

Emotional Intelligence Practice and Its Relation to Conflict Resolution Styles Among Academic Nursing Students

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Abstract

Background: Emotions are essential in conflict situations. Emotional intelligence includes the capacity to settle and handle conflicts. Understanding and managing emotions can help nursing students connect better with their patients, improving patient satisfaction and outcomes. **Aim:** To assess emotional intelligence practice and its relation to conflict resolution styles among academic nursing students. **Research design:** A correlational descriptive design was used. **Sample:** A convenience sample of (641) baccalaureate nursing students. **Setting:** The study was conducted at the Faculty of Nursing, Suez Canal University. **Tools:** Two tools were utilized in the study. Tool (I): It consisted of two parts: personal data and the Wong and Law Emotional Intelligence Scale, which assessed emotional intelligence. Tool (II): Rahim Organizational Conflict Inventory, which measured conflict resolution styles. **Results:** 58.3% of the participants have a high level of emotional intelligence practice level. While 39.8% have a moderate level and 1.9% have a low level of emotional intelligence practice. The highest mean percentage (83.5%) of them used a compromising style in conflict management, while the lowest mean percentage (64%) used a competing style. **Conclusion:** Nursing academic students have a high level of emotional intelligence practice, and the majority of students use a compromising style for conflict resolution. There was a positive statistically significant correlation between emotional intelligence practice and conflict resolution styles. **Recommendations:** Implement specialized training programs to enhance emotional intelligence skills for nursing students and, additionally, provide workshops or courses focusing on effective conflict management and communication skills, including active listening, assertiveness, and empathy.

Keywords: Emotional Intelligence, Conflict Resolution, Nursing Students.

Introduction

The world is undergoing rapid changes and confronting unprecedented challenges. When students are required to perform numerous roles with performance and effectiveness in today's competitive world, students need to recognize their right position and emotional intelligence (EI) toward the unseen subtle intricacies of life and good education. The recently proposed modern education policy is largely concerned with improving the quality of education by making students emotionally intelligent. Emotional awareness benefits students' academic achievement and professional and personal lives (Kumar, 2020).

Over the last three decades, there has been a steady rise in interest in EI research and applications. EI is the capacity of individuals to be sighted and manage their own emotions and the emotions of others. It is an important ability for leaders because it enables them to handle challenging conversations effectively, form solid connections, and foster a healthy work environment (O'Connor et al., 2019; Bru-Luna et al., 2021). Cavaness, Picchioni, and Fleshman (2020) define EI as the capacity or characteristic that enables leaders to face difficulties with patience, understanding, and control. EI enhances leaders' problem-solving abilities and enables them to detect and capitalize on opportunities in the workplace effectively (Parinussa et al., 2023).

EI involves learning to regulate feelings

and emotions and using this knowledge to influence conduct. EI influences actions, including decision-making, problem-solving, self-management, and leadership. The right display of emotion is one facet of EI involving adaptability, dealing with change, and managing conflict (Ugoani, 2021; Delhom, Satorres, and Meléndez, 2020). The four main elements of EI are self-awareness, self-management, social awareness, and relationship management (Nurul et al., 2017).

Self-awareness is the ability to detect and comprehend emotions and understand how one's actions, moods, and the emotions of others affect one. Self-awareness also entails keeping an open mind regarding new experiences and ideas and learning from day-to-day interactions with others (Agnoli et al., 2019; Goleman & Boyatzis, 2017). Leaders must be able to comprehend their own emotions and triggers, as well as the influence their emotions have on others, in order to achieve better self-awareness (Hartung, 2020; Xianjun, 2022).

Self-management emerges with the acquisition of emotional knowledge through self-awareness. This includes emotional control and adaptability to changing conditions. Emotional equilibrium demands applying techniques like mindfulness, stress management, and emotional control. Advancing self-management skills enhances resilience and the ability to navigate challenges and setbacks. Leaders must be able to regulate their emotions, remain cool under pressure, and make judgments based on logic rather than emotion to enhance self-management abilities (Goleman & Boyatzis, 2017).

