Relationship between Perceived Organizational Climate and Conflict Management Strategies among Nurses in Cairo University Hospitals

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Abstract: Developing the competencies and understanding of how effectively handle conflict is necessary for nurses working in a highly stressful occupation. The present study aimed to determine the relationship between perceived organizational climate and the conflict management strategies used by nurses in Cairo University hospitals. It is imperative that nurses learn how to effectively handle conflict in the work environment. Nurses must learn to understand their own feelings and use them in making good decisions while having empathy for others. The sample of study was 453 nurses randomly selected from Cairo University hospitals. Two tools were use; organizational climate questionnaire to measure nurses perception to Organizational climate and Thomas Kilmann mode instrument was used to measure Conflict management strategies. Results indicate (66.1%) of the participants were perceived their hospital climate positively, role clarity factor had the highest positive percentage, (77.4%) and the lowest percentage (59.7%) was for motivation and satisfaction factor. Moreover the study revealed that, the most preferred conflict management strategy was accommodating as it had the highest mean (6.6).The least used conflict management strategies in this sample was competing by mean (4.9), correlation between organization climate and conflict management strategies the study revealed a statistical significant relationship (0.030) between one component of organizational climate (management effectiveness) and conflict management strategies (compromising). The study recommended assessing the perception of nurses about the organizational climate periodically to use results for creating a positive work atmosphere conducive of productivity. Finally courses on conflict and personal management should be available for nurse managers. In addition, improvement in material and human condition (nursing support, motivation) should be greatly considered in order to create a positive work climate.

1. Introduction

Organizational climate is one of the important factors that affect nursing practice. Nurses' wants climate of collegiality with managers and other health workers, trust, and opportunities for professional development. (College of Nurses of Ontario, 2009). The climate of the organization is based upon its employees' feelings and perceptions of the organization's practices, procedures and reward systems. Organizational climate can be defined in a number of ways. One of the most widely accepted definitions is that of Litwin and Stringer (1968) who define organizational climate as a set of measurable properties of the work environment that is directly or indirectly perceived by the people who live and work in a particular environment and is assumed to influence their motivation and behavior.(Willet,2009)

The importance of measuring organizational climate is critical, as it has been shown to link to a variety of outcomes and successful organizational functioning. Researchers have sought to understand how the dimensions of organizational climate are related to a variety of business outcomes such as employee retention, turnover, empowerment (Stone *et al.,* 2006; El salem *et al.,* 2008; Mrayyan, 2009), customer satisfaction (Vaananen, 2004) and competency performance such as growth, profitability and productivity (Spruill, 2008; Yvonne, et al., 2011;)..Nursing as a profession is based on collaborative relationship with client and colleagues .When two or more people view issues or situation from different perspectives, these relationship can compromised by conflict.

Conflict is commonly perceived as being a negative issue; however, the experience of dealing with conflict can lead to positive outcomes for nurses, their colleagues and patients. Conflict that managed effectively by nurses can lead to personal and organizational growth. If conflict is not managed effectively, it can hinder a nurse's ability to provide high quality nursing care and escalate to violence .because of this, nurses need to be aware of the ways in which conflict can escalate and be prepared to prevent or manage it in the workplace. (College of

Nurses of Ontario, 2009). In hospitals many factors can lead to conflict: complexity of the system makes it liable to errors, misunderstanding, and ethnic diversity of both consumers and providers of health care services in many countries. Interaction with peoples and patients may have different religious values. (Marshall & Robson, 2003). Also Mariquis and Huston (2006) mentioned causes of organizational conflict as poor communication, inadequately defined organizational culture, differences of temperament or attitudes, unclear expectations, individual or group conflicts of interest, operational or staffing changes and diversity in gender, culture or age

Table (1): Frequency distribution of nurses, Socio-demographic characteristics (n=330)

