İSTANBUL UNIVERSITY PRESS

CURARE
Journal of Nursing

CURARE–Journal of Nursing,
CURARE 2025, (8): 16–23

https://doi.org/10.26650/CURARE.2025.1604565

Submitted: 20.12.2024
Revision Requested: 02.04.2025
Last Revision Received: 30.04.2025
Accepted: 07.04.2025
Published Online 30.06.2025

Research Article

Open Access

Exploring the Relationship Between Conflict Management Styles and Patient Satisfaction in Healthcare Settings in Jordan from the perspective of healthcare staff employees: A Cross-Sectional Analysis

Samer Makahleh [1] & Abdulkareem Iblasi [2]

[1] Al-Balqa Applied University, Granada Intermediate College, Jordan
[2] University of Buraimi, Colleage of health sciences/ Nursing department, Oman

Abstract

Objective: This study explores how five administrative conflict management strategies (ACMS)—competition, avoidance, compromise, accommodation, and collaboration—affect patient satisfaction in healthcare organisations within the Hashemite Kingdom of Jordan.

Method: Patients and healthcare professionals from three public and three private hospitals from 18 hospitals in Jordan were surveyed using a descriptive-correlational design. Two validated questionnaires were used to recruit a stratified random sample: a patient satisfaction survey (Cronbach's alpha = 0.79) and a 28-item ACMS evaluation instrument (alpha = 0.81). The evaluation focused on the quality of nursing care, admissions processes, and the overall hospital atmosphere. The staff response rate was 82.8%, while the patient response rate was 85.9%.

Results: Healthcare staff emphasised assertiveness and self-interest, favouring the competitive conflict management style (M = 3.40, SD = 0.73). The least favoured approach was avoidance (M = 3.03, SD = 0.79). Collaborative problem-solving efforts were evident in the second-ranked collaboration. Patient satisfaction scores (M = 3.94, SD = 0.83) reflected a positive evaluation of hospital services, with admission processes receiving the highest ratings.

Conclusion: Enhancing organisational effectiveness and patient satisfaction in the healthcare industry necessitates effective conflict management. The results underscore the importance of interventions that tackle structural and cultural factors influencing conflict dynamics while promoting assertive and cooperative strategies among Jordanian healthcare workers. This study establishes a foundation for future research and valuable advancements in conflict resolution techniques within the medical field.

Keywords Conflict management styles · patient satisfaction · healthcare staff · healthcare settings

Citation: Makahleh S. & Iblasi A. Exploring the Relationship Between Conflict Management Styles and Patient Satisfaction in Healthcare Settings in Jordan from the perspective of healthcare staff employees: A Cross-Sectional Analysis. CURARE–Journal of Nursing 2025; (8): 16-23. DOI: 10.26650/CURARE.2025.1604565

Corresponding author: Abdulkareem Iblasi Abdulkareem@uob.edu.om

INTRODUCTION

Any human interaction, including collaboration in organisations like the healthcare industry, inevitably produces conflict (1, 2). Conflicts can arise from several contributing variables, including conflicting views, behaviours, or emotions, and they can affect people on different levels (3). It can happen at the intragroup, intergroup, or interpersonal level and is frequently caused by complicated workflows, a lack of resources, and time restrictions (4).

Ineffective conflict management lowers employee satisfaction and impairs organisational performance and the standard of care (5). However, appropriate conflict management enhances outcomes, team performance, commitment, and satisfaction (6) when handled effectively. Conflict management strategies are essential to effectively manage these conflict- related difficulties in healthcare (7).

Effective conflict management tactics, including collaboration and compromise, can convert conflict into opportunities for growth and innovation, enhancing organisational performance and fostering a healthy work environment (4, 6-9). However, conflict management differs from being in a competitive style of resolving, which involves forcing, also known as domineering (10). The competition style in conflict management is defined by a "*high care for oneself"* and a "*low regard for others*" (11). It entails exercising power to elevate one's own status while neglecting the needs or aspirations of others (2). The avoidance style, denial, withdrawal, or repression, demonstrates minimal concern for oneself and others (2). This style is characterised by an ambiguous or apathetic stance towards conflict, frequently resulting in a deficiency of resolution or involvement with the issue (2, 12).

