Original Article

Effect Of Conflict Management Training Program On Organizational Commitment And Structural Empowerment

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1.ABSTRACT

Background: Conflict management has positive consequences within the organization like organizational commitment and structural empowerment improvement. It aims to maintain conflict to encourage staff nurses to be innovative. **Aim:** The study aimed to assess the effect of conflict management program on organizational commitment and structural empowerment. **Method:** A quasi- experimental design was used and the study was conducted on 64 staff nurses working at Kafrelsheikh University Hospitals using three tools as: Conflict management, organizational commitment, and structural empowerment questionnaires **Results:** There was statistically significant improvement in all dimensions of staff nurses' opinions related to conflict management, organizational commitment and structural empowerment immediately post the program and post 3 months of the program implementation. The total score of staff nurses' opinions about conflict management, organizational commitment and structural empowerment increased from pre the program phase to immediately post the program with slightly decrease to after the program but still higher than pre program significance. **Conclusion:** There was statistically significant correlation between conflict management, organizational commitment, and structural empowerment questionnaire at all program phases. **Recommendation:** It is recommended that conflict management training program should be held for all hospital personal especially nurses who tolerate more problems and stress.

Keywords: Conflict management, Organizational commitment, Structural empowerment.

2.Introduction:

Organizations unable to live without conflict as well as conflict unable to live without persons *(Leon-Perez, Notelaers & Leon-Rubio, 2016; Morrison, 2021)*. Conflict is a fundamental part of any living system like the organization as the organizational /employees' goals may be not compatible all the time. It is critical for any living system to have many conflicts. On the other hand, it is serious to have no conflict at all. Conflict presents in all aspect of human interactions especially when person fight interdependence and resist conformity *(Bhattacharyya, 2020).*

Conflict is a complex phenomenon. It is described as the aggressive striving for the most preferred consequences that if attained impair the others' accomplishment of favored consequences. Also, it refers to a process which occur when person perceives that own interests are being disputed or affected negatively by another person *(Alshammari & Dayrit, 2017)*. Conflict common sources in health care environment involves differences in, beliefs, values, attitudes, feelings, ideas, actions, common goals, competition between professionals, variations in economic/ qualified values, poorly defined expectations/ roles، inability to work as a team، and inappropriate communication skills *(Mohammed, 2018).*

Conflict management refers to a process that involves the conflict recognition, detection of its intensity، evaluation of the effects of intensity, selection of proper intervention methods, and assessment of results. So، successful healthcare organizations needs to build cooperation and culture of mutual understanding as teaching nurses to manage conflict efficiently is vital to maintain superior quality of patient's care as handling conflict in an appropriate way fosters quality outcomes

while unmanaged conflicts may leads to various adverse effects on patient's outcomes *(Rudani, 2013; Kim, Nicotera & McNulty, 2015; Marquis & Huston, 2015; American Management Association (AMA), 2017).*

Conflict management assists nurses to perceive that not all conflict is negative, provide them with tools to efficiently resolve conflict, enhances nurse-nurse collaboration, and fosters conflict management skills among nurses *(Mayfield, 2018).* Also, conflict management differs based on the conflict type and the workplace in which it occurs. The most popular conflict management styles and strategies that are utilized for conflict management are the following five conflict management strategies; accommodating, avoiding, collaborating, competing, and compromising. The accommodating strategy reflects a lose-win consequence since the party can have a suitability for achieving own goals *(Valamis, 2021).*

The avoiding strategy is described as a low concern for own self and others. Avoidance usually has a lose-lose consequence as the conflicting parties insist on refraining from communication. People select to avoid conflict due to disengagement which concerned with the conflict causes. The collaborating strategy is used when parties cooperate with each other to accomplish both parties' goals. It fosters finding creative manners for handling an issue. The competing strategy is a win lose consequence by aggressive trials for meeting own needs. Finally, the last strategy is the compromising strategy that is characterized by moderate concern for own self and others. This strategy reflects the giving and taking initiatives between the disagreement parties *(Annaccone, 2017).*

Conflict management enhances organizational commitment that describes personal psychological attachment to the institution which involves a sense of job involvement, loyalty, and belief in the institutional values. In addition, organizational commitment refers to an affective orientation to the institution, recognition of the costs associated with leaving it, as well as a moral obligation to stay in it *(Risla & Ithrees, 2018).* Organizational commitment sources can be found in the three variants of commitment. Affective commitment which arises due to a target that results from love feelings and affection toward the specified target, normative commitment develops as a result of the personal obligation to stay in the institution because of a sense of indebtedness to it. While, continuous commitment is the personal experiences derived from the costs of leaving the institution and the presence of another alternative jobs *(Oyinlade, 2018).*

