Frist-Line Nurse Managers' Leadership Styles And Conflict Management Strategies At Hospital

Abdullah Ahmed Alzahrani[1], Mohammed Abdullah Altowairqi[2], Nouf Fayih Safar Almuqati[3], Soad Hassan Muhaysin Alfahmi[3], Ali Alhussain Yahia Mahnashi[4], Amani Ahmed Mohammed Zakri[5], Fatimah Mohammed Nasser Bahri[6], Khalid Ahmed Abdullah Alshahrani[7], Ali Ayadh G Alqarni[8], Salem Ghormullah Salem AlGhamdi[9], Abdullah Fahd Al-Qahtani[10], Entisar Najah Swailem[11], Muneer Abdu Mohammed Ahyaf[12], Samar Awadh Altuwaylie[13], Mohsen Mohamed Faleh AL Qahtani[14]

Abstract:

Background: *Effective nurse leadership improves nurse wellbeing, advances patient care, and increases organizational success. A lack of adequate, supportive leadership significantly contributes too many nurses leaving the profession. Frist-line nurse managers (FLNMs) need to prioritize engagement and retention as significant focus areas to address the nursing shortage. Nowadays, hospitals are operating in a unsettled environment where organizations and institutions are searching for measures that will allow them to improve their performance and competitiveness. The achievement and stability of an organization depends on the ability of conflict recognition and the competency of leaders in managing conflict at workplaces* **Aim:** *Investigate relationship between leadership styles and conflict management strategies of FLNMs.* **Methods:** [1]*A descriptive cross sectional design was conducted at Hospital in Jeddah, KSA from January to May 2022. The total study sample composed of 90 FLNMs. Data was collected by using Multi factor Leadership Questionnaire (MLQ) and Rahim Organizational Conflict Inventory-II.* **Results:** *revealed that there was statistically significant correlation between integrating, obliging and compromising conflict strategies practice with three leadership styles (P<0.05).There was diversity of using three leadership styles among FLNMs sample based on different situations. The highest degree of opinion score related to practice of transformational leadership followed by laissez faire.* **Conclusion:** *The integrating strategy has the highly degree of practice followed by obliging. Encourage open discussion and effective communication policy, implementing educational program on conflict management strategies and leadership styles. Periodically conduct an organizational conflict assessment. Good understanding of the strengths and weaknesses of the nursing team members in order to improve relations and manage conflict successfully.*

Key Words: leadership Styles, Conflict Management Strategies, Frist-line Nurse Managers.

Introduction:

[1]Specialist Health Administration, King Abdul Aziz Hospital, Saudi Arabia.
[2]Health department,Children's Hospital in Taif, Saudi Arabia.
[3]Technician-Health Informatics, King abdulaziz hospital, Makkah, Saudi Arabia.
[4]hospital and health service management ,strategic and transformation office, Saudi Arabia.
[5]Medical Secretary, Legal affairs of Jazan Health
[6]Medical Secretary, Besh Hospital, Saudi Arabia.
[7]Health Administration and Community Health,Abha Maternity and Children Hospital, Saudi Arabia.
[8]Health Administration and Community Health, Prince Faisal bin Khalid Cardiac Center, Saudi Arabia.
[9]Health administration specialist, Prince Mishari bin Saud Hospital in Baljurashi, Saudi Arabia.
[10]Health informatics technician ,Al Quwayiya Hospital, Saudi Arabia.
[11]Health information technician, Eradah Medical Complex, Saudi Arabia.
[12]Specialist-Health Administration, Health Administration and Community Health, Saudi Arabia.
[13]Senior health Administration.Eradah (Al Amal) Mental Health Complex in Riyadh., Saudi Arabia.
[14]Health informatics technician,Riyadh First Health Complex, Saudi Arabia.

The healthcare sector in King Saudi Arabia (KSA) is undergoing significant changes as a result of the country's Vision 2030 program, which aims to transform the nation into a self-sufficient, knowledge-driven economy [1]. One of the key objectives of this program is to train and employ Saudi nationals in different sectors to reduce the reliance on expatriates [2]. Leadership is an act of directing the employees in an organization. Usually, leaders ought to encourage employees and allocate duties to personnel or groups toward overall goal attainment. Their style characterizes a leader's behavior when addressing organizational difficulties [3]. Distinct leaders have distinct leadership styles. Each leadership style contains favorable and unfavorable traits, according to Garrison (2022) [4].