On the other hand, the compromise style, often termed bargaining, signifies a moderate concern for both oneself and others. It emphasises achieving a compromise through reciprocity, resulting in mutual partial satisfaction (2, 11). The accommodation style, called obliging or smoothing, presents a minimal care for oneself and a significant concern for others (2). This approach frequently involves self-sacrifice to fulfil the requirements of the opposing party (2). The

cooperation style, problem-solving or integrating, exhibits a significant concern for oneself and others. It is defined as a collaborative endeavour to discover solutions that completely fulfil the interests of both parties (2). These conflict management styles offer a conceptual framework for comprehending how individuals and organisations address disputes and manage conflicting priorities.

However, healthcare research has predominantly concentrated on conflict management within individual professions, resulting in deficiencies in comprehending its effects on organisational performance, customer satisfaction, and process efficiency (13). This creates an additional need to understand the impact of effective conflict management on organisational success and employee productivity. Exploring the variances among different professions and scopes adopted for conflict management within the recognised leadership styles and adoption is essential.

The current study is one of the initial investigations of administrative conflict management styles (ACMS) from the perspective of employees in Jordan. This study aims to explore the impact of five administrative conflict management styles (ACMS) - competition, avoidance, compromise, accommodation, and collaboration— on healthcare performance indicators, encompassing patient satisfaction levels. This research seeks to furnish useful insights for healthcare organisations in Jordan.

There is a lack of studies regarding conflict management in Jordan, especially within the healthcare sector (14). The insufficient comprehension of how administrative conflict management approaches affect healthcare performance (patient satisfaction) highlights the necessity for further research to enhance the management and quality of healthcare organisations (14).

Apart from labour constraints and growing service demand, Jordan's healthcare system shows various architectural elements that influence its efficiency even more. Jordan has a dual healthcare system with public and private sectors; the public sector consists of university institutions, the Ministry of Health (MOH), and the Royal Medical Services (RMS) (15, 16). Serving over 60% of the population, the Ministry of Health is the main provider of health services available nationally (17). Though limited in extent, the private sector offers premium specialised services mostly in urban areas, accessible mostly to people with financial means or private insurance coverage.

Still a major issue in Jordan is health-related issues (18). Even if universal health care is becoming increasingly achievable, out-of-pocket costs still account for a sizable portion of total health spending. This limits access to consistent care and strains low-income households. Furthermore, the distribution of resources is unfair; urban areas are favoured over rural and isolated populations. As conflict play a significant impact on the treatment cost (19).

National strategic plans addressed these challenges have to improve primary care services, including digital

health solutions, and increase human resource training and retention policies. Healthcare professionals working in Jordan operate under hierarchical systems where seniority and authority are valued (19). This framework shapes the management of and perception of conflict. For instance, among younger staff members who might feel uneasy questioning authoritative people, the avoidance and accommodating styles—commonly observed in high-power-distance cultures—are often used (20). Although this could maintain clear harmony, it can cause passive resistance, unsolved problems, and over time exhaustion.

Methodology

This research employed a descriptive-correlational approach to investigate the influence of perceived administrative conflict management styles on the performance of healthcare organisations in Jordan from the patient perspective (patient satisfaction). The study used a quantitative approach, including self-administered questionnaires to gather data.

Research Instruments

The study adopted two questionnaires for data collection: the Conflict Management measurement tool. This instrument consisted of three components intended to comprehensively capture pertinent data. The initial phase concentrated on demographic data, gathering information regarding participants, including hospital type, age, and educational level. The second part evaluates the favourable conflict management styles over the five styles —competition, avoidance, compromise, accommodation, and collaboration— utilising 28 items (21).

The second measurement tool was the Patient Satisfaction Questionnaire, which had two sections (22). Section 1 collected demographic information about the patients involved in the study. Section 2 evaluates patient satisfaction with hospital services (e.g., admission, nursing care, and hospital environment) based on 19 items adapted from the original Survey (22).