Items		No	%
Hospitals:	El Manial	109	32.9
	New Kasser El Ainy	221	66.8
Age in years	20 to < 25	41	12.4
	25 to < 30	59	17.8
	30 to < 35	118	35.6
	35 to < 40	57	17.2
	40 to < 45	25	7.6
	45 ±	30	9.1
Gender:	Male	52	15.7
	Female	277	83.7
Marital status:	Single	80	24.2
	Married	228	68.9
	Widow	5	1.5
	Divorced	10	3.0
Years of Experience:	1 to < 5	30	9.1
	5 to <10	69	20.9
	10 to <15	112	33.9
	15±	119	36.1
Job:	Stuff Nurse	193	58.5
	Head Nurse	32	9.7
	Supervisor	34	10.3
	Charge Nurse	70	21.1
Qualification:	Nursing Diploma	235	71.0
	Bachelor of Nursing	67	20.2
	Specialized Nursing Diploma	28	8.2
Department: Nursing	Administration	10	3.0
	Emergency	5	1.5
	Intensive Care	100	30.2
	Surgical	40	12.1
	Special Units	128	38.7
	Medical	44	13.3

The negative consequences of conflict are: reduction of work performance efficiency, reduced communication among employees, decrease level of motivation and dissatisfaction *(*Turkalj, *et al.,* 2008). Conflict can cause emotional pain, stress, increase turnover, low productivity and moral (Valenine, 2001 in Morrison, 2005). On the other hand conflict has positive aspects too. It is considered an excellent ground for accomplishment of better work result, impulse for change and growth of the organization (Turkalj, *et al*., 2008). Nayeri and Negarandeh (2009) mentioned that conflict can destroy nurses as well as the nursing system, but Bousari *et al.* (2009) mentioned that nurses are taking advantage of conflict purposefully to achieve their goals for example attains better working condition and define their own territory.

Conflict can be destructive but it can be positive and dynamic force in the organization, preventing stagnation, stimulate curiosity and interest (Marquis &Huston, 2006). Unresolved conflict can result in dissatisfaction and other problems including aggression and violence. (Rau-Foster, 2000, Whitworth, 2005). They added that nurses uses different strategies in managing conflict. Mutual understanding and interaction were found to be the main factors able to resolve conflict effectively. The most common strategy used by nurses to manage conflict was integrating. In contrast the least used style was dominating. The nurse age, marital status, education, positive work unit and tenure had significant influence on the management strategies used to handle interpersonal conflict. (Chang *et al.,* 2006)

2. Material and Methods

This study focused on the relationship between organizational climate as measured by organizational climate questionnaire (OCQ) and conflict management strategies as measured by "Thomas-Kilmann Instrument (TKI)" as both being applied in the hospital setting.

Research design

A descriptive co relational design was utilized.

Setting:

This study was conducted at two hospitals affiliated to Cairo university Hospitals these were: El Manial University hospital and New Kasr El Aini Teaching Hospital. All nurses units were included in the study except (180) nurses were working in operating room.

Subjects:

The target population for this study was all nurses worked in El Manial university hospital(n=124) and New Kasr El Aini Teaching Hospital(n=329) except nurses who worked in operating room.

Sample:

The sample of study was 453 nurses randomly selected from Cairo University hospitals. A total of 330 usable responses were obtained, with return rate (72.8%).

Tools for Data Collection:

The nurses were handed the tools package that contained two tools, namely: The organizational Climate Questionnaire (OCQ) and Thomas-Kilmann Instrument (TKI). Two tools have been used to collect data for the present study:

1- The organizational Climate Questionnaire (OCQ):

This questionnaire was developed by the researcher & guided by   Lephoko (2004). The organizational Climate questionnaire used to collect data pertain perception of the nurses of their organizational climate. Concerning the demographic characteristics of the study sample, it included; hospitals, sex, years of experience, social status, age, job title, nursing qualification, and unit name). The questionnaire consists of 106 structured items. Divided under eight factors (facets).   Work environment 9 items, Motivation and satisfaction14 items, Management effectiveness15 items, Leadership effectiveness17 items, Role clarity14 items, Quality management15 items, Effective conflict management9 items, Reward and recognition10 items. Tools were translated into Arabic, and then content validity was done by a jury of expertise in nursing and education their number was 7, Necessary modification and reliability by Cronbach's alpha was (0.68). Respondents are asked to rate each item on a five-point scale : 5 indicated strongly agree, 4 indicated agree,3 indicated neutral, 2 indicated disagree,1indicated strongly disagree. Some items were written in a negative direction, thus reversing of their scores was taken place before analysis.

