Assessment of Relationship between Emotional Intelligence and Conflict Resolution among Nurse Managers at Tertiary Health Institutions of North Eastern States of Nigeria

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Abstract

Conflict in health care settings may be effectively managed if nurse managers possess conflict management skills such as reconciliation, listening, and effective communication to bring individuals closer and work together to find fair solutions and meet balanced needs. The study aimed at identifying the relationship between emotional intelligence and conflict resolution among nurse managers at tertiary Health Facilities, in the Northern States of Nigeria. The objectives of the study are to assess the level of emotional intelligence among nurse managers, also to identify the most common types of conflict, determine the causes of conflict, determine the conflict resolution strategies applied by the nurse managers and to identify relationship between emotional intelligence and conflict resolution among nurse managers in tertiary health institutions of North Eastern States. A mixed methods research design (quantitative and qualitative methods) was used. A total of 188 nurse managers and three Head Nursing Services departments formed the sample size. The nurse managers were given structured questionnaires and the Head of the Nursing Services department was interviewed (key informant interview). Three instruments were employed for data collection; Interview Guide, Structured Questionnaire and Participants Demographics Sheet. A simple random sampling technique was used for the study. The obtained data were coded and computed in an SPSS Version 26 and analyzed using percentages, mean and standard deviation for descriptive statistics while the Pearson Correlation Coefficient was used for the inferential statistics. The result of the study revealed that most of the nurse managers have a fair level of emotional intelligence when dealing with conflict among nurse managers. It also revealed that the most common type of conflict among nurses was related to environmental factors. The working environment was the highest cause of conflict among nurses. Social skill strategy was mostly used in conflict resolution. The study revealed that there was no significant relationship between years of experience and conflict resolution r=0.173. Based on the findings the researcher concluded that most of the respondents highly make use of social awareness in the application of emotional intelligence in conflict resolution, most of the causes of conflict among nurses were related

to a working environment, and social skills were mostly used in conflict resolution among nurses. Based on the findings of the study, the researcher recommended that other sources of conflict management should be identified for nurse managers to manage conflict, nurse managers should use the skills they have to solve problems and conflict management to be part of a school of nursing curriculum.

INTRODUCTION

Man is a psyco-social being who interacts with others, which may or may not be fruitful. Individuals from various backgrounds, with various viewpoints and attitudes to life, exist throughout society. Opposing opinions, disagreements, competitions, conflicts, suspicions, and anguish result due to differences that may exist among the groups.

As a result, conflict is an unavoidable reality, and in actual sense, conflict is an inevitable aspect of everyday life, and everyone experiences it at some point in their lives. Dispositional, environmental, and interpersonal factors all play a role in a conflict. Disagreement over issues that lead to rivalry and a struggle for finite resources due to a perceived threat to one's interests is an evident source of conflict.

According to Oleribe et al., (2018), the health sector in Nigeria is conflicted due to inadequate leadership style, among other things, although the healthcare system in Nigeria faces several issues. Opposing viewpoints, unequal workload allocation among employees, unequal treatment, personality differences (character, age, gender), competition, and the chase for few resources by organization members are all causes of conflict in health institutions. Poor communication, as well as differences in requirements, values, and goals, have resulted in conflicts. Observations by the researcher and the comments of some nurses in other health facilities in Bauchi State indicate that most nurses are either absent or do not participate in nurses' meetings. If they do, there is much disagreement, fights or controversy.

The researcher observed a negative relationship between nurses and nurse managers. Nurses and managers are like an enslaver and enslaved persons, resulting in unfair punishment for younger nurses, which hinders nurses from being adequately supervised and affects quality nursing care delivery, sometimes leading to filing a petition against In addition, keeping of malice and general apathy towards health care services. These are situations that may hinder the nurses' work performance, quality of care and consequent patient dissatisfaction if they are not properly handled and managed.