The questionnaires were initially in English but were translated into Arabic and back-translated to ensure accuracy (23). The back-translation methods applied according to Jones (24) involve the independent translation of the translated version back into the original language. The back-translation and the original are compared, and the translation is then adjusted if necessary. Therefore, the questionnaires were first translated into Arabic and then translated back into the original language (English) by a third English-Arabic translator. Arabic-speaking PhD holders who are fluent in both English and Arabic reviewed the translation. As a result, the translation was edited and some changes were made to produce the final version.

The experts tested their validity and revised them accordingly. Reliability was measured using Cronbach's alpha, demonstrating high internal consistency for conflict management (Cronbach's alpha =0.81) and patient satisfaction (Cronbach's alpha = 0.79).

Sampling

Eighteen governmental and private hospitals nationwide were randomly chosen, focusing on staff and patients. Six hospitals selected (three public and three privite). The Krejcie and Morgan table for response rates informed the application of stratified and systematic random sampling methods to ascertain sample sizes (25). The research chose hospitals that offer a variety of treatments, including diagnostics, surgical procedures, and inpatient treatment (excluding specialised centres). Thus, stratified and systematic sampling techniques were used according to the hospital size, geographic area, and service type. Given that Jordan is geographically separated into three main regions— the north, middle, and south—the hospitals that were selected were chosen to offer comparable services and to guarantee a balanced distribution throughout the nation. Before data collection, ethical approval from the Ministry of Health in Jordan was obtained in February 2019. IRB approval was taken from the Ministry of Health in Jordan (Number # Tatweet / Kotat/ 1318) on 6th of February 2019.

Questionnaires Distribution

Hospital employees were given questionnaires using a paper-based method. The researchers distributed the questionnaires and explained the study's significance, goal, and the value of the participant answers. Before filling out the questionnaire, the participants gave their verbal consent.

Then, they submitted the completed questionnaires to the sealed boxes in their individual units. Which take around 10 to 15 minifies to be filled by the staff.

For the patient questionnaire, the research team distributed the measurement tools to a group of patients. In cooperation with the staff from the quality unit, they delivered the questionnaires in person, facilitated distribution, and ensured that proper procedures were followed. Patients returned their completed questionnaires in sealed envelopes provided alongside each questionnaire. Several steps were taken to maximise the response rate: Participants were not required to write their names on the completed questionnaires. The researcher emphasised the significance of the participant contributions to the study's findings.

Anonymity and a sense of autonomy were assured to ensure unbiased responses, and participants were free to provide answers without pressure.

RESULTS

By June 2019, the data collection process was complete. A total of 750 questionnaires were distributed to the hospital staff, of which 644 were returned. Of these, 23 questionnaires were excluded due to incomplete responses. Consequently, 621 valid questionnaires were received, resulting in a response rate of approximately 82.8%. The response rate from each hospital ranged between 75% and 95%. The lowest rate (~75%) was reported in Sarah Specialty Hospital and the Italian Hospital, while the highest rate (~95%) was recorded in Prince Raya Hospital and Al-Hekma Alhadeth as it papers in table (1).

The majority of participants, 63.9% (N=397), were employed in governmental healthcare organisations, whereas 36.1% (N=224) were from private healthcare organisations. Males represented a slight majority, accounting for 51.2% (N=318) of the total employee participants. The largest age group comprised individuals aged 20 to 35, accounting for 66.2% (N=411) of the participants, while those aged 36 to 50 constituted 30.1% (N=187). Only 3.7% (N=23) of the participants were aged over 50. The data revealed that most participants were married, comprising 60.1% (N=373). Most participants (65.2%, N=405) possessed a bachelor's degree, while nearly one-quarter (24.3%, N=151) held an associate or college-level degree. Only 7.2% (N=45) had completed their postgraduate studies. Nurses represented the largest cohort at 45.2% (N=281), while physicians accounted for 20% (N=124). Health technicians and hospital support staff were almost equally represented, accounting for 17.6% (N=109) and 17.2% (N=107) of the sample, respectively. A significant proportion of participants, 90.8% (N=564), indicated having professional experience ranging from 1 to 5 years as it appears in table (1).