2- Thomas-Kilmann Instruement(TKI):

It was developed by Thomas-Kilmann (1974) to measure the strategies used by nurses for conflict management. It composed of 30 pairs of forced choice responses. The nurses were asked to choose from (a) or (b) paired statements according to that which is best fits how their preferred way of handling conflict . The conflict strategies included: competing 12 items,

accommodating 12 items, collaborating 12 items, avoiding 12 items and compromising 12 items.

This questionnaire was translated into Arabic and content validity was done by a jury of expertise in nursing and education their number was 7, necessary modification and reliability by Cronbach's alpha was (0.93). The maximum score is 12, so that more than 6 indicate a leaning to the conflict management strategies. Less than 6, indicates a relative dislike. Scores on the subscales range from 0 to 12, the maximum score possible of any scale is 12.

- 6 and more indicates leaning to the conflict strategies - Less than 6 indicate relative dislike conflict strategies. Content validity and reliability test for the developed tools After the construction of the instruments guided by literature, under supervision of the thesis advisors, two instruments were given to seven experts specialized in nursing administration from different nursing faculties, to check the adequacy of items that cover the domain under investigation, and to ensure the universe of the concept being measured.

Procedure:

A written approval to carry out the study was obtained from the hospital and from nursing directors , the investigator got a letter from faculty of nursing seeking for the approval of hospital and nursing directors of Manial University Hospital and new teaching Kasser El Ainy Hospital Separate letter was handed to the managers exploring purpose, nature, and significance of the study. After getting approval the investigator explained purpose, nature, and significance of the study for every unit manager or the one who substitute their job, head nurse and charge nurse to get their maximum cooperation. Work schedule of charge nurses and staff nurses were obtained from the head nurse of each unit, to plan time for data collection.

Questionnaires were handed individually to each unit head nurses or his/her substitution, after determining a date for the interview during morning shift. According to the plan of time schedule questionnaires were collected from charge nurses and nurses during their break time and collected at the same day. In sum, data was collected during morning and afternoon shifts over two months from July 27th 2010 to September 29th 2010.

Ethical consideration:

Before data collection, approvals from hospitals' administrators and nurses were obtained. Participation in and withdrawal from the study were voluntary. The anonymity of participants and confidentiality of their responses were ensured. Coding of the questionnaires was done by a researcher, and only the overall results

were shared with nursing and hospitals' administrators.

Statistical analysis:

All analyses were performed using Statistical Package for the Social Sciences (SPSS) for Windows version 17.0. Descriptive statistical analysis was used and correlation was done to show the relationship among conflict management and hospital climate nurses' responses. An alpha level of .05 and .01 was used in all correlation analysis.

3. Result

Table (1) shows that about 66.8% of nurses were working in Kasser El aini hospital, while 32.9% of nurses were working in El Manial hospital The data on the table shows that the majority of nurses (83.0 %), were female. While 15.7% of nurses were male. The majority of nurses (68.9%) were married and the least percent of nurses (1.5%) were widows. More than one third of nurses (36.1%) have years of experience more than 15 years but the least percent of nurses (9.1%) their years of experience ranged from 1 to less than five years. Furthermore, the data from the table indicated that more than half of nurses were staff nurses and the least percent of nurses (9.1%) were head nurses Table (2) illustrates that the most preferred conflict management strategies used by nurses was accommodating as it had the highest mean (6.6), followed by collaborating strategies mean, 6.3. The least used conflict strategy in this sample was competing by mean (4.9 The study did not prove a significant relationship between demographic characteristics such as hospital, sex, experience, social status, job, qualification and working department and the used conflict management strategy

Table (3): reveals that the majority of nurses (76.4%) perceived role clarity factor as positive. The next factor was quality management (67.3%).The third positive of climate factors was reward and recognition (63%), the lowest positive climate factors was

motivation and satisfaction (59.7% Moreover the table revealed that the overall nursing perception toward hospitals climate was positive with percent (66.1%).