The manager employs different leadership styles to bring workplace changes [5]. To withstand in the globally competitive world, leaders experiment with varying types of leadership to achieve organizational goals and motivate employees [6]. Transformational leaders (TLE) insist that their followers give their most capacity by setting clear directions based on their perceptions [7]. Leadership in hospitals is aligning the employees with the leaders' view in achieving organizational goals [8]. In hospitals, nurses are directly involved in the patient's care, so there is a need to create a manager-friendly environment to enhance the staff nurses' commitment [9]. First-line nurse managers (FLNMs) are responsible for retaining nurses. In this case, leadership style determines whether the nurses stay in the same hospital, request transfer to other units, or seek jobs elsewhere [10].

The dynamic and uncertain nature of healthcare environment requires nursing managers to be competent leaders in order to respond to clients' needs. The role and influence of leadership are becoming increasingly important in today's complex and continually changing health care organizations [11]. Leader must be able to employ various leadership skills, such as effective direction, meeting current health care challenges and managing conflict to maintain a smoothly functioning workplace and provide optimal care to patients [12]. Leadership style defined as the broad, characteristic way in which a leader interacts with others in various situations. There are different leadership styles as transformational, transactional and Laissez-faire leadership style [13].

Transformational leadership includes five components which are charisma, idealized influence inspirational, intellectual stimulation ‹individual consideration [14]. Transactional leadership is defined by different elements. Contingent reward, management-by-exception (active, passive) finally, the absence or avoidance of any leadership behaviors is termed laissez-faire leadership [15]. Leadership style and choice of conflict management strategies strongly influence outcomes of a conflict. The ability to creatively manage conflict in the organization is becoming a standard requirement for effective leader [14]. Conflict is the disagreement between at least two persons or groups on specific issues, or it is a processing which one party perceives that its interests are being opposed or negatively affected by another party [16]. It classified to intrapersonal, interpersonal, intra-group, and intergroup [17].

Conflict management strategy is a multidimensional concept that consists of five styles of conflict management including integrating, obliging, dominating, avoidant, and compromising [18]. When leaders handle conflict effectively, problem solving increases, interpersonal relationships become stronger, and stress surrounding the conflict decreases [19]. Leadership styles have often been proven to support employees in performing their duties better and with more efficiency while enabling them to have extended organizational tenures. Staff nurses are an essential resource of hospitals to ensure proper administration and quality patient health care. Therefore, the aim of the current study is to assess the relationship between leadership styles and conflict management strategies of FLNMs at Hospital.

Methods:

A descriptive cross sectional design was conducted at Hospital in Jeddah, KSA from January to May 2022. The study sample included all FLNMs available at the time of data collection. Their total numbers was 90 head nurses. **Tools of data collection:** The first tool: Multi factor Leadership Questionnaire (MLQ) developed by Bass & Avolio (1995) [20], which includes three parts. Part one includes personal characteristics. Part two describes three leadership styles namely transformational, transactional and laissez faire leadership styles. Part three includes leadership

outcomes namely extra effort, satisfaction and effectiveness. The Second tool: Rahim Organizational Conflict Inventory-II (Rahim, (2010) [21], (1983) [22]. Includes two parts, Part one: that describes nature and reason of the conflicts. Part two: that describes Conflict management strategies. Scoring system: MLQ measured on a five point Likert scale ranged from 1= not at all to 5= always. Rahim Organizational Conflict Inventory-II measured on 5–point Likert scale ranged from 1 strongly disagree to 5 strongly agree.

Data entry and statistical analysis were done using Statistical Package for Social Science (SPSS), version 28.0. Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variables, and means and standard deviations for quantitative variables. Chi- Square ($\chi 2$) test was used to test association between variables. F value of ANOVA test was calculated. Correlation coefficient(r) test was used to test the closeness of association between two variables. Statistical significance was considered at p-value <0.05 while, p-value of <0.001 indicates a high significant result.

Results:

Table (1) shows demographic characteristics of FLNMs. This table shows that more than half of FLNMs 57.8% were below the age 31years old, while small percentage 6.7% were in age group > 40 years old. Regarding educational qualification, most of them were 83.3% having a bachelor's degree, while 4.4% of FLNMs having master degree. Concerning marital status, high percentage of them 77.8% were married, while small percentage 2.2% are widow and divorced. The table also illustrate that approximately less than half of studied sample 44.4% having professional experience less than 6 years, and 31.1% having >10 years of experience.

