Personality Racism and Non Issue-Based Conflict: An Easy to Espouse Self-Management Theory

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Abstract: This research is tackling a triple-link among personality, self-management and conflict. It shows how personality may represent the base that allows individual a sort of self-management against the non-issue based conflict. It suggests that the big deal of people's conflicts and problems inside organizations is steaming from their insisting to deal with people who have the same personality type and/or characteristics as they have. This is hardly occurred in reality, due to the normal creation of people as different from others. Primary data that are firstly collected from the field by questionnaire and then statistical test processing were the two steps which have been successively used to examine such a triple-link. The previously mentioned three variables were hypothetically expressed to show; personality racism as independent variable, self-management as a mediator, and non-issue based conflict as dependent. This was occurred indirectly through testing two interrelated hypotheses and then directly through another hypothesis to certify the link between the independent and dependent variables without using the mediator. There was a statistically indicative significant relationship between the independent and dependent variables with and without the intermediary one. The field study chosen for empirically conducting this research was the Egyptian university hospitals, and the population targeted inside theses hospitals through a stratified random sample was precisely represented in the academic staff doctors working there. Creating people's awareness and acceptance of personality differences were the two invaluable advices to recommend for having an easy to use self-management theory against the big amount of interpersonal non-issue based conflicts.
[Amgad Hamed Omara **Personality Racism and Non Issue-Based Conflict: An Easy to Espouse Self-Management Theory**. New York Science Journal 2012;5(3):9-44]. (ISSN: 1554-0200). http://www.sciencepub.net/newyork. 3

Introduction

Unlike the case of organizations in the first world countries, in which technology is the early, speedily and widely originated and applied as the main tool of performance, organizations in the third world countries have no way but to be alternatively the most reliable ones on the human effort, as the device and/or instrument of performance. Accordingly, the human performance in such a latter kind of organizations was the focal one amongst the highly considerable issues when the talk is heading for organizations' performance, at the levels of both theory and practice.

Given that organizational performance, when depending upon people rather than technology, will be the collective performance of the people working in its different managerial levels and technical activities. Cooperation amongst people in organization has always been the condition to target for the fulfillment of the essentially organizational characteristic. This is basically based upon the collective efforts of all the organization's people to do

kind of collaborative works or to achieve kind of objectives that's cannot be carried out by the single effort of just an individual.

On the contrary conflict is the anti-cooperation virus that's attacking in multiple forms and facets the essential characteristic of organization, and as a consequence spoiling the performance to be collectively exerted through its existence as intentionally established entity. In view of the fact that not all kinds of conflict are available to be dealt with only by the managers it could be said that people as parties of conflict have a substantial role to play in dealing with it as well. This will be most probably true in the particular case of the interpersonal conflict.

The concern of this research is to highlight one of the interpersonal conflict types that could be propositionally called the **non issue-based conflict**. It considerably interests as well in linking such a type of conflict with the capability of people to get **self-management** capability inside the organization's very interacting society. Over and above, the research

interest is extended to investigate the people's **personality effect** in the emergence of such a type of conflict.

Accordingly, the coming part of research literature review has to be triple-focused on these previously mentioned axes.

Literature Review:

With reference to every single one of the tree axes to consider in reviewing the literature substantially relevant to research subject, it was preferable to draw attention at the beginning that approaching each axis will be twofold. On the one hand, a traditional way is to be followed in briefly tackling the axis only within the context of the concept in accordance with the written work that has previously been provided in the area. On the other hand, showing analytically by the end the concept to be normatively originated and adopted by this research.

A Proposed Articulation to the Concept of Interpersonal Conflict:

Long time ago organizational conflict was generally looked at as a form of interaction among parties who differ in interests, perceptions, goals, values, or approaches to problems (Guetzkow& Gyr, 1954, Boulding, 1963 and Keil, 2000). It has been described as a situation in which there are incompatible goals, cognitions, or emotions within or between individuals and groups that lead to opposition or antagonistic interaction (Amason & Sapienaza, 1997). It is the struggle between opposing needs, wishes, ideas, and interests of people (Barki & Hartwick, 2001, 2004). Conflict arises when some people interfere with others ability to attain a certain objective (Jehn, 1992and Rgsbee, 2000). Conflict may gradually involve many types of different degrees; those are struggling, disputes, quarrels, physical fighting and deliberate war (Pinkley, 1990 and Wall & Nolan, 1986). Moving through the traditional to human relations, and then to integrationists conflict has been considered either negative that's dysfunctional and hindering people performance and ability to attain goals (Amason & Schweiger 1994) or positive that's functional and support the capability of people to achieve their objectives (Amason, 1996 and Sedam, 1999). It could fluctuate in different phases as well, to show both negative and then positive cases and vice versa (Tomas, 1976 and Van-de-Vliert & De Dreu, 1994). It has been observed in organizations reality as intra or inter-groups or between individuals (Simons & Peterson, 2000 and Tjosvold, et al., 2003).

Reading theoretically the written work and investigating empirically the studies relevant to interpersonal conflict, one can easily recognize that all the general aspects of organizational conflict around which the above discussion is hub-revolved are obviously withdrawn on the interpersonal conflict. This could be more considered when finding out that there is a wide zone of similarity and sameness between organizational conflict as a mother area and interpersonal conflict as the core and most common branch. **First**, concerning the sources of conflict, those are mainly ranging between limited resources, differences in goals and objectives, miscommunications, and differing attitudes, values and perceptions (Likert 1976 and Volkema, et al, 1996). **Second**, in relation to the strategies to be used in facing each, those substantially focused on withdrawing, accommodating, compromising, competing or forcing, and collaborating or integration (Jehn, 1995 and Schulz-Hardtet al., 2002). **Third**, the inseparable nature of organizational and individual techniques to be used in dealing with each, those basically involve at the level of individual using effective communication, managing others' expectations, and focusing on others first (Putnam, 1988 and De Dreu & Weingart, 2003). While at the level of organization they cover subjects such as involving employees in decisions, ensuring alignment of systems, offering team building, providing diversity training and employing negotiation (Plowman, 1998 and Cloke, & Goldsmith, 2000).

According to such a perspective interpersonal conflict could be considered as the nucleus of organizational conflict (Rahim, 1979, 1983, 1992, and 1999 and Elsayed-Elkhouly and Buda, 1996). It is relatively the most affecting, important and common one compared with the other types of organizational conflict. In this research, interpersonal conflict is adopted as the right and wide gate to pass through so as to deal with the other different types of conflict which are faced by the organization. The concept to be adopted concerning the organizational conflict as a whole, in terms of its interpersonal conflict as a core is based upon classifying the latter into two types.

One is the issue-based conflict that contains either personal or technical reason to revolve around. It steams due to the existence of a real problem entity. The other is the non issue-based conflict that has neither technical nor personal reason. It comes up even with the inexistence of real problem entity. It occurs because of just inherent personality differences rather than because of intentional opinion differences as happened in the former type of interpersonal conflict.

Figure (1) Types of Non-Issue-Based Conflict and Self Management
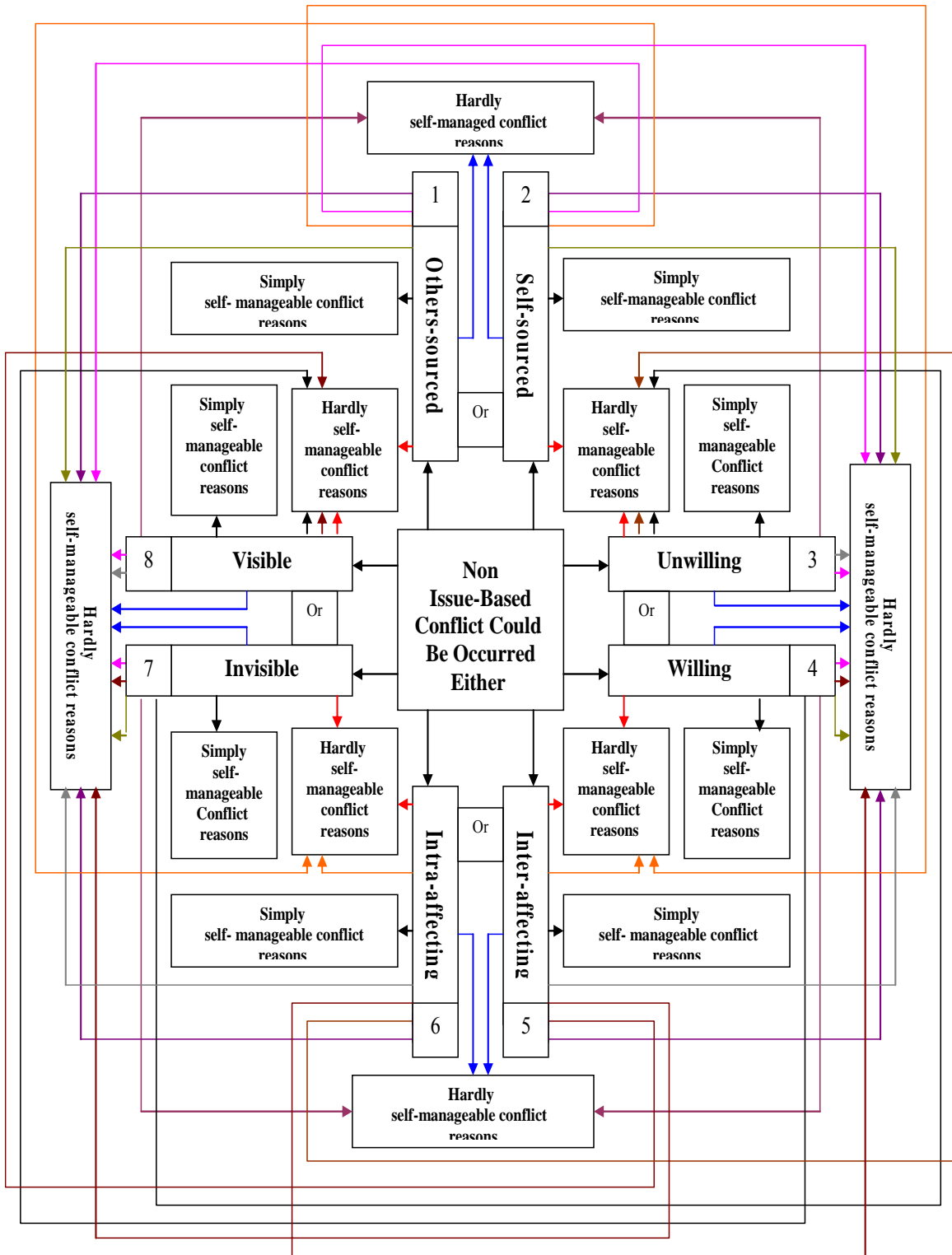
Source: Firstly Prepared for the Purpose of This Research

The non issue-based interpersonal conflict will be the focusing area of this research. As it is shown by Figure (1) this kind of conflict will contain eight proposed single-factor sub-types. These are the self-sourced, others-sourced, intra-affecting, inter-affecting, visible, invisible, willing and unwilling non issue-based conflict. In addition to twenty eight double-factor types those may commutatively result from the combination of each one of the eight types rotating with the other seven types.

A Particular Perspective to the Self-Management Concept:

So far the evolution of self management concept throughout the theory and practice was and still encompassing a very broad range of skills, qualities, attitudes and experiences that are relevant to issues such as; self-configuration (Manz & Sims,1980), self-optimizing (Hackman,1986), self-healing (Frayene & Latham, 1987), self-protecting (Mitchem & Young, 2001), self-repairing (Otten, 2003), self-organizing (Hoff & DuPaul, 1998), self development (Luthans & Tim, 1979), time management (Marshall & McHardy, 2008), emotions management (Mills, 1983), distress management (Glasgow, et al., 2001), stress management (Hampson, 1996), change management (Kobau and Dilorio, 2003), being self-motivated (Norris, et al., 2002), being self-assertive (Liljas & Lahdensuo, 1997), creativity management (Loring, et al., 1999), career management (Warsi, et al., 2004), monitoring and reinforcing own behavior (Norris, et al., 2001), self-reliance and independency (Dilorio, et al., 1994), self-progress evaluation (Hill-Briggs, 2003), self-learning (Manz & Henry, 1980), and too many other fields that may be extended to cover different domains outside the organization such as; self care (Mahoney & D.B.A., 1979), patient empowerment (Manz & Angle, 1985), and adult self-learning (Goldiamond, 1979).

Reviewing the literature, one can easily consider four factors when tackling the concept of self-management. **First**, self management often means different things to different people and sometimes different things even to the same people at different times (Andrasik & Judy, 1982). **Second**, to date there is no universally accepted definition of self-management. Rather, several terms are interchangeably used depending upon the context, focus or nature of subject and/or discussion (Mitchem, et al., 2001). **Third**, the scope of self-management is said to take place whenever the individual is asked, either solely or through a significant participation, to play a certain role that's cannot be done but through himself, otherwise things will go out of course (Kanfer, 1980). **Fourth**, the individual role or participation could be thoughtfully,

emotionally, biologically, psychologically, socially or behaviorally occurred, this also may carried out by using self-intervention techniques that are based upon a combination of more than one of these previously mentioned factors (Dilorio, et al., 2006). Accordingly, whether chronic ill patient have to have a treatment self management role, and students in whatever education course have to have learning self-management role (Dilorio, et al., 1992), people as workers in organization as well have to have a conflict self-management role as long as they are inevitably vulnerable to be repetitously involved as parties in such a societal phenomenon (Glasgow, et al.,, 2007).

This research is adopting the self-management concept that relevant to the role that no way should be done by people themselves as individuals in organization whenever they are faced with interpersonal conflict. Particularly in the cases of non-issue based conflict that's previously pointed out as steaming from the inconsideration of people's differences in personality. Herein the self-management concept is pointing out to the double-level role that will be required by people to consider these personality differences. On the one hand, the personality differences should be considered at the level of perception or awareness of the inherent existence of these differences. On the other hand, the people's personality differences have to be considered at the level of acceptance.

In Figure (1) it is clearly shown that this two-pillar based self-management concept will be adopted in facing two sub-types of non issue based conflict. One is the single or uni-factor conflict that's called at this juncture, the simple or single-factor self-manageable kind of conflict. This is the least probably and/or temporarily occurred. The other is the double or dual-factor conflict that's called here as well, the hardly self-manageable type of conflict. This is the most likely and/or permanently come about.

A Collectively Aggregate Meaning to Personality:

Personality of the manager as well as his subordinators has always been a governing factor in the capability to manage people (Feingold, 1994). Therefore it was an issue that largely permeated the thought and literature in all the fields of both the traditional and contemporary management theory (Barrick & Mount, 1999). Authors of behavioral sciences and organizational behavior were comparatively the most interested ones in tackling the concept of personality (Digman, 1990). They have historically had a notable contribution in extendedly approaching such a concept (Schneider & Hough, 1995), particularly with respect to the single different

aspects covered by it (Paunonen, 1996). Sometimes their written work in the area was focused on personality types (Salgado, 1997). In other occasions they have gone to personality traits (Saucier, & Ostendorf, 1999). Others have directed their effort to the personality formulation (Judge, & Ilies, 2000) and construction sourcing (Judge, et al., 2002). The environment effect on personality was given a considerable share of the authors' exerted effort in this area as well (Judge, et al., 1998). Social learning theory is filled with such an orientation in addressing personality (Caligiuri, 2000). The transferable genetic dispositions have widely supported even as the most reliable factors to distinguish among people's personalities (Dalton & Wilson, 2000), this was taken place by a prominent stream of researchers and writers (Barrick, et al., 2002). The impact of people's personality in environment has also occupied a considerable room of concern in some authors' view (Tepper, et al., 2001). In this, the most part was regarding the effect of people's personality within the organization environment (Barrick, et al., 1998).

Encompassing all the above mentioned traditional orientations (George, 1990) that are included in personality studies on the one hand, and coping with the contemporary advanced research in such an area (Glomb & Welsh, 2005 and Luthans, 2008), that has deeply gone into more sophisticated studies on the other hand, this research is highlighting the necessity of recognizing that scholars have not agreed yet on a certain definition to personality (Barrick & Mount, 1993, Fontana, 2000 and Hogan & Holland, 2003). Rather, a great amount of words were used to indicate it (Judge, et al., 2000), due to the wide range of adopted perspectives (Zellars & Perrewe, 2001), those operate from different theoretical bases (Judge, et al.. 1999).

Herein, personality is considered as a combined set of integrating and interacting genetic components and gained characteristics that are collectively affect the behavior of certain individual to make him tend to be conspicuously distinguished in different situations for all the life time (Hough, 1990 , Moses 1991, and Tett, et al., 1991). The reason behind the adoption of this concept is to show to what extent the people consideration, at the level of both the perception and acceptance to differences and differences among individuals concerning the aspects included in this concept may affect their capability of self-management against the non issue based interpersonal conflict.

This means that there are hardly readable differences in personality to be taken into consideration. **First**, the difference which is steaming from the existence/nonexistence of certain components and/or characteristics, and that is

steaming from the degree of such existence, if there is any, in each case. **Second**, the difference which is steaming from the existence/nonexistence of integration amongst components, amongst characteristics, and amongst both components and characteristics, and also the degree of this integration if there is any, in each case. **Third**, the difference which is steaming from the existence/nonexistence of interaction amongst components, amongst characteristics, and amongst both components and characteristics, and also the degree of this interaction, if there is any, in each case. **Fourth**, is to take into consideration that the occurrence of the difference in components and/or characteristics existence and degree of existence is inherently and inherently-based in the two cases in order. **Fifth**, is to consider primarily the other easily readable differences, those related to perceptions, tendencies, attitudes, aptitudes, capabilities, backgrounds, and experiences.

Sensing these personality nature and nurture differences commonly and seriously as it should be considered, is expected to allow too much tolerance that's required to reduce generally the interpersonal conflict in organization. In particular the non-issue based one. The heredity nature of the genetic endowments and the heredity-based nature of the gained characteristics have to be a wise, fair and rational justification for initially recognizing, and then logically accepting not to make the differences that may be sourced by them lead to conflict. Dissimilarity in personality should not be propped up to discrepancy and fight amongst people, particularly whether they are members in an organization.

To come to the point, it could be said that tackling the above three concepts, in away that reflect the particular view which is adopted concerning each on the one hand, and the attempt for establishing a logic connection among these three concepts on the other hand, were two important reasons for theoretically vindicating the research topic.

Research Problem:

To investigate initially the foundation of the non-issue based conflict in reality, as the most dependent variable which is representing the research problem, an explanatory study was conducted. A structured interview technique was functioned with fifty doctors who are working as academic staff in both Tanta and Assuit university-hospitals.

A proportional distribution to the conduction of these interviews has horizontally and vertically been considered in accordance with the number of population members working in each university hospital, and the number of population members working at the different five levels or positions

occupied by the target academic staff doctors within each.

Two five-statement questions the interviews were hub-revolving around. These questions have been directed to test out the interviewees agree/disagree concerning their vulnerability to two types of the non issue based conflict. One is the temporarily or the least likely occurred while the other is the permanent or the most likely cropped up.

As shown by Table (1) the maximum percentages of the interviewees who have gone with the nonexistence of first and second types of non issue based conflict were (10%) and (8%) in order which equal to (5) and (4) academic-staff doctors sequentially. The minimum percentages of academic-staff doctors who assured the existence or vulnerability to the two types of conflict were (86%)

and (90%) those consistent with (43) and (45) academic-staff doctors.

This indicates that the foundation of research problem in reality is verified by at least (86%) in accordance with the responses of (50) target interviewees. This has been proved as well by the horizontally weighted average that's calculated through considering all the scale cells' responses to every single statement divided on the whole number of interviewees to show at the lowest limit (4.18) and (4.24) for the first and second types of conflict in sequence. This has additionally been proved by the values of vertical weighted average, that are calculated as average of the horizontal weighted averages concerning each type of conflict five statements as group. It was (4.22) and (4.35) for the first and second types in order.

Table (1) Occurrence of Both the Least and Most Likely Non Issue-Based Conflict:

Axes and variables	Measure cells and weights										Horizontal weighted average	Horizontal/ vertical weighted average
	Definitely agree	Agree	Summation		agree & disagree	disagree	disagree	Absolutely disagree	Summation			
	1	2	No	%	3	%	4	5	No	%		
Type (1) **The least likely or temporarily occurred conflict**												
I am not facing non issue based conflict when dealing with:												
postgraduate students	2	3	5	**10**	1	**2**	19	25	44	**88**	4.24	
undergraduate students	4	1	5	**10**	0	**0**	21	24	45	**90**	4.20	
customers or patients	1	0	1	**2**	1	**2**	24	24	48	**96**	4.20	4.22
chronic patient's room mates	2	3	5	**10**	2	**4**	20	23	43	**86**	4.18	
patient's repetitious visitors	1	3	4	**8**	1	**2**	20	25	45	**90**	4.30	
Type(2) **The most likely or permanently occurred conflict**												
I am not facing non issue based conflict when dealing with:												
direct and indirect managers	3	0	3	**6**	0	**0**	24	23	47	**94**	4.24	
same level technical colleagues	1	1	2	**4**	0	**0**	22	26	48	**96**	4.42	
same level managerial colleagues	1	1	2	**4**	1	**2**	20	27	47	**94**	4.42	4.35
direct & indirect technical subordinators	0	1	1	**2**	2	**4**	22	25	47	**94**	4.44	
direct & indirect managerial subordinators	1	3	4	**8**	1	**2**	23	22	45	**90**	4.24	

Source: Established Based upon the Results of Exploratory Study

Research Objectives:

- ► **Approaching** theoretically the concepts of the non issue-based conflict, the self-management, and the personality differences through a conceptual framework that's highlighting in particular the meaning to be considered and/or adopted concerning each one of these three concepts within the context of this research subject.