The most popular types of organizational commitment involve affective, normative and continuance commitment. Affective commitment is the attachment of workers to the organization and coworkers, desires to view the organizational success, as well as the pride because of working in the organization. Normative commitment describes employees' ethical commitment to the institution as participation in the institutional goal achievement is considered as the correct thing to do. Continuance commitment is a commitment type that is based on the costs associated with leaving the institution *(Risla & Ithrees, 2018; Al-Haroon & Al-Qahtani, 2020).*

Organizational commitment is viewed as the most important component of employee's attachment that reflects employees' desires to stay in the institution, a strong association with employee's behavior, and performance *(Al-Haroon & Al-Qahtani, 2020).* It is nowadays considered as one of the most essential aspects in human resource management as it fosters work values/ motivation / involvement *(Bai & Liu, 2018).*

Also, conflict management fosters empowerment which is described as discovering new traditions to disseminate power to the people who needs it to the achieve job requirements *(Kokila, 2016).* In nursing field, empowerment characterizes nursing staff who effectively work to deliver efficient patient's care within the healthcare organization *(Kumudhavalli & Karthi, 2019).*

Empowerment types involves structural empowerment that refers to activities that the

institution do to share employees in power, decisions, access to all staff to obtain maximum effectiveness, and organizational success *(Maleki, 2017)*. Psychological empowerment that describes an employees' capability to manipulate their involvement in the work place *(Meng & Sun, 2019)*. Empowering leadership is a promising strategy for leaders to shape employee's attitudes and behaviors that positively involves cynicism and time theft *(Lorinkova & Perry, 2018)*.

Structural empowerment (SE) is a widely-used term that is described as personal perceptions of access to information, opportunities, resources, support, formal, and informal chains of power *(Echebiri, Amundsen & Engen, 2020)*. Nurses' structural empowerment derived from various sources which include a workplace which has the structures that promote structural empowerment, a psychological belief in own ability to be empowered, and perception that there is power in the relationships and care that provided by nurses which include interactions among individual /organizational, socio-cultural factors *(Kumudhavalli & Karthi, 2019)*.

Subordinates are empowered when they are able to access to empowerment structures to perform their work, promotion of an empowered workforce is dependent on the social structures presence, opportunity that provided to employees within the organization in addition to the chance to develop knowledge, and skills *(Hossny, Qayed & Youssef, 2015; Dahou & Hacini, 2018)*. A structurally empowered nurse should be effectively equipped to save patient's rights *(Kumudhavalli & Karthi, 2019)*.

Hospitals should empower the nurses as possible to maintain job satisfaction which impact the nurses' performance which makes the organization strong and competent. Structural empowerment is vital and required because of the competition and provide organizational services that necessitate to be fast, responsive, independent to be able to compete, have strong capabilities, and commitment to the employees *(Fibriansari & Yuwono, 2018)*.

In nursing, structural empowerment is considered a vital part for ensuring professional success and developing the nurses' image *(Lockhart, 2017)*. In the healthcare organizations, structural empowerment contributes to the patient's safety culture and the nurses' behaviors that support patient's safety *(Kim & Kim, 2019)*. Also, it has a direct impact on nursing staff work that involves work productivity, job satisfaction, acting as a mediator in job characteristics and employees'/ managers' leadership skills *(Kumudhavalli & Karthi, 2019)*.

2.1 Significance of the study

Nurses may be susceptible to more workplace conflict because of they need to collaborate with healthcare professionals who have different values, goals, and roles to maintain high quality of patient's care *(Obied & Sayed Ahmed, 2016)*. Therefore, managing conflict is important for nurses to provide effective/ efficient patient's care and profit achievements. Similarly, helping nurses to manage conflict effectively is crucial and mastering conflict management skills is vital to maintain high quality of patient's services /wellbeing, improve staff moral, and patient's safety *(Abd-Elrhaman & Ghoneimy, 2018)*.

Also, conflict management affects staff nurses positively through improving organizational commitment and structural empowerment. Thus, it is so important that healthcare organizations should have an effective training program to assist nursing staff to handle conflict properly that will enhance organizational commitment and structural empowerment *(Kluczny, 2021)*. Therefore, it is hoped that this study will help to determine the effect of conflict management training program on organizational commitment and structural empowerment.