Table 1. Demographics for hospital employees

Hospital type		Hospital Emplyee (%)	Patient (%)
	Governmental	397 (63.9)	219 (65.2)
	Private	224 (36.1)	117 (34.8)
Gender	Male	318 (51.2)	185 (55.1)
	female	303 (48.8)	151 (44.9)
Age	18-20	-	226 (67.3)
	20-35	411 (66.2)	79 (23.5)
	36-50	187 (30.1)	25 (7.4)
	51-65	23 (3.7)	
	>65		6(1.8)
Marital Status	Single	239 (38.5)	97(28.9)
	Married	373 (60.1)	228(67.9)
	Widowed	8 (1.3)	5(1.5)
	Divorced	1 (0.2)	6(1.8)
Education level	Illitrate		33(9.8)
	Secounday	20 (3.2)	119(35.4)
	College	151 (24.3)	59(17.6)
	Bachelor	405 (65.2)	116(34.5)
	Postgraduate	45 (7.2)	9(2.7)
Profession	Physicien	124 (20)	
	Nurse	281 (45.2)	
	Health technician	109 (17.6)	
	Hospital Worker	107 (17.2)	
Experience	1_5	564 (90.8)	
	6_10	26 (4.2)	
	11_15	31 (5)	
Total		621	336

From the Patients' Questionnaires. Of the 391 questionnaires distributed, 371 were returned, with 35 excluded from incomplete responses. This resulted in 336 valid responses, reflecting an 85.9% response rate. The response rates ranged from 70% to 92%. Al-Hekma Alhadeth Hospital had the lowest rate (~70%), while Az-Zarqa Hospital had the highest rate (~92%).

Of the 336 patients who participated in the study, 65.2% (N=219) of the participants were treated in governmental hospitals and 34.8% (N=117) in private hospitals. Also, 55.1% were males (N=185) and 44.9% were females (N=151). The primary age group comprised individuals aged 18 to 35, representing 67.3% (N=226) of the participants, while those aged 36 to 50 constituted 23.5% (N=79). A limited number of participants were in the 51 to 65 age group (7.4%, N=25) and those above 65 years (1.8%, N=6). Most participants were married, comprising 67.9% (N=228), while single participants accounted for 28.9% (N=97). In terms of education levels, 35.4%

(N=119) of the respondents possessed a secondary degree, while 34.5% (N=116) held a bachelor's degree, and 17.6% (N=59) had a college degree. Furthermore, 9.8% (N=33) of the respondents were illiterate, while a minor fraction (2.7%, N=9) possessed postgraduate qualifications, as appears in table (1).

The study's results reveal that hospital employees demonstrated specific preferences (a scale from one for the lowest adopted style to five for the highest adopted style) regarding conflict management strategies. The competition style emerged as the most commonly employed, with a mean score of 3.40 (SD = 0.73). This finding indicates that employees

frequently prioritise assertiveness and self-interest in conflict resolution, potentially reflecting workplace dynamics that emphasise achieving individual or departmental objectives. After the competition, collaboration emerged as a prominent conflict management style, although it occurred with somewhat reduced frequency. The reliance on collaboration may highlight attempts to achieve mutually beneficial outcomes through cooperative problem-solving, indicating a balanced consideration for both self and others, as shown in table 2. However, the data revealed that a compromising style ranked third among the frequencies, with a mean score of 3.33 and a standard deviation of 0.67.

Table 2. Conflict management style perceptions among hospital employees in Jordan

Dimension	Mean (SD)
Competition	3.4(0.73)
Collaboration	3.38 (0.75)
Compromising	3.33(0.67)
Accommodation	3.18(0.64)
Avoiding	3.03(0.79)

In contrast, the avoiding style exhibited the lowest frequency, with a mean score of 3.03 (SD = 0.79). This indicates that employees were less inclined to avoid or withdraw from conflict, demonstrating a propensity to address issues directly rather than leaving them unresolved. The differences in standard deviations among these styles highlight variations in the consistency or variability of adopting specific conflict management strategies. The findings offer significant insights into organisational culture and conflict dynamics within healthcare settings, highlighting the necessity to investigate the underlying factors affecting the preference for specific conflict management styles.