Table (2) reveals mean scores of leadership styles as perceived by FLNMs at Hospital. Contingent reward as a component of transactional style had the highest mean score (mean= 15.42 ± 3.03) while, management by exception (active) had the lowest score (mean = 14.73 ± 2.80). Regarding to transformational style, the idealized influence achieved the highest score (mean =30.51 ± 5.11). Individualized consideration achieved the lowest score (mean =14.79 ± 2.70) significantly lower than three components. As laissez faire leadership style had 15.73 ± 3.05 mean score, while the total mean score was 136.15±19.73.

Table (3) reveals mean scores of conflict management strategies practice as perceived by FLNMs at Hospital. According to the table, integrating strategy has the highly degree of opinion scores (85.6%) of FLNMs with mean score (28.83 ± 3.68) followed by obliging and dominating (73.3%, 62.2%) respectively with mean score (23.83±2.88 &17.72±5.29) respectively, while avoiding strategy has the lowest degree of opinion scores (21.1%) with mean score (18.13±5.57) followed by dominating and compromising (14.4% and 6.7%) respectively.

Table (4) shows relation between practice of transactional leadership style and conflict management strategies as perceived by FLNMs at hospital. The table show that statistically significances relationship between integrating strategy practice and practice of transactional leadership style (p= 0.002*).

Table (5) shows Relation between practice of transformational leadership style and conflict management strategies as perceived by FLNMs at hospital. From the table, statistically significances relationship between integrating, obliging practice and practice of transformational leadership style (p= 0.002*, 0.001*) respectively.

Table (6) shows Relationship between practices of laissez faire leadership styles and conflict management strategies as perceived by FLNMs at hospital. The table shows that statistically significances relationship between integrating, obliging and avoiding practice and practice of laissez faire leadership style (p=0.001*, 0.001*& 0.005*) respectively.

Table (7) shows Correlation between leadership styles and their practice of conflict management strategies as perceived by FLNMs at hospital. The result shows statistically significant correlation between integrating, obliging and compromising conflict strategies practice with three leadership styles

Table (1): Demographic characteristics of FLNMs

Variables	FLNMs (n=90)	
	N	%
Age (years):		
20-	52	57.8
31-	32	35.6
>40	6	6.7
Range	20-46	
Mean ± SD	27.87±6.19	
Educational qualification:		
Nursing diploma	6	6.7
Bachelor degree	75	83.3
BSc degree +diploma	5	5.6
Master	4	4.4
Marital status:		
Single	18	20.0
Married	70	77.8
Divorced	1	1.1
Widow	1	1.1
Experience years:		
1-	40	44.4
6-	22	24.4
>10	28	31.1
Range	1-16	
Mean ± SD	7.20±3.88	

Table (2): Mean scores of leadership styles as perceived by FLNMs

Leadership styles	Upper &lower limit	FLNMs (n=90)	
		Range	Mean ± SD
Transactional leadership style:			
a-Contingent reward	(4-20)	5-20	15.42±3.03
b-Management by exception(active)	(4-20)	8-20	14.73±2.80
c-Management by exception (passive)	(4-20)	4-20	15.08±3.04
Total	(12-60)	17-60	45.23±7.52
Transformational leadership style:			
a- Idealized influence			
b- Inspirational	(8-40)	12-40	30.51±5.11
motivation	(4-20)	8-20	14.88±2.55
c- c-Intellectual	(4-20)	6-20	15.01±2.81
stimulation	(4-20)	6-20	14.79±2.70
d-individualized consideration			
Total	(20-100)	(32-100)	75.19±10.82
Laissez faire leadership style	(4-20)	6-20	15.73±3.05

Table (3): Mean scores of conflict management strategies practice as perceived by FLNMs

Practice of conflict management strategies	Opinions of FLNMs (n=90)						Score
	Low		Moderate		High		Range Mean ± SD
	n	%	N	%	n	%	
1-Integrating	0	0	13	14.4	77	85.6	17-35