The third phase in developing EI is social awareness, defined as the ability to recognize and sympathize with the emotions of others appropriately. Conflicts may be managed and handled more positively with strong social awareness (Nurul et al., 2017; Goleman & Boyatzis, 2017). Primal empathy, attunement, empathic accuracy, and social cognition are all components of social awareness. Primitive empathy refers to a person's capacity to detect nonverbal cues and empathize with others. Attunement refers to thoroughly listening to and attuning to others. Understanding another's feelings, intentions, and ideas is referred to as empathic accuracy. Social cognition concerns what

someone understands about the social world's mechanisms (Narayana & Narasimham, 2017; Saari, 2023; Sened et al., 2017).

The last step in EI is relationship management. This entails using self-awareness, self-management, and social awareness abilities to create and sustain effective relationships. Understanding and reacting to the emotions of others allows us to modify our words and behaviors, resulting in more successful conflict resolution, collaboration, and teamwork. Practicing relationship management empowers us to build strong, long-lasting personal and professional connections, contributing to total happiness and success. Relationship management includes building strong relationships founded on trust and mutual respect (Goleman & Boyatzis, 2017).

Emotionally intelligent leaders can better manage difficult situations, motivate teams, resolve conflict, and achieve goals. Improving leadership skills begins with enhancing EI (Decker & Cangemi, 2018; Ivicevic et al., 2021). Conflict resolution styles (CRS) encompass individuals' diverse methods to handle, engage in, and resolve conflict. Each person has a unique approach to addressing conflict, with various traits such as avoidance, aggressiveness, and negotiation that distinguish different CRS. Conflict resolution is a crucial and influential aspect of personality (Liddle, 2023).

Workplace conflict can be approached and responded to in various ways. It is commonly classified into five CRS: collaborating, competing, compromising, accommodating, and avoiding. Each individual tends to have a natural preference for one or two of these styles, but there are advantages to utilizing each of them (Folger, Poole, and Stutman, 2021; Rahim, 2023).

The avoiding style, characterized by withdrawing and appearing unfriendly, is employed when skillfully navigating a problem or avoiding a possibly harmful situation. This style is utilized to delay dealing with an issue, especially when the outcome is less crucial, such as disagreeing with a colleague on the ethics of using FaceTime on the job (Folger et al., 2021; Rahim, 2023).

Collaborating Style: Combining

assertiveness with cooperation, people who cooperate try to work with others to discover a solution that answers everyone's concerns. This style, the antithesis of avoidance, lets both parties get what they want while reducing those uncomfortable emotions. When long-term connection and achievement are crucial, collaboration works best (Folger et al., 2021; Rahim, 2023).

The competing style of dispute resolution ensures that one's message is heard and one's desired future direction is pursued. This dispute-resolution approach is best employed during an emergency or crisis when change must happen rapidly, and hesitation or indecision might jeopardize people's or the organization's safety. However, when employed excessively or in inappropriate contexts, particularly by leaders, individuals will feel irritated, withdrawn, and disengaged since reaching an agreement is unattainable (Folger et al., 2021; Rahim, 2023).

The accommodating style of conflict resolution involves prioritizing harmony and swiftly resolving disagreements by yielding and smoothing over differences. This approach focuses on preserving relationships and enabling continued collaboration between individuals or teams while keeping the ultimate goal in mind. Instead of expressing their thoughts and concerns, individuals using this style aim to minimize conflict and maintain a cooperative environment (Folger et al., 2021; Rahim, 2023).

Compromising style: It centers on finding a middle ground. In contrast to the Collaborating Style, where both parties strive for a win-win outcome, the Compromising Style entails bargaining for giving up certain parts to reach an agreement in the middle. There is open communication because both sides are willing to give up something to end the problem (Folger et al., 2021; Rahim, 2023).