This study aims to ascertain Relationship between Emotional Intelligence and Conflict resolution among Nurse Managers at Tertiary Health Institutions in the North Eastern States of Nigeria.
The objectives of the study are to:
  i.   Assess the level of emotional intelligence among nurse managers in the tertiary health institutions of the Northeastern States of Nigeria.
  ii.   Identify the most common types of conflict in tertiary health institutions of the Northeastern States of Nigeria.
  iii. Determine the causes of conflict in tertiary health institutions of the northeastern states of Nigeria
  iv.   Determine the conflict resolution strategies the nurse managers apply in tertiary health institutions of the northeastern states of Nigeria.

v.   Identify the relationship between years of experience and conflict resolution ability among nurses in the tertiary health institutions of northeastern Nigeria.

MATERIALS AND METHODS

The study is mix method: sequential explanatory design of blended techniques. It consists of two separate phases: quantitative and qualitative (Key Informant Interview). The researcher collected and analyzed quantitative (numerical) data first, followed by qualitative (textual) data, which aids in explaining or clarifying the quantitative results obtained in the first stage. The two phases were linked at a midpoint in the research. This strategy provides a broad picture of the research problem. In addition, it clarifies and explains statistical results by delving deeper into participants' perspectives (Creswell,2003).

Study Area

The study was carried out in three health institutions: Federal Medical Centre Azare, Bauchi State; Federal Medical Centre Nguru, Yobe State; and Modibbo Adama University Teaching Hospital Yola, Adamawa State.

Target Population

A target group is "the entire population of respondents who meet a set of criteria" (Burns & Grove, 2010). The target groups are all nurse managers of tertiary health facilities in selected States in Northeastern Nigeria. (Ngru Federal Medical Center, Yobe State - 95 nurses. Azare Federal Medical Center - 120 nurses, and MAUTH Yola, Adamawa State - 105 nurses, a total 320 nurses).

Sample size

According to Krejcie and Morgan (1970), if the population is 320, the sample size is 175). A Sample size of 175 plus 10% of the attrition rate (18), making a total of 193 samples. Thus, the sample size for this study is 193 respondents. A purposive sampling technique will be adopted to select the head of nursing services.

Sampling Technique

The sampling technique is multistage.
Stage i: The name of each State of the Northeast of Nigeria was written on a piece of paper and placed in a container; three out of six States were picked randomly.

Stage ii: Norminal roll of all the nurse managers collected from all the selected institutions; the number was given to each name serially and entered into the computer; the computer randomly selected 193 samples out of 320.
Stage iii: The sample size of (193) was proportionately distributed to the selected facilities, using a sample size (of 193) divided by the total number of nurses (320) multiplied by each variable's number as in the table below:

Table:1 Proposionate sampling

S/N	HEALTH INTITUTION	NURSE MANAGER	SAMPLE
1	Federal Medical Centre Azare	120	73
2	MAUTH Yola	105	63
3	Federal Medical Centre Nguru	95	57
	TOTAL	**320**	**193**

Inclusion criteria
Nurse managers from the rank of principal nursing officer to the rank of director nursing officer will be included.

Exclusion Criteria
A Nurse that is selected randomly for the research work but found to be on annual leave or off duty will be excluded.

Materials
Three main tools were used, namely:
a.   Interview Guide
b.   Structured Questionnaire
c.   Participants Demographics Sheet

Interview: it is a technique to collect data through interviews; all the nurse leaders in the selected health facilities were interviewed.

A questionnaire; is developed by the researcher and distributed to the staff nurses.
The researcher conducted the Key informant interviews, which took 20 to 30 minutes in English. It was audio-recorded for the Head of Nursing Services Departments only.