- ► **Building** a hypothetical model for statistically investigating the relationship amongst the previously mentioned three main variables of research, the model considers the non issue-based conflict as the dependent variable, the failure of self-management as the mediator variable, and the inconsideration of personality differences as independent or explanatory variable.

- ► **Establishing** particularly a valid and reliable measure, in the form of questionnaire, for

empirically examining the relationship amongst the research three main variables in reality. The detailed sub-variables will be aggregately considered as well, concerning each one of the main variables.

▶ **Utilizing** analytically both theoretical approaching to the research main variables' concepts, and the statistical testing of the data that's empirically collected through field study, to show in the form of suggestion to what extent the consideration – at the levels of perception and/or acceptance - of people's personality surface and deep differences, may allow an easy to espouse and apply self-management theory for the avoidance and/or the protection from the least and most likely occurred non issue-based conflict.

Conceptual Framework and Model:

Running efficiently the organization's work is inevitably a function in guaranteeing the efficiency of people's cooperation in the workplace. That's why workers as much as management are responsible together pertaining to the occurrence of cooperation or anti-cooperation. In other words they are collectively representing the source of interpersonal relations settlement or unsettlement inside the organization. In too many occasions the organizational conditions of both the cases come to reality as a result of the individuals' interaction. Interpersonal conflict is the form of organizational conflict that's relatively more stemming from people themselves rather than their managers.

This research is concerned with adopting a suggested approach in tackling the interpersonal conflict. It is initially highlighting two sorts of interpersonal conflict that are most likely caused by people. One is the issue-based interpersonal conflict that contains technical-based and personal-based conflict. The other is the non issue-based interpersonal conflict that includes self-sourced and by other-sourced conflict.

The technical-based interpersonal conflict is actually brought into being by the less understanding of people as workers rather than individuals. It is hub-revolving around an issue of work or technical interest. That's why it could be considered as an event that's resulted from the individuals' thinking process that most probably willingly occurred. Accordingly it is an issue relevant to the human as a maker of his thinking or the artificial responsibility of people as thinkers in relation to what they think about.

Due to the non-consensus of people's mind and/or mentality this kind of technical-based interpersonal conflict has to be found by the existence of different views and perspectives concerning the certain issue

of work. It is a positive effect of such a type of interpersonal conflict to mull over. It should be principally unavoidable kind of interpersonal conflict. Otherwise things or work affairs are going to be trapped within the context of single-loop that reflects just one view and/or perspective. Herein the lack of other views and perspectives will be a sufficient reason for less understanding to the work certain issue that most probably leads to the inefficiency of managing it.

Although this kind of conflict is initially recommended and should be principally unavoidable it has to be a finally treated one. It should be looked at as the conflict of views that leads to a consensus around the most correct and aggregate common view. So conflict is an initial step for consensus as a final one. This is happened amongst people as workers within the say that "I am willingly thinking different from you as much as you are willingly thinking different from me" or the say that "I am sorry to be bothering but I do mean to think different from you, yes I do intentionally care to get things in hand".

For this initially useful conflict to be treated or finally turned into consensus, two main steps within the context of two main governing factors have to be seriously considered. The two steps are; first creating the people's awareness of individuals' differences concerning views and then creating their awareness of accepting the differences of views and perspectives. The two governing factors are; First, individuals are usually concerned to have their own views, it is something artificially done or by the people occurred. Second, people's thinking process will be logically focused on the gains and interests of work.

However this may create a sufficient room for initial interfaces points and successively final consensus areas that are inevitably required for the interest of work management. As so, work management is the condition and approach for treating the technical-based interpersonal conflict. Given that people's views could be classified into flexible or easily changeable views and fixed or hardly changeable views both of them within the context of work management have to be seriously negotiable.

The personal-based interpersonal conflict is the same as the technical one. Only the difference will be in the personal nature of the reason behind the conflict and the personal or work irrelevant issue around which the conflict revolves. The other governing factors and conditions of such conflict show no significant difference to be differently treated, like subjecting to the thinking process, caused by difference in views, being intentionally occurred, and it is by-human made. Even if the focus

will be the gains and interest of the parties it will finally lead to the interest of work.

As people are vulnerable to such a type of personal-based conflict nearly as much as they are vulnerable to the technical-based conflict, it should be normally expected and treated beside the technical-based conflict as a matter of work management.

The personality-based interpersonal conflict is originated by the misunderstanding of organization people to their personality as individuals rather than workers. It is hub-revolving around no personal or work issue, even if it seems to be apparently in relation to personal or technical interest. That's why it could be considered as an event that's resulted from the individuals' unwillingly occurred less perception to others personality. As so the core issue is most probably relevant to god as creator rather than human as a maker. People have been created to be deliberately different, and they will stay. They have nothing to do concerning the given difference in their personality traits.

Owing to the people's non-consensus in personality components and characteristics, this kind of personality-based interpersonal conflict is originated. This type of conflict has a negative effect to be early dwelled on. Unlike the technical-based or personal-based conflict those previously highlighted, this kind of interpersonal conflict should be a principally avoidable one. If not, things or work affairs will be handicapped by the personality differences. Since people with the lack of perception and misunderstanding to such a kind of differences may take the level of just personality differences to the level of unjustified conflict and/or fighting. This should be considered by people as individuals, within the say that "I am naturally different from you as much as you are naturally different from me" or the say that "I am sorry I do not mean to be bothering but I am inherently different from you, yes things out of my hand".
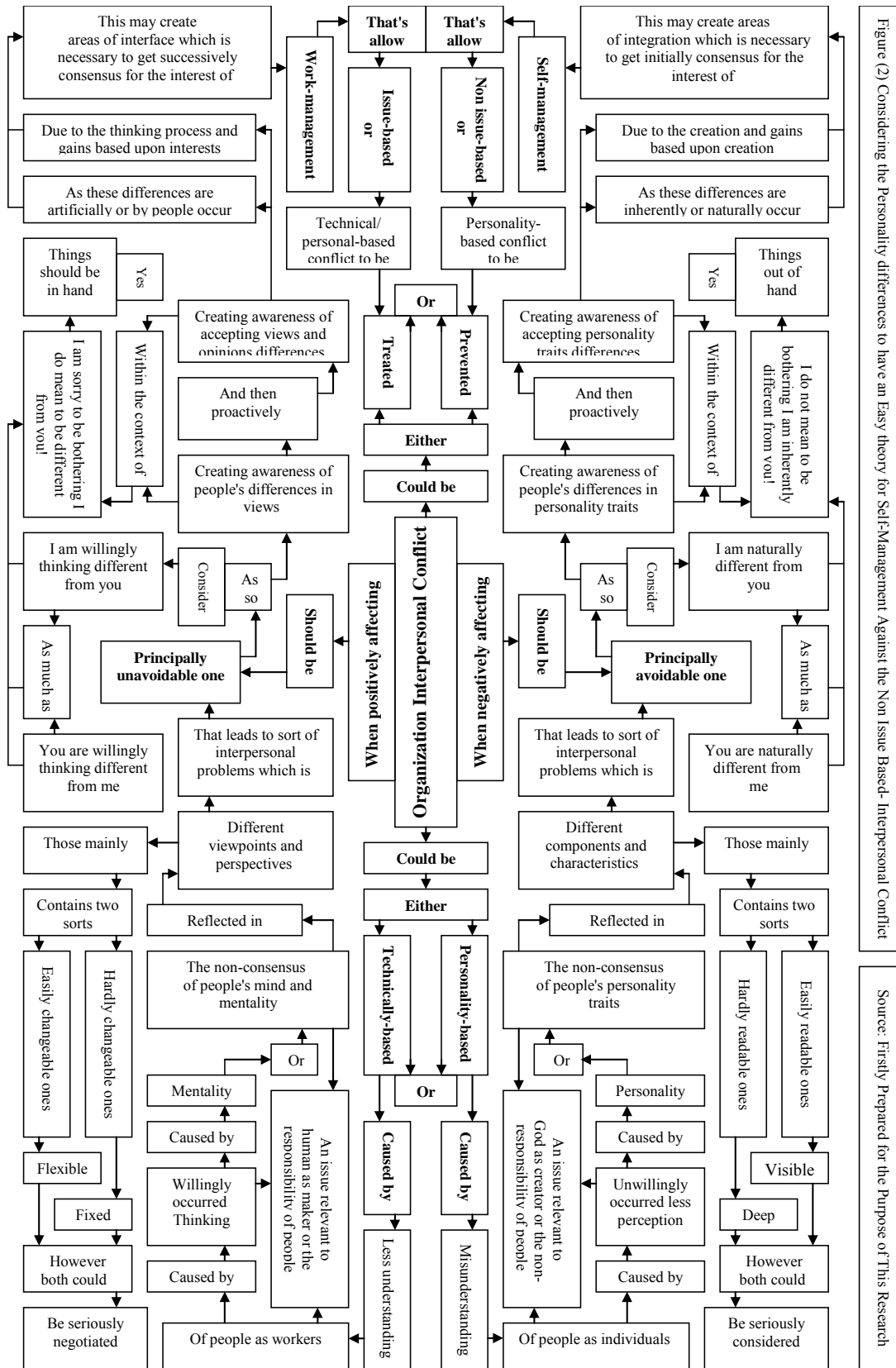
In order to get this type of personality-based interpersonal conflict initially avoided, two crucial steps have to be proactively conducted. One is to create people's awareness of the differences occurred by the personality components and characteristics. The other is to create people's awareness to accept the personality differences amongst each other. This should be occurred within the context of two governing conditions as well. One is to take into account that personality differences are inherently existed by creation. The other is to be aware that personality traits unless they have been come by the creation process they have been gained based upon the givens of creation.

However this may create a sufficient room for initial integration points and successively extended areas of final consensus that are inevitably required for the interest of organizational self-management. As so, self-management is the condition and approach for preventing the personal-based interpersonal conflict. Provided that people's personality components and characteristics could be essentially categorized into two sorts, the visible or easily readable traits and the deep or hardly readable ones, both of them within the context of self-management have to be seriously considerable. The latter type of conflict could be extendedly identified when considering that it is gradually occurred in two phases. It steams from the unwillingly exchanged misperception to the people's personality differences and then the unwillingly or willingly non-acceptance of these differences amongst the individuals working together at the same workplace. It could be said that it is sourced by unwillingly or even willingly racism to the owned personality traits on the account of others personality traits. Even though it is avoidable kind of conflict, since there is no issue or artificially human-made reason behind it, that's why creating the awareness of these inherent differences and also the awareness of exchanged acceptance to them is the milestone to prevent such a personality-based conflict.

The previously tackled conceptual framework that's supported by the explanatory Figure (2) was to allow on the one hand that this research focal area is the latter sub-type of non issue-based conflict that's called personality-based conflict. On the other hand this conceptual framework has been utilized to show hypothetically that the model of this research is precisely concerned with investigating in reality two interrelated hypothetical relations. One is tackling the relationship between the personality-based conflict, which is faced by the people in the workplace and their failure to espouse and adopt a self-management theory. The research quarry to rise by this relationship; does the personality-based conflict return to the people's failure to espouse and apply a right self-management theory? The other is tackling the relationship between the people's failures to espouse and apply the right self-management theory and their failure to consider utilizing the personality differences for building conflict avoiding self-management theory. The research quarry to rise by this relationship; does the people's failure to espouse and adopt the right self-management theory return to lowest amount of people's consideration that given to personality differences?

Figure (3) is clarifying the main and sub- variables included by the research hypotheses and hypothetical relations to be examined amongst them.

Figure (2) Considering the Personality differences to have an Easy theory for Self-Management Against the Non Issue Based- Interpersonal Conflict

Source: Firstly Prepared for the Purpose of This Research

Research Hypotheses:

▸ **There is no statistically indicative significant relationship between; on the one hand, the people's vulnerability to the occurrence of a temporary and/or permanent non issue based interpersonal conflict in organizations and on the other hand, the failure of people as individuals in self-management against such a conflict at the levels of avoidance and/or protection. (1) [B& A]**

Both the former and latter variables which are included in the above main hypothesis could be dually extended to show four sub-variables, accordingly there are four sub-hypotheses to consider as follows:

▸ **There** is no statistically indicative significant relationship between; on the one hand, the people's vulnerability to the temporary or least likely occurring non issue based interpersonal conflict in organizations, on the other hand, their failure as individuals in self-management against the sources and/or reasons of simple or single-factor non issue based interpersonal conflict at the levels of avoidance and/or protection. (1/1) or [B1 & A1]

▸ **There** is no statistically indicative significant relationship between; on the one hand, the people's vulnerability to the permanent or most likely occurring non issue based interpersonal conflict in organizations and On the other hand, their failure as individuals in self-management against the sources and/or reasons of simple or single-factor non issue based interpersonal conflict at the levels of avoidance and/or protection. (1/2) or [B1 & A2].

▸ **There** is no statistically indicative significant relationship between; on the one hand, the people's vulnerability to the temporary or least likely occurring non issue based interpersonal conflict in organizations and On the other hand, their failure as individuals in self-management against the sources and/or reasons of complex or double-factor non issue based interpersonal conflict at the levels of avoidance and/or protection. (1/3) or [B2 & A1].

▸ **There** is no statistically indicative significant relationship between; on the one hand, the people's vulnerability to the permanent or most likely occurring non issue based interpersonal conflict in organizations and On the other hand, the failure of people as individuals in self-management against the

sources and/or reasons of complex or double-factor non issue based interpersonal conflict at the levels of avoidance and/or protection.(1/4) or [B2 & A2].

▸ **There is no statistically indicative significant relationship between; on the one hand, the failure of people as individuals in self-management against the sources and/or reasons of non issue based interpersonal conflict at the levels of avoidance and/or protection and on the other hand, their failure to consider the differences of personality at the levels of perception and/or acceptance. (2) or [C & B].**

Both the former and latter variables which are included in the above main hypothesis could be dually extended to show four sub-variables, accordingly there are four sub-hypotheses to consider as follows:

▸ **There** is no statistically indicative significant relationship between; on the one hand, the failure of people as individuals in self-management against the sources and/or reasons of non issue based simple or single-factor interpersonal conflict at the levels of avoidance and/or protection, on the other hand, their failure to consider the surface or easily readable differences of personality at the levels of perception and/or acceptance. (2/1) or [C1 & B1].

▸ **There** is no statistically indicative significant relationship between; on the one hand, the failure of people as individuals in self-management against the sources and/or reasons of non issue based complex or double-factor interpersonal conflict at the levels of avoidance and/or protection, on the other hand, their failure to consider the surface or easily readable differences of personality at the levels of perception and/or acceptance. (2/2) or [C1 & B2]

▸ **There** is no statistically indicative significant relationship between; on the one hand, the failure of people as individuals in self-management against the sources and/or reasons of non issue based simple or single-factor interpersonal conflict at the levels of avoidance and/or protection, on the other hand, their failure to consider the deep or hardly readable differences of personality at the levels of perception and/or acceptance. (2/3) or [C2 & B1]

▸ **There** is no statistically indicative significant relationship between; on the one hand, the failure of people as individuals in self-

management against the sources and/or reasons of non issue based complex or double-factor interpersonal conflict at the levels of avoidance and/or protection, on the other hand, their failure to consider the deep or hardly readable differences of personality at the levels of perception and/or acceptance. (2/4) or [C2 & B2]

▶ **There is no statistically indicative significant relationship between; on the one hand, the people's vulnerability to the temporary and/or permanent occurrence**

of the non issue based interpersonal conflict in organizations and on the other hand, the failure to consider differences of people's personality at the levels of perception and/or acceptance. (3) or [C & A].

Both the former and latter variables which are included in the above main hypothesis could be dually extended to show four sub-variables, accordingly there are four sub-hypotheses to consider as follows:

Figure (3) Research Variables and Hypothetical Relationships

Source: Firstly prepared for the purpose of this research

▶ **There** is no statistically indicative significant relationship between; on the one hand, the people's vulnerability to the temporary and/or least likely occurring non issue based interpersonal conflict in organizations and on the other hand their failure to consider the surface or easily readable differences of people's personality at the levels of perception and/or acceptance. (3/1) or [C1 & A1].

▶ **There** is no statistically indicative significant relationship between; on the one hand, the people's vulnerability to the permanent and/or most likely occurring non issue based interpersonal conflict in

organizations and on the other hand their failure to consider the surface or easily readable differences of people's personality at the levels of perception and/or acceptance. (3/2) or [C1 & A2].

▶ **There** is no statistically indicative significant relationship between; on the one hand, the people's vulnerability to the temporary and/or least likely occurring non issue based interpersonal conflict in organizations and on the other hand their failure to consider the deep or hardly readable differences of people's personality at the levels of perception and/or acceptance. (3/3) or [C2 & A1].

▶ **There** is no statistically indicative significant relationship between; on the one hand, the people's vulnerability to the permanent a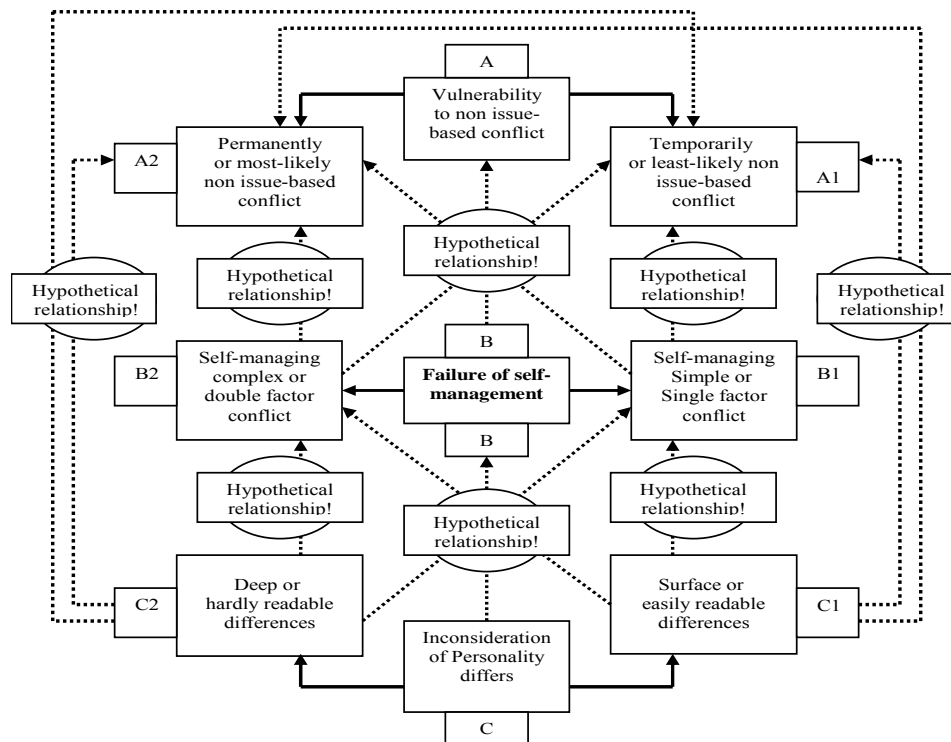nd/or most likely occurring non issue based interpersonal conflict in organizations and on the other hand their failure to consider the deep or hardly readable differences of people's personality at the levels of perception and/or acceptance. (3/4) or [C2 & A2].

Research Methodology:

Research Population and Sample:

The field of this research is empirically represented in university hospitals; those are formally followed to the ministry of higher-education. From those university hospitals the research has been focused on just two groups of hospitals. One that's containing the university hospitals followed to Tanta University; those are providing their health and treatment services to a broad sector of people in Lower-Egypt. The other is containing the university hospitals followed to Assuit University; those are providing their medicinal services to a wide sector of people in Upper-Egypt as well.

The research population was specifically identified in the doctors who are academic staffs, those working in the university hospitals belong only to both the previously mentioned universities. Accordingly the population qualitatively includes professors, assistant professors, lecturers, teaching assistants, and demonstrators. The size of the whole population was quantitatively represented in (2140) university-hospital academic staffs.

Due to the availability of a list of population members' accessible names, positions, telephone numbers, and e-mail addresses it was easy to depend on population for choosing a probability sample. Despite of the research population homogeneity in terms of the measurement objective it is geographically heterogeneous because of the distribution of its members or units on hospitals located in two regions of the country. That's why it was preferable to rely on a stratified random sample to consider the balancing effect of geographical factor as much as the similarity factor on the sampling process. The very classic way of writing the data of population members in a small pieces of paper was the one based upon in withdrawing the sample units, in other words it was the sampling process technique.