In conflict situations, employees may undergo emotions such as irritation, rage, stress, or despair. Effectively managing disagreements is a crucial aspect of EI. Regarding the relationship between EI and CRS, high EI is associated with integrating, compromising, and obliging styles. Conversely, low EI is linked to dominating and avoiding styles (Al-Hamdan et al., 2019). Given

that EI gives a wide variety of abilities to control emotions and effectively interpret emotional information, EI professionals can select the most appropriate coping techniques to deal with frustration and adapt to emotional demands effectively (Troth et al., 2018).

Significance of the study:

According to El-Hosany's (2017) study, the prevalence of interpersonal conflicts among nurses at Ismailia General Hospital was found to be 73.5%. Conflict is an inevitable aspect of healthcare, and developing emotional intelligence can equip students with effective strategies for resolving disputes and fostering a harmonious work environment. The nursing field demands empathy, compassion, and strong communication skills, with EI playing a crucial role in conflict resolution and professional growth. Nursing students with enhanced EI are better equipped to handle challenges and emerge as successful leaders. However, there needs to be more research on CRS and EI among academic nursing students in Egypt. This study aims to fill that gap.

Aim of the study:

The study examined emotional intelligence practice and its relation to conflict resolution styles among academic nursing students.

Research questions:

1. What are the levels of emotional intelligence practices among academic nursing students?
2. What are conflict resolution styles among academic nursing students?
3. Is there a relationship between academic nursing students' emotional intelligence practices and conflict resolution styles?

Subjects and methods:

Design of the study:

The study used a correlational descriptive study design.

Sample:

The study sample comprised a convenience sample of baccalaureate nursing students, initially calculated at 320 participants out of 1936 students. However, the actual number of participants was 641, as students voluntarily offered to participate in the research.

$$n = \frac{N}{1 + Ne^2} = \frac{1936}{1 + [1936 \times (.05) \times (.05)]} = 320$$

n: Sample size

N: Total population

E: Acceptable margin of error

Inclusion criteria:

Academic nursing students, both male and female, who enrolled in the academic year 2023-2024.

Exclusion criteria:

First-year nursing students who are newly registered in the faculty and still need to gain academic experience.

Setting:

The study was conducted at the Faculty of Nursing-Suez Canal University, which is located in Ismailia City. The college has two buildings: an administrative building and an educational building. It consisted of six nursing departments: Adult Health Nursing, Pediatric Nursing, Obstetrics and Gynecology Nursing, Community Health Nursing, Nursing Administration, and Psychiatric and Mental Health Nursing.

Tools:

The following self-administer tools were used to gather data for the study: -

Tool I: Emotional intelligence practices questionnaire:

It is composed of two parts as the following:

Part 1. Personal characteristics data: It was intended to acquire personal information regarding those who participated in the study. It included the personal data of nursing students, including age, gender, academic level, and residence.

Part 2. Wong and Law Emotional Intelligence Scale: It was adapted from **Wong & Law (2002)** and modified by researchers, this tool consisted of (16) items divided into four dimensions: first dimension self-emotional appraisal (SEA) (4) items, second dimension others' emotional appraisal (OEA) (4) items, third dimension regulation of emotion (ROE) (4) items, fourth dimension use of emotion (UOE) (4) items.

Scoring system: The scale was measured with a 5-point Likert-type scale, ranging from (5 always, 4 = often, 3 = sometimes, 2= rarely, and 1 = never). The EI practices are classified into the following levels:

Low level (less than 48 score = less than 60%).

Moderate level (from 49 to 62 score = 60% to < 80%).

High level (score of more than 62 = above 80%).

Tool II: Conflict Resolution Styles Scale

It was adapted from **Rahim (2011)** and modified by researchers; the scale was designed to measure five CRS. It comprises (28) items that are distributed as follows: Collaborating Style (7) items, accommodating style (6) items, competing style (5) items, avoiding style (4), and compromising style (6) items responses rated on a five-point Likert scale (ranging from 1 for 'strongly disagree' to 5 for 'strongly agree').

Validity:

The questionnaires were distributed to three nursing administration professors. They were asked to evaluate the tool regarding content coverage, clarity, phrasing, translation,

length, format, and overall look. A few changes were made in response to their suggestions.