Practice of conflict management strategies	Opinions of FLNMs (n=90)						Score
	Low		Moderate		High		Range Mean ± SD
	n	%	N	%	n	%	
							28.83±3.68
2-Obliging	0	0	24	26.7	66	73.3	14-30 23.83±2.88
3-Compromising	6	6.7	58	64.4	26	28.9	4-15 11.55±2.17
4-Dominating	13	14.4	21	23.3	56	62.2	6-25 17.72±5.29
5-Avoiding	19	21.1	49	54.4	22	24.4	6-30 18.13±5.57

*Significant (P<0.05)

Table (4): Relation between practice of transactional leadership style and conflict management strategies as perceived by FLNMs

Practice of conflict management strategies		Practice of transactional leadership style						χ^2	P
		Low (n=1)		Moderate (n=43)		High (n=46)			
		n	%	N	%	n	%		
▪Integrating	Moderate	1	100	1	23.3	2	4.3	12.419	0.002*
	High	0	0	33	76.7	44	95.7		
▪Obliging	Moderate	0	0	16	37.2	8	17.4	4.831	0.089
	High	1	100	27	62.8	38	82.6		
▪Compromising	Low	0	0	4	9.3	2	4.3	3.775	0.437
	Moderate	1	100	30	69.8	27	58.7		
	High	0	0	9	20.9	17	37.0		
▪Dominating	Low	0	0	6	14.0	7	15.2	4.426	0.351
	Moderate	0	0	14	32.6	7	15.2		
	High	1	100	23	53.5	32	69.6		
▪Avoiding	Low	0	0	8	18.6	11	23.9	1.486	0.829
	Moderate	1	100	25	58.1	23	50.0		
	High	0	0	10	23.3	12	26.1		

*Significant (P<0.05)

Table (5): Relation between practice of transformational leadership style and

conflict management strategies as perceived by FLNMs

Practice of conflict management strategies		Practice of transformational leadership styles				χ^2	P
		Moderate (n=34)		High (n=56)			
		N	%	N	%		
▪Integrating	Moderate	10	29.4	3	5.4	9.905	0.002*
	High	24	70.6	53	94.6		
▪Obliging	Moderate	16	47.1	8	14.3	11.620	0.001*
	High	18	52.9	48	85.7		
▪Compromising	Low	3	8.8	3	5.4	5.412	0.067
	Moderate	26	76.5	32	57.1		
	High	5	14.7	21	37.5		
▪Dominating	Low	4	11.8	9	16.1	2.530	0.282
	Moderate	11	32.4	10	17.9		
	High	19	55.9	37	66.1		
▪Avoiding	Low	7	20.6	12	21.4	5.350	0.069
	Moderate	23	67.6	26	46.4		
	High	4	11.8	18	32.1		

Table (6): Relationship between practices of laissez faire leadership styles and conflict management strategies as perceived by FLNMs

Practices of conflict management strategies		Practices of laissez faire leadership styles of the FLNMs						χ^2	P
		Low (n=3)		Moderate (n=36)		High (n=51)			
		n	%	n	%	n	%		
▪Integrating	Moderate	2	66.7	9	25.0	2	3.9	14.436	0.001*
	High	1	33.3	27	75.0	49	96.1		
▪Obliging	Moderate	0	0	17	47.2	7	13.7	13.237	0.001*
	High	3	100	19	52.8	44	86.3		
▪Compromising	Low	1	33.3	2	5.6	3	5.9	4.966	0.291
	Moderate	2	66.7	25	69.4	31	60.8		
	High	0	0	9	25.0	17	33.3		
▪Dominating	Low	0	0	3	8.3	10	19.6	6.033	0.197
	Moderate	0	0	12	33.3	9	17.6		
	High	3	100	21	58.3	32	62.7		
▪Avoiding	Low	0	0	5	13.9	14	27.5	15.007	0.005*
	Moderate	3	100	27	75.0	19	37.3		

Practices of conflict management strategies	Practices of laissez faire leadership styles of the FLNMs						χ^2	P
	Low (n=3)		Moderate (n=36)		High (n=51)			
	n	%	n	%	n	%		
High	0	0	4	11.1	18	35.3		

*Significant (P<0.05)

Table (7): Correlation between leadership styles and their practice of conflict management strategies as perceived by FLNMs

