2	50	34.7	75	52.1
Range: (32-64)	Mean ± SD: (51.61±5.31)							

Table 4: Number and percentages of items of after negotiation phase as perceived by studied nurses.

After negotiation phase	Strongly Disagree		Disagree		Agree		Strongly Agree	
	No	%	No	%	No	%	No	%
1. You can reach an agreement acceptable to both parties to achieve the interests of both parties.	0	0.0	30	20.8	61	42.4	53	36.8
2. You can make decisions that affect others.	9	6.3	31	21.5	53	36.8	51	35.4
3. Proposals are made to preserve the self-image of the parties to the conflict.	0	0.0	25	17.4	49	34.0	70	48.6
4. Can put the first step to reach consensus between the parties to the conflict.	0	0.0	25	17.4	50	34.7	69	47.9
Range: (8-16)	Mean ± SD: (12.86±1.7)							

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Table 5: Relationship between socio demographic characteristics and negotiation of the studied nurses.

Variables		Mean \pm SD	P. value
Age	20-25 years	101.25 \pm 8.21	0.015*
	25-30years	97 \pm 8.91	
	more than 30	98.29 \pm 4.03	
Gender	Male	100.2 \pm 9.52	0.332
	Female	98.81 \pm 7.28	
Work setting	Intensive care unite	97.35 \pm 8.81	0.034*
	Medical	98.34 \pm 7.3	
	Surgical	101.77 \pm 9.32	
Experience in current workplace	Less than 5 years	100.36 \pm 9.16	0.046*
	More than 5 years	97.08 \pm 5.72	

*Statistically Significant correlation at p. value<0.05