The sample size has totally specified as (457) sampling unit. It was calculated according to the two equations of ($n = z^2 * p * q / d^2$ and then $n0 = n / (1+ n/N)$) to be [$n = (1.96)^2 * 0.86 * 0.14/ (0.05)^2 =$

(580.9539), and so the $n0 = 580.9539/ 1+ (580.9539/ 2140) = 456.9134$, approx. = (457) sampling units].

The sampling unit – which is originally the population unit – was characterized in the doctor who is academic staff regardless of the position taken by him on the gradually workable five-level academic system.

Questionnaire Design:

Due to the need for a field primary data that has to be firstly collected from the members of a branchy population, questionnaire was the instrument that has preferably been chosen to depend upon for conducting the data collection process.

In terms of the content, questionnaire has included (73) statements that are collectively covered the three main variables amongst which the hypothetical relations of research have been established. Every single statement was clearly focused on an easily considerable issue or concept that's precisely specified to be hardly or least probably misunderstood by the target respondents. The dependent variable, that's identified in people's vulnerability to the existence of the non issue-based conflict, was covered by (10) statements. This group of statements was half divided into two five-statement subgroups. One allocated to the sub-variable relevant to the least likely or temporarily occurring non issue based conflict. The other sub-group of statements was allocated for the sub-variable of the most likely or permanently occurring non issue-based conflict. This clearly indicating that both the sub-types of non issue based interpersonal conflict have been given the same level of interest as two main pillars of such a phenomenon. The mediator or intermediary variable, that was the failure of self management against the non issue based conflict at the levels of both self-avoidance and self-protection, has been given (36) statements to cover two sub-variables as well. One is the failure of self-managing against the simple or uni-factor non issue based conflict, (8) statements have been allocated for this. The other is the failure of self-managing against the complex or double-factor non issue based conflict, this was given (28) statements. This proportional difference in the number of the statements allocated to cover the latter two sub-variables was naturally justifiable. Since the dual factor forms of conflict are resulted from rotating each one of the (8) single factor conflict forms with the other remained (7) ones. The independent variable which is the inconsideration to differences in people's personality at the levels of both perception and acceptance, has represented in this research questionnaire by (27) statements. Those have found to express proportionally the two sub-variables included by it. On the one hand, the failure to consider at the level of perception and/or acceptance the

surface or easily readable differences in people's personalities was the sub-variable that has been expressed by (11) statements. Those are based upon the most commonly well-known personality's difference distinguishing criteria in the related field of literature. On the other hand, the second sub-variable was the failure to consider at the level of perception and/or acceptance the deeper or hardly readable differences in people's personalities. There were (16) statements to use in representing this sub-variable. The origination of these statements has been based upon an analytical view to the main aspects included in an aggregately established collective concept to personality. The focus of this concept is not only considering the personality differences or existence of differences but also the personality differences, or in other words, the difference degree or level of existence. With respect to the form, this research questionnaire has been structured and outlined to be consistent with the logic sequence of the hypotheses and also the included variables and sub-variables. The structure was reflecting the arrangement of variables' causality as hypothetically developed by the research. A sufficient room for questions and answers, as well as margins that made the data collection instrument looks more attractive and comfortable, was reasonably taken into account. Although introductions of the main questions were carefully formulated for clearly showing what to be required by the respondents concerning each, wording in statements was to large extent governed by the very specific nature of the subject that's focused on in every single statement. However, it was taken into account that words have to be generally understandable, technically simple, precisely indicative, and out of double meaning. Alphabetical letters and serial numbers have sequentially been applied in conjunction for coding the questions, variables and sub-variable included in questionnaire according to the very common way of ordering. This coding is actually committed with, in making the computer data-entry and analysis.

Concerning all the questions included in the questionnaire as the research dependable measure, a five-cell scale similar to Likert scale was adopted. It is what was so called Likert type scale rather than Likert scale.

Questionnaire Validity and Reliability:

Verifying the validity of the particularly established research questionnaire, single interview was the technique to adopt for carrying out this step. The interviews were separately directed to two target sorts of interviewees. One is the interviewees who were selected for technically representing the research population members. There were twenty single interviews, which have been directed to different members in the five levels vertically encompassed by the research population.

Four single interviews were equally allocated to the population members in each one of the five levels. The objective of these interviews was initially to examine that the contents of questionnaire, or the included items, are technically correct or valid for suitably measuring the dimensions that they have been developed to be measured through them. Besides, to make sure that such content items will be easily understandable later on by the research sample units. The other is the interviewees who were selected for methodically assuring questionnaire's face and content. There were ten interviews which have been allocated for this purpose. They were conducted with university academic staff as experienced researchers who can judge on the methodical aspects to consider in designing questionnaire. Worthy mentioning to point out that every single interview was stayed for about two hours.

Both the technically and methodically oriented single interviews have collectively been utilized to make many rather than few extractions and adjustments in different portions of the questionnaire concerning wording, formulation, ordering, logic, sequence, as well as the layout. In other words, a large room of measure's consistency was allowed. First, by the face validity that has been ensured through excluding word and form deficiency and irrelevancy. Second, by the content validity, this has been verified as well, through getting confirmed that item and non-item aspects are most suitable in terms of quantity and quality to measure the included concepts.

Establishing the reliability, the valid questionnaire has been distributed again on the target (50) population members, those who were previously investigated in the exploratory study.

Table (2) makes obvious that, based upon the collected data, Item-subgroup and item-group correlations have been statistically testified to show a lowest limit of correlation coefficient equal to (0.7608) and (0.7566) in order.

It indicated a high level of measure consistency. Moreover, it has depended on these high levels of inter-item correlation to calculate C. alpha to show minimum values in the two cases equal to (0.8903) and (0.8951) respectively if item deleted and (0.8955) and (0,8968) in order, if item included.

It has come out that the highest values of alpha if item excluded from the sub-groups number (A1), (A2), (B1), (B2), (C1), and (C2), were (0.8903), (0.8957), (0.9005), (0.9030), (0.8981), and (0.8908) in order.

Table (2): Validity and Reliability

No	Variable	No	Sub-variable	No	Item sub-group correlation	C. Alpha if Item excluded from sub-group	C. Alpha if all items included in sub-group	Item group correlation	C. Alpha if Item excluded from the group	C. Alpha if all items included in group
A	The excessive suffering from a temporarily or least likely and permanent or most likely occurred non issue based conflict	A1	Facing with least-likely occurred conflict	A1/1	0.8844	0.8665		0.8826	0.8842	
				A1/2	0.8695	0.8886		0.8704	0.8844	
				A1/3	0.8641	0.8903	0.8955	0.8687	0.8847	
				A1/4	0.8766	0.8583		0.8856	0.8841	
				A1/5	0.8787	0.8521		0.8822	0.8841	0.8968
		A2	Facing with most-likely occurred conflict	A2/1	0.8808	0.8845		0.8783	0.8844	
				A2/2	0.8880	0.8815		0.7566	0.8951	
				A2/3	0.8776	0.8840	0.9095	0.8753	0.8843	
				A2/4	0.8052	0.8957		0.8826	0.8842	
				A2/5	0.8852	0.8829		0.8835	0.8841	
B	The failure in self-managing both the simple or uni-factor and the complex or double factor non issue based conflict at the levels of both self-avoidance and self-protection	B1	Failure in self-managing the simple or uni-factor non issue based conflict reasons	B1/1	0.8863	0.8882		0.8855	0.8287	
				B1/2	0.8606	0.8898		0.8585	0.8084	
				B1/3	0.8631	0.8896		0.8663	0.8188	
				B1/4	0.7934	0.9005	0.9187	0.8627	0.8065	
				B1/5	0.8814	0.8886		0.8826	0.8284	
				B1/6	0.8826	0.8883		0.8872	0.8287	
				B1/7	0.8687	0.8895		0.8656	0.8814	
				B1/8	0.8576	0.8903		0.7712	0.9149	
		B2	Failure in self-managing the complex or double-factor non issue based conflict reasons	B2/1	0.8862	0.8680		0.8963	0.8054	
				B2/2	0.8819	0.8688		0.8817	0.8583	
				B2/3	0.8635	0.8983		0.8618	0.8887	
				B2/4	0.8694	0.8951		0.8719	0.8664	
				B2/5	0.8833	0.8780		0.8827	0.8659	
				B2/6	0.8799	0.8800		0.8782	0.8894	
				B2/7	0.8850	0.8983		0.8848	0.8955	
				B2/8	0.8792	0.8784		0.8780	0.8864	
				B2/9	0.8747	0.8813		0.8728	0.8886	0.9210
				B2/10	0.8760	0.8807		0.8776	0.8872	
				B2/11	0.8812	0.8981		0.8824	0.8879	
				B2/12	0.8667	0.8989		0.8683	0.8866	
				B2/13	0.8851	0.8960		0.8857	0.8871	
				B2/14	0.8647	0.8983	0.9323	0.8627	0.8876	
				B2/15	0.8793	0.8951		0.8788	0.8853	
				B2/16	0.8702	0.9882		0.8727	0.8864	
				B2/17	0.8837	0.8787		0.8841	0.8870	
				B2/18	0.8804	0.8791		0.8806	0.8869	
				B2/19	0.8825	0.8786		0.8823	0.8841	
				B2/20	0.8843	0.8776		0.8848	0.8823	
				B2/21	0.8635	0.8983		0.8627	0.8897	
				B2/22	0.8812	0.8692		0.8826	0.8849	
				B2/23	0.7739	0.9030		0.8574	0.8877	
				B2/24	0.8799	0.8884		0.8782	0.8809	
				B2/25	0.8850	0.8641		0.8848	0.8857	
				B2/26	0.8792	0.8791		0.8780	0.8862	
				B2/27	0.8667	0.8989		0.8683	0.8853	
				B2/28	0.8851	0.8780		0.8857	0.8892	
C	The inconsideration of people's personality surface or easily readable and deep or hardly readable differs at the levels of both perception and acceptance	C1	Inconsideration of people's personality surface or easily readable differs at the levels of perception and acceptance	C1/1	0.8712	0.8945		0.8686	0.8878	
				C1/2	0.7947	0.8981		0.8616	0.8879	
				C1/3	0.8662	0.8859		0.8676	0.8613	
				C1/4	0.8848	0.8642		0.8869	0.8801	
				C1/5	0.8765	0.8912		0.8816	0.8834	
				C1/6	0.8838	0.8643	0.9090	0.8843	0.8678	
				C1/7	0.8754	0.8844		0.8772	0.8899	
				C1/8	0.8698	0.8946		0.7855	0.8901	
				C1/9	0.8721	0.8934		0.8726	0.8873	
				C1/10	0.8837	0.8642		0.8855	0.8735	
				C1/11	0.8767	0.8909		0.8745	0.8878	
		C2	Inconsideration of people's personality deep or hardly readable differs at the levels of perception and acceptance	C2/1	0.7608	0.8908		0.8576	0.8579	
				C2/2	0.8816	0.8658		0.7861	0.8861	
				C2/3	0.8766	0.8858		0.8656	0.8857	0.8985
				C2/4	0.8805	0.8658		0.8789	0.8671	
				C2/5	0.8871	0.8659		0.8853	0.8868	
				C2/6	0.8588	0.8830		0.8651	0.8779	
				C2/7	0.8783	0.8859		0.8783	0.8845	
				C2/8	0.8866	0.8659	0.8995	0.8856	0.8778	
				C2/9	0.8785	0.8859		0.8821	0.8834	
				C2/10	0.8787	0.8860		0.7874	0.8972	
				C2/11	0.8668	0.8860		0.8767	0.8878	
				C2/12	0.8604	0.8862		0.7616	0.8979	
				C2/13	0.8708	0.8668		0.8701	0.8778	
				C2/14	0.8888	0.8659		0.8874	0.8076	
				C2/15	0.8528	0.8854		0.8584	0.8858	
				C2/16	0.8739	0.8860		0.8744	0.8648	

Table (3) Distributed, Responded and Right Questionnaires

Field sections numbers		No in Population	No in Sample	Distributed Questionnaires	Returned Questionnaires	Correct questionnaires
Tanta university Hospital	F.Professors	211	45	45	41	41
	A. Professors	168	36	36	33	32
	PhD. Doctors	219	47	47	45	42
	Teaching A.	226	48	48	44	38
	Demonstrators	244	52	52	47	45
Summation	Sect.or stratu.	1068	228	228	210	198
Assuit university Hospital	F.Professors	179	38	38	35	31
	A. Professors	116	25	25	22	19
	Ph.D.Doctors	181	39	39	35	31
	Teaching A.	211	45	45	40	38
	Demonstrators	385	82	82	74	68
Summation	Sect. or stratu.	1072	229	229	206	187
Total	Pop. / Sample	2140	457	457	416	385

Source: Based upon Real Data

Table (4) Sample Representation of Research Population

Sections of population and sample		Com1		Com 2		Com3		Com1 - Com2		Com1- Com3	
		SS	S	SS	S	SS	S	D1		D2	
F.Professors	Tanta u. hospital	0.09847	0.49891	0.09856	0.50481	0.10909	0.51429	0.000	0.0000	0.000	0.0000
A. Professors		0.07877		0.07933		0.08052		0.000		0.000	
PhD Doctors		0.10284		0.10817		0.10909		0.000		0.000	
Teaching A.		0.10503		0.10577		0.09870		0.000		0.006	
Demonstrators		0.11379		0.11299		0.11688		0.001		0.000	
F.Professors	Assuit u. hospital	0.08315	0.50109	0.08414	0.49519	0.08052	0.48571	0.000	0.0059	0.003	0.0154
A. Professors		0.05470		0.05289		0.04935		0.002		0.005	
PhD Doctors		0.08534		0.08414		0.08052		0.001		0.005	
Teaching A.		0.09847		0.09615		0.09870		0.002		0.000	
Demonstrators		0.17943		0.17788		0.17662		0.002		0.003	

Com1= Distributed No. of questionnaires in the stratum / total No. of distributed questionnaires
Com2= Returned No. of questionnaires in in the stratum / total No. of returned questionnaires
Com3= Correct No. of questionnaires in the stratum / total No. of correct questionnaires

Source: Based upon the Questionnaires' number

Those were lower than the parallel values of alpha if all items included in the same sub-groups which respectively were (0.8955), (0.9095), (0.9187), (0.9323), (0.9090), and (0.8985) in each case of comparison. It has been bring into being as well that the maximum values of alpha if item deleted from the groups number (A),(B), and (C), were (0.8951), (0.9149), and (0.8979), respectively. Those were lower than the values of alpha if all items have not been deleted from the same groups, which were (0.8968), (0.9210), and (0.8985) in sequence. A comparison in each case could be obviously shown by the Table (2). This indicated that there is no need for item-excluding and the whole research questionnaire is properly valid and reliable as an instrument for primary data collection.

Questionnaire Administration:

Personal and electronic ways have been used together for administering questionnaires. This was occurred in distributing as well as collecting back the questionnaires in accordance with the ease of using each. Distribution of questionnaires was proportionally fitting to the number of representatives in every single stratum and sub-stratum in the sample that's originally based upon the number of individuals in the sections and sub-sections - This could be shown in detail by the Table (3).

The process that questionnaire was administered has been carried out roughly in (40) days - including non-working days – (10) days for questionnaires distribution, (15) days for being left with the respondents, (10) days for collecting back the distributed questionnaires and additionally (5) days for the delay after the deadline time. This time allocation was initially considered in advance so as to allow a highest level of responding. Even though the time required by the respondents to deal with the questionnaire, according to their views, was actually ranged between (75) and (90) minuet.

It should be noted as well that every single sampling unit or respondent has been given two copies of questionnaire one was in Arabic language while the other was in English language. Deeming the easier to every one, respondents have been allowed a free room to answer optionally either the questionnaire copy in Arabic or in English

Testing Sample Representation:

It should be noted that sample representation to the research population has been considered at three levels.

First when identifying the population individuals to be represented in the stratified random sample - of total size (457) sampling units, it has been depended on the very traditional way of using small peaces of

paper to put in the data of the individuals in population sections and sub-sections, and then randomly picking up - with no replacement - the required number of individuals for each stratum and sub-stratum of the sample. The reason behind this was the small number of individuals that's originally included in every single category of population.

Second, when collecting the questionnaires, it has been found that the number of respondents was (416) sampling units. Checking these questionnaires it was found out that just (385) ones are correct and able to be statistically processed. That's why it was required to testify whether the sample according to the new number still keeping the representation of population as a whole and at the level of every single one of its categories and sub-categories or not.

Kolmogrov-Smirnov test that based on a comparison of the cumulative proportion of the observed values in each category with the cumulative proportion in the same category for the specified population is used. The reason was testing whether the distribution of the observed data (number and category of respondents) differences significantly from specified population or not.

As shown in Table (4) the biggest cumulative difference in the case of the calculated (D1) and (D2) at the levels of both sub-stratum and stratum in order was (0.006) and (0.0154), and each one was lower than the tabulated (D) values, those were (0.0667, 0,0693) and (0.07992, 0.08307) at levels of significance equal to (0.05) and (0.01) respectively, for a sample size of both (416) and (385). Those were represented by the number of collected and then correct questionnaires respectively.

Accordingly it has come to light that, there is no significant difference, or the sample still representing the population.

Research Limits:

On the one hand, the academic focus of this research subject could be shown through considering the following items:

In its first axis, this research is addressing only the interpersonal non-issue-based conflict, from all the kinds of organizational conflict. Within this context it takes into consideration two sub-types the least likely or temporarily and the most likely or permanent non-issue-based conflicts. So any other sorts of conflict are irrelevant.

In its second axis, this research is addressing only the self-management against the reasons of single or simple and double or complex conflict, within this context it focuses on self-management in terms of the conflict self-avoidance and conflict self-protection. So any other aspects of self management are irrelevant.

In its third axis, this research is addressing only the personality gained and natural traits - as surface or easily readable traits and deep or hardly readable ones - Therefore any other issues related to personality are irrelevant.

As a consequence the subject of this research could be generally expressed as; studying to what extent the peoples' failure to consider - perceive and/or accept - the surface and deep traits of personality may affect their capability of self-managing - self-avoiding to and/or self-protecting from- the simple and complex factors leading to conflict, this may in turn leads to vulnerability to the existence of the - least and/or most likely - non issue based conflict.

On the other hand, the empirical field of this research is the university hospitals that only belong to two universities which are Tanta University and Assuit University. So any other university hospitals in or out Egypt are irrelevant.

Choosing the university hospitals in particular could be justified as follows:
By the end of the year 2010 the number of university hospitals was (72) hospitals which are contained by (17) faculty of commerce. These hospitals include (610) major operation rooms and (72000) beds to serve about (14) million patients, through the technical effort of (7538) doctors, (674) dentists, and (34642) nurses.

The medical services provided by these are utilized by the poor class people who have no way to get distinguished medical services but through these hospitals. Since private health and medical services are economically unaffordable to them.

They historically have a long existence and proportionally good reputation compared with other types of hospitals; this makes them more trustworthy and preferable to patients.

The existence of university academic staffs gives a particular convince that the service provided by them are efficiently performed by the very specialist doctors. That's why rich people as well may prefer to get medical service through them rather than through the private ones. About (40%) to (50%) of the university budget is actually spent on the hospitals in the case of the university that have this kind of hospitals. Accordingly any studies that may improve the performance of these hospitals are expected to be logically affecting the universities to which they belong.

Tanta and Assuit university hospitals are most probably serving people who are separately settled in two geographically different areas, in Lower and Upper Egypt. In these two areas this type of hospitals is considered as the most significant due to the characteristics of the target or utilized people.

Research Field Study:

For statistically testifying the pre-set research hypotheses, two axes have to be focused on. One was to prove the three-dimension hypothetical relationship that's based upon the existence of dependent, intermediary and independent variables. In other words the relationship between the independent and dependent variables will be investigated through the effect on mediator by the independent variable and then the effect of mediator on the dependent one. The other, which is the basic one, was to verify directly the relationship between the dependent and independent variable without taking into account the mediator existence.

Functioning a mediator in such a case was to show practically through the statistic investigation outcomes, rather than any other analytical view, that the objective of preventing the effect of the independent variable, which is the failure to consider people's personality surface or easily readable and complex or hardly readable differences, on the dependent variable, that's the vulnerability to the occurrence of the temporary or least likely and permanent or most likely originated non-issue based conflict, could be actualized in essence by means of the intermediary variable, which is the self managing - self -avoidance and self protection against – the sourcing and reasoning areas that are relevant to the different uni-factor and multi-factor types of such a conflict

In favour of an easy clarification to the research hypothetical relationships, three hypotheses have to be statistically examined in detail as shown below:

Testing the First Hypothesis:

Does the academic doctors vulnerability to the occurrence of the non issue-based conflict in the university hospitals owing to their failure in self-managing - at the levels of both self-avoidance and self-protection -the type-relevant sources and/or reasons of this conflict?

This was testified in detail through examining the four sub-hypotheses (1/1), (1/2), (1/3) and (1/4) that are previously variable-coded as; (B1&A1), (B1&A2), (B2&A1) and (B2&A2) respectively.