Table (4) illustrates that 57.9% of the study nurses responded positively to management effectiveness. The highest percentages 76.7, 72 and 60.2 were in the age group of 45 and more, 40 to < 45 and from 30 to < 35 respectively. The lowest percentages (53.7, 54.2 and 43.9) responded positively includes the age groups: 20 to < 25, 25 to < 30, and 35 to < 40 respectively On the other hand 42.1% out of total the nurses perceived management effectiveness negatively. The highest percentage of them 56.1%, 46.3% and 45.8% were in the age groups 35 to < 40 years, 20 to < 25, 35 to < 40 respectively. While the lowest percentages of them responded negatively were in the age groups from 45 and more (23.3%), 40 to below 45 (28%) and age from 30 to below 35(39.8). There was a statistically significant relation at 0 .037 between nurses' age and their perception toward management component of organizational climate

Table (5) illustrates that 62.9% of the study sample responded positively to leadership effectiveness the highest percentage of them 84.4,64.7 and 62.9% were for head nurses, supervisors and charge nurse respectively. While the least percentage 59.1% was for staff nurses. On the other hand 73.1% out of total responded negatively regarding leadership effectiveness the highest percentage of them 40.9%, 37.1% and 35.3 were practical nurses , charge nurses and supervisors respectively .while the least percentage15.6% was for head nurses There was astatically significant relation at (0.005) between job groups and leadership effectiveness.

Table (6) illustrated significant statistical relationship (0.030) between organizational climate factor (management effectiveness) and conflict management strategies (compromising) .Also, there was no significant relation between other organizational factors and conflict management strategies.

Table (2): Mean score for conflict management strategies used by nurses. (no=330) Maximum score =12

Conflict strategies	mean	SD	Range score
Competing	4.9	(±1.)	0-1
Collaborating	6.3	(±1.)	0-11
Compromising	5.8	(±1.)	1-10
Avoiding	5.7	(±1.)	0-10
Accommodating	6.6	(±2.0)	0-12

Table (3): Mean scores of all the nurses as regards their perceptions of the different factors of the organizational climate. (no=330

Variable Organizational climate factors	Mean	(S D)	Positive response	
			No	%
Work environment	3.1	(±0.8)	197	59.7%
Motivation &satisfaction	3.1	(±0.6)	179	54.2%
Management effectiveness	3.1	(±0.6)	191	57.9%
Leadership effectiveness	3.1	(±0.5)	207	62.7%
Role clarity	3.4	(± 0.7)	252	76.4%
Quality management	3.2	(±0.7)	222	67.3%
Conflict management	3	(±0.6)	189	57.3%
Reward & recognition	3.1	(±0.8)	208	63%
Total climate	3.1	(±0.5)	218	66.1

Table (4): Relationship between Nurses' age groups and their perception of the management effectiveness factor of the organizational climate. (n=330

		management effectiveness		Total	
		-ve	+ve		
Age	20 - < 25 yrs	46.3%	53.7%	41	100%
	25 - < 30 yrs	45.8%	54.2%	59	100%
	30 - < 35 yrs	39.8%	60.2%	118	100%
	35 - < 40 yrs	56.1%	43.9%	57	100%
	40 - < 45 yrs	28%	72%	25	100%
	45 yrs ±	23.3%	76.7%	30	100%
Total		42.1%	57.9%	330	100%

χ^2 11.858   p-value 0.037*

Table (5): Percentage relations between job categories of nursing and Leadership effectiveness. (n=330)