The customer satisfaction survey results indicated a generally favourable perception of patient satisfaction (one presents the lowest and five presents the highest), with a mean score of 3.94 (SD = 0.83). This outcome indicates the efficacy of healthcare services in addressing patients'

needs and expectations. The satisfaction survey included several essential dimensions of the hospital experience, each contributing distinctly to the overall perception as it appears in table 3. of the hospital experience, each contributing distinctly to the overall perception as it appears in table 3.

Table 3. patient satisfaction for patients in Jordan

Dimension	Mean (Sd)
Admission procedure	3.99 (0.92)
Medical Care during the hospital stay	3.97(0.91)
Nursing Care during the hospital stay	3.96(0.96)
Hospital experience during the hospital stay	3.93 (0.94)
Hospital environment during the hospital stay	3.87 (0.83)

Table 4. Correlation of conflict management style perception with patient satisfaction

Dimension	R	p
Competition	0.02	0.73
Collaboration	−0.12	
Compromising	0.09	
Accommodation	0.18	
Avoiding	0.34	

*sig level p<0.05

The admission procedures received the highest satisfaction level, with a mean score of 3.99 (SD = 0.92). Therefore, patients typically perceived the admission processes as organised and efficient, facilitating a favourable initiation of their hospital experience. High satisfaction levels were similarly noted concerning the quality of care received: medical care during the hospital stay had a mean score of 3.96 (SD = 0.91). At the same time, nursing care during the hospital stay also achieved a mean score of 3.96 (SD = 0.94). The scores highlight the essential contribution of medical and nursing professionals in enhancing patient experience, particularly through their expertise, responsiveness, and patient-centred approach.

The mean overall hospital experience score for patients during their stay was 3.93 (SD = 0.94), indicating that the interplay of different services and the hospital's general atmosphere significantly influenced their satisfaction. The hospital environment, encompassing cleanliness, safety, and ambiance, achieved a mean score of 3.87 (SD = 0.92). Although slightly lower than in other domains, this score indicates a significant level of satisfaction. It presents potential areas for improvement in optimising the healing environment in the Jordanian healthcare sector. In addition, the study did not notice any significant differences among the demographic

variables and the patient satisfaction results regarding age, gender, educational level, or type of hospital.

The correlation analysis indicated no statistically significant relationship between perceived administrative conflict management styles and external customer satisfaction (r = 0.02, p = 0.734). The regression model's F-statistic and beta coefficient were $F(1,df)$ =0.116 β =0.019,

p = 0.73, indicating no significant relationship between the variables. The multiple regression analysis results revealed that none of the conflict management styles—competition, avoidance, compromise, accommodation, or collaboration —significantly affected external customer satisfaction in healthcare organisations in Jordan. The computed (t)-values for these styles (t = −0.432, 0.704, 0.255, −1.160, 1.141) failed to achieve significance (p >0.05).

Table 5. Multiple regression analysis for conflict management styles and patient satisfaction

Style	B	Std Error	Beta	*t*	Sig
Competition Style	−0.031	0.72	−0.029	0.43	0.66
Avoidance Style	0.049	0.07	0.04	0.70	0.48
Compromise style	0.031	0.12	−0.11	0.26	0.79
Accommodation Style	−0.15	0.13	−0.11	−1.16	0.25
Collaboration Style	0.12	0.11	0.10	1.41	0.26

DISCUSSION

This research holds substantial value for decision-makers in the Jordanian government, as it represents one of the initial studies that focus on analysing healthcare personnel's views regarding the conflict management strategies employed by hospital administration. This study addresses a significant gap in the literature by clarifying healthcare professionals' perceptions of various administrative conflict management strategies and providing actionable data to guide policy-making and administrative practices in the sector, as conflict management in healthcare organisations in Jordan is suitable for further improvements.

A significant aspect of this study is the extensive participation of diverse healthcare practitioners and hospital support personnel. This method enhances the comprehension of various management styles within hospital administration, elucidating their impact on organisational dynamics, employee morale, and healthcare outcomes. The study highlights the significance of acknowledging the distinct issues and viewpoints of all hospital professionals, encompassing both medical staff and support teams.