Testing the Sub-Hypothesis (1/1):

Herein the relationship to testify was between variable (B1) that's singly represented in detail through its sub-variables one by one as; (B1/1, B1/2, B1/3, B1/4, B1/5, B1/6, B1/7, B1/8) and variable (A1), that's collectively represented by the Mode of its all sub-variables (from A1/1 to A1/5). Within such a context the data is presented, statistically analyzed and interpretatively discussed as follows:

The null sub-hypothesis (1/1) that was based upon the non-existence of statistically indicative significant relationship between **the failure of the academic doctors in self-managing - at the levels of self-avoidance and/or self-protection - the reasons relevant to the simple or uni-factor non issue based conflict** on the one hand, **and their vulnerability to the occurrence of temporarily or least likely type of this conflict in the university hospitals** on the other hand, **was refused**. On the contrary the alternative one that was based upon the existence of such a relationship has been accepted. The verification of the latter was two-level statistically justified according to many phases.

Table (5) Relationship between Independent Sub-Variable (B1) and Dependent Sub-Variable (A1)

No. of Variables	Testifying the relationship						Testifying its denotation Type, direction, form and degree						
	Pearson (Chi)²		Likelihood Ratio (Chi)²		Linear by Linear (Chi)²								
	Cal. value	Sig. (P)	Cal. Value	Sig. (P)	Cal. value	Sig (P)	Cal. (F)	Sig. (P)	Reg. Co. (β)	Cal. (T)	Sig. (P)	R Co	Co. R²
B1/1 &A1	700.45	0.0	590.76	0.0	309.51	0.0	1591.44	0.0	0.8978	39.89	0.0	0.8980	0.8060
B1/2 &A1	845.37	0.0	773.31	0.0	338.61	0.0	2857.19	0.0	0.9390	53.45	0.0	0.9390	0.8818
B1/3 &A1	941.18	0.0	734.58	0.0	323.78	0.0	2059.18	0.0	0.9182	45.38	0.0	0.9180	0.8432
B1/4 &A1	610.78	0.0	572.60	0.0	286.35	0.0	1123.15	0.0	0.8635	33.51	0.0	0.8640	0.7457
B1/5 &A1	990.02	0.0	774.15	0.0	346.32	0.0	3520.31	0.0	0.9497	59.33	0.0	0.9500	0.9019
B1/6 &A1	1010.26	0.0	817.63	0.0	348.61	0.0	3773.03	0.0	0.9528	61.43	0.0	0.9530	0.9078
B1/7 &A1	829.69	0.0	677.72	0.0	332.36	0.0	2464.87	0.0	0.9303	49.65	0.0	0.9300	0.8655
B1/8 &A1	767.63	0.0	634.17	0.0	308.59	0.0	1567.23	0.0	0.8964	39.59	0.0	0.8960	0.8036

Source: Based upon Empirical Study

At the level of significance, or generalization on the whole population, this relationship has significantly been certified, as the minimum calculated value of (Chi)² according to both Pearson and likelihood were (610.78) and (572.60) > the equivalent tabulated ones those were (26.3) and (32.00), at level of sig. (0.05) and (0.01) respectively, and df equal to (16). The sig. or (p) value was approximately (0.00) in all times, this is shown above by the Table (5).

At the level of denotation, this relationship has been confirmed as statistically indicative one. In terms of the type it represents sort of causality, since the lowest values of both the calculated (F) and (T) were (1123.15) and (33.51) in order > their parallel tabulated values, which were for (F) and (T) equal to (3.84) and (1.96) in order at the level of sig. (0.05), with a df (1,383) and (384) respectively. The highest sig. or (p) of both (F) and (T) was approximately (0.00) in all cases. Moreover, this relationship concerning the form was linear. Since the lowest value of linear by linear (Chi)² was (286.35) > its tabulated one that's previously mentioned, at the same level of sig. or (0.05), with a df equal to (16) while sig. or (p) was approximately (0.00) in all times as well. The direction of this relationship has been proved to show a directly proportional one, the values of the regression coefficient or (β), those previously confirmed by the significance of both F-ratio that's pointing out to the fitness of the whole regression model and T-test that's indicating the fitness of the single variables included in the same model, were

positive-signal ones and ranging between (+0.8635) and (+0.9528). Furthermore, it was strong in terms of the direction and the form, since the lowest values of both (R) and (R)² were (0.8640) and (0.7457) respectively. Those were positive and > (0.85) in the case of (R), while they were far > (0.50) in the case of (R) ². All these values could be shown in detail by the same Table (5).

Testing the Sub-Hypothesis (1/2):

In this, the relationship to testify was between variable (B1) that's singly represented in detail through its sub-variables one by one as; (B1/1, B1/2, B1/3, B1/4, B1/5, B1/6, B1/7, B1/8) and variable (A2) that's collectively represented by the Mode of its all sub-variables (from A2/1 to A2/5). Within such a context the data is presented, statistically analyzed and interpretatively discussed as follows:

The null sub-hypothesis (1/2) that was based upon the non-existence of statistically indicative significant relationship between **the failure of the academic doctors in self-managing - at the levels of self-avoidance and/or self-protection -the reasons relevant to the simple or uni-factor non issue based conflict** on the one hand, **and their vulnerability to the occurrence of permanent or most likely type of this conflict in the university hospitals** on the other hand, **was refused.** On the contrary the alternative one that was based upon the existence of such a relationship has been accepted. The verification of the latter was two-level statistically justified according to many phases.

Table (6) Relationship between Independent Sub-Variable (B1) and Dependent Sub-Variable (A2)

| No. of Variables | Testifying the relationship | | | | | | Testifying its denotation | | | | | | |
| | Pearson (Chi)² | | Likelihood Ratio (Chi)² | | Linear by Linear (Chi)² | | Type, direction, form and degree | | | | | | |
	Cal. value	Sig. (P)	Cal. value	Sig. (P)	Cal. value	Sig. (P)	Cal. (F)	Sig. (P)	Reg. Co.(β)	Cal. (T)	Sig. (P)	R Co	Co. R²
B1/1 &A2	828.54	0.0	622.66	0.0	325.83	0.0	2145.53	0.0	0.9212	46.32	0.0	0.9210	0.8485
B1/2 &A2	798.48	0.0	727.87	0.0	342.43	0.0	3154.93	0.0	0.9443	56.17	0.0	0.9440	0.8917
B1/3 &A2	920.73	0.0	749.83	0.0	339.49	0.0	2921.20	0.0	0.9403	54.05	0.0	0.9400	0.8841
B1/4 &A2	792.80	0.0	618.16	0.0	308.58	0.0	1567.07	0.0	0.8964	39.59	0.0	0.8960	0.8036
B1/5 &A2	961.70	0.0	753.93	0.0	350.31	0.0	3981.94	0.0	0.9550	63.10	0.0	0.9550	0.9123
B1/6 &A2	905.17	0.0	782.89	0.0	341.53	0.0	3080.35	0.0	0.9431	55.50	0.0	0.9430	0.8894
B1/7 &A2	880.81	0.0	666.32	0.0	337.11	0.0	2753.86	0.0	0.9370	52.48	0.0	0.9370	0.8779
B1/8 &A2	980.54	0.0	701.00	0.0	333.05	0.0	2503.40	0.0	0.9313	50.03	0.0	0.9310	0.8673

Source: Based upon Empirical Study

At the level of significance or generalization on the whole population, this relationship has significantly been certified, as the minimum calculated value of (Chi)² according to both Pearson and likelihood were (792.80) and (618.16.) > the equivalent tabulated ones those were (26.3) and (32.00), at level of sig. (0.05) and (0.01) respectively, and df equal to (16). The sig. or (p) value was approximately (0.00) in all times, this is shown above by the Table (6).

At the level of denotation, this relationship has been confirmed as statistically indicative one. In terms of the type it represents sort of causality, since the lowest values of both the calculated (F) and (T) were (1567.07) and (39.59) in order > their parallel tabulated values, which were for (F) and (T) equal to (3.84) and (1.96) in order at the level of sig. (0.05), with a df (1,383) and (384) respectively. The highest sig. or (p) of both (F) and (T) was approximately (0.00) in all cases. Moreover, this relationship concerning the form was linear. Since the lowest value of linear by linear (Chi)² was (308.58) > its tabulated one that's previously mentioned, at the same level of sig. or (0.05), with a df equal to (16) while sig. or (p) was approximately (0.00) in all times as well. The direction of this relationship has been proved to show a directly proportional one, the values of the regression coefficient or (β), those previously confirmed by the significance of both F-ratio that's pointing out to the fitness of the whole regression model and T-test that's indicating the fitness of the single variables included in the same model, were positive-signal ones and ranging between (+0.8964) and (+0.9551). Furthermore, it was strong in terms of the direction and the form, since the lowest values of both (R) and (R)² were (0.8960) and (0.8036) respectively. Those were positive and > (0.85) in the case of (R), while they were far > (0.50) in the case of (R) ². All these values could be shown in detail by the same Table (6).

As a consequence it could be argued that the doctors who are working through the five academic-position system as full professors, assistant professors, PhD holders or lecturers, teaching assistants, and demonstrators in both the previously

identified -Tanta and Assuit - university hospitals, were vulnerable to the occurrence of two types of non-issue based conflict. One is the least likely non-issue based conflict that temporarily occurs within the context of their relationship with the postgraduate or research students, undergraduate or training students, patients or ill people, patients' room mates, and patients' repetitious visitors. The other is the most likely non-issue based conflict that permanently occurs within the context of their relationship with the direct and indirect managers, technical colleagues, managerial colleagues, technical assistants, and direct and indirect managerial subordinators.

This conflict was up-and-coming due to the academic doctors' failure in self-managing - at the level of self-avoidance and/or self- protection – the sources and/or reasons of eight types of uni-factor or simple non-issue based conflict. As so these sources and reasons were field or practically identified and statistically examined for mostly justifying such a conclusion, in conjunction with the eight sub-types of uni-factor conflict, as analytically shown below:

- The failure of the university academic doctors in self managing - at the levels of self-avoidance and/or self-protection - the sources and reasons of self-sourced non issue based conflict.
- The failure of the university academic doctors in self managing - at the levels of self-avoidance and/or self-protection - the sources and reasons of others' sourced non-issue based conflict.
- The failure of the university academic doctors in self managing - at the levels of self-avoidance and/or self-protection - the sources and reasons of unwilling or unintentional non-issue based conflict.
- The failure of the university academic doctors in self managing - at the levels of self-avoidance and/or self-protection - the sources and reasons of the willing or intentional non-issue based conflict.
- The failure of the university academic doctors in self managing - at the levels of

self-avoidance and/or self-protection the sources and reasons of the intra affecting non issue based conflict.

▶ The failure of the university academic doctors in self managing - at the levels of self-avoidance and/or self-protection - the sources and reasons of the inter affecting non issue based conflict.

▶ The failure of the university academic doctors in self managing - at the levels of self-avoidance and/or self-protection - the sources and reasons of the visibly occurring non-issue based conflict.

▶ The failure of the university academic doctors in self managing - at the levels of self-avoidance and/or self-protection – the sources and reasons of the invisibly occurring non issue based conflict.

Testing the Sub-Hypothesis (1/3):

In this portion, the relationship to testify was between variable (B2) that's singly represented in detail through its sub-variables one by one as; (B2/1, B2/2, B2/3, B2/4, B2/5, B2/6, B2/7, B2/8, B2/9, B2/10, B2/11, B2/12, B2/13, B2/14, B2/15, B2/16, B2/17, B2/218, B2/19, B2/20, B2/21, B2/22, B2/23, B2/24, B2/25, B2/26, B2/27, and B2/28) and variable (A1) that's collectively represented by the Mode of its all sub-variables (from A1/1 to A1/5). Within such a context the data is presented, statistically analyzed and interpretatively discussed as follows:

The null sub-hypothesis (1/3) that was based upon the non-existence of statistically indicative significant relationship between **the failure of the academic doctors in self-managing - at the levels of self-avoidance and/or self-protection - the reasons relevant to the complex or multi-factor non issue based conflict** on the one hand, **and their vulnerability to the temporary or least likely occurring type of this conflict in the university hospitals** on the other hand, **was refused**. On the contrary the alternative one that was based upon the existence of such a relationship has been accepted. The verification of the latter was two-level statistically justified according to many phases.

At the level of significance or generalization on the whole population, this relationship has significantly been certified, as the minimum calculated value of (Chi)² according to both Pearson and likelihood were (733.39) and (619.03) > the equivalent tabulated ones those were (26.3) and (32.00), at level of sig. (0.05) and (0.01) respectively, and df equal to (16). The sig. or (p) value was approximately (0.00) in all times, this is shown above by the Table (7).

At the level of denotation, this relationship has been confirmed as statistically indicative one. In terms of the type it represents sort of causality, since the lowest values of both the calculated (F) and (T) were (1782.26) and (42.22) in order > their parallel tabulated values, which were for (F) and (T) equal to (3.84) and (1.96) in order at the level of sig. (0.05), with a df (1,383) and (384) respectively. The highest sig. or (p) of both (F) and (T) was approximately (0.00) in all cases. Moreover, this relationship concerning the form was linear. Since the lowest value of linear by linear (Chi)² was (316.09) > its tabulated one that's previously mentioned, at the same level of sig. or (0.05), with a df equal to (16) while sig. or (p) was approximately (0.00) in all times as well. The direction of this relationship has been proved to show a directly proportional one, the values of the regression coefficient or (β), those previously confirmed by the significance of both F-ratio that's pointing out to the fitness of the whole regression model and T-test that's indicating the fitness of the single variables included in the same model, were positive-signal ones and ranging between (+0.9073) and (+0.9697). Furthermore, it was strong in terms of the direction and the form, since the lowest values of both (R) and (R)² were (0.9070) and (0.8232) respectively. Those were positive and > (0.85) in the case of (R), while they were far > (0.50) in the case of (R)². All these values could be shown in detail by the same Table (7).

Testing the Sub-Hypothesis (1/4):

At this time the relationship to testify was between variable (B2) that's singly represented in detail through its sub-variables one by one as; (B2/1, B2/2, B2/3, B2/4, B2/5, B2/6, B2/7, B2/8, B2/9, B2/10, B2/11, B2/12, B2/13, B2/14, B2/15, B2/16, B2/17, B2/218, B2/19, B2/20, B2/21, B2/22, B2/23, B2/24, B2/25, B2/26, B2/27, and B2/28) and variable (A2) that's collectively represented by the Mode of its all sub-variables (from A2/1 to A2/5). Within such a context the data is presented, statistically analyzed and interpretatively discussed as follows:

The null sub-hypothesis (1/4) that was based upon the non-existence of statistically indicative significant relationship between the failure of the academic doctors in self-managing - at the levels of self-avoidance and/or self-protection - the reasons relevant to the complex or multi-factor non issue based conflict on the one hand, and their vulnerability to the occurrence of permanent or most likely type of this conflict in the university hospitals on the other hand, was refused. On the contrary the alternative one that was based upon the existence of such a relationship has been accepted.

Table (7) Relationship between Independent Sub-Variable (B2) and Dependent Sub-Variable (A1)

| No. of Variables | Testifying the relationship | | | | | | Testifying its denotation | | | | | | |
| | Pearson (Chi)² | | Likelihood Ratio (Chi)² | | Linear by Linear (Chi)² | | Type, direction, form and degree | | | | | | |
	Cal. value	Sig. (P)	Cal. value	Sig. (P)	Cal. value	Sig. (P)	Cal. (F)	Sig. (P)	Reg. Co.(β)	Cal. (T)	Sig. (P)	R Co	Co. R²
B2/1&A1	1040.82	0.0	882.04	0.0	361.07	0.0	6031.74	0.0	0.9697	77.66	0.0	0.9700	0.9403
B2/2&A1	935.53	0.0	754.16	0.0	335.00	0.0	2618.32	0.0	0.9340	51.17	0.0	0.9340	0.8724
B2/3&A1	798.97	0.0	657.18	0.0	325.64	0.0	2137.13	0.0	0.9209	46.23	0.0	0.9210	0.8480
B2/4&A1	871.21	0.0	705.41	0.0	337.43	0.0	2775.28	0.0	0.9374	52.68	0.0	0.9370	0.8787
B2/5&A1	935.62	0.0	731.26	0.0	337.64	0.0	2789.68	0.0	0.9377	52.82	0.0	0.9380	0.8793
B2/6&A1	918.98	0.0	756.67	0.0	344.98	0.0	3385.83	0.0	0.9478	58.19	0.0	0.9480	0.8984
B2/7&A1	941.22	0.0	765.20	0.0	346.91	0.0	3582.66	0.0	0.9505	59.86	0.0	0.9500	0.9034
B2/8&A1	803.01	0.0	734.62	0.0	341.42	0.0	3071.14	0.0	0.9429	55.42	0.0	0.9430	0.8891
B2/9&A1	847.78	0.0	705.15	0.0	333.02	0.0	2501.84	0.0	0.9313	50.02	0.0	0.9310	0.8672
B2/10&A1	930.31	0.0	767.19	0.0	348.45	0.0	3753.85	0.0	0.9526	61.27	0.0	0.9530	0.9074
B2/11&A1	862.00	0.0	712.18	0.0	335.11	0.0	2625.11	0.0	0.9342	51.24	0.0	0.9340	0.8727
B2/12&A1	733.39	0.0	619.03	0.0	316.09	0.0	1782.76	0.0	0.9073	42.22	0.0	0.9070	0.8232
B2/13&A1	907.02	0.0	779.25	0.0	349.14	0.0	3835.66	0.0	0.9535	61.93	0.0	0.9540	0.9092
B2/14&A1	760.79	0.0	679.18	0.0	335.49	0.0	2648.72	0.0	0.9347	51.47	0.0	0.9350	0.8737
B2/15&A1	872.27	0.0	717.77	0.0	342.43	0.0	3154.77	0.0	0.9443	56.17	0.0	0.9440	0.8917
B2/16&A1	1033.10	0.0	864.67	0.0	358.06	0.0	5287.68	0.0	0.9656	72.72	0.0	0.9660	0.9325
B2/17&A1	891.10	0.0	676.25	0.0	323.09	0.0	2031.62	0.0	0.9173	45.07	0.0	0.9170	0.8414
B2/18&A1	829.45	0.0	718.85	0.0	338.47	0.0	2846.98	0.0	0.9388	53.36	0.0	0.9390	0.8814
B2/19&A1	896.50	0.0	733.08	0.0	343.42	0.0	3241.23	0.0	0.9457	56.93	0.0	0.9460	0.8943
B2/20&A1	740.79	0.0	681.04	0.0	335.00	0.0	2618.68	0.0	0.9340	51.17	0.0	0.9340	0.8724
B2/21&A1	841.92	0.0	687.71	0.0	329.69	0.0	2324.89	0.0	0.9266	48.22	0.0	0.9270	0.8586
B2/22&A1	932.17	0.0	746.12	0.0	343.51	0.0	3249.46	0.0	0.9458	57.00	0.0	0.9460	0.8946
B2/23&A1	795.59	0.0	707.32	0.0	340.03	0.0	2961.52	0.0	0.9410	54.42	0.0	0.9410	0.8855
B2/24&A1	1073.71	0.0	848.52	0.0	358.50	0.0	5384.51	0.0	0.9662	73.38	0.0	0.9660	0.9336
B2/25&A1	770.54	0.0	709.27	0.0	338.69	0.0	2862.87	0.0	0.9392	53.51	0.0	0.9390	0.8820
B2/26&A1	918.80	0.0	786.59	0.0	347.11	0.0	3603.34	0.0	0.9507	60.03	0.0	0.9510	0.9039
B2/27&A1	969.64	0.0	757.58	0.0	345.20	0.0	3407.24	0.0	0.9481	58.37	0.0	0.9480	0.8990
B2/28&A1	835.21	0.0	750.87	0.0	342.66	0.0	3174.44	0.0	0.9446	56.34	0.0	0.9450	0.8923