Method of data collection
I.   Data collection is "a systematic way of collecting information related to the purpose or questions of a research" (Burns & Grove,2010).
II.   Data was collected by the researcher with four trained research assistants (selected from the secondary health institutions).
III.   Four registered nurses who work at secondary health institutions will be recruited as research assistants.
IV.   They have one-week Training on the objectives of the study and the best ways to carry out the administration of the instrument.
V.   They have practical sessions on administering the questionnaires and the KII to ascertain their proficiency in the data collection procedure.
VI.   Following the Training, they administered the questionnaires to respondents at the selected health institutions; acted as note-takers, moderators and anchored persons during KII.
VII.   The KIIs interviews conducted by the researcher for 20 to 30 minutes. The KIIs in English. It will be audio-recorded.
VIII.   The Training will entail the use of lectures, discussions, and demonstrations.
IX.   The nurse managers will be interviewed in a convenient place using a structured questionnaire with closed-ended questions.
X.   The training intervention will be conducted in 3 interactive sessions among the nurses, each lasting approximately 30 minutes.
XI.   Three sessions per week.

Method of Data Analysis
Data analysis is "the systematic organization and synthesis of research data and the testing of research hypotheses using that data," (Polit & Hungler,1995). It also entails "categorizing, ordering, manipulating and generalizing data and describing them in meaningful terms" (Brink ,1996). The following are the steps for Data Analysis:
I.   Emotional intelligence levels will be classified based on their score as poor, Need improvement, Fair, Good and excellent.

II. The data obtained will be entered, cleaned, coded, and analyzed using SPSS version 26 software.
III. Descriptive statistics (frequency, percentage and mean) will be used to describe the socio-demographic characteristics of the study population. In inferential statistics, Spearman's correlation will be used to test the significant relationship. The decision will be taken at alpha level $p < 0.05$.
IV. Pieces of information from KII will be transcribed, coded, themed and transformed accordingly.
V. Transcripted data will be analyzed
VI. A thematic analysis approach will be adopted.
VII. The researcher will perform an initial scan of the data, highlight words or phrases used by the participants, and located the initial themes.
VIII. Core themes will be identified through a collaborative analysis, which will link to the domains and elements of conflict resolution among nurse managers in tertiary health institutions of the Northeastern States.
IX. The researcher will re-read the data, and illustrate the final themes.

Results and Discussion
Section one: Quantitative Result

Table 2: Distribution of the Nurse Managers according to the socio-demographic characteristics =188

Variables	Frequency	Percentage (%)
Age		
20-30	1	0.5
31-40	69	36.7
41-50	79	42.0
51-60	37	19.7
61 and above	2	1.1
Gender		
Male	84	44.7
Female	104	55.3
Level of education		
MSC	18	9.6
BNSC	51	27.1
Post Basic Nursing	88	46.8
General Nursing/Midwifery	31	16.5
Years of experience		
1-10	33	17.6
11-20	110	58.5
21-30	38	20.2
31-35	7	3.7

Table 2: Socio-demographic characteristics of the Nurse Managers showed that (42%) of the participants were between 41-50 years of age, less than half were between the range of 31-40 years of age, and the list was between the ranges of 20-21 years of age (0.5%). More than half (55.3%) of respondents were females. Most of the respondents had post Basic Diploma (46.8%), and the list (9.6%) of the respondents had a Master. (58.5%) were between the range of 11-20 years of experience, and the list was between the range of 31-35 years of experience (3.7%).

Table 3: Distribution of the of the key informants according to Socio-demographic characteristics

Variables	Frequency	Percentage (%)
Age		
41-50	2	66.7
51-60	1	3.3
Level of education		
BNSC	3	100
Years of experience		
11-20	1	33.3
21-30	1	33.3
31-35	1	33.3

Table 3: Socio-demographic characteristics of the key informant interviewees showed that (66.7%) of the key informants were between 41-50 years of age. All the key informants had a degree in nursing and a post-basic nursing diploma. Most of the respondents had post-Basic Nursing Diplomas.