	Leadership effectiveness					
	-ve		+ve			
Nurses job	No	%	No	%	Total	%
Practical Nurse	79	40.9%	114	59.1%	193	100%
Head Nurse	5	15.6%	27	84.4%	32	100%
Supervisor	12	35.3%	22	64.7%	34	100%
Charge nurse	26	37.1%	44	62.9%	70	100%
Total	122	37.1%	207	62.9%	329	100%

χ^2 7.588   p-value 0.055

Table (6): Spearman Correlation between conflict management strategies and hospital climate factors n=(330)

Climate factories		Competing	Collab-Orating	Compro-mising	Avoiding	Accomm-odating
Work environment	r	-.022	.017	-.049	-.002	.052
	p	.693	.762	.375	.957	.351
Motivation	r	.063	.009	-.060	-.017	.043
&satisfaction	p	.256	.870	.279	.764	.439
Management	r	.056	.039	-.119	.064	.006
effectiveness	p	.311	.483	.030*	.247	.908
Leadership	r	.038	.028	-.045	.007	-.017
effectiveness	p	.487	.612	.415	.895	.763
Role clarity	r	-.025	.045	-.088	-.031	.073
	p	.657	.414	.110	.574	.184
Quality	r	-.016	.044	-.069	-.007	.022
management	p	.773	.427	.210	.904	.684
Conflict	r	.086	.047	-.078	-.001	.025
management	p	.117	.390	.157	.978	.656
Reward &	r	.015	-.028	-.078	-.003	.071
recognition	p	.790	.606	.156	.952	.197

*correlation is sig at the 0.05 level   ** correlation is sig at the 0.01 level

4. Discussion

The present study aims to examine the relationship between conflict management strategies used by nurses working in Cairo University hospitals and their perceived organizational climate The results of the study revealed that approximately two thirds of the study subject were female and the majority of them were married. Most of them were in the age group ranged between 25 to 35 years. They had a working experience between 5to 15 year. Concerning qualification, most of the study subjects had diploma in nursing and working as staff nurses in specialized units

Unexpectedly the study revealed that there was no statistically significant relationship between demographic factors such as gender, marital status, years of experience, job, qualification, department, age, and education, and conflict management strategies such as accommodating, avoiding, compromising, competing and collaborating. On contrary many studies proved a significant relationship between demographic factors and conflict management strategies

A study carried out by Whitworth 2005, explored that years of experience correlated to accommodating strategy. More years of experience related to greater accommodation. The longer the nurse had been in the profession, the more adaptive to her environment. The same researcher added that, the nurses holding Bachelor's degrees were more thinking and less competing. The nurses holding Associate degrees were found to be more competing and more feeling.

Associate degree nurses are often in positions of lower authority, making competing necessary in the workplace and causing them to put their own feelings aside Nurses in management positions tend to use accommodating less. Perhaps they feel more confrontational due to their power level in the organization. Individuals lacking independence are more likely to yield to others perceived as stronger, (Cavanagh , 1991). Moreover Morrison (2005) stated that "developing the competencies of emotional intelligence and understanding how to effectively handle conflict is necessary for nurses working in a highly stressful occupation. The same study reported that a positive relationship exists between the collaborative conflict-handling style and emotional intelligence, and a negative relationship between the accommodating conflict-handling style and emotional intelligence

A study by Vokić & Sontor (2009), found that married people express significantly higher usage of accommodating conflict handling style than unmarried. This could have been assumed as, in order to live happily in the marriage, people often have to discard their interests, and place their spouses' interests above their own

The study concluded that the most preferred conflict management strategies used by nurses working at Cairo University hospitals were accommodating and collaborating, while the least used were the competing strategy Accommodation strategies might be appropriate for the study subjects especially if nurses did not feels that their goals was

so important, this feeling might be due to low self confidence in their view; decreased commitment to nursing profession; or feeling that the other party of the conflict is stronger than them . So they may sacrifice their needs that they let the others to win especially when their conflict was with physicians. Moreover most of the subjects in this study were females. On the same line valentine (2001), mentioned that the reason for women being more accommodating might presumably due to their inborn higher concern for others, which is said to be a consequence of their inherited and historical role of those who look after others and take care of them