The study emphasises the essential requirement for hospital administrations to close the communication divide between upper management and frontline staff. It emphasises

that cultivating robust relationships and transparent communication between staff and leadership can significantly enhance overall hospital performance and employee satisfaction. The results indicate that enhanced collaboration across these groups could yield more effective dispute resolution and a more unified work environment, ultimately improving patient care and organisational efficiency.

The study's incorporation of hospitals from various geographical regions in Jordan constitutes a notable strength. The study enhances the understanding of healthcare administration in Jordan by integrating hospitals from several locations, thus offering a more comprehensive and generalisable perspective on its operations during the country's unique regional variances. The variations, encompassing distinct cultural norms, regional healthcare practices, and organisational traits, enhance the research outcomes and provide a more comprehensive representation of the healthcare landscape. This methodology expands the research area and underscores the impact of region-specific characteristics on the efficacy of conflict management strategies and other organisational practices in healthcare organisations.

Although the study shows no significant statistical impact of conflict management on the external satisfaction score, their importance should not be disregarded. The lack of a relationship offers significant insights into the dynamics of administrative conflict management and its external effects. This indicates that elements outside internal conflict management styles may significantly influence external customer satisfaction, necessitating additional research. Publishing these findings is essential as they enhance the understanding of the intricate relationships between administrative practices and customer perceptions in healthcare. Emphasising non-significant results contributes to the broader discourse, promotes future research into alternative pathways of influence, and underscores the necessity of incorporating diverse perspectives in evaluating organisational effectiveness. Also, it may a reflections for specifications within the hospital culture of Jordanina hospitals may need additional explorations.

Strong obedience to authority and well-ingrained hierarchical systems define the great power distance that shapes Jordanian healthcare organisations. Especially among lower-ranking employees like nurses and novice doctors, this dynamic often stifles honest conversation. As a result, disagreements can go unresolved or be managed by avoidance or compromise—two strategies our research found to be less successful in producing favourable patient outcomes. Influenced by cultural standards, healthcare professionals' unwillingness to express concerns or advocate for patients can result in unresolved important problems directly affecting the quality and safety of treatment.

Jordan's healthcare system is marked by fragmentation, with several providers—the Ministry of Health, Royal Medical Services, the commercial sector, and university hospitals—each operating under separate administrative

procedures and resource allocation. The results of the discovered misunderstanding and inadequate coordination show that this can lead to discrepancies between companies and mismatched expectations among teams. Furthermore, the challenges in the application of successful conflict management techniques are staff shortages and inadequate leadership and conflict resolution training, especially in MOH environments.

The structural and cultural traits emphasise the need for orienting conflict management training to fit local values and institutional constraints. In Jordan's varied healthcare environment, healthcare executives should apply cooperative and culturally sensitive approaches for conflict management, thus improving team performance and patient care.

Limitations

This study acknowledges several limitations, beginning with the characteristics of the measured variables. A significant issue is the potential impact of social desirability bias on participants' responses, especially for conflict management techniques (22-28). Due to the social and professional dynamics present in healthcare environments, participants may have been predisposed to exaggerate their compliance with specific management styles, such as collaboration or accommodation, to appear socially acceptable (29). This bias may have compromised the integrity and validity of the collected data, resulting in an overrepresentation of good conflict management behaviours. Future research should explore methods to alleviate this prejudice, potentially by employing indirect questioning strategies or integrating more objective assessments of conflict management.

Additionally, another drawback relates to the patient satisfaction statistics. The study's findings indicated high levels of patient satisfaction, which may not genuinely reflect the actual patient experience in every case. Social desirability bias likely influenced patients' satisfaction ratings, as participants may have provided more favourable evaluations of their hospital experiences to meet perceived expectations. This could have skewed the data, making the satisfaction scores appear inflated (30). Future studies must addres this limitation by using alternative methods to assess patient contentment, such as third-party evaluations or more comprehensive qualitative measures, to ensure a more accurate and detailed understanding of patient perspectives.