Table 4: Distribution of the nurse managers according to the level of emotional intelligence n =188

Variable	5		4		3		2		1		X	SD
	F	%	F	%	F	%	F	%	F	%		
Self-awareness	45	24	71	37.9	43	23.2	21	11	8	3.9	3.65	1.072
Self-regulation	49	26.06	72	38.28	40	21.49	17	9.04	10	5.12	3.70	1.456
Self-motivation	65	34.57	71	38	33	17.3	17	9.03	6	3.2	3.97	1.048
Social-awareness	60	32.02	79	42	34	18.3	17	9.04	10	5.12	4.04	.959
Social Skill	45	23.7	81	42.9	42	22.5	11	6.05	5	2.8	3.73	1.016

Key: Excellent=5, Good=4, Fair=3, Need improvement=2, Poor=1

Table 4: shows that level of emotional intelligence among nurse managers is fair (Aggregate mean 3.8). Social- awareness has the highest mean score (mean4.04) regarding emotional intelligence, and the list mean score is self-awareness (mean3.65) when dealing with conflict among nurses.

Qualitative data about nurse manger perception toward emotional intelligence
Theme: Nurse Managers' perception towards emotional intelligence.
The findings from the Key informant interview revealed that most of the heads of nursing services have positive emotional intelligence when dealing with conflict, as can be seen in the statements below:

A key informant participant said, *"One should be calm, do not be harsh on people. It will deprive one of getting information to solve all crises; if one is too emotional, people will tell information to solve a problem, so being emotional is very bad for a leader."*

Another key informant took me around the hospital and said, *"I usually deal with conflict with a soft mind, but if my emotion is on a high level, I do not attend to solve a conflict until when my emotion is stable so that to avoid doing wrong judgment."*
Another key informant nicely welcomed me and believed otherwise with the other two key informants*" It Is not easy, you know the nursing profession is the most rewarding is also stressful and emotionally challenging in the carrier. It requires a high level of emotional intelligence and self-regulation.*

Table 5: Distribution of the nurse managers according to the most common types of conflict

Variables	Always		Frequently		Several		Never			
	F	%	F	%	F	%	F	%	X	SD
Religious	50	26.6	43	22.9	52	27.7	43	22.9	2.53	.808
Inter personal	25	13.3	59	31.4	69	36.7	35	18.6	2.39	.641
Societal (Character against tradition)	35	18.6	51	27.1	78	41.5	24	12.8	2.51	.692
Environmental	49	26.1	69	36.7	46	24.5	24	12.8	2.76	.675
Job versus Aspiration	61	32.4	46	24.5	52	27.7	29	15.4	2.73	.680
Technology (Science beyond human control)	25	13.3	41	21.8	71	37.8	51	27.1	2.21	.648

Table 5 shows that most common type of conflict among nurse managers is environmental always and frequent 62.8% with mean score of 2.76 and the list cause of conflict among nurse managers is Technology (Science beyond human control) always and frequent 35.1% with mean of 2.21

Qualitative data about nurse manger perception toward most common types of conflict
Key Informant Interview on the most common type of conflict revealed that:
Another key informant said, "*personal problems, lack of job satisfaction, and shortage of human resources are the causes of conflict. For example, a nurse will take care of thirty patients in some wards, which is difficult to render quality nursing care compared to the standard of four patients per nurse.*"

Another key informant participant encouraged and supported nurses to further education and said, "*commonest types of conflict in this centre are environmental and personal issues.*

Table 6: Distribution of the nurse managers according to the causes of conflict

Items	Strongly agree		Agree		Disagree		Strongly disagree		X	SD
	F	%	F	%	F	%	F	%		
Personal problems	49	26.1	83	44.1	46	24.5	10	5.3	2.91	.845
Interpersonal problems	55	29.3	107	56.9	22	11.7	4	2.1	3.15	.692
Change in organizational policy	57	30.3	88	47.1	32	17	11	5.6	3.03	.811
Poor Management	53	28	89	47.14	23	12.26	23	12.24	2.99	.845
Poor Work Environment	64	34	96	51.16	21	11.14	7	3.74	3.13	.753
Bullying and harassment	66	35.1	82	43.6	30	16.0	10	5.3	3.09	.849
Poor Communication	46	24.5	101	53.7	36	19.1	5	2.7	3.05	.739
Cultural Differences	52	27.7	93	49.5	34	18.1	9	4.8	3.00	.739

Table 6 shows that most of the causes of conflict among nurse managers were related to interpersonal problems 86.2% (mean 3.15), and personal problems were the list causes of conflict (Mean 2.91).