Source: Based upon Empirical Study

Table (8) Relationship between Independent Sub-Variable (B2) and Dependent Sub-Variable (A2)

| No. of var. | Testifying the relationship | | | | | | Testifying its denotation | | | | | | |
| | Pearson (Chi)² | | Likelihood Ratio (Chi)² | | Linear by Linear (Chi)² | | Type, direction, form and degree | | | | | | |
	Cal. value	Sig. (P)	Cal. value	Sig. (P)	Cal. value	Sig. (P)	Cal. (F)	Sig. (P)	Reg. Co.(β)	Cal. (T)	Sig. (P)	R Co	Co. R²
B2/1&A2	980.93	0.0	904.77	0.0	358.97	0.0	5493.21	0.0	0.9669	74.12	0.0	0.9670	0.9348
B2/2&A2	890.97	0.0	722.80	0.0	343.42	0.0	3241.22	0.0	0.9457	56.93	0.0	0.9460	0.8943
B2/3&A2	893.76	0.0	664.00	0.0	337.66	0.0	2790.74	0.0	0.9377	52.83	0.0	0.9380	0.8793
B2/4&A2	1074.23	0.0	737.57	0.0	348.49	0.0	3758.79	0.0	0.9526	61.31	0.0	0.9530	0.9075
B2/5&A2	969.20	0.0	720.42	0.0	346.17	0.0	3504.72	0.0	0.9495	59.20	0.0	0.9490	0.9015
B2/6&A2	1205.10	0.0	831.63	0.0	361.23	0.0	6076.49	0.0	0.9699	77.95	0.0	0.9700	0.9407
B2/7&A2	1090.10	0.0	817.50	0.0	358.94	0.0	5486.57	0.0	0.9668	74.07	0.0	0.9670	0.9347
B2/8&A2	1036.41	0.0	811.74	0.0	356.83	0.0	5030.22	0.0	0.9640	70.92	0.0	0.9640	0.9292
B2/9&A2	908.71	0.0	701.44	0.0	342.15	0.0	3131.05	0.0	0.9439	55.96	0.0	0.9440	0.8910
B2/10&A2	1315.25	0.0	876.74	0.0	364.53	0.0	7170.80	0.0	0.9743	84.68	0.0	0.9740	0.9493
B2/11&A2	821.28	0.0	700.95	0.0	339.86	0.0	2949.20	0.0	0.9408	54.31	0.0	0.9410	0.8851
B2/12&A2	839.60	0.0	649.27	0.0	330.02	0.0	2341.53	0.0	0.9271	48.39	0.0	0.9270	0.8594
B2/13&A2	845.35	0.0	735.42	0.0	338.74	0.0	2866.64	0.0	0.9392	53.54	0.0	0.9390	0.8821
B2/14&A2	1071.23	0.0	743.49	0.0	349.09	0.0	3829.38	0.0	0.9535	61.88	0.0	0.9530	0.9091
B2/15&A2	1151.21	0.0	779.87	0.0	353.78	0.0	4484.18	0.0	0.9598	66.96	0.0	0.9600	0.9213
B2/16&A2	950.72	0.0	843.41	0.0	347.53	0.0	3649.16	0.0	0.9513	60.41	0.0	0.9510	0.9050
B2/17&A2	786.63	0.0	640.79	0.0	329.62	0.0	2321.51	0.0	0.9265	48.18	0.0	0.9260	0.8584
B2/18&A2	1093.30	0.0	775.87	0.0	353.98	0.0	4516.19	0.0	0.9601	67.20	0.0	0.9600	0.9218
B2/19&A2	1198.81	0.0	809.42	0.0	357.81	0.0	5231.96	0.0	0.9653	72.33	0.0	0.9650	0.9318
B2/20&A2	967.62	0.0	750.11	0.0	346.30	0.0	3518.08	0.0	0.9496	59.31	0.0	0.9500	0.9018
B2/21&A2	791.15	0.0	657.93	0.0	336.31	0.0	2701.16	0.0	0.9359	51.97	0.0	0.9360	0.8758
B2/22&A2	1078.43	0.0	783.54	0.0	354.64	0.0	4625.47	0.0	0.9610	68.01	0.0	0.9610	0.9235
B2/23&A2	1201.21	0.0	830.40	0.0	357.41	0.0	5147.07	0.0	0.9647	71.74	0.0	0.9650	0.9307
B2/24&A2	1083.71	0.0	867.72	0.0	363.04	0.0	6633.55	0.0	0.9723	81.45	0.0	0.9720	0.9454
B2/25&A2	1005.41	0.0	775.42	0.0	352.68	0.0	4312.93	0.0	0.9584	65.67	0.0	0.9580	0.9184
B2/26&A2	1316.33	0.0	903.49	0.0	368.89	0.0	9351.79	0.0	0.9801	96.70	0.0	0.9800	0.9607
B2/27&A2	1076.96	0.0	774.66	0.0	353.75	0.0	4478.96	0.0	0.9598	66.93	0.0	0.9600	0.9212
B2/28&A2	1072.47	0.0	842.40	0.0	358.96	0.0	5491.62	0.0	0.9669	74.11	0.0	0.9670	0.9348

Source: Based upon Empirical Study

The verification of the latter was two-level statistically justified according to many phases:

At the level of significance or generalization on the whole population, this relationship has significantly been certified, as the minimum calculated value of (Chi)² according to both Pearson and likelihood were (786.63) and (640.79) > the equivalent tabulated ones those were (26.3) and (32.00), at level of sig. (0.05)and (0.01) respectively, and df equal to (16). The sig. or (p) value was approximately (0.00) in all times, this is shown above by the Table (8).

At the level of denotation, this relationship has been confirmed as statistically indicative one. In terms of the type it represents sort of causality, since the lowest values of both the calculated (F) and (T) were (2321.51) and (48.18) in order > their parallel tabulated values, which were for (F) and (T) equal to (3.84) and (1.96) in order at the level of sig. (0.05), with a df (1,383) and (384) respectively. The highest sig. or (p) of both (F) and (T) was approximately

(0.00) in all cases. Moreover, this relationship concerning the form was linear. Since the lowest value of linear by linear (Chi)² was (329.62) > its tabulated one that's previously mentioned, at the same level of sig. or (0.05), with a df equal to (16) while sig. or (p) was approximately (0.00) in all times as well. The direction of this relationship has been proved to show a directly proportional one, the values of the regression coefficient or (β), those previously confirmed by the significance of both F-ratio that's pointing out to the fitness of the whole regression model and T-test that's indicating the fitness of the single variables included in the same model, were positive-signal ones and ranging between (+0.9265) and (+0.9801). Furthermore, it was strong in terms of the direction and the form, since the lowest values of both (R) and (R)² were (0.9260) and (0.8584) respectively. Those were positive and > (0.85) in the case of (R), while they were far > (0.50) in the case of (R)². All these values could be shown in detail by the same Table (8).

Therefore it could be argued that the doctors who are working through the five academic-position system as full professors, assistant professors, PhD holders or lecturers, teaching assistants, and demonstrators in both the previously identified - Tanta and Assuit - university hospitals, were vulnerable to the occurrence of two types of non-issue based conflict. One is the least likely non-issue based conflict that temporarily occurs within the context of their relationship with postgraduate or research students, undergraduate or training students, patients or ill people, patients' room mates, and patients' repetitious visitors. The other is the most likely non-issue based conflict that permanently occurs within the context of their relationship with the direct and indirect managers, technical colleagues, managerial colleagues, technical assistants, and direct and indirect managerial subordinators.

This conflict was coming to reality due to the academic doctors' failure in self-managing - at the levels of self-avoidance and/or self- protection - the sources and/or reasons of **at least** twenty eight types of multi-factor or complex non-issue based conflict. As so these sources and reasons were field or practically identified and statistically examined for mostly justifying such a conclusion, in conjunction with the twenty eight sub-types of multi-factor non-issue based conflict, as analytically diagnosed below:

- The failure of the university academic doctors in self managing - at the levels of self-avoidance and/or self-protection - the sources and reasons of self as well as other's sourced non issue based conflict.

- The failure of the university academic doctors in self managing - at the levels of self-avoidance and/or self-protection - the sources and reasons of willingly as well as unwillingly occurring non-issue based conflict.
- The failure of the university academic doctors in self managing - at the levels of self-avoidance and/or self-protection - the sources and reasons of intra as well as inter-affecting non-issue based conflict.
- The failure of the university academic doctors in self managing - at the levels of self-avoidance and/or self-protection - the sources and reasons of the visibly as well as invisibly occurred non-issue based conflict.
- The failure of the university academic doctors in self managing - at the levels of self-avoidance and/or self-protection the sources and reasons of the self-sourced as well as unwillingly occurring non issue based conflict.
- The failure of the university academic doctors in self managing - at the levels of self-avoidance and/or self-protection against - the sources and reasons of others'-sourced as well as visibly occurring non issue based conflict.
- The failure of the university academic doctors in self managing - at the levels of self-avoidance and/or self-protection against - the sources and reasons of the invisibly occurring as well as intra affecting non-issue based conflict.
- The failure of the university academic doctors in self managing - at the levels of self-avoidance and/or self-protection against - the sources and reasons of the inter-affecting as well as willingly occurring non issue based conflict.
- The failure of the university academic doctors in self managing - at the levels of self-avoidance and/or self-protection against - the sources and reasons of self sourced as well as intra affecting non issue based conflict.
- The failure of the university academic doctors in self managing - at the levels of self-avoidance and/or self-protection against - the sources and reasons of others' sourced as well as inter-affecting non-issue based conflict.
- The failure of the university academic doctors in self managing - at the levels of self-avoidance and/or self-protection against - the sources and reasons of visibly as well as willingly occurring non-issue based conflict.
- The failure of the university academic doctors in self managing - at the levels of self-avoidance and/or self-protection against - the sources and reasons of the invisibly as well as unwillingly occurred non-issue based conflict.

▶ The failure of the university academic doctors in self managing - at the levels of self-avoidance and/or self-protection against - the sources and reasons of the self-sourced as well as willingly occurring non issue based conflict.

▶ The failure of the university academic doctors in self managing - at the levels of self-avoidance and/or self-protection against - the sources and reasons of self-sourced as well as visibly occurring non issue based conflict.

▶ The failure of the university academic doctors in self managing - at the levels of self-avoidance and/or self-protection against - the sources and reasons of the self sourced as well as invisibly occurring non-issue based conflict.

▶ The failure of the university academic doctors in self managing - at the levels of self-avoidance and/or self-protection against - the sources and reasons of the other sourced as well as invisibly occurring non issue based conflict.

▶ The failure of the university academic doctors in self managing - at the levels of self-avoidance and/or self-protection against - the sources and reasons of others' sourced as well as unwillingly occurring non issue based conflict.

▶ The failure of the university academic doctors in self managing - at the levels of self-avoidance and/or self-protection against - the sources and reasons of others' sourced and willingly occurring non-issue based conflict.

▶ The failure of the university academic doctors in self managing - at the levels of self-avoidance and/or self-protection against - the sources and reasons of the inter affecting as well as unwillingly occurring non-issue based conflict.

▶ The failure of the university academic doctors in self managing - at the levels of self-avoidance and/or self-protection against - the sources and reasons of inter-affecting as well as invisibly occurring non-issue based conflict.

▶ The failure of the university academic doctors in self managing - at the levels of self-avoidance and/or self-protection against - the sources and reasons of inter-affecting as well as visibly occurring non-issue based conflict.

▶ The failure of the university academic doctors in self managing - at the levels of self-avoidance and/or self-protection against - the sources and reasons of the intra-affecting as well as visibly occurring non issue based conflict.

▶ The failure of the university academic doctors in self managing - at the levels of self-avoidance and/or self-protection against - the sources and reasons of the intra-affecting as well as willingly occurring non issue based conflict.

▶ The failure of the university academic doctors in self managing - at the levels of self-avoidance and/or self-protection against - the sources and reasons of the intra-affecting as well as unwillingly occurring non-issue based conflict.

▶ The failure of the university academic doctors in self managing - at the levels of self-avoidance and/or self-protection against - the sources and reasons of self-sourced as well as inter-affecting non-issue based conflict.

▶ The failure of the university academic doctors in self managing - at the levels of self-avoidance and/or self-protection against - the sources and reasons of others'-sourced as well as the intra-affecting non issue based conflict.

▶ The failure of the university academic doctors in self managing - at the levels of self-avoidance and/or self-protection against - the sources and reasons of the visibly as well as unwillingly occurred non issue based conflict.

▶ The failure of the university academic doctors in self managing - at the levels of self-avoidance and/or self-protection against - the sources and reasons of the invisibly as well as willingly occurred non-issue based conflict.

Yet, having statistically verified that the null sub-hypotheses (1/1), (1/2), (1/3), and (1/4) were justifiably refused, and their inversely alternative ones were accepted, it could point out that the first null-hypothesis was refused to accept its inversely alternative one. This in turn means that the vulnerability of the university hospital academic doctors to the least and most likely occurred non-issue based conflict return back to their failure in managing the sources and reasons of the different uni-factor and multi-factor sub-types of this conflict.

Testing the Second Hypothesis:

Does the failure of the academic doctors in self-managing - at the levels of self-avoidance and/or self-protection - the type-relevant reasons of the non issue based conflict owing to their failure in considering - at the levels of perception and/or acceptance -the personality surface and deep differences?

This was testified in detail through examining the four sub-hypotheses (2/1), (2/2), (2/3) and (2/4) that are previously variable-coded as; (C1&B1), (C1&B2), (C2&B1) and (C2&B2) respectively.

Testing the Sub-Hypothesis (2/1):

In this, the relationship to testify was between variable (C1) that's singly represented in detail through its sub-variables one by one as; (C1/1, C1/2, C1/3, C1/4, C1/5, C1/6, C1/7, C1/8, C1/9, C1/10, and

C1/11) and variable (B1) that's collectively represented by the Mode of its all sub-variables (from B1/1 to B1/8). Within such a context the data is presented, statistically analyzed and interpretatively discussed as follows:

The null sub-hypothesis (2/1) that was based upon the non-existence of statistically indicative significant relationship between the failure of the academic doctors in self-managing - at the levels of both self-avoidance and self-protection - the reasons relevant

to the simple or uni-factor non issue based conflict on the one hand, and their failure to consider - at the levels of both perception and acceptance -the people's personality surface or easily readable differences on the other hand, was refused.

On the contrary the alternative one that was based upon the existence of such a relationship has been accepted. The verification of the latter was two-level statistically justified according to many phases.

Table (9) Relationship between Independent Sub-Variable (C1) and Dependent Sub-Variable (B1)

No. of Variables	Testifying the relationship						Testifying its denotation Type, direction, form and degree								
	Pearson (Chi)²		Likelihood Ratio (Chi)²		Linear by Linear (Chi)²										
	Cal. value	Sig. (P)	Cal. value	Sig. (P)	Cal. value	Sig. (P)	Cal. (F)	Sig. (P)	Reg. Co.(β)	Cal. (T)	Sig. (P)	R Co	Co. R²
C1/1 &B1	1005.22	0.0	782.63	0.0	357.71	0.0	5211.19	0.0	0.9652	72.19	0.0	0.9650	0.9315
C1/2 &B1	1042.40	0.0	803.71	0.0	357.10	0.0	5085.22	0.0	0.9643	71.31	0.0	0.9640	0.9300
C1/3 &B1	906.83	0.0	722.90	0.0	344.15	0.0	3307.82	0.0	0.9467	57.51	0.0	0.9450	0.8930
C1/4 &B1	1015.95	0.0	767.49	0.0	350.63	0.0	4024.90	0.0	0.9556	63.44	0.0	0.9560	0.9131
C1/5 &B1	916.38	0.0	792.03	0.0	350.26	0.0	3976.09	0.0	0.9551	63.06	0.0	0.9550	0.9121
C1/6 &B1	925.33	0.0	774.79	0.0	350.75	0.0	4040.81	0.0	0.9557	63.57	0.0	0.9560	0.9134
C1/7 &B1	930.91	0.0	733.89	0.0	344.28	0.0	3319.37	0.0	0.9469	57.61	0.0	0.9470	0.8966
C1/8 &B1	1109.02	0.0	849.45	0.0	345.23	0.0	3410.38	0.0	0.9482	58.40	0.0	0.9480	0.8990
C1/9 &B1	942.68	0.0	782.27	0.0	353.80	0.0	3275.94	0.0	0.9472	57.64	0.0	0.9460	0.8958
C1/10&B1	1025.38	0.0	796.56	0.0	357.98	0.0	3292.15	0.0	0.9485	57.78	0.0	0.9460	0.8958
C1/11&B1	1005.22	0.0	782.63	0.0	357.71	0.0	5211.19	0.0	0.9652	72.19	0.0	0.9650	0.9315

Source: Based upon Empirical Study

At the level of significance or generalization on the whole population, this relationship has significantly been certified, as the minimum calculated value of (Chi)² according to both Pearson and likelihood were (906.83) and (722.90) > the equivalent tabulated ones those were (26.3) and (32.00), at level of sig. (0.05) and (0.01) respectively, and df equal to (16). The sig. or (p) value was approximately (0.00) in all times, this is shown above by the Table (9).

At the level of denotation, this relationship has been confirmed as statistically indicative one. In terms of the type it represents sort of causality, since the lowest values of both the calculated (F) and (T) were (3307.82) and (57.51) in order > their parallel tabulated values, which were for (F) and (T) equal to (3.84) and (1.96) in order at the level of sig. (0.05), with a df (1,383) and (384) respectively. The highest sig. or (p) of both (F) and (T) was approximately (0.00) in all cases. Moreover, this relationship concerning the form was linear. Since the lowest value of linear by linear (Chi)² was (344.15) > its tabulated one that's previously mentioned, at the same level of sig. or (0.05), with a df equal to (16) while sig. or (p) was approximately (0.00) in all times as well. The direction of this relationship has been proved to show a directly proportional one, the values of the regression coefficient or (β), those previously confirmed by the significance of both F-ratio that's point out to the fitness of the whole regression model and T-test that's indicating the fitness of the single variables included in the same model, were positive-signal ones and ranging between (+0.9073) and

(+0.9697). Furthermore, it was strong in terms of the direction and the form, since the lowest values of both (R) and (R)² were (0.9450) and (0.8930) respectively. Those were positive and > (0.85) in the case of (R), while they were far > (0.50) in the case of (R)². All these values could be shown in detail by the same Table (9).

Testing the Sub-Hypothesis (2/2):

At this point the relationship to testify was between variable (C1) that's singly represented in detail through its sub-variables one by one as; (C1/1, C1/2, C1/3, C1/4, C1/5, C1/6, C1/7, C1/8, C1/9, C1/10, and C1/11) and variable (B2) that's collectively represented by the Mode of its all sub-variables (from B2/1 to B2/28). Within such a context the data is presented, statistically analyzed and interpretatively discussed.

The null sub-hypothesis (2/2) that was based upon the non-existence of statistically indicative significant relationship between **the failure of the academic doctors in self-managing - at the levels of both self-avoidance and self-protection** - **the reasons relevant to the complex or multi-factor non issue based conflict** on the one hand, **and their failure to consider - at the levels of both perception and acceptance - the people's personality surface or easily readable differences** on the other hand, **was refused**. On the contrary the alternative one that was based upon the existence of such a relationship has been accepted. The verification of the latter was two-level statistically justified according to many phases.

Table (10) Relationship between Independent Sub-Variable (C1) and Dependent Sub-Variable (B2)

| No. of Variables | Testifying the relationship | | | | | | Testifying its denotation Type, direction, form and degree | | | | | | |
| | Pearson (Chi)² | | Likelihood Ratio (Chi)² | | Linear by Linear (Chi)² | | | | | | | | |
	Cal. value	Sig. (P)	Cal. value	Sig. (P)	Cal. value	Sig. (P)	Cal. (F)	Sig. (P)	Reg. Co. (β)	Cal. (T)	Sig. (P)	R Co	Co. R²
C1/1&B2	1114.34	0.0	856.87	0.0	367.63	0.0	8601.68	0.0	0.9785	92.75	0.0	0.9780	0.9574
C1/2&B2	1439.55	0.0	954.45	0.0	378.39	0.0	25830.70	0.0	0.9927	160.72	0.0	0.9930	0.9854
C1/3&B2	1098.28	0.0	831.45	0.0	361.48	0.0	6147.55	0.0	0.9702	78.41	0.0	0.9700	0.9414
C1/4&B2	1340.90	0.0	899.24	0.0	372.35	0.0	12239.21	0.0	0.9847	110.63	0.0	0.9850	0.9697
C1/5&B2	1997.99	0.0	815.74	0.0	360.75	0.0	5942.84	0.0	0.9693	77.09	0.0	0.9690	0.9395
C1/6&B2	1098.73	0.0	874.47	0.0	365.53	0.0	7578.79	0.0	0.9757	87.06	0.0	0.9760	0.9519
C1/7&B2	1086.48	0.0	822.77	0.0	359.92	0.0	5723.61	0.0	0.9681	75.65	0.0	0.9680	0.9373
C1/8&B2	1128.06	0.0	833.29	0.0	360.92	0.0	5990.21	0.0	0.9695	77.40	0.0	0.9690	0.9399
C1/9&B2	1004.92	0.0	809.85	0.0	356.15	0.0	4898.72	0.0	0.9631	69.99	0.0	0.9630	0.9275
C1/10&B2	1233.92	0.0	881.16	0.0	366.13	0.0	7845.60	0.0	0.9764	88.57	0.0	0.9760	0.9535
C1/11&B2	1114.34	0.0	856.87	0.0	367.63	0.0	8601.68	0.0	0.9785	92.75	0.0	0.9780	0.9574

Source: Based upon Empirical Study

At the level of significance or generalization on the whole population, this relationship has significantly been certified, as the minimum calculated value of (Chi)² according to both Pearson and likelihood were (1004.92) and (809.85) > the equivalent tabulated ones those were (26.3) and (32.00), at level of sig. (0.05)and (0.01) respectively, and df equal to (16). The sig. or (p) value was approximately (0.00) in all times, this is shown above by the Table (10).