2.2 Aim of the study:

This study aimed to assess the effect of conflict management training program on organizational commitment and structural empowerment, through:

o Designing and implementing conflict management training program

o Evaluate the effect of conflict management training program on organizational commitment and structural empowerment

2.3 Study Hypothesis:

o It is hypothesized that applying conflict management training program will improve organizational commitment.

o It is hypothesized that an application of conflict management training program will affect structural empowerment

3. Method

3.1 Design:

A quasi- experimental design was used.

3.2 Setting:

This study was conducted at all in-patients' medical surgical units at Kafrelsheikh University Hospital that provides a wide spectrum of health services at Kafrelsheikh governorate and occupied with 365 beds.

3.3 Participants:

The study participants included all staff nurses (64) who work at all in-patients medical surgical units in the previously mentioned setting at time of data collection.

3.4 Tools for data collection:

Three tools for data collection were used as the following:

Tool (I): Conflict management questionnaire:

This tool adopted by the researcher based on the review of literature *(Abd-Elrhaman & Ghoneimy, 2018)* and *(Elliot, 2010)*. It aimed to assess conflict management from the staff nurses' viewpoints. This tool is consisted of two main parts:

- **Part (1)**: which included personal characteristics of the study subjects such as age, gender, marital status, years of experience, and educational qualifications.

- **Part (2)**: It consisted of 31 items organized into five categories namely collaboration (8 items), compromising (5 items), accommodation (6 items), competing (6 items), and avoiding (6 items).

Responses were measured on a 5-point likert type scale (1, strongly disagree; 2, disagree; 3, uncertain; 4, agree; and 5, strongly agree)

Scoring system of conflict management questionnaire adopted from *Abd-Elrhaman and Ghoneimy (2018)* which included Low conflict management (31-71), Moderate conflict management (72-112), and high conflict management (113-155). The higher score indicates proper conflict management.

Tool (II): Organizational commitment questionnaire:

This tool adopted by the researcher based on the review of literature *(Ghosh, 2014)*. It aimed to assess organizational commitment from the staff nurses' viewpoints. It consisted of 29 items organized into five categories namely affective commitment (8 items), normative commitment (5 items), continuous commitment (7items), organizational identification (5items), and organizational internalization (4 items).

Responses were measured on a 5-point likert type scale (1, strongly disagree; 2, disagree; 3, uncertain; 4, agree; and 5, strongly agree)

Scoring system of organizational commitment questionnaire adopted from *El-Hessewi (2014)* which included Low organizational commitment (29-67), moderate organizational commitment (68-106), and high organizational commitment (107-145). The highest the score, the more committed staff to the organization

Tool (III): Structural empotement questionnaire:

This tool adopted by the researcher based on the review of literature *Reed (2019)* ˙It aimed to assess the structural empowerment from the staff nurses' viewpoints. It consisted of 21 items organized into six categories namely access to opportunity (3 items), access to information (3 items), access to support (3items), access to resources (4 items), formal power (4items), and informal power (4 items),

Responses were measured on a 5-point likert type scale (1, strongly disagree; 2, disagree; 3, uncertain; 4, agree and 5 strongly agree)

Scoring system *Moastafa (2013)* included low structural empowerment (21-48), moderate organizational empowerment (49-

76), and high organizational empowerment (77-105). The highest score indicates higher structural empowerment.

3.5Program phases:

Preparatory phase:

- This phase involved review of literature related to the objectives of the studied subjects, and the study aim to acquire theoretical information of different sources by using books, articles, magazines, and internet to form data collection tool.

- The three study tools used for data collection were modified and translated into Arabic by the researcher, and tested for its content validity by five experts in the field of the study(professors, assistant professors, and lecturers from the nursing administration department, Faculty of Nursing, Mansoura University) who revised the tools regarding the tool's format, parts, clarity, appropriateness of every item included in the questionnaire sheet, relevance, comprehensiveness, understanding, ease of implementation, scoring system accordingly the necessary corrections, of some items structure, and modifications were made based on experts' opinions.