There may be several explanations for the findings of this study. The social cognitive theory proposes that behavior is affected by environmental influences, personal factors, and attributes of the behavior itself. Perhaps, environmental influences contribute to the accommodating and avoiding conflict management styles of the nurses in this study (Whitworth, 2005)

On the contrary to the present study Cavanagh, (1991) found that avoidance conflict management strategies are commonly used by nurses and head nurses Collaborating, as the very close second choice for managing conflict in this study, which considered to be both assertive and cooperative ,might reflect the level of conflict in Cairo university hospitals .using collaborating also, might be due to interpersonal conflict in the hospitals ,which needs accepting and understanding one an others needs and expectation improves the quality of the relationships. Hendel, *et al* (2007), in their study found that Collaborating was chosen significantly more frequently among head nurses. Parvez &Rahman (2007), added that these leaders and top-level management follow a collaborative approach in managing conflict in the organization Using Collaboration& accommodation may reflect the low level of conflict present in the hospitals and this is in contrary to the study of Barki and Hartwick (2001), who found that individuals working in teams with high levels of conflict were more likely to manage conflict through domination or avoidance (components of disagreeable style) rather than collaboration (component of an agreeable style

Moreover the findings of the present study revealed that the least positive percentage for using conflict management strategies was competing. The infrequent use of competing might indicate that nurses in Cairo university hospitals had difficulty in taking a firm stand on issues due to low self confidence and feeling of weakness. It might also reflect lack of awareness of power and discomfort in using them. The under-use of competing might relate to nurses' feeling powerless because of the inferiority image of nursing profession among health team in hospitals.

Moreover, most of the study subjects were females whom focus on social relationships

The result of the study is consistent with a study of Cavanagh (1991) who revealed that staff nurses and nurse managers considers competing as the least favored conflict management strategy The study concluded that there was a statistically significant relationship concerning competing strategy, with high percentage of nurses using competing strategies among El-Manial Hospital than El Kasser El Aini. It could be attributed to more restrictive system in management at El-Kasser El Aini, which does not provide the nurses with communication channel needed for conflict management, this might hinder their ability to advocate their needs on the opposite of flexibility channel at El manial hospital.

The study concluded that role clarity was the highest positive organizational factor. This might relate to clear job description for both nurses and other health care employees in Cairo university hospitals. Also the nursing study curriculum might clearly design for nursing future roles and this reflected the high quality of nursing study. Clear measurable objectives with defined targets establish a clear focus for all actions and decisions and enable the degree of achievement to be measured relative to stakeholder satisfaction. When this principle is applied people know what they are trying to do and how their performance will be measured (Hoyle, 2007)

Moreover, head nurses and supervisors might be available to identify the boundaries for nurse's responsibility and the desired outcome. this was congruent with the study of Yvonne, *et al*., (2011). They concluded that there was a statistically significant relationship between private and public organization regarding role clarity, also the study revealed that public sector organization has exhibited strong role clarity

The study revealed that the second positive organizational climate was quality management and there was a statically significant relationship between hospitals and organizational climate (quality management). The highest positive percentage was for Kasser El Aini hospital this might related to the fact that kasser El Aini hospital give quality management great attention to quality management issues e.g. quality management programs and skilled managers. Nurses managers might play important role in quality management because they work closely with the medical stuff so, they can coordinate quality through frequently design and implement process of improvement, quality consultation and education program.

The study concluded that, the least positive organizational climate was satisfaction and motivation factor, this might relate to that nursing work had no

meaning to them and subsequently not satisfied with their job. Nurses might not be motivated because their job not met such as financial and growth need . Factors that inhibited job satisfaction might those that hindered the ability to accomplish patient care, including lack of supplies, feeling overloaded, and difficulties in communicating with physicians. Relationships with coworkers could cause satisfaction or dissatisfaction as well. Control over work environment and lack of autonomy in decision making might contribute to job dissatisfaction.