Reliability:

The Emotional Intelligence Scale was subjected to a reliability test. During the pilot research, Cronbach's coefficient alpha was 0.90, and Cronbach's alpha coefficient of the Conflict Resolution Styles scale was 0.88, indicating that the two scales were trustworthy.

Pilot study:

A pilot study with 10% of the entire sample was conducted following expert validation of the tools. It was conducted to assess the study instruments' clarity and appropriateness, identify potential data collection barriers, and estimate the time necessary to complete the questionnaire. The tools were not changed based on the pilot research findings, and the pilot research participants were included in the final sample.

Fieldwork

Preparatory phase:

During the preparatory phase, extensive research was conducted to gather relevant information from current and past national and international literature sources. Resources such as books, articles, periodicals, journals, and the internet were utilized to understand the research problem comprehensively. Additionally, the tool used for data collection was validated during this phase. Permission was obtained from the dean of the faculty to proceed with data collection. Furthermore, a pilot study was conducted to assess the tools' reliability.

Implementation phase:

The data collection process took two months, from the beginning of October to the end of November 2023. Self-administered questionnaires were distributed to students during their break time between lectures. Data collection was carried out on all working days of the week. The participants were informed about the nature of the study and assured that their

participation was voluntary. Written consent was obtained from each participant, and the researcher was available to address any queries or concerns during the questionnaire completion. The questionnaire took approximately 10-15 minutes to be completed. The student response rate for participating in the study was high, as they willingly expressed their desire to participate in the study voluntarily. Subsequently, the collected responses were entered into SPSS for further analysis.

Ethical considerations:

Official approval was obtained from the Ethical Committee of Scientific Research at the Faculty of Nursing, Suez Canal University; participant's ethical rights were attached to the study tools in addition to the study's goal; no names were included in the questionnaire sheet; the privacy and confidentiality of all subjects was maintained by assigning a code number to each participant who responded to the questionnaire. Participation in the study was voluntary, and all information provided was treated as confidential and used exclusively for research purposes. Participants were required to sign a written consent form in order to participate in the study.

Statistical design:

The Statistical Package for Social Studies (SPSS) Version 26 was used for data input and statistical analysis. Appropriate descriptive statistics such as frequencies, means, and standard deviations were utilized for quantitative variables. The relationship between EI and CRS was identified using Spearman correlation.

Results:

Table (1) declares that 57.9% of the study sample was female, while 42.1% were male. 69.0 % of the study sample was aged between 18 and 20 years old, while 30.9 % were aged between less than 20 and 22 years old. 32.9 % of the study sample was registered in the 2nd level, 34.4 % registered in the 3rd level, and 57.1% lived in urban.

Table (2) illustrates that the regulation of emotion dimension had the highest mean percentage (85%) of EI practices, while the use of emotion dimension had the lowest mean percentage (77%). The overall EI practice among nursing academic students was high, with 81.1%.

Table (3) Illustrates that 58.3% of the participants have a high EI practice level, 39.8% have a moderate level of EI practice, and 1.9% have a low level of EI practice.

Table (4) reflects that the highest mean

percentage (83.5%) is for using a compromising style in CRS, while the lowest mean percentage (64%) is for using a competing style in CRS.

Table (5) illustrates that there is a positive statistically significant correlation between EI practice and conflict resolution style among nursing academic students. There was a moderate positive correlation between collaborative and compromising conflict resolution styles and EI, while there was a weak positive correlation between avoiding style and EI.

Table (1): Personal characteristic data of the study participants (n=641)

Personal characteristic data		No.	Percentage
Gender	Male	270	42.1
	Female	371	57.9
Age	18-20	442	69.0
	>20- 22	198	30.9
	>22	1	0.16
Education level	2 nd level	211	32.9
	3 rd level	221	34.4
	4 th level	209	32.6
Residence	Urban	366	57.1
	Rural	275	42.9

Table (2): Mean, SD. and Mean percentages of EI practices of academic nursing students (N=641)