At the level of denotation, this relationship has been confirmed as statistically indicative one. In terms of the type it represents sort of causality, since the lowest values of both the calculated (F) and (T) were (4898.72) and (69.99) in order > their parallel tabulated values, which were for (F) and (T) equal to (3.84) and (1.96) in order at the level of sig. (0.05), with a df (1,383) and (384) respectively. The highest sig. or (p) of both (F) and (T) was approximately (0.00) in all cases. Moreover, this relationship concerning the form was linear. Since the lowest value of linear by linear (Chi)² was (356.15) > its tabulated one that's previously mentioned, at the same level of sig. or (0.05), with a df equal to (16) while sig. or (p) was approximately (0.00) in all times as well. The direction of this relationship has been proved to show a directly proportional one, the values of the regression coefficient or (β), those previously confirmed by the significance of both F-ratio that's point out to the fitness of the whole regression model and T-test that's pointing out to the fitness of single variables included in the same model, were positive-signal ones and ranging between (+0.9631) and (+0.9927). Furthermore, it was strong in terms of the direction and the form, since the lowest values of both (R) and (R)² were (0.9630) and (0.9275) respectively. Those were positive and > (0.85) in the case of (R), while they were far > (0.50) in the case of (R)². All these values could be shown in detail by the same Table (10).

Accordingly, it could be argued that the failure of the doctors, who are working through the five academic-position system as senior or full professors, junior or associate professors, PhD holders or lecturers, teaching assistants, and demonstrators in both the previously identified -Tanta and Assuit - university hospitals, in self-managing both the simple or uni-factor and the complex or multifactor non-issue based conflicts, is owing to their failure to consider - at the levels of perception and/or acceptance - the surface or **easily readable differences** in people's personalities. Those are theoretically well known in the relevant area of literature, as well as practically witnessed and statistically examined in reality, to show the following items:

- The failure of the academic doctors in the university hospitals to consider - at the level of perception and/or acceptance - differences amongst people in perceptions. Those may be indicated for example by education, background, and way of bringing up.
- The failure of the academic doctors in the university hospitals to consider - at the level of perception and/or acceptance - differences amongst people in tendencies. Those may be indicated for example by expressing the feelings or what to like/dislike.
- The failure of the academic doctors in the university hospitals to consider - at the level of perception and/or acceptance - differences amongst people in attitudes. Those may be indicated for example by announced opinions and conceptual situations.
- The failure of the academic doctors in the university hospitals to consider - at the level of perception and/or acceptance - differences amongst people in aptitudes. Those may be Indicated for example by the apparent commences and/or testing and experimentation.
- The failure of the academic doctors in the university hospitals to consider - at the level of perception and/or acceptance - differences

amongst people in capabilities. Those may be indicated for example by the real achievements.

- The failure of the academic doctors in the university hospitals to consider - at the level of perception and/or acceptance - differences amongst people in beliefs. Those may be indicated for example by the permanent and fixed lines of behaviours.
- The failure of the academic doctors in the university hospitals to consider - at the level of perception and/or acceptance - differences amongst people in experiences. Those may be indicated for example by the work nature, career path, and history.
- The failure of the academic doctors in the university hospitals to consider - at the level of perception and/or acceptance - differences amongst people in orientations. Those may be indicated for example by the objectives, ambitions and aspirations.
- The failure of the academic doctors in the university hospitals to consider - at the level of perception and/or acceptance - differences amongst people in physicals. Those may be indicated for example by body type and functions.
- The failure of the academic doctors in the university hospitals to consider - at the level of perception and/or acceptance - differences amongst people in intellectuals. Those may be indicated for example by the level and sort of intelligence and superiority aspects.

- The failure of the academic doctors in the university hospitals to consider - at the level of perception and/or acceptance – the differences amongst people in emotions. Those may be indicated for example by recognized appearances, friendliness, approachability, and warm relations.

Testing the Sub-Hypothesis (2/3):

Now the relationship to testify was between variable (C2) that's singly represented in detail through its sub-variables one by one as; (C2/1, C2/2, C2/3, C2/4, C2/5, C2/6, C2/7, C2/8, C2/9, C2/10, C2/11, C2/12, C2/13, C2/14, C2/15 and C2/16) and variable (B1) that's collectively represented by the Mode of its all sub-variables (from B1/1 to B1/8). Within such a context the data is presented, statistically analyzed and interpretatively discussed as follows:

The null sub-hypothesis (2/3) that was based upon the non-existence of statistically indicative significant relationship between **the failure of the academic doctors in self-managing - at the levels of both self-avoidance and self-protection - the reasons relevant to the simple or uni-factor non issue based conflict** on the one hand, **and their failure to consider - at the levels of both perception and acceptance -the people's personality deep or hardly readable differences** on the other hand, **was refused**. On the contrary the alternative one that was based upon the existence of such a relationship has been accepted. The verification of the latter was two-level statistically justified according to many phases.

Table (11) Relationship between Independent Sub-Variable (C2) and Dependent Sub-Variable (B1)

No. of Variables	Testifying the relationship						Testifying its denotation Type, direction, form and degree						
	Pearson (Chi)²		Likelihood Ratio (Chi)²		Linear by Linear (Chi)²									
	Cal. value	Sig. (P)	Cal. value	Sig. (P)	Cal. value	Sig. (P)	Cal. (F)	Sig. (P)	Reg. Co. β	Cal. (T)	Sig. (P)	R Co	Co. R²
C2/1&B1	928.56	0.0	731.27	0.0	353.45	0.0	4430.41	0.0	0.9594	66.56	0.0	0.9590	0.9204
C2/2&B1	856.57	0.0	692.94	0.0	349.66	0.0	3900.07	0.0	0.9542	62.45	0.0	0.9540	0.9106
C2/3&B1	815.27	0.0	598.73	0.0	321.07	0.0	1953.94	0.0	0.9144	44.20	0.0	0.9140	0.8361
C2/4&B1	882.15	0.0	724.60	0.0	338.43	0.0	2844.51	0.0	0.9388	53.33	0.0	0.9390	0.8813
C2/5&B1	712.09	0.0	581.21	0.0	325.23	0.0	2119.53	0.0	0.9203	46.04	0.0	0.9200	0.8470
C2/6&B1	817.99	0.0	679.05	0.0	337.31	0.0	2767.10	0.0	0.9372	52.60	0.0	0.9370	0.8784
C2/7&B1	871.99	0.0	667.84	0.0	297.87	0.0	1324.55	0.0	0.8807	36.39	0.0	0.8810	0.7757
C2/8&B1	846.12	0.0	623.72	0.0	337.40	0.0	2772.97	0.0	0.9374	52.66	0.0	0.9370	0.8786
C2/9&B1	826.13	0.0	705.45	0.0	331.37	0.0	2411.29	0.0	0.9289	49.10	0.0	0.9290	0.8629
C2/10&B1	825.59	0.0	676.24	0.0	344.87	0.0	3375.62	0.0	0.9477	58.10	0.0	0.9480	0.8981
C2/11&B1	791.56	0.0	648.54	0.0	341.99	0.0	3117.71	0.0	0.9437	55.84	0.0	0.9440	0.8906
C2/12&B1	840.13	0.0	621.23	0.0	338.51	0.0	2849.93	0.0	0.9389	53.38	0.0	0.9390	0.8815
C2/13&B1	893.80	0.0	680.24	0.0	353.00	0.0	4360.67	0.0	0.9588	66.04	0.0	0.9590	0.9193
C2/14&B1	741.52	0.0	615.09	0.0	329.83	0.0	2331.98	0.0	0.9268	48.29	0.0	0.9270	0.8589
C2/15&B1	823.02	0.0	635.85	0.0	342.62	0.0	3170.79	0.0	0.9446	56.31	0.0	0.9450	0.8922
C2/16&B1	858.64	0.0	686.52	0.0	345.10	0.0	3397.34	0.0	0.9480	58.29	0.0	0.9480	0.8987

Source: Based upon Empirical Study

At the level of significance or generalization on the whole population, this relationship has significantly been certified, as the minimum calculated value of (Chi)² according to both Pearson and likelihood were (712.09) and (581.21) > the equivalent tabulated ones those were (26.3) and (32.00), at level of sig. (0.05) and (0.01) respectively,

and df equal to (16). The sig. or (p) value was approximately (0.00) in all times, this is shown above by the Table (11).

At the level of denotation, this relationship has been confirmed as statistically indicative one. In terms of the type it represents sort of causality, since the lowest values of both the calculated (F) and (T)

were (1324.55) and (36.39) in order > their parallel tabulated values, which were for (F) and (T) equal to (3.84) and (1.96) in order at the level of sig. (0.05), with a df (1,383) and (384) respectively. The highest sig. or (p) of both (F) and (T) was approximately (0.00) in all cases. Moreover, this relationship concerning the form was linear. Since the lowest value of linear by linear (Chi)² was (297.87) > its tabulated one that's previously mentioned, at the same level of sig. or (0.05), with a df equal to (16) while sig. or (p) was approximately (0.00) in all times as well. The direction of this relationship has been proved to show a directly proportional one, the values of the regression coefficient or (β), those previously confirmed by the significance of both F-ratio that's pointing out to the fitness of the whole regression model and T-test that's pointing out to the fitness of single variables included in the same model, were positive-signal ones and ranging between (+0.8807) and (+0.9594). Furthermore, it was strong in terms of the direction and the form, since the lowest values of both (R) and (R)² were (0.8810) and (0.7757) respectively. Those were positive and > (0.85) in the case of (R), while they were far > (0.50) in the case of (R) ². All these values could be shown in detail by the same Table (11).

Testing the Sub-Hypothesis (2/4):

At this juncture, the relationship to testify was between variable (C2) that's singly represented in detail through its sub-variables one by one as; (C2/1, C2/2, C2/3, C2/4, C2/5, C2/6, C2/7, C2/8, C2/9, C2/10, C2/11, C2/12, C2/13, C2/14, C2/15 and C2/16) and variable (B2) that's collectively represented by the Mode of its all sub-variables (from B2/1 to B2/28). Within such a context the data is presented, statistically analyzed and interpretatively discussed as follows:

The null sub-hypothesis (2/2) that was based upon the non-existence of statistically indicative significant relationship between **the failure of the academic doctors in self-managing - at the levels of both self-avoidance and self-protection - the reasons relevant to the complex or multi-factor non issue based conflict** on the one hand, **and their failure to consider - at the levels of both perception and acceptance - the people's personality deep or hardly readable differences** on the other hand, **was refused**. On the contrary the alternative one that was based upon the existence of such a relationship has been accepted. The verification of the latter was two-level statistically justified according to many phases.

Table (12) Relationship between Independent Sub-Variable (C2) and Dependent Sub-Variable (B2)

| No. of Variables | Testifying the relationship | | | | | | Testifying its denotation | | | | | | |
| | Pearson (Chi)² | | Likelihood Ratio (Chi)² | | Linear by Linear (Chi)² | | Type, direction, form and degree | | | | | | |
	Cal. value	Sig. (P)	Cal. value	Sig. (P)	Cal. value	Sig. (P)	Cal. (F)	Sig. (P)	Reg. Co. β	Cal. (T)	Sig. (P)	R Co	Co. R²
C2/1&B2	1150.54	0.0	815.38	0.0	365.17	0.0	7428.36	0.0	0.9752	86.19	0.0	0.9750	0.9510
C2/2&B2	951.27	0.0	740.41	0.0	355.55	0.0	4786.91	0.0	0.9622	69.19	0.0	0.9620	0.9259
C2/3&B2	953.76	0.0	675.39	0.0	342.34	0.0	3147.01	0.0	0.9442	56.10	0.0	0.9440	0.8915
C2/4&B2	1001.48	0.0	806.24	0.0	357.85	0.0	5241.44	0.0	0.9654	72.40	0.0	0.9650	0.9319
C2/5&B2	837.59	0.0	642.34	0.0	338.21	0.0	2828.92	0.0	0.9385	53.19	0.0	0.9380	0.8808
C2/6&B2	1005.64	0.0	746.53	0.0	355.85	0.0	4842.46	0.0	0.9627	69.59	0.0	0.9630	0.9267
C2/7&B2	1047.18	0.0	744.21	0.0	326.23	0.0	2162.91	0.0	0.9217	46.51	0.0	0.9220	0.8496
C2/8&B2	1003.48	0.0	688.63	0.0	350.84	0.0	4052.36	0.0	0.9558	63.66	0.0	0.9560	0.9136
C2/9&B2	925.73	0.0	776.83	0.0	350.49	0.0	4006.21	0.0	0.9554	63.29	0.0	0.9550	0.9127
C2/10&B2	941.36	0.0	750.45	0.0	355.46	0.0	4769.50	0.0	0.9621	69.06	0.0	0.9620	0.9257
C2/11&B2	876.37	0.0	703.62	0.0	350.43	0.0	3998.35	0.0	0.9553	63.23	0.0	0.9550	0.9126
C2/12&B2	1034.59	0.0	694.35	0.0	351.35	0.0	4121.03	0.0	0.9565	64.20	0.0	0.9570	0.9150
C2/13&B2	994.83	0.0	726.04	0.0	355.32	0.0	4744.67	0.0	0.9619	68.88	0.0	0.9620	0.9253
C2/14&B2	879.34	0.0	674.11	0.0	344.49	0.0	3339.00	0.0	0.9472	57.78	0.0	0.9470	0.8971
C2/15&B2	991.63	0.0	720.95	0.0	354.26	0.0	4561.98	0.0	0.9605	67.54	0.0	0.9600	0.9225
C2/16&B2	1063.69	0.0	780.65	0.0	361.25	0.0	6080.98	0.0	0.9699	77.98	0.0	0.9700	0.9407

Source: Based upon Empirical Study

At the level of significance or generalization on the whole population, this relationship has significantly been certified, as the minimum calculated value of (Chi)² according to both Pearson and likelihood were (837.59) and (642.34) > the equivalent tabulated ones those were (26.3) and (32.00), at level of sig. (0.05)and (0.01) respectively, and df equal to (16). The sig. or (p) value was approximately (0.00) in all times, this is shown above by the Table (12).

At the level of denotation, this relationship has been confirmed as statistically indicative one. In

terms of the type it represents sort of causality, since the lowest values of both the calculated (F) and (T) were (2162.91) and (46.51) in order > their parallel tabulated values, which were for (F) and (T) equal to (3.84) and (1.96) in order at the level of sig. (0.05), with a df (1,383) and (384) respectively. The highest sig. or (p) of both (F) and (T) was approximately (0.00) in all cases. Moreover, this relationship concerning the form was linear. Since the lowest value of linear by linear (Chi)² was (326.23) > its tabulated one that's previously mentioned, at the same level of sig. or (0.05), with a df equal to (16)

while sig. or (p) was approximately (0.00) in all times as well. The direction of this relationship has been proved to show a directly proportional one, the values of the regression coefficient or (β), those previously confirmed by the significance of both F-ratio that's pointing out to the fitness of the whole regression model and T-test that's pointing out to the fitness of the single variables included in the same model, were positive-signal ones and ranging between (+0.9217) and (+0.9752). Furthermore, it was strong in terms of the direction and the form, since the lowest values of both (R) and (R)² were (0.9220) and (0.8496) respectively. Those were positive and > (0.85) in the case of (R), while they were far > (0.50) in the case of (R)². All these values could be shown in detail by the same Table (12).

Accordingly, it could be argued that the failure of the doctors, who are working through the five academic-position system as senior or full professors, junior or associate professors, PhD holders or lecturers, teaching assistants, and demonstrators in both the previously identified -Tanta and Assuit - university hospitals, in self-managing both the simple or uni-factor and the complex or multifactor non-issue based conflicts, is owing to their failure to consider - at the levels of perception and/or acceptance - the deep or **hardly readable differences** in people's personalities. Those are statistically examined and could be analytically proposed as shown in detail below:

- The failure of the academic doctors in the university hospitals to consider - at the level of perception and/or acceptance - the personality differences resulted from existence/non existence of a certain genetic personality component
- The failure of the academic doctors in the university hospitals to consider - at the level of perception and/or acceptance - the personality differences resulted from the different degrees of existence concerning a certain genetic personality component
- The failure of the academic doctors in the university hospitals to consider - at the level of perception and/or acceptance - the personality differences resulted from the existence/non existence concerning a certain gained personality characteristic
- The failure of the academic doctors in the university hospitals to consider - at the level of perception and/or acceptance - the personality differences resulted from the different degrees of existence concerning a certain gained personality characteristic.
- The failure of the academic doctors in the university hospitals to consider - at the level of

perception and/or acceptance - the personality differences resulted from the existence/non existence of integration concerning the personality genetic components.
- The failure of the academic doctors in the university hospitals to consider - at the level of perception and/or acceptance - the personality differences resulted from the different degrees of integration existence among genetic personality components.
- The failure of the academic doctors in the university hospitals to consider - at the level of perception and/or acceptance - the personality differences resulted from the existence/non existence of integration concerning the gained personality characteristics.
- The failure of the academic doctors in the university hospitals to consider - at the level of perception and/or acceptance - the personality differences in degrees of integration existence concerning the gained personality characteristics.
- The failure of the academic doctors in the university hospitals to consider - at the level of perception and/or acceptance - the personality differences resulted from existence/non existence of interaction concerning the genetic personality components.
- The failure of the academic doctors in the university hospitals to consider - at the level of perception and/or acceptance - the personality differences resulted from the different degrees of interaction existence concerning the genetic personality components.
- The failure of the academic doctors in the university hospitals to consider - at the level of perception and/or acceptance - the personality differences resulted from the existence/non existence of interaction concerning the gained personality characteristics.
- The failure of the academic doctors in the university hospitals to consider - at the level of perception and/or acceptance - the personality differences resulted from the different degrees of the interaction existence concerning the gained personality characteristics.
- The failure of the academic doctors in the university hospitals to consider - at the level of perception and/or acceptance - the personality differences resulted from the existence/non existence of integration between the personality genetic components and gained characteristics
- The failure of the academic doctors in the university hospitals to consider - at the level of perception and/or acceptance - the personality differences resulted from the different degrees of

integration existence between the personality genetic components and gained characteristics

- The failure of the academic doctors in the university hospitals to consider - at the level of perception and/or acceptance - the personality differences resulted from existence/non existence of interaction between the personality genetic components and gained characteristics.

Seeing that the null sub-hypotheses (2/1), (2/2), (2/3), and (2/4) were justifiably refused, and their inversely alternative ones were accepted, it could be pointed out that the second null-hypothesis, that's containing these previously mentioned four null sub-hypotheses, was refused as well, to accept its inversely alternative one. This in turn means that the failure of the university hospital academic doctors in self-managing both the simple or uni-factor and the complex or multi-factor types of the non-issue based conflict is due to their failure to consider - at the levels of perception and/or acceptance - both the surface or easily readable and the deep or hardly readable differences amongst people's personalities.

However, the acceptance of the correction of the two hypotheses, those are contradicting with both first and second null ones, is leading to three conclusions:

- First, there is a statistically indicative significant relationship between the dependent variable that's pre-set as the university hospital academic doctors vulnerability to the temporarily or least likely and the permanently or most likely occurred types of the non-issue based conflict and the independent variable that's formerly developed as the failure to consider at the level of at the levels of perception and acceptance the differences amongst people's personalities.
- Second, the statistically indicative significant relationship between the dependent and independent variable is basically established through an intermediary variable that has been considered before as the failure of these academic doctors in self managing - at the levels of avoidance and/or protection against - the sources and reasons relevant to the different sub-types of such a sort of conflict.
- Third, the relationship between three variables was actually established according to same direction of causality that has hypothetically considered before measurement. This means that the independent variable is the one leading to the intermediary variable which in turn is the one leading to the dependent variable.

In order for a directly confirmation to a statistically indicative significant relationship between the dependent and independent variables, this time will be regardless of the mediator existence in between, the third hypothesis of research has to be examined in the coming portion.

Testing the Third Hypothesis:

Does the academic doctors' vulnerability to - the temporarily or least likely and permanent or most likely occurred - non issue-based conflict in the university hospitals owing to their failure to consider - at the levels of perception and/or acceptance - the people's personality - surface or easily readable and deep or hardly readable - differences?

This was testified in detail through examining the four sub-hypotheses (3/1), (3/2), (3/3) and (3/4) that are previously variable-coded as; (C1&A1), (C1&A2), (C2&A1) and (C2&A2) respectively.

Testing the Sub-Hypothesis (3/1):

At this point, the relationship to testify was between variable (C1) that's singly represented in detail through its sub-variables as one by one or (C1/1, C1/2, C1/3, C1/4, C1/5, C1/6, C1/7, C1/8, C1/9, C1/10 and C1/11) and variable (A1) that's collectively represented by the Mode of its all sub-variables (from A1/1 to A1/5). Within such a context the data is presented, statistically analyzed and interpretatively discussed as follows:

The null sub-hypothesis (3/1) that was based upon the non-existence of statistically indicative significant relationship between the academic doctors vulnerability to the temporarily or least likely occurred non issue-based conflict on the one hand, and their failure to consider - at the level of perception and/or acceptance - the people's personality surface or easily readable differences., on the other hand, was refused. On the contrary the alternative one that was based upon the existence of such a relationship has been accepted. The verification of the latter was two-level statistically justified according to many phases.

At the level of significance or generalization on the whole population, this relationship has significantly been certified, as the minimum calculated value of (Chi)² according to both Pearson and likelihood were (718.92) and (679.15) > the equivalent tabulated ones those were (26.3) and (32.00), at level of sig. (0.05) and (0.01) respectively, and df equal to (16). The sig. or (p) value was approximately (0.00) in all times, this is shown above by the Table (13).