- **Reliability of the tools**: Reliability testing was done and judged to ensure how will the items which reflect the same construct yield similar results. The reliability of the three tools items was tested by using Cronbach /coefficient alpha test. Internal consistency reliability for staff nurses' opinions regarding conflict management was (0.924), regarding staff nurses' opinions related to organizational commitment it was (0.811). While, it was (0.932) for staff nurses' opinions concerning structural empowerment

- **Pilot study** of the data collection tools was conducted before performing the main study (after the development of the tools and before starting data collection. The questionnaire was tested on a sample of 6 nurses at Kafrelsheikh University Hospital who represent 10% of the total study subjects). They were selected randomly and

excluded from the study subjects. The aim of the pilot study was to check and ensure the tools clarity, assess the clearance of tools language, test the feasibility of the tool, assess suitability of the tools/study setting, detect the applicability of the designed tool, estimate the consumed /needed time to fill on the questionnaire, identify potential obstacles, and problems which may be encountered via the data collection period. Study subjects were asked to complete the questionnaires to determine un-clarities or difficulties in completion of the tools and reported by staff nurses.

- The completion of all questionnaires took about 20-25minutes of staff nurses.

Implementation phase

- Based on the collected data from various sources via the preparatory phase and with assistance from literature review, the researcher designed a training program which responded to the identified needs of those data which were translated into general objectives which were broken down to specific objectives that were set in a sequential order.

- The study field work was designed based on an educational program that included objectives of the training program such as definition of conflict/conflict management, causes, types, directions, levels, stages of conflict, factors which arise conflict, characteristics of conflict, benefits of conflict, effect of conflict, dimensions of conflict, theories about conflict, ways for discovering conflict, relationship between organizational performance and conflict, conflict management principles, importance of conflict management, advices during conflict management, conflict management strategies, tips/skills for successful conflict management, prevention of conflict, mistakes occur during conflict management, barriers for effective conflict management, and role of nurse manager in conflict management.

- After finalization of the tools for data collection and obtaining official permission

to collect the data, the researcher started to collect data from staff nurses in the presence of the researcher for any clarification or question needed from staff nurses.

- Actual field work of the conflict management training program was started at the beginning of May 2021and was finished at the middle of October.

- The researcher visited the hospital via the morning shifts to gather the information by exploitation previous tools from convenient staff nurses to participate in the study. Conflict management program was implemented for six weeks where researcher categorized the total numbers of available staff nurses into three groups according to the working place and the available time for each group. Two working weeks was made for each group of staff nurses where each one group had six sessions per two weeks (three days for two weeks) and duration of each session was 2 hours.

o The program sessions started from 11Am to 1pm. Various content, teaching media, and learning methods that included (interactive lectures, group discussion, brainstorming, work in small group, role play, case study, and audiovisual materials…….) were used via the program sessions. At the beginning of each session, the researcher revised the previous sessions and at the end of each session the researcher summarized what has been said, adult learning principles were applied by the researcher through giving time for questions, and discussion.

o The data was collected by the researcher as the following:

- Conflict management questionnaire (tool I) was administered to staff nurses before the beginning of the program, immediately post, and post three months of the conflict management training program implementation to assess staff nurses' opinions concerning conflict management.

- Staff nurses' opinions related to organizational commitment were examined

by administering organizational commitment questionnaire (tool II) pre the program, immediately post, and post three months of the program implementation.

- Structural empowerment questionnaire (tool III) was administered pre and post conflict management training programs to collect data concerned with staff nurses' opinions about structural empowerment pre the program, immediately post, and post three months of the program implementation.

- Evaluation phase:

• Before implementation of the training program, the data was collected by the researcher and the questionnaires about staff nurses' opinions regarding conflict management, organizational commitment, and structural empowerment were distributed to the studied staff nurses as pretest (before starting the program).

• Then, evaluation phase of the program was carried out after the implementation of conflict management training program for staff nurses by using the previous three tools in the post test assessment through using the following techniques:

• Immediately at the end of conflict management training program where the same three tools; conflict management (I), organizational commitment (II), and structural empowerment (III) were administered to staff nurses after implementation of the training program (post test) to validate the effect of conflict management training program on organizational commitment and structural empowerment.

- Post 3 months of the training program implementation to identify the effect of conflict management training program on organizational commitment and structural empowerment.

3.6Ethical Considerations:

Ethical approval was obtained from the Research Ethical Committee of Faculty of Nursing, Mansoura University. An official

permission to conduct the study was obtained from the responsible administrator of the hospital. An informed consent was obtained from nursing staff who accept to participate in the study. All participants were informed that the study is voluntary and they have the right to withdraw from the study at any time/stage without responsibility or giving any reasons. All participants was assured about the confidentiality of the collected data in addition the privacy of the study sample was assured at all phases of the study. Also, they were reassured that the information collected would be used for scientific research and that it would be used only for the purpose of the study.