This study is congruent with Pillay (2009), here study highlighted the overall dissatisfaction among South African nurses and confirmed the disparity between the levels of job satisfaction between the public and private sectors

The study concluded that, nurses perceived their organizational climate positively , this is consistent with (Giacomo,2011; Castro, 2008 Mryyan, 2009) and this result is inconsistent with that of Abd El-Megeed and Ahmed(1996) who found in their study of the organizational climate at critical and intensive care units at El-Manial University hospitals that staff nurses perceived the climate as an open one, pointing to the presence of good spirits, good relationships and human treatment among staff. Opposing that Abed El-salam, et al (2008) and Lephoko, 2004) the study conclude that nurses staff in selected hospitals are dissatisfied with the organizational climate.

An explanation of this could be the collegiality with the work area at Cairo University teaching hospital which allows greater control over the work environment. Also, provides special   considerate to staff, no close supervision of staff, and minimal conflict among staff. In addition, Cairo University teaching hospital provides private, An explanation is that the nurses might fearful that the manager would know their responses, and so they attempted to answer the questions in the "most appropriate" manner possible.

The study concluded that older nurses were more positive toward management effectiveness, this may related to the fact that old nurses had more experience and knowledge about the role of nursing manager in hospitals. In the same time managers with long experience showed effectiveness in carrying out different managerial functions. Another explanation could be that they might be able to assess management effectiveness by evaluating the skills demonstrated by the manager in situations such as work delegation, conflict management, sales achievements, human resources management, and handling nurses in a tactful manner.

The study concluded that there was a statistically significant relationship between job groups   and leadership effectiveness (one of the components of the climate). The highest positive percentage was for head nurses, supervisors and the least was for stuff nurses This could be due to that nurses managers had powerful leadership effectiveness may be related to their various communications with others and different units employees.(Forouzande *et al.,* 2009). Nurses managers in Cairo hospitals are responsible for many   units , this which increase   the span of control (i.e. the number of subordinates the manager supervise)for the nurse managers   resulting in a relative decreased in exposure of stuff nurses to nurse managers .this reduction in exposure could reasonably result in weaker identification of leadership behaviors of the   managers by stuff nurses, so leading to decreased   positive   response   toward   leader effectiveness.

This result was consistent with the results of many researchers (Krugman and Smith, 2003 ; Wood, 2008;) they mentioned that the charge nurses were significantly more positive in their self reported leadership abilities The findings of this study is congruent with the finding of Baloga-Altieri (2008) who reported   there was statistically significant relationships between staff nurses' perceptions of leadership behaviors of the nurse executive and nurse manager behaviors in the magnet and non magnet hospitals

The study concluded that there was a statistically significant relationship between the organizational climate component management effectiveness and the conflict   management   strategies   compromising .Frequent use of compromising indicates nurses focus mainly on practical aspects of care. On the other hand larger issues such as principles, values, long-term goals, or well-being of organizations, are not considered. Nurses' perceptions of the hierarchy may influence use of compromising as a way to handle conflict. Nurse Managers are often positioned between traditional decision makers (administrators, boards, physicians) who are mainly men and subordinate workers (staff nurses, other health workers) who are mainly women. Staff nurses are positioned between nurse managers and other subordinate health care workers and interact frequently with health professionals who perceived to be super ordinate to them (Valentine, 2001).

Conclusion and Recommendation

The study revealed that the most preferred conflict management strategy was accommodation and the least used one was competing. Almost all nurses in Cairo university Hospitals were perceived their organizational climate as positive, role clarity factor had the highest positive percentage, while the lowest positive percentage was motivation and satisfaction   factor.   The   study   recommended

assessment of their perception of nurses of the organizational climate periodically to use results for creating a positive work atmosphere conductive of productivity and encourage training and courses in conflict resolution.

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