Table (13) Relationship between Independent Sub-Variable (C1) and Dependent Sub-Variable (A1)

No. of Variables	Testifying the relationship						Testifying its denotation Type, direction, form and degree						
	Pearson (Chi)²		Likelihood Ratio (Chi)²		Linear by Linear (Chi)²									
	Cal. value	Sig. (P)	Cal. value	Sig. (P)	Cal. value	Sig. (P)	Cal. (F)	Sig. (P)	Reg. Co. (β)	Cal. (T)	Sig. (P)	R Co	Co. R²
C1/1&A2	1000.37	0.0	727.89	0.0	346.70	0.0	3559.73	0.0	0.9502	59.66	0.0	0.9500	0.9029
C1/2&A2	1146.25	0.0	798.21	0.0	357.08	0.0	5081.28	0.0	0.9643	71.28	0.0	0.9640	0.9299
C1/3&A2	1134.90	0.0	838.52	0.0	360.89	0.0	5981.59	0.0	0.9694	77.34	0.0	0.9690	0.9398
C1/4&A2	1144.11	0.0	785.96	0.0	353.90	0.0	4503.19	0.0	0.9600	67.11	0.0	0.9600	0.9216
C1/5&A2	854.95	0.0	713.14	0.0	343.05	0.0	3208.57	0.0	0.9452	56.64	0.0	0.9450	0.8934
C1/6&A2	979.57	0.0	757.06	0.0	348.91	0.0	3807.82	0.0	0.9532	61.71	0.0	0.9530	0.9086
C1/7&A2	1227.00	0.0	883.96	0.0	364.25	0.0	7062.52	0.0	0.9739	84.04	0.0	0.9740	0.9486
C1/8&A2	1059.67	0.0	781.14	0.0	350.71	0.0	4034.58	0.0	0.9557	63.52	0.0	0.9560	0.9133
C1/9&A2	1044.12	0.0	784.63	0.0	350.82	0.0	4049.51	0.0	0.9558	63.64	0.0	0.9560	0.9136
C1/10 &A2	1262.05	0.0	853.88	0.0	360.75	0.0	5943.39	0.0	0.9693	77.09	0.0	0.9690	0.9395
C1/11 &A2	1000.37	0.0	727.89	0.0	346.70	0.0	3559.73	0.0	0.9502	59.66	0.0	0.9500	0.9029

Source: Based upon Empirical Study

At the level of denotation, this relationship has been confirmed as statistically indicative one. In terms of the type it represents sort of causality, since the lowest values of both the calculated (F) and (T) were (2579.09) and (50.96) in order > their parallel tabulated values, which were for (F) and (T) equal to (3.84) and (1.96) in order at the level of sig. (0.05), with a df (1,383) and (384) respectively. The highest sig. or (p) of both (F) and (T) was approximately (0.00) in all cases. Moreover, this relationship concerning the form was linear. Since the lowest value of linear by linear (Chi)² was (334.65) > its tabulated one that's previously mentioned, at the same level of sig. or (0.05), with a df equal to (16) while sig. or (p) was approximately (0.00) in all times as well. The direction of this relationship has been proved to show a directly proportional one, the values of the regression coefficient or (β), those previously confirmed by the significance of both F-ratio that's pointing out to the fitness of the whole regression model and T-test that's indicating the fitness of the single variables included in the same model, were positive-signal ones and ranging between (+0.9335) and (+0.9620). Furthermore, it was strong in terms of the direction and the form, since the lowest values of both (R) and (R)² were (0.9340) and (0.8715) respectively. Those were positive and > (0.85) in the case of (R), while they were far > (0.50) in the case of (R) ². All these values could be shown in detail by the same Table (13).

Testing the Sub-Hypothesis (3/2):

At this point, the relationship to testify was between variable (C1) that's singly represented in detail through its sub-variables as one by one or (C1/1, C1/2, C1/3, C1/4, C1/5, C1/6, C1/7, C1/8, C1/9, C1/10 and C1/11) and variable (A2) that's collectively represented by the Mode of its all sub-variables (from A2/1 to A2/5). Within such a context the data is presented, statistically analyzed and interpretatively discussed as follows:

The null sub-hypothesis (3/2) that was based upon the non-existence of statistically indicative significant relationship between **the academic doctors vulnerability to the permanent or most likely occurred non issue-based conflict** on the one hand**, and their failure to consider - at the level of perception and/or acceptance - the people's personality surface or easily readable differences.**, on the other hand, **was refused**. On the contrary the alternative one that was based upon the existence of such a relationship has been accepted. The verification of the latter was two-level statistically justified according to many phases.

Table (14) Relationship between Independent Sub-Variable (C1) and Dependent Sub-Variable (A2)

No. of Variables	Testifying the relationship						Testifying its denotation Type, direction, form and degree						
	Pearson (Chi)²		Likelihood Ratio (Chi)²		Linear by Linear (Chi)²									
	Cal. value	Sig. (P)	Cal. value	Sig. (P)	Cal. value	Sig. (P)	Cal. (F)	Sig. (P)	Reg. Co.(β)	Cal. (T)	Sig. (P)	R Co	Co. R²
C1/1&A1	718.92	0.0	679.15	0.0	334.65	0.0	2597.09	0.0	0.9335	50.96	0.0	0.9340	0.8715
C1/2&A1	895.15	0.0	739.10	0.0	342.49	0.0	3159.84	0.0	0.9444	56.21	0.0	0.9440	0.8919
C1/3&A1	841.68	0.0	749.64	0.0	342.95	0.0	3199.38	0.0	0.9450	56.56	0.0	0.9450	0.8931
C1/4&A1	859.77	0.0	714.34	0.0	340.46	0.0	2994.81	0.0	0.9416	54.72	0.0	0.9420	0.8866
C1/5&A1	794.19	0.0	698.22	0.0	334.95	0.0	2615.60	0.0	0.9340	51.14	0.0	0.9340	0.8723
C1/6&A1	826.78	0.0	717.26	0.0	336.65	0.0	2722.79	0.0	0.9363	52.18	0.0	0.9360	0.8767
C1/7&A1	859.76	0.0	756.35	0.0	344.52	0.0	3342.19	0.0	0.9472	57.81	0.0	0.9470	0.8972
C1/8&A1	1103.08	0.0	823.75	0.0	355.36	0.0	4751.91	0.0	0.9620	68.93	0.0	0.9620	0.9254
C1/9&A1	819.73	0.0	732.98	0.0	341.51	0.0	3078.54	0.0	0.9431	55.48	0.0	0.9430	0.8894
C1/10 &A1	981.12	0.0	789.13	0.0	351.48	0.0	4140.02	0.0	0.9567	64.34	0.0	0.9570	0.9153
C1/11 &A1	818.92	0.0	699.15	0.0	334.65	0.0	2597.09	0.0	0.9335	50.96	0.0	0.9340	0.8715

Source: Based upon Empirical Study

At the level of significance or generalization on the whole population, this relationship has significantly been certified, as the minimum calculated value of (Chi)² according to both Pearson

and likelihood were (854.95) and (713.14) > the equivalent tabulated ones those were (26.3) and (32.00), at level of sig. (0.05)and (0.01) respectively, and df equal to (16). The sig. or (p) value was approximately (0.00) in all times, this is shown above by the Table (14).

At the level of denotation, this relationship has been confirmed as statistically indicative one. In terms of the type it represents sort of causality, since the lowest values of both the calculated (F) and (T) were (3208.57) and (56.64) in order > their parallel tabulated values, which were for (F) and (T) equal to (3.84) and (1.96) in order at the level of sig. (0.05), with a df (1,383) and (384) respectively. The highest sig. or (p) of both (F) and (T) was approximately (0.00) in all cases. Moreover, this relationship concerning the form was linear. Since the lowest value of linear by linear (Chi)² was (343.05) > its tabulated one that's previously mentioned, at the same level of sig. or (0.05), with a df equal to (16) while sig. or (p) was approximately (0.00) in all times as well. The direction of this relationship has been proved to show a directly proportional one, the values of the regression coefficient or (β), those previously confirmed by the significance of both F-ratio that's pointing out to the fitness of the whole regression model and T-test that's pointing out to the fitness of the single variables included in the same model, were positive-signal ones and ranging between (+0.9452) and (+0.9739). Furthermore, it was strong in terms of the direction and the form, since the lowest values of both (R) and (R)² were (0.9450) and (0.8934) respectively. Those were positive and > (0.85) in the case of (R), while they were far > (0.50) in the case of (R) ². All these values could be shown in detail by the same Table (14).

Since the alternative sub-hypotheses, those are contradicting with the two null hypotheses (3/1) and (3/2), have been proved, it could be said that "the statistically indicative relationship between the dependent variable or the vulnerability to both the temporarily or least likely and the permanent or most likely occurred non-issue based conflict on the one hand, and the independent variable or the failure to consider at the levels of perception and acceptance the surface of easily readable differences amongst people's personalities on the other hand " has been directly confirmed once again.

Testing the Sub-Hypothesis (3/3):

At this point, the relationship to testify was between variable (C2) that's singly represented in detail through its sub-variables as one by one or (C2/1, C2/2, C2/3, C2/4, C2/5, C2/6, C2/7, C2/8, C2/9, C2/10, C2/11, C2/12, C2/13, C2/14, C2/15 and C2/16) and variable (A1) that's collectively represented by the Mode of its all sub-variables (from A1/1 to A1/5). Within such a context the data is presented, statistically analyzed and interpretatively discussed as follows:

The null sub-hypothesis (3/3) that was based upon the non-existence of statistically indicative significant relationship between the academic doctors vulnerability to the temporarily or least likely occurred non issue-based conflict on the one hand, and their failure to consider - at the level of perception and/or acceptance - the people's personality deep or hardly readable differences, on the other hand, **was refused**. On the contrary the alternative one that was based upon the existence of such a relationship has been accepted. The verification of the latter was two-level statistically justified according to many phases.

Table (15) Relationship between Independent Sub-Variable (C2) And Dependent Sub-Variable (A1)

| No. of Variables | Testifying the relationship | | | | | | Testifying its denotation Type, direction, form and degree | | | | | | |
| | Pearson (Chi)² | | Likelihood Ratio (Chi)² | | Linear by Linear (Chi)² | | | | | | | | |
	Cal. value	Sig. (P)	Cal. value	Sig. (P)	Cal. value	Sig. (P)	Cal. (F)	Sig. (P)	Reg. Co.(β)	Cal. (T)	Sig. (P)	R Co	Co. R²
C2/1&A1	859.24	0.0	695.08	0.0	334.61	0.0	2594.77	0.0	0.9335	50.94	0.0	0.9330	0.8714
C2/2&A1	798.97	0.0	657.18	0.0	325.64	0.0	2137.13	0.0	0.9209	46.23	0.0	0.9210	0.8480
C2/3&A1	702.04	0.0	557.62	0.0	309.51	0.0	1591.35	0.0	0.8978	39.89	0.0	0.8980	0.8060
C2/4&A1	740.79	0.0	681.04	0.0	335.00	0.0	2618.68	0.0	0.9340	51.17	0.0	0.9340	0.8724
C2/5&A1	702.07	0.0	561.42	0.0	305.24	0.0	1484.23	0.0	0.8916	38.53	0.0	0.8920	0.7949
C2/6&A1	711.12	0.0	622.04	0.0	323.32	0.0	2040.57	0.0	0.9176	45.17	0.0	0.9180	0.8420
C2/7&A1	844.86	0.0	656.24	0.0	318.73	0.0	1870.31	0.0	0.9111	43.25	0.0	0.9110	0.8300
C2/8&A1	766.96	0.0	585.46	0.0	316.07	0.0	1782.14	0.0	0.9073	42.22	0.0	0.9070	0.8231
C2/9&A1	760.75	0.0	690.32	0.0	335.44	0.0	2645.84	0.0	0.9346	51.44	0.0	0.9350	0.8735
C2/10&A1	848.80	0.0	688.88	0.0	331.60	0.0	2423.60	0.0	0.9293	49.23	0.0	0.9290	0.8635
C2/11&A1	781.39	0.0	632.68	0.0	323.03	0.0	2029.05	0.0	0.9172	45.04	0.0	0.9170	0.8412
C2/12&A1	779.95	0.0	595.72	0.0	317.98	0.0	1844.58	0.0	0.9100	42.95	0.0	0.9100	0.8281
C2/13&A1	850.91	0.0	639.95	0.0	324.15	0.0	2074.33	0.0	0.9188	45.54	0.0	0.9190	0.8441
C2/14&A1	702.74	0.0	581.56	0.0	311.90	0.0	1656.92	0.0	0.9012	40.71	0.0	0.9010	0.8122
C2/15&A1	816.48	0.0	635.24	0.0	324.97	0.0	2108.61	0.0	0.9199	45.92	0.0	0.9200	0.8463
C2/16&A1	771.21	0.0	658.05	0.0	330.82	0.0	2382.38	0.0	0.9282	48.81	0.0	0.9280	0.8615

Source: Based upon Empirical Study

At the level of significance or generalization on the whole population, this relationship has significantly been certified, as the minimum calculated value of (Chi)² according to both Pearson and likelihood were (702.04) and (557.62) > the equivalent tabulated ones those were (26.3) and

(32.00), at level of sig. (0.05) and (0.01) respectively, and df equal to (16). The sig. or (p) value was approximately (0.00) in all times, this is shown above by the Table (15).

At the level of denotation, this relationship has been confirmed as statistically indicative one. In terms of the type it represents sort of causality, since the lowest values of both the calculated (F) and (T) were (1484.23) and (38.53) in order > their parallel tabulated values, which were for (F) and (T) equal to (3.84) and (1.96) in order at the level of sig. (0.05), with a df (1,383) and (384) respectively. The highest sig. or (p) of both (F) and (T) was approximately (0.00) in all cases. Moreover, this relationship concerning the form was linear. Since the lowest value of linear by linear (Chi)² was (305.24) > its tabulated one that's previously mentioned, at the same level of sig. or (0.05), with a df equal to (16) while sig. or (p) was approximately (0.00) in all times as well. The direction of this relationship has been proved to show a directly proportional one, the values of the regression coefficient or (β), those previously confirmed by the significance of both F-ratio that's pointing out to the fitness of the whole regression model and T-test that's indicating the fitness of the single variables included in the same model, were positive-signal ones and ranging between (+0.8916) and (+0.9364). Furthermore, it was strong in terms of the direction and the form, since the lowest values of both (R) and (R)² were (0.8920) and (0.7949) respectively. Those were positive and > (0.85) in the case of (R), while they were far > (0.50) in the case of (R)². All these values could be shown in detail by the same Table (15).

Testing the Sub-Hypothesis (3/4):

At this point, the relationship to testify was between variable (C2) that's singly represented in detail through its sub-variables as one by one or (C2/1, C2/2, C2/3, C2/4, C2/5, C2/6, C2/7, C2/8, C2/9, C2/10, C2/11, C2/12, C2/13, C2/14, C2/15 and C2/16) and variable (A2) that's collectively represented by the Mode of its all sub-variables (from A2/1 to A2/5). Within such a context the data is presented, statistically analyzed and interpretatively discussed as follows:

The null sub-hypothesis (3/4) that was based upon the non-existence of statistically indicative significant relationship between **the academic doctors vulnerability to the relatively permanent or most likely occurred non issue-based conflict** on the one hand**, and their failure to consider - at the level of perception and/or acceptance - the people's personality deep or hardly readable differences.**, on the other hand, **was refused**. On the contrary the alternative one that was based upon the existence of

such a relationship has been accepted. The verification of the latter was two-level statistically justified according to many phases.

At the level of significance or generalization on the whole population, this relationship has significantly been certified, as the minimum calculated value of (Chi)² according to both Pearson and likelihood were (756.50) and (548.51) > the equivalent tabulated ones those were (26.3) and (32.00), at level of sig. (0.05) and (0.01) respectively, and df equal to (16). The sig. or (p) value was approximately (0.00) in all times, this is shown above by the Table (16). At the level of denotation, this relationship has been confirmed as statistically indicative one. In terms of the type it represents sort of causality, since the lowest values of both the calculated (F) and (T) were (1661.83) and (40.77) in order > their parallel tabulated values, which were for (F) and (T) equal to (3.84) and (1.96) in order at the level of sig. (0.05), with a df (1,383) and (384) respectively. The highest sig. or (p) of both (F) and (T) was approximately (0.00) in all cases. Moreover, this relationship concerning the form was linear. Since the lowest value of linear by linear (Chi)² was (312.08) > its tabulated one that's previously mentioned, at the same level of sig. or (0.05), with a df equal to (16) while sig. or (p) was approximately (0.00) in all times as well. The direction of this relationship has been proved to show a directly proportional one, the values of the regression coefficient or (β), those previously confirmed by the significance of both F-ratio that's pointing out to the fitness of the whole regression model and T-test that's indicating the fitness of the single variables included in the same model, were positive-signal ones and ranging between (+0.8916) and (+0.9364). Furthermore, it was strong in terms of the direction and the form, since the lowest values of both (R) and (R)² were (0.9010) and (0.8127) respectively. Those were positive and > (0.85) in the case of (R), while they were far > (0.50) in the case of (R) ². All these values could be shown in detail by the same Table (16). Proving both the alternative sub-hypotheses those are contradicting with the two null hypotheses (3/3) and (3/4), it could be said that "the statistically indicative relationship between the dependent variable or the vulnerability to both the temporarily or least-likely and the permanent or most likely occurred non-issue based conflict on the one hand, and the independent variable or the failure to consider at the levels of perception and acceptance the deep or hardly readable differences amongst people's personalities on the other hand " has been directly confirmed once again.

By refusing the four null sub-hypotheses (3/1),(3/2),(3/3) and (3/4), it could be concluded that the alternative hypothesis to the third null hypothesis

is accepted to confirm the relationship between the

dependent and independent two main variables.

Table (16) Relationship between Independent Sub-Variable (C2) and Dependent Sub-Variable (A2)

No. of Variables	Testifying the relationship						Testifying its denotation Type, direction, form and degree						
	Pearson (Chi)²		Likelihood Ratio (Chi)²		Linear by Linear (Chi)²								
	Cal. value	Sig. (P)	Cal. value	Sig. (P)	Cal. value	Sig. (P)	Cal. (F)	Sig. (P)	Reg. Co.(β)	Cal. (T)	Sig. (P)	R Co	Co. R²
C2/1&A2	907.22	0.0	692.26	0.0	342.07	0.0	3124.42	0.0	0.9438	55.90	0.0	0.9440	0.8908
C2/2&A2	893.76	0.0	664.00	0.0	337.66	0.0	2790.74	0.0	0.9377	52.83	0.0	0.9380	0.8793
C2/3&A2	922.27	0.0	600.43	0.0	322.71	0.0	2016.75	0.0	0.9167	44.91	0.0	0.9170	0.8404
C2/4&A2	967.62	0.0	750.11	0.0	346.30	0.0	3518.08	0.0	0.9496	59.31	0.0	0.9500	0.9018
C2/5&A2	756.50	0.0	548.51	0.0	314.76	0.0	1741.08	0.0	0.9054	41.73	0.0	0.9050	0.8197
C2/6&A2	896.65	0.0	646.11	0.0	335.16	0.0	2628.45	0.0	0.9342	51.27	0.0	0.9340	0.8728
C2/7&A2	958.25	0.0	659.08	0.0	312.08	0.0	1661.83	0.0	0.9015	40.77	0.0	0.9010	0.8127
C2/8&A2	785.88	0.0	570.93	0.0	324.30	0.0	2080.45	0.0	0.9190	45.61	0.0	0.9190	0.8445
C2/9&A2	905.37	0.0	727.08	0.0	340.84	0.0	3024.94	0.0	0.9421	55.00	0.0	0.9420	0.8876
C2/10&A2	870.58	0.0	665.75	0.0	337.23	0.0	2761.72	0.0	0.9371	52.55	0.0	0.9370	0.8782
C2/11&A2	822.05	0.0	638.35	0.0	333.43	0.0	2525.57	0.0	0.9318	50.26	0.0	0.9320	0.8683
C2/12&A2	941.66	0.0	611.23	0.0	329.26	0.0	2303.96	0.0	0.9260	48.00	0.0	0.9260	0.8575
C2/13&A2	797.16	0.0	617.27	0.0	331.85	0.0	2437.41	0.0	0.9296	49.37	0.0	0.9300	0.8642
C2/14&A2	799.04	0.0	578.71	0.0	322.33	0.0	2001.73	0.0	0.9162	44.74	0.0	0.9160	0.8394
C2/15&A2	908.55	0.0	634.19	0.0	333.71	0.0	2541.53	0.0	0.9322	50.41	0.0	0.9320	0.8690
C2/16&A2	952.46	0.0	680.96	0.0	341.44	0.0	3072.89	0.0	0.9430	55.43	0.0	0.9430	0.8892

Source: Based upon Empirical Study

However, it should be noted that such a direct confirmation to this relationship does not mean that the mediator is irrelevant. On the contrary it shows that deeper investigation to this relationship – that's taking the intermediary variable into account - has clarified that the independent variable or "considering the surface or easily readable and the deep or hardly readable differences amongst people personalities" will be of value concerning the dependent variable or "avoiding the vulnerability to the temporarily or least likely and the permanent or most likely non issue-based conflict", whenever the self-managing to the sources and reasons is correctly actualized, as a correct mean for getting such an objective attained. In other words the basic area to take care about, to get these two variables' relationship on course, is to have an efficient level of self-managing to the sourcing and reasoning areas in such situations of conflict.