Dimension	Minimum	Maximum	Mean	±SD	Mean %
Self-Emotional Appraisal	4.00	20.00	15.98	2.20	80%
Others' Emotional Appraisal	4.00	20.00	16.49	2.58	82.5%
Regulation of Emotion	4.00	20.00	17.04	2.65	85%
Use of Emotion	4.00	20.00	15.42	3.32	77%
Total	16	80.00	64.94	10.76	81.1%

Table (3): Academic nursing students' EI practice levels (n=641)

EI Practices Levels	Levels %	No	Percentage
Low	< 60%	12	1.9 %
Moderate	60 – 80%	255	39.8%
High	> 80%	374	58.3%

Table (4): Total Mean, SD. and Mean percentages of conflict resolution styles among the academic nursing students (n=641)

Conflict Resolution Styles	Minimum	Maximum	Mean	±SD	Mean %
Collaborative Style	7	35.00	29.2106	4.12132	82.8%
Accommodating Style	6	30.00	20.6583	3.88671	68.6%
Competing Style	5	25.00	16.0234	4.19163	64%
Avoiding Style	6	30.00	20.1654	4.40711	66.6%
Compromising Style	4	20.00	16.7847	2.36851	83.5%

Table (5): Relationship between EI practices and conflict resolution styles of academic nursing students (n=641)

Conflict Resolution Styles	EI Practice	
	R	P
Collaborative	.490**	.000
Accommodating	.232**	.000
Competing	.235**	.000
Avoiding	.174**	.000
Compromising	.439**	.000

Discussion:

EI has been demonstrated to predict the success of nursing students in both clinical practice and academic performance, as emotions play a critical role in patient care decisions and professional relationships (Talman et al., 2020). As nursing students encounter various conflicts during their university studies (Ahmed, Fakhry, and Abd Alkhfar, 2021), effective conflict resolution becomes essential to foster team cohesion and maintain a unified organizational effort (OGOUN, 2023).

In terms of EI practices, the findings revealed that nursing academic students exhibited a high level of overall EI. Among the EI domains, emotion regulation received the

highest average score, whereas the use of emotion obtained the lowest mean score. According to the researchers, these lower scores suggest potential areas where these students may encounter difficulties or possess less confidence, highlighting the importance of developing skills related to goal setting, perceived competence, self-motivation, and self-encouragement.

In the same context, Štiglic et al. (2018) demonstrated that nursing students exhibit a higher EI level than students enrolled in other academic courses. Also, Kim and Sohn (2019) revealed high mean scores in EI among senior nursing students. Notably, the highest scores were related to the appraisal of others' emotions, while the lowest scores were associated with regulating their own emotions. The study by

Guo et al. (2019) discovered that participating nursing students exhibited moderate EI. The study suggested that nursing students reporting lower EI levels might be more prone to academic procrastination.

Also, **Goudarzian et al. (2019)** found that nursing students in both the experimental and control groups initially exhibited a moderate level of EI before the training program. However, in the control group, there was no change in their level of EI. In contrast, most students in the experimental group demonstrated a significant improvement, reaching a good level of EI after the intervention. The study suggests the importance of organizing specific programs to enhance students' EI to promote their success prospects. In the same context, **Beauvais et al. (2011)** discovered that the average score for EI among nursing students indicated a moderate level. They also proposed that incorporating elements of EI into nursing education can be accomplished without significant curriculum revisions and could be integrated into various nursing courses.

The conflict resolution styles among nursing academic students revealed that the compromising style had the highest mean score, while the competing style had the lowest mean score. According to the researchers, the lower scores in the competing style suggest a tendency towards self-advocacy rather than considering others' concerns, which may conflict with the collaborative nature of nursing practice. Nursing, being centered around human relationships and a patient-centered approach, typically promotes an environment of teamwork, mutual respect, and shared decision-making. Relying solely on a competitive conflict resolution style could potentially hinder this process by diminishing hospitality and fostering a self-centered atmosphere, thereby challenging the core principles of cooperative and compassionate nursing practice.