Practice of conflict management strategies	Opinion scores of FLNMs about leadership styles (n=90)					
	Transactional leadership Styles		Transformational leadership styles		laissez faire leadership styles	
	R	P	R	P	R	P
▪Integrating strategies	0.568	0.0001*	0.460	0.0001*	0.493	0.0001*
▪Obliging strategies	0.366	0.0001*	0.390	0.0001*	0.380	0.0001*
▪Compromising strategies	0.297	0.004*	0.299	0.004*	0.420	0.0001*
▪Dominating strategies	0.083	0.437	0.032	0.768	0.093	0.383
▪Avoiding strategies	0.196	0.064	0.141	0.184	0.160	0.131

Discussion:

Today's hospitals confronted with an increasingly competitive global health care climate, which they need to, change the way they do health services in order to survive. These changes falls to their leaders to develop a variety of mechanisms and structures that contributes to improve performance, apply effective conflict management strategies and promote quality of care [23]. Accordingly the result of present study present statistically significant correlation between integrating, obliging and compromising conflict strategies practice with the three leadership styles (transformational, transactional, laissez-faire).This is because of the effective leadership styles enhance the ability of staff nurses to perform their tasks in a higher proficiency level without the feel of stress or pressure and cooperative conflict management strategies (integrating, obliging, and compromising) leads to positive outcomes and high performance.

Wade et al, (2008) [24] found that establishing effective leadership model in any institution that promote the integrity of professionals and reduce the risk for turnover [24]. Furthermore, the leadership and conflict-handling styles serve as tools to understanding the ways staff nurses promote constructive conflict management [25]. Analysis of data revealed that, transformational leadership style achieved the highest mean score followed by laissez faire and transactional leadership. In table (5) there is statistically significances relationship between integrating, obliging practice and practice of transformational leadership style. The result may be due to that transformational leaders are sensitive to staff nurses who are more accurate at understanding and recognizing individual subordinates' needs, propose innovative methods to complete tasks and they have the priority to achieve everyone's interest than personal interest.

This result is consistent with the finding of **Humphreys & Zettel (2002)** [26] reported that leaders who described themselves as more transformational used integrative conflict management

styles because of their close relationship with followers should be more effective than other leaders, these relationships should enhance followers well-being and work performance [26]. Contradictory with, **Lehnen et al., (1995)** [27] in Florida, found that male transformational leaders described themselves as using more of a compromising style of conflict management [27]. The results represent that statistically significances relation between integrating, obliging and avoiding practice and practice of laissez faire leadership style in table [6].

This result may be due to that laissez faire leader forms a stronger interpersonal relationships that could inherently smoothen the process of integrating ideas openly and constructively or the followers have skills and knowledge that enable them work without direction. In this respect, **Ayoko & Perkerti, (2008)** [28] who reported that laissez-faire leadership showed a significant, positive correlation with the avoiding style due to incapacities in dealing with interpersonal tension, resulting in increased negative affect and the persistence of unfulfilled needs. Contradictory, **Kotlyar & Karakowsky, (2007)** [29] found a significant negative relationship found between laissez-faire leadership and the integrating style, demonstrating that laissez-faire leadership is unlikely promote constructive collaborations between conflicting parties.

The findings of the present study showed that contingent reward as an item of transactional leadership had the highest mean score and most of them always perceived and practiced it which head nurses always identify nurse's needs, clarify tasks, rewards their nurses for their effort and explain to nurses how to deal with problems to meet organizational objectives. In the line with result, **Obiwuru et al., (2011)** [30] they concluded that contingent reward improve the degree which leader determine rewards in exchange with followers' efforts to satisfy organizational goals [30]. Most of FLNMs in this study perceived and practiced idealized influence as an item of transformational leadership that achieved the highest score. FLNMs have a sense of self confidence and highly trusted as they deal with top management levels as they act as a role model, having strong sense of purpose and consider the moral and ethics of decisions.

In this respect **Dormeyer, (2003)** [31] concluded that idealized influence has positively related to performance and satisfaction [31]. In table (3): the result shows that integrating strategy has the highly degree of opinion scores followed by obliging and dominating. While avoiding strategy has the lowest degree of opinion scores. This finding is agreed with **Fakhry, (2011)** [32] found the integrating strategy was perceived as the most appropriate and effective strategy because it focuses on both the other and the self and the avoiding style was least effective while the dominating style was somewhat effective but not necessarily appropriate [32]. Contrast with; **Barki & Hartwick, (2001)** [33] who found that staff nurses working in teams with high levels of conflict were more likely to manage conflict through domination or avoidance rather than integrating [33].