Conclusions:

To sum up, there were three main conclusions which worthy to put the light on:

In Tanta and Assuit university hospitals the academic doctors are really vulnerable to the occurrence of two types of non issue conflict phenomena:

On the one hand, the occurrence of a temporarily or least-likely originated non issue based conflict. That's by and large happened within the context of the relations with their research or postgraduate students, training or undergraduate students, sick or ill people, patient room-mates, and patient repetitious visitors.

On the other hand, the occurrence of a permanently or most-likely originated non issue based conflict. That's mostly happened within the context of the relations with their direct and indirect managers, technical colleagues, managerial colleagues,

technical assistants, and direct and indirect subordinates.

In Tanta and Assuit university hospitals the occurrence and then the vulnerability - of the academic doctors to such two non-issue based conflict phenomena is basically return to their failure in self-managing - at the levels of avoidance and/or protection against - the sourcing and reasoning areas, those are relevant to the different sub-types contained by two main types of this conflict:

The simple or uni-factor non-issue based conflict, which contains eight sub-types; the self-sourced, others'-sourced, unwilling or intentional, willing or intentional, intra-affecting, inter-affecting, invisibly happening and visibly occur ones. And the complex or multi-factor non-issue based conflict which contains at least twenty eight sub-types those could be - in a dual phase - resulted from rotating every single one of the above mentioned eight sub-types of uni-factor non issue based conflict with the other seven ones.

In Tanta and Assuit university hospitals, the academic doctors' failure in self-managing - at the levels of avoidance and/or protection against - the sourcing and reasoning areas relevant to the non-issue based conflict deferent sub-types, is owing to their failure in considering – at the levels of perception and/or acceptance - the differences amongst peoples' personalities. Those are argumentatively classified into two categories:

The surface or easily readable differences resulted from the different perceptions, tendencies, attitudes, aptitudes, capabilities, beliefs, experiences, orientations, physical aspects, intellectual aspects, and emotions.

The deep or hardly readable differences resulted from the existence/non-existence of natural components and gained characteristics, the level or degree components and characteristics existence, the

existence/non-existence of integration and interaction among components, the existence/non-existence of integration and interaction among characteristics, the existence/non-existence of integration and interaction between components and characteristics, and the level or degree of existence concerning both the integration and interaction among components, both the integration and interaction among characteristics, and both the integration and interaction between components and characteristics.

Yet, whether we have to recommend, logically without disregarding the right of others to recommend in view of their specialized interpretation to the above stated conclusions, we would say that the one who is interested in getting red of or at least reducing the non-issue based conflict phenomena has no way but turning his open eyes to two major tasks:

Creating a Ground or Basis Theory:

Working - by all the ways - on creating people's awareness of personality differences is a necessity. This should be supported by making them clearly comprehend that the difference in personality traits is a matter of something inherently occurred. Either concerning the given or genetically transferred components or even regarding the gained characteristics. Since the latter is normally gotten on the basis of the people's pre-given aptitude. For believers, the difference amongst people in personality traits is **an issue of god as creator rather than human as maker**. The former would never leave the difference between people to the work of people. They have been created to be entrusted with different roles to play in life so as to look for the need to each other. Difference is the base, and the situational integration for a particular benefit or even a common good, is the target exception that we are hub-revolving around all the life time.

Accordingly, people have no way but to get self-convinced that they have no reason to turn their normal difference to up normal conflict, or in other words to turn the difference to sort of non issue based conflict. This has to be withdrawn not only on people if they are interacting everywhere outside organizations, but also while they are cooperatively performing the work inside these organisations.

The one who does not consider at the level of perception the innate nature of differences in people's personalities, and as a consequence unintentionally slip-up in situations which may result in non-issue based conflicts, will be described even inaccurately as racist to his own personality traits. While the one who already perceive the issue of the natural difference in personalities, and even though does not accept this, and therefore intentionally insists on discrimination to his own personality traits, and may

extendedly gone to position these traits as criteria for people to follow and/or use, when dealing either with himself or even with others, this will be classified as a real racist to his personality traits. The latter will represent the greater amount of risk in generating non issue conflict but this does not mean that the former is not sourcing it as well. In word, in order to have a ground to stand on for moving toward decreasing the non-issue based conflict phenomena, it is not sufficient to get people perceive the personality differences but it is necessarily required to make them convincingly accept these inherent differences as well.

Creating a Usable or Applicable Theory:

Whether the above mentioned foundation represent a governing ideology when dealing with the non-issue based conflict phenomena, it could be said that people, even though, will stay in need for a theory to be practically espoused and applied in the workplace. Whenever, they are socially interacting in the case of such a kind of conflict.

The theory that has to be proposed to put this philosophy into effect is the self-management theory. That's stand on two pillars: One is the self-avoidance to the non-issue based conflict. This could be taken place in reality through four steps; recognizing the existence of non-issue based conflict, determining its sort and degree, diagnosing the area of sourcing and/or reasoning, and sensing flexibly the ways to keep away from it. The other is the self-protection from the non-issue based conflict. This could be come about via four steps as well; recognizing the actual vulnerability to the non-issue based conflict, identifying its type and degree, diagnosing the area of sourcing and/or reasoning, and then moving self-contentedly for self-control.

To sum up, steering clear of non-issue based conflict, people - in and even out the organizations - have to utilise positively the inherent differences amongst their personalities, however to large extent they won't be able to so except through self-management.

Future Research:

- Non-issue versus issue based conflict and organization performance.
- Proposed techniques for sensing the non issue based conflict.
- Conflict self-control approaches: evaluation and priority of use.
- Other factors rather than personality affecting unjustifiable conflict.

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References:

1. Amason, A. 1996. Dstinguishing Effects of Functional Dysfunctional Conflict on Strategic Decision Making: Resolving A Paradox For Top Management Teams. Academy Of Management Journal, 39: 124-147.
2. Amason, A. & Sapienaza, H.1997. The Effects of Top Management Team Size and Interaction Norms on Cognitive and Affective Conflict. Journal of Management, 23: 497-515.
3. Amason, A. & Schweiger, D. M. 1994. Resolving the Paradox of Conflict: Strategic Decision Making and Organizational Performance. International Jounal of Conflict Management, 5: 241-250.
4. Andrasik, F. & Judy, S. F. 1982. Self-Management Procedures. In Hand Book of Organizational Behavior Management. John Wiley & Sons. New York.
5. Barki, H. & Hartwick, J. 2001. Interpearsonal Conflict and Its Management in Information System Development. MIS Quarterly, 25: 198-226.
6. Barki, H. & Hartwick, J. 2004. Conceptualizing the Construct of Interpearsonal Conflict. International Journal of Conflict Management, 15: 216-244.
7. Barrick M.R. & Mount, M.K. 1993. Autonomy as Moderator of the Relationship between the Big Five Personality Dimensions and Job Performance, Journal of Applied Psychology, 78: 111-118.
8. Barrick, M. R. & Mount, M. K. 1999. The Big Five Personality Dimensions and Job Performance: A Meta Analysis. Pearsonnel Psychology, 51:849-857.
9. Barrick , M. R., Stewart, G. L., Neubert, M. J. & Mount, M. K. 1998. Relating Member Ability and Personality to Work-Team Processes and Team Effectiveness. Journal of Applied Psychology, 83: 377-391
10. Barrick M. R., Stewart, G. L. & Piotrowski, M. 2002. Personality and Job Performance: Test of the Mediating Effects of Motivation among Sales Representatives. Journal of Applied Psychology, 87(1): 43-51
11. Boulding, K. 1963. Conflict and Defense. Harper& Row. New York.
12. Caligiuri, P. M. 2000. The Big Five Personality Characteristics as Predictors of Expatriate's Desire To Terminate The Assignment and Supervisory-Rated Performance. Pearsonnel Psychology, 53: 67-77.
13. Cloke, K. & Goldsmith, J. 2000. Resolving Conflict at Work: A Complete Guide for Every One in the Job. Jossey-Boass. San Francisco.
14. Dalton, M. & Wilson, M. 2000. The Relationship of the Five-Factor Model of Personality to Job Performance for a Group of Middle Eastern Expatriate Managers. Journal Of Cross Cultural Psychology. 31(2): 250-258.
15. De Dreu, C.K. & Weingart, L.R., 2003. Task versus Relationship Conflict, Team Performance and Team Member Satisfaction: A Meta Analysis. Journal of Applied Psychology, 88:743-749.
16. Digman, J. M., 1990. Personality Structure: Emergence of the Five-Factor Model. Annual Review of Psychology, 41: 417-440.
17. Dilorio, C., Faherty B., & Manteuffel, B., 1992. Self-Efficacy and Social Support in Self-Management of Epilepsy. West J Nurse Research., 14: 292-307.
18. Dilorio, C., Faherty B., & Manteuffel, B. 1994. Epilepsy Self-Management Partial Replication and Extension. Research Nurse Health., 17: 167-174.
19. Dilorio, C., Shafer, P., & Letz, R., 2006. Behavioral, Social, and Affective Factors Associated with Self-Efficacy For Self-Management Among People With Epilepsy. Epilepsy Behavior, 9: 158-163.
20. Elsayed-Elkholuly S. M. & Buda, R., 1996. Organizational Conflict: A Comparative Analysis of Conflict Styles Across Cultures. International Journal of Conflict Management, 7: 71-81.
21. Feingold, A., 1994. Gender Differences in Personality: A Meta Analysis. Psychological Bulletin, 116 (3): 429-456.
22. Fontana, D., 2000. Personality in Workplace. Macmillan Press. Houndmills. U.K.
23. Frayene, C. & Latham, G., 1987. Employee Self-Management of Attendance. Journal of Applied Psychology, 72: 387-392.
24. George, J. M., 1990. Personality Affect and Behavior In Groups. Journal of Applied Psychology, 75: 107-116.
25. Glasgow, R.E., Fisher, L., Skaff, M., Mullan, J. & Toober, D. J., 2007. Problem-Solving and Diabetes Self-Management: Investigation in a Large Multi-Racial Sample. Diabetes Care, 30: 33-37.
26. Glasgow, R.E., Gillette, C., & Toobert, D., 2001. Psychosocial Barriers to Diabetes Self-Management and Quality Of Life. Diabetes Spectrum, 14: 33-41.
27. Glomb, T. M. & Welsh, E. T., 2005. Can Opposites Attract? Personality Heterogeneity in Supervisor-Subordinate Dyads as a Predictor of Subordinate Outcomes. Journal of Applied Psychology, 90(4): 749-757.
28. Goldiamond, I., 1979. Self-Reinforcement. Journal of Applied Behavior Analysis, 9: 509-514.
29. Guetzkow, H. & Gyr, J., 1954. An Analysis of Conflict In Decision Making Group. Human Relations, 7: 469-378.
30. Hackman, J.R., 1986. The Psychology of Self-Management in Organizations, American Psychological Association, Washington.
31. Hampson, S. E. , 1996. Illness Representations and Self-Management of Diabetes. In J. Weinman & K.Petrie. Perceptions of Illness and Treatment: Current Psychological Research and Applications.
32. Hill-Briggs, F. 2003. Problem Solving In Diabetes Self-Management: A Model of Choronic Illness Sef-Management Behavior. Annals of Behavioral Medicine, 25:182-193.
33. Hoff, K. E. & Dupaul, G. J. ,1998. Reducing Distributive Behavior in General Education Classrooms: The Use of Self-Management Strategies. The School Psychology Review, 27: 290-303.
34. Hogan, J. & Holland, B., 2003. Using Theory to Evaluate Personality and Job-Performance Relations: A Socioanalytic Perspective. Journal of Applied Psychology, 88 (1): 100-112.
35. Hough, L. M., 1990. Criterion-Related Validities of Personality Constructs and the Effect of Response Distortion on Those Validities. Journal of Applied Psychology, 75: 581-595.
36. Jehn, K., 1992. The Impact of Intra-Group Conflict on Effectiveness: A Multi-Method Examination Of The Benefits And Detriments of Conflict. Unpublished Doctoral Dissertation, Northwestern University, School of Management, Evanston, IL.
37. Jehn, K., 1995. A Multi-Method Examination of the Benefits and Detriments of Intra-Group Conflict. Administrative Science Quarterly, 40:256-282.
38. Judge, T. A., Bono, J. E. & Locke, E. A., 2000. Personality and Job Satisfaction: The Mediating Role of Job Characteristics. Journal of Applied Psychology, 85(2): 237-249.
39. Judge, T. A., Heller, & D. Mount, M. K., 2002. Five-Factor Model of Personality and Job Satisfaction: A Meta Analysis. Journal Of Applied Psychology, 87(3)…….
40. Judge, T. A., Higgins, C. A., Thorensen, C.J. & Barrick, M. R., 1999. The Big Five Personality Traits, General Mental Ability, and Career Success across the Life Span. Pearsonnel Psychology, 52:621-652.
41. Judge, T. A. & Ilies, R., 2000. Relationship of Personality to Performance Motivation: A Meta Analytic Review. Journal of Applied Psychology, 87(4): 797-807.
42. Judge, T. A., Martocchio, J. J. & Thoresen, C. J., 1998. Five-Factor Model of Personality and Employee Absence. Journal of Applied Psychology, 82: 745-755.
43. Kanfer, F. H., 1980. Self-Management Methods. In F.H. Kanfer & A.P. Goldstien. Helping People Change: A Text Book of Methods. Pergamon. New York.
44. Keil, J. H., 2000. Coaching Through Conflict. Dispute Resolution Journal, May-June, 65-69.
45. Kema, R.J., Farquhar, K. & Bergmann, T.J., 1996. Third-Party Sensemaking in Interpearsonal Conflicts at Work: A Theoretical Framework. Human Relations, 49: 1439-1454.
46. Kobau, R. & Dilorio, C., 2003. Epilepsy Self-Management: A Comparison of Self-Efficacy and Outcome Expectancy for

Medication and Life Style Behaviors among People with Epilepsy. Epilepsy Behavior, 4:217-225.

47. Likert, R. & J.G. Likert, 1976. New Ways of Managing Conflict. Mcgraw-Hill. New York.

48. Liljas, B. & Lahdensuo, A., 1997. Is Asthma Self-Management Cost Effective? Patient Education Counsel., 32: 97-104.

49. Loring, K., Sobel, D., & Stewart, A. , 1999. Evidence Suggesting That A Choronic Desease Self-Management Program Can Improve Health Status. Medicine Care,37: 5-14.

50. Luthans, F., 2008. Organizational Behavior. Mcgraw-Hill. New York.

51. Luthans, F. & Tim, R.V., 1979. Behavioral Self-Management: The Missing Link in Managerial Effectiveness. Organizational Dynamics, 8: 42-60.

52. Mahoney, M. J. & D.B.A., 1979. Self-Management: Theory and Application. In J.P. Brandy & D. Pomerleau. Behavioral Medicine: Theory and Practice. Williams & Williams, Baltimore.

53. Manz, C. C. & Henry, P.S., 1980. Self-Management as A Substitute for Leadership: A Social Learning Theory Perspective. Academy Of Management Review, 5:361-367.

54. Manz, C. C. & H. L., Angle., 1985. Does Group Self-Management Mean A Loss Of Pearsonal Control? Triangulating on A Paradox. A Paper Presented At The Annual Meeting Of The National Academy Of Management. San Diego.

55. Manz, C.C. & Sims, H. P., 1980. Self-Management as a Substitute for Leadership: A Social Learning Theory Perspective. Academy Of Management Review, 5: 361-367.

56. Marshall, J. & Mchardy, B., 2008. Princibles of Self-Management, Self-Management Group. London.

57. Mills, P.K., 1983. Self-Management: Its Control and Relationship to Other Organizational Properties. Academy Of Management Review, 8: 445-453.

58. Mitchem, K. J. & Young, K. R., 2001. Adapting Self-Management Programs for Classwide Use: Acceptability, Feasibility, and Effectiveness. Remedial and Special Education, 22: 755-88.

59. Mitchem, K. J. & Young, K. R., West, R. P. & Benyo, J., 2001. CWPASM: A Classwide Peer-Assisted Self-Management Program for General Education Classroom. Education and Treatment of Children. 24: 111-140.

60. Moses, S., 1991. Personality Tests Come Back In I/O. APA Monitor, November, P.9.

61. Norris, S., Engelgau, M., Narayan, K., 2001. Effective of Self-Management Training In Type2 Diabetes: A Systemic Review of Randomized Controlled Trials. Diabetes Care. 24: 561-587.

62. Norris, S., Lau, J. Smith, S., Schmid, C. & Engelgau, M., 2002. Self-Management Education for Adults with Type 2 Diabetes: A Meta-Analysis of the Effect on Glycemic Control. Diabetes Care. 25: 1159-1171.

63. Otten, K. L., 2003. An Analysis of A Classwide Self-Monitoring Approach to Improve The Behavior Of Elementary Students With Severe Emotional And Behavioral Orders. Unpublished Dissertation. University of Kansas Lawrence.

64. Paunonen, S. V. Et Al., 1996. The Structure of Personality in Six Cultures. Journal of Cross-Cultural Psychology May: 339-353.

65. Pinkley, R., 1990. Dimensions of the Conflict Frame: Disputant Interpretations of Conflict. Journal of Applied Psychology, 75: 119-125.

66. Plowman, K.D., 1998. Power in Conflict for Public Relations. Journal of Public Relations, 10: 237-261.

67. Putnam, L.L. , 1988. Communication and Interpersonal Conflict in Organizations. Management Communication Quarterly, 3: 293-301.

68. Rahim, M.A., 1983a. A Measure of Styles of Handling Interpersonal Conflict. Academy Of Management Journal, 26: 369-372.

69. Rahim, M.A. & Bonoma T.V., 1979. Managing Organizational Conflict: A Model for Diagnosis and Intervention. Psychological Reports, 44: 1322- 1340.

70. Rahim, M.A., Buntzman, G.F. & White, D., 1999. An Empirical Study of the Stages of Moral Development and Conflict Management Styles. International Journal of Conflict Management, 10: 155-168.

71. Rahim, M.A. Garrett, J. E. , 1992. Ethics of Managing Interpersonal Conflict in Organization. Journal Of Business Ethics, 11:423-430.

72. Rgsbee, E., 2000. Conflict Management and Resolution. Business Forms, Labels, and Systems, February, 20: 62.

73. Salgado, J. F., 1997. The Five Factor Model of Personality and Job Performance in the European Community. Journal of Applied Psychology, 82: 30-45.

74. Saucier, G. & Ostendorf, F., 1999. Hierarchical Subcomponents of the Big Five Personality Factors: A Cross-Language Replication. Journal of Personality and Social Psychology, April: 613-627.

75. Schneider, R.J. & Hough, L.M., 1995. Personality and Industrial/Organizational Psychology. International Review Of Industrial and Organizational Psychology, 10: 75-129.

76. Schulz-Hardt, S., Jochims, M. & Frey, D., 2002. Productive Marketing In Group Decision Making: Genuine And Contrived Dissents As Strategies Counteract Biased Information Seeking. Organizational Behavior and Human Decision Processes, 88: 563-586.

77. Sedam, S., 1999. Why Muddle Through Conflict. Builder, June, 148.

78. Simons, T.L. & Peterson, R.S. , 2000. Task Conflict and Relationship Conflict in Top Management Teams: The Pivotal Role Intra-Group Trust. Journal of Applied Psychology, 85: 102-111.

79. Tepper, B. J., Duffy, M. K. & Shaw, J. D., 2001. Personality Mediators of the Relationship between Abusive Supervision and Subordinate's Resistance. Journal of Applied Psychology, 86(5): 974-983.

80. Tett, R.P., Jackson, D.N. & Rothstein, M., 1991. Personality Measures as Predictors of Job Performance: A Meta Analytic Review. Personnel Psychology, 44: 703-742.

81. Tjosvold, D., Hui, C., Ding, D. & Hu, J., 2003. Conflict Values and Team Relationships: Conflict's Contribution to Team Effectiveness and Citizenship in China. Journal of Organizational Behavior, 24:70-88.

82. Tomas, K. W. , 1976. Conflict and Conflict Management. In Dunnette, M. D. (Ed.), Hand Book of Industrial and Organizational Psychology. Rand Mcnally. Chicago. Pp. 890-932.

83. Van-De-Vliert, E. & De Dreu, C.K.W., 1994. Optimizing Performance by Conflict Simulation. The International Journal of Conflict Management, 5: 211-219.

84. Wall, V. & Nolan, L., 1986. Perceptions of Inequality, Satisfaction, and Conflict in Task Oriented Groups. Human Relations, 39: 1035-1052.

85. Warsi, A, Wang, P. Lavalley, M. & Avorn, J., 2004. Self-Management Education Programs in Choronic Disease: A Systematic Review and Methodological Critique of Literature. Archives of Internal Medicine, 164: 1641-1643.

86. Zellars, K.L. & Perrewe, P. L., 2001. Affective Personality and the Content of Emotional Social Support. Journal of Applied Psychology, 86(3): 459-467.

2/2/2012