These limitations underscore the need to acknowledge the psychological and contextual elements that may affect participants' replies, necessitating meticulous attention to these biases in further research. Moreover, rectifying these inadequacies would augment the reliability and validity of the data, yielding a more lucid and precise representation of the healthcare landscape and the efficacy of conflict management strategies and patient satisfaction indicators.

The possibility of recollection bias in patient satisfaction answers is one clear drawback of this study. Patients' memories and assessments of their experiences could be shaped by the passage of time or recent health events since they may have answered the satisfaction surveys at different dates following treatment (22). This fluctuation may influence the consistency and accuracy of the stated satisfaction levels. Furthermore, influencing their impressions could include emotional state, current health status, and interactions following the first treatment episode, therefore influencing replies that could not fairly represent the actual level of care obtained during the clinical visit.

Ethics Committee Approval	This study was approved by the ethics committee of the Ministry of Health in Jordan (Number # Tatweet / Kotat/ 1318) on 6th of February 2019.
Informed Consent	Written consent was obtained from the participants.
Peer Review	Externally peer-reviewed.
Author Contributions	Conception/Design of Study- S.M., A.I.; Data Acquisition- S.M., A.I.; Data Analysis/Interpretation- S.M., A.I.; Drafting Manuscript- S.M., A.I.; Critical Revision of Manuscript- S.M., A.I.; Final Approval and Accountability- S.M., A.I.
Conflict of Interest	Authors declared no conflict of interest.
Financial Disclosure	Authors declared no financial support.

Author Details

Samer Makahleh (Lecturer)

[1] Al-Balqa Applied University, Granada Intermediate College, Jordan

0000-0003-3360-1462

Abdulkareem Iblasi (Assist Prof.,)

[2] University of Buraimi, Colleage of health sciences/ Nursing department, Oman

0000-0003-2669-7654 Abdulkareem@uob.edu.om

REFERENCES

1 Shah, S. A., Asif, M. A., Shoukat, M. H., Polatci, S., & Rehman, S. U. (2022). Quality management practices and inter-organisational project performance: Moderating effects of inter-organisational communication, relationships, and process conflicts in healthcare. SAGE open, 12(3), 21582440221113829.

2 Afzalur Rahim, M. Toward a theory of managing organizational conflict. International Journal of Conflict Management, 2002; 13(3), 206-235.

3 Piryani, R.M. & Piryani, S. Conflict management in healthcare. 2018.

4 McKibben, L. Conflict management: importance and implications. British Journal of Nursing, 2017; 26(2), 100-103.

5 Awalluddin, M., & Maznorbalia, A. A systematic literature review of the preferred organisational conflict management styles in Malaysia. Environment and Social Psychology, 2023;8(2),1-13.

6 Almost, J., Wolff, A. C., Stewart-Pyne, A., McCormick, L. G., Strachan, D. & D'Souza, C. Managing and mitigating conflict in healthcare teams: an integrative review. Journal of Advanced Nursing, 2016; 72(7), 1490-1505.

7 Mosadeghrad, A.M. & Mojbafan, A.Conflict and conflict management in hospitals. International Journal of Health Care Quality Assurance, 2019;32(3),550-561.

8 Aberese-Ako, M., Agyepong, I. A., Gerrits, T., & Van Dijk, H. 'I used to fight with them but now i have stopped!': conflict and doctor-nurse-anaesthetists' motivation in maternal and neonatal care provision in a specialist referral hospital. 4.4 [JP] Plos one, 2015;10(8),e0135129

9 Olajide, A. T., Asuzu, M. C., & Obembe, T. A. Doctor-nurse conflict in Nigerian hospitals: causes and modes of expression. 2015.

10 Karimi, A., Yektayar, M., Nazari, R. and Mohammadi, S. Conflict management strategy of sport teachers and its influence on student athletic motivation in schools in Gorgan City. European Journal of Experimental Biology, 2013;3(2), 420-424.

11 Rahim, B.A. & Bonoma, T.V.Managing organizational conflict: A model for diagnosis and intervention. Psychological Reports, 1979; 44(3_suppl), 1323-1344.