Similarly, **Ahmed et al. (2021)** found that Egyptian and Nigerian nursing students commonly employ the compromising conflict management style, with Egyptians displaying a higher usage of the competing style. Similarly, within the context of their study, **Ahmed, Fakhry, and Saad (2019)** discovered that

before implementing a conflict resolution training program, nurse students primarily used the compromising strategy, while the avoiding strategy was least employed. Following the intervention, all strategies, except competing, saw a notable increase, with the avoiding strategy remaining unchanged.

Similarly, **Labrague, Al Hamdan, and McEnroe- Petite (2018)** observed that nursing professionals mostly used constructive and positive conflict resolution tactics instead of destructive and negative conflict resolution strategies. Also, **Alan, Gül, and Baykal (2022)** revealed that the collaborating style received the highest scores among conflict management strategies perceived by nurses, while the competing style received the lowest scores. According to **Akel and Elazeem (2015)**, nurses and physicians predominantly employed the accommodating strategy, with the competing style being the least utilized among nurses. **Gunasingha et al. (2023)** found that among medical students, the predominant CRS adopted was accommodating. **Al- Hamdan, Nussera, and Masa'deh (2016)** observed that the conflict management style most frequently employed by Jordanian nurse managers was integration, while the least utilized style was dominating.

According to **Johansen and Cadmus (2016)**, about one-quarter of nurses reported using an avoidant conflict management style, while about two-thirds reported utilizing integrating and obliging conflict management styles. It was observed that emergency department nurses who avoided conflict encountered lower levels of work-related stress. In a similar context, **Pitsillidou et al. (2018)** found that two-thirds of the participants reported avoiding conflicts, over half engaged in negotiation for mutual benefit, and about one-third outlined compromise as a method to address conflict.

A statistically significant positive correlation was observed between the practice of EI by nursing academic students and their CRS. According to the researchers, this correlation may be explained by the fact that students with higher EI levels have a better understanding of their own emotions and those of others. This heightened emotional awareness contributes to

effective conflict resolution by enabling them to comprehend and regulate emotions more adeptly.

Similarly, **Chan, Sit, and Lau (2014)** found that EI exhibited a significant association with all five conflict management styles among nursing students. Moreover, according to **Fakhry and Abd El-Azeem (2016)**, a statistically significant correlation was evident between the EI levels of nursing students and all preferred conflict resolution strategies, excluding the collaborating strategy. EI exhibited a statistically significant association with conflict management strategies such as integration, compromise, avoidance, and compliance among medical students (**Li et al., 2021**). According to a study by **Salem, Safan, and Nassar (2018)**, nurse managers with greater EI were more likely to use effective conflict management tactics. The study discovered a link between EI and the nurse management job's capacity to manage and resolve conflicts. In contrast to our findings, **Aseery et al. (2023)** discovered no significant link between EI and conflict resolution techniques as perceived by the nurse manager.

Conclusion:

Academic nursing students have high levels of EI, with the highest percentage for the dimension of regulation of emotion, while the lowest percentage was for the dimension of use of emotion. Regarding CRS, the majority of students adopted a compromising style, with the least preference for utilizing a competing style. Notably, there was a positive and statistically significant correlation between the practice of EI and CRS among nursing academic students.

Recommendations:

Based on the study findings, the following recommendations are suggested: Offer workshops or seminars specifically tailored to teaching effective conflict resolution skills. These sessions can provide students with practical techniques and strategies for handling conflicts in healthcare settings. Incorporate role-playing scenarios that simulate real-world conflict situations in healthcare. This allows

nursing students to practice using their emotional intelligence skills to navigate and resolve conflicts. Incorporate assessments of conflict resolution skills and emotional intelligence into the evaluation process for nursing students. This can help track progress and identify areas for further development.

Promote a supportive learning environment by creating a positive and inclusive learning environment that encourages collaboration, respect, and understanding among students. This can help foster EI development. This can be done by organizing group discussions or debriefing sessions after clinical experiences to allow students to reflect on their emotional responses and share insights with their peers. Future research on EI and CRS should account for personality variables and cognitive abilities to explore the influence of academic intelligence and personality on CRS.

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