Qualitative data about nurse manger perception toward Causes of conflict

Akey Informant participant welcomed me and said, *"The courses of conflict in the health sector are misinformation, grave bite in Hausa ''Jita-Jita'' is a way of spreading rumours anyhow; is a way of igniting conflict in an organization. So be open and honest in telling people what happened or will happen in the future. Try to make people understand that by the time this thing is implemented; it will not be new to them; in that way, you avoid conflict."*Another key informant participant welcomed me and said *"In any organization, conflict is inevitable and most of the causes of conflict are communication gap and failure for an individual to render his or her responsibilities"*

Another critical informant participant was very gentle, went straight to the point of discussion, and said, *"The causes of conflict in my department are: scarce resources, funds, poorly defined roles, expectations and occupational competitions."*

Table 7: Distribution of the nurse managers according to the conflict Resolution Strategies

Variables	Strongly agree		Agree		Disagree		Strongly disagree		X	SD
	F	%	F	%	F	%	F	%		
Social Skill	83	44	91	48.5	12	6.4	2	1.1	3.35	.651
Avoidance Skill	62	33	88	46.7	32	17	6	3.5	3.06	.788
Collaborative Skill	53	28.3	102	54	25	13.4	8	4.3	3.08	.752
Competing Skill	37	20	89	47.4	47	25.1	14	7.5	2.79	.838

Table 7 above shows that most (92.5%) of the nurse managers practiced social skills (Mean 3.35), and competing skills have the list mean score of (mean2.79) among nurse managers in conflict resolution.

Qualitative data about nurse manger perception toward conflict resolution strategies

A key informant participant received me warmly and said, *"leadership is flexible; you cannot be rigid and achieve objectives. Conflict resolution depends on the problem and situation; sometimes one has to be autocratic or democratic or both in dealing with conflict to achieve organizational goal."*

Another key informant participant welcomed me and *said, "I usually use dialogue in conflict resolution most of the time; if there is a report of the complaint, I usually call both parties to hear from them before judgment."*

Another key informant *said that "delegation of responsibilities, empathy, and negotiation"* is employed as a conflict resolution strategy.

Section Two; inferential statistics.

Table 8: Relationship between years of experience and conflict resolution

	Conflict Resolution	Years of Experience
Spearman Correlation	1	-.110
Sig.		.132
N		188

Spearman's r correlation of years of experience and Conflict Resolution was found to be negative and Statistically not significant (r=-0.110. p>0.132). Hence it shows that increased years of experience will not lead to better conflict resolution.

Qualitative data about nurse manger perception toward conflict resolution and years of experience

Interviewees revealed their perception towards the relationship of years of experience and conflict resolution as follows:

A key informant participant *said: "Of course, years of experience have a great deal in resolving a conflict; my reason is that the more the number of years you spend, the better the experiences, so those experiences you have will help you in dealing with conflict"*.

Another key informant participant *said, "Yes, the higher the years of experience, the better the conflict resolution"*.

Another key informant participant said *"Years of experience has relationship in conflict resolution"*.

CONCLUSION

A good number of nurse managers highly utilized the autocratic leadership style with a mean value (of mean3.05).

Most of the Nurse managers had a fair level of emotional intelligence when dealing with conflict.

Environmental factor was the most common type of conflict

Most of the causes of conflict among nurses were related to the working environment (mean 3.15).

Social skills were mostly adopted strategy by the nurse manager for conflict resolution

Correlation is absent between years of experience and conflict resolution:

Spearman's r correlation of years of experience and Conflict Resolution was found to be negative and Statistically not significant (r=-0.110. p >0.132). Hence null hypothesis was supported. This shows that an increase in years of experience will not lead to better conflict resolution.

Recommended that other sources of conflict management should be identified for nurse managers to manage conflict, nurse managers should use the skills they have to solve problems and Conflict management to be part of school of nursing curriculum to reduce conflict among nurses within and outside the profession.

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