12 Hirsh, J. B. & Kang, S. K. Mechanisms of identity conflict: Uncertainty, anxiety, and the behavioural inhibition system. Personality and Social Psychology Review, 2016;20(3), 223-244.

13 Akanbi, K.L. Impact of conflict management dynamics on staff performance In tertiary healthcare institutions in North-central, Nigeria. Kwara State University (Nigeria), 2020.

14 Al-Hamdan, Z., Norrie, P. & Anthony D. Conflict management styles used by nurses in Jordan. Journal of Research in Nursing, 2014;19(1), 40-53.

15 Alalawneh, E., Abdelkader, R., Iblasi, A., Alkouri, O., Aburuz, M. and Ababneh, A. Factors associated with adherence to prevention guidelines of pressure injuries among Jordanian nurses in critical care units. Journal of Tissue Viability, 2025;14(1),100853.

16 Iblasi, A.S., et al., First-line Nurse Managerial Competence and Its Influencing Factors in Public Jordanian Hospitals. Nurse Media Journal of Nursing, 2024;14(2), 175-184.

17 Al-Ayed, M., Moosa, S. R., Robert, A. A., & Al Dawish, M. Anxiety, depression and their associated risk factors among patients with diabetic foot ulcer: A two center cross-sectional study in Jordan and Saudi Arabia. Diabetes & Metabolic Syndrome: Clinical Research & Reviews, 2021;15(1),237-242.

18 Daibes, M. A., Iblasi, A. S., Korkmaz, F. D., Oden, T. N., & Elagoz, I. Assessing pressure injury knowledge among Jordanian and Turkish nursing students: A cross-cultural comparison. Journal of Tissue Viability, 2024.

19 Smama'h, Y., Eshah, N. F., Al-Oweidat, I. A., Rayan, A., Nashwan, A. J. The impact of leadership styles of nurse managers on nurses' motivation and turnover intention among Jordanian nurses. Journal of Healthcare Leadership, 2023; 19-29.

20 Nimer, A., Naser, S., Sultan, N., Alasad, R. S., Rabadi, A., Abu-Jubba M. . . Aborajooh, E. Burnout syndrome during residency training in Jordan: prevalence, risk factors, and implications. International Journal of Environmental Research and Public Health, 2021;18(4),1557.

21 Thomas, K.W. Thomas-kilmann conflict mode. TKI Profile and Interpretive Report, 2008;1(11).

22 Westbrook, K. W., Babakus, E. & Grant, C. C. Measuring patient-perceived hospital service quality: validity and managerial usefulness of HCAHPS scales. Health Marketing Quarterly, 2014,31(2),97-114.

23 DeVellis, R.F. Scale development: Theory and applications. Vol. 26. 2016: Sage publications.

24 Jones, P. S., Lee, J. W., Phillips, L. R., Zhang, X. E., & Jaceldo, K. B. An adaptation of Brislin's translation model for cross-cultural research. Nursing Research, 2001;50(5),300-304.

25 Chaokromthong, K. & Sintao, N. Sample size estimation using Yamane and Cochran and Krejcie and Morgan and green formulas and Cohen statistical power analysis by G Power and comparisions. Apheit International Journal, 2021;10(2),76-86.

26 Rose, L.T. & Fischer, K.W. Garbage in, garbage out: Having useful data is everything. Measurement: Interdisciplinary Research & Perspective, 2011;9(4),222-226.

27 Boccia, S., et al., A critical appraisal of epidemiological studies comes from basic knowledge: a reader's guide to assess potential for biases. World Journal of Emergency Surgery, 2007;2, 1-8.

28 Brenner, P.S., Investigating the biasing effect of identity in self-reports of socially desirable behavior. Sociological Focus, 2011;44(1),55-75.

29 Van de Mortel, T.F., Faking it: social desirability response bias in self-report research. Australian Journal of Advanced Nursing, The, 2008;25(4),40-48.

30 Rossiter, J.C., A comparison of social desirability bias among four widely used methods of data collection as measured by the impression management subscale of the balance inventory of desirable responding. 2009, Kent State University.