In table (4) the study revealed that statistically significances relation between integrating strategy and practice of transactional leadership style. FLNMs focus on having internal actors perform the tasks required for the organization to reach its desired goals, remove potential barrier within the system, and to motivate the staff nurses to achieve the predetermined goals. They tend to prefer strategy that will maintain relationships in the long run. The result consistent with **Hendel et al ., (2005)** [14] found that transactional leadership was found to have significant influence on the integrating strategy by creating a Win-Win solution for all involved parties by openly and freely discussing the issues [14]. On the other hand **Alvolio & Bass, (2003)** [34] and **Spinelli, (2006)** [35] who made a study for assessing transformational and transactional leadership. They found that combination of transactional and transformational leadership styles resulted in the most effective outcomes [34, 35].

Conclusion:

The findings of the present study concluded that, there was a highly statistical significant relation between all leadership styles and cooperative conflict management strategies (integrating, obliging and compromising) of the studied sample FLNMs. Also, cooperative conflict management strategies enhance extra effort, work effectiveness and satisfaction of FLNMs. Transformational leadership was the dominant practiced style followed by laissez faire and

transactional leadership. As well, the integrating strategy had the highly degree of practice followed by obliging. Most of conflict arise among all members in hospital was dysfunctional. Miscommunication is the main reason of conflict on hospital followed by misunderstanding. Based on the results of this study, it was recommended that, encourage open discussion and effective communication. Designing and implementing educational program on conflict management strategies and leadership styles to manage work related conflict.

References

1. Muzaffar S, Javed U. Training and development opportunities and turnover intentions post saudization. PalArch's Journal of Archaeology of Egypt/Egyptology. 2021; 18(14):521–31.

2. Vision 2030. Overview [Internet]. Vision 2030; 2021. Available from: https://www.vision2030.gov.sa/v2030/overview/.

3. Yogeshwar VB. Leadership Development. In: Strength Scape. 2022. https://strengthscape.com/leadership-development/.

4. Garrison C. 10 Positive and Negative Traits That All Personality Types Can Have. In: Truity 2022. https://www.truity.com/blog/10-positive-and-negative-traits-all-personality-types-can-have .

5. Ely RJ, Thomas DA. Getting Serious About Diversity: Enough Already with the Business Case. In: Harv. Bus. Rev. 2020. https://hbr.org/2020/11/getting-serious-about-diversity-enough-already-with-the-business-case.

6. MacDonald L. (2021) The Effects of a Manager's Leadership Style. In: Chron. https://smallbusiness.chron.com/effects-managers-leadership-style-15328.html .

7. Khaola P, Rambe P. The effects of transformational leadership on organisational citizenship behaviour: the role of organisational justice and affective commitment. Manag Res Rev. 2021; 44:1–12. https://doi.org/10.1108/MRR-07-2019-0323.

8. Gemeda HK, Lee J. Leadership styles, work engagement and outcomes among information and communications technology professionals: a cross-national study. Heliyon. 2020; 6:1–10. https://doi.org/10.1016/j.heliyon.2020.e03699.

9. Sankar JP. Impact of quality of work life on job satisfaction: a Case Study on Staff nurses of Thiruvallur District of Tamil Nadu. Int J Innov Res Manag Stud. 2018; 3:1–7.

10. Sainidis E, Brown G. The application of Industry 4.0 in continuous professional development (CPD). In: Strategy, Leadership, and AI in the Cyber Ecosystem: The Role of Digital Societies in Information Governance and Decision Making. 2020: pp 307–320.

11. Riaz A., and Haider M., (2010): Role of transformational and transactional leadership on job satisfaction and career satisfaction.Business and Economic Horizons; 1(1): 29-38.

12. Fan C.W., (2004):Transformation and Transactional Leadership of Elementary School Masters and Organizational Performances of Schools", Taiwan, Journal ofNational Hualien TeachersCollege;19(1): 21-40

13. Cornelius J. I ., (2013): LeadershipStyles For Dealing With People, Part2: Putting Effective Leader Styles to Work for You .Collegiate Project Services http://www.collegiateproject.com [Retrieved October 2 nd , 2014]

14. Hendel T., Fish M., and Galon V., (2005): Leadership style and choice ofstrategy in conflict management among Israeli nurse managers in general hospitals. Journal of Nursing Management, 13(2), 137-146.

15. Wang G., (2011):Transformationalleadership and performance acrosscriteria and levels: a meta-analytic review of 25 years of research. Group and Organization Management; 36(2):233-270.

16. Nouman M., (2011): Conflicts and strategies for their resolution: A case of organizations. Interdisciplinary Journal of Contemporary Research in Business. Institute of Interdisciplinary Business Research, Pakistan; 3(5):620.

17. Rahim MA., (2001): Managing Conflict in Organizations. 3rd ed.British Library, Printed in the United States of America, p_p33.

18. Sportsman S., and Hamilton P., (2007): Conflict management styles in the health professions. Journal of Professional Nursing; 23 (3): 157-166.

19. Wilmot W.W., and Hocker J., (2011): Interpersonal conflict (8th ed.). New York: cGraw-Hill.p11

20. Bass B. M., and Avolio B. J., (1995): MLQ Multifactor Leadership Questionnaire for research: permission set. Redwood City, CA: Mindgarden..

21. Rahim A., (2010): Functional and dysfunctional strategies for managing conflict. In: Massachusetts, 23rd Annual International association of conflict management conference. Boston, USA, 24-27 June 2010.

22. Rahim, A.M., (1983): A measure of styles of handling interpersonal conflict. Academy of Management Journal;26(2): 368-376.

23. Slabbert A., (2004): Conflict management styles in traditional organisations. Social Science Journal Colorado Then New York-Western Social Science Association; 41(1): 83-92.

24. Wade G.H., Osgood B., and Avino K., (2008): Influence of organizational characteristics and caring attributes of managers on nurses' job enjoyment. Journal of Advanced, 64(4), 344-53.

25. Cerni T., Curtis G.J., and Colmar S.H., (2012): Cognitive-experiential self theory and conflict-handling styles: rational and constructive experiential systems are related to the integrating and compromising conflict-handling styles. International Journal of Conflict Management; 23(4): 362-381.

26. Humphreys J.H., and Zettel, M.C., (2002): Transformational leader self- perceptionand objective sales performance: The potential moderating effects of behavioral coping ability. International Business & Economics Research Journal; 1(1): 9-23.

27. Lehnen P.L., Ayman R., and Korabik K.,   (1995): Transformational leadership, conflict management styles and subordinates' satisfaction with supervision. Paper presented at the tenth annual conference of the Society of Industrial and Organizational Psychology, Orlando, Florida.

28. Ayoko O.B., and Pekerti A., (2008): The mediating and moderating effects of conflict and communication openness on workplace trust. International Journal of Conflict Management; 19 (4): 297-318.

29. Kotlyar I., and Karakowsky L., (2007): Leading Conflict? Linkages Between Leader Behaviors and Group Conflict Small Group Research; 37(4): 377-403.

30. Obiwuru T.C. , Okwu A.T., Akpa V.O. , and Nwankwere I .A., (2011): Effects of Leadership on Organizational Performance : A Survey of Selected Small Scale Enterprises in Ikosi-Ketu Council Development Area of Lagos State. Babcock University, Nigeria. Australian Journal of Business and Management Research;1 (7): 100-111.

31. Dormeyer S., (2003): A study about the Leadership and the Organizational Climate at the Swedish civil Air Aviation Administration. Malmo- sturup. Lund University [phD thesis]. Available from: http//lup.lub.lu.se/luur. [Retrived 3/10/2014].

32. Fakhry F.S., and Abou El Hassan A. N., (2011): Causes and Types of Conflict and Resolution Strategies among Nursing Students: A Comparative Study between Two Cultures. Faculty of Nursing. Ain Shams University, Egypt & Beirut Arab University, Lebanon .Journal of American Science; 7(4): 227-230.

33. Barki H., and Hartwick J., (2001): Interpersonal conflict and its management in information systems development. MIS Quarterly; 25(2):217- 250.

34. Alvolio B.J., Bass B.M., (2003): Predicting Unit Performance by Assessing Transformational and Transactional Leadership. Journal of Applied Psychology; 88(2):207-18.

35. Spinelli R.J., (2006): Applicability of Bass's Model of Transformational, Transactional and laissez faire Leadership in the Hospital Administrative Environment. Hospital Topics; 84(2): 11-8.