3.7 Statistical analysis of the data

The collected data were organized, tabulated, fed to the computer, and statistically analyzed using SPSS (Statistical Package for the Social Science, version 21, SPSS Inc. Chicago, IL, USA). Qualitative data was described using number and percent. Kolmogorov-Smirnov test was used to verify the normality of distribution. Quantitative data was described using range (minimum and maximum), mean, standard deviation and median. Significance of the obtained results was judged at the 5% level.

The used tests were:

1- Pearson coefficient

Was used to correlate between two normally distributed quantitative variables

2- ANOVA with repeated measures

Was used for normally distributed quantitative variables to compare between more than two periods or stages.

3- Friedman test

Was used for abnormally distributed quantitative variables to compare between more than two periods or stages.

4. Results:

Table (1): Showed the personal characteristics of the studied staff nurses at Kafrelsheikh University Hospital (n=64). It revealed that the total study subjects were 64 staff nurses with regard to age the most common age (slightly more than one third

group) was >25 years (35.9%) of staff nurses and slightly more than half of the studied staff nurses (57.8 %) were females. Regarding the unit, the highest percentage of staff nurses (29.7%) work at special medical unit. Moreover, the majority of them were married 73.4 %. Regarding years of experience in the studied staff nurses, the highest percentages were >5 years with 62.5 %. Concerning staff nurses' educational level, (48.4 %) in the studied staff nurses have bachelors in nursing. While, (32.8 %) have technical nursing institute of health (nursing science).

Table (2), Figure (1) illustrated mean scores opinions about conflict management between the studied staff nurses. This table showed that the total score of staff nurses' opinions related to conflict management increased from (72.16 ± 23.58) to (126.52 ± 24.86) immediately post the program. Moreover, there was statistically significant improvement in all strategies related to conflict management immediately post the program and post 3 months of the program implementation. The highest mean score (32.67 ± 6.20) was related to collaboration strategy immediately post the program. While, compromising strategy had the lowest mean score (10.92 ± 4.12) in all stages of the program pre the program.

Table (3), Figure (2): Revealed mean scores opinions about organizational commitment dimensions between the studied staff nurses. This table showed that there the total score of staff nurses' opinions related to organizational commitment increased from (62.73 ± 15.82) pre the program to (113.41 ± 23.09) immediately post the program. Moreover, there are statistically significant improvement of staff nurses' opinions in all items related to organizational commitment immediately post the program and post 3 months of the program implementation. The highest mean score (31.89 ± 6.22) was related to affective commitment immediately post the program. While, organizational internalization had the lowest mean score (9.34 ± 2.41) in all stages of the program pre the program.

Table (4), Figure (3): Summarized mean scores opinions about structural empowerment

dimensions between the studied staff nurses. This table showed that the total score of staff nurses' opinions related to structural empowerment increased from (46.53 ± 10.88) pre the program to (83.31 ± 13.67) immediately post the program. Moreover, there are statistically significant improvement of staff nurses' opinions in all items related to structural empowerment immediately post the program and post 3 months of the program implementation. The highest mean score (16.31 ± 2.91) was related to access to resources immediately post the program. While, access to support had the lowest mean score (5.91 ± 2.75) in all stages of the program pre the program.

Table (5), Figure (4,5): presented correlation between staff nurses' opinions related to conflict management, organizational commitment, and structural empowerment during different phases of the program intervention. The results represented that there was statistically significant positive correlation between staff nurses' opinions related to conflict management, organizational commitment, and structural empowerment at all program phases

Table 1. Personal characteristics of the studied staff nurses at Kafrelsheikh University Hospital (n=64)

Personal characteristics	No.	%
Age		
>25	23	35.9
25-30	20	31.3
≥30	21	32.8
Gender		
Male	27	42.2
Female	37	57.8
Unit name		
general medicine	17	26.6
Special medicine	19	29.7
general surgery	16	25.0
Special surgery	12	18.8
Marital status		
Single	16	25.0
Married	47	73.4
Widow	1	1.6
Divorced	0	0.0
Years of experience at this unit:		
>5	40	62.5
≥5	24	37.5
Educational qualifications:		
Secondary technical nursing school diploma	9	14.1
Technical nursing Institute of health (nursing science)	21	32.8
B. Sc. N	31	48.4
Others	3	4.7

Table 2. Mean scores opinions about conflict management strategies between the studied staff nurses at Kafrelsheikh University Hospital (n=64)

Conflict management dimensions	Pre the program	Immediately Post	Post 3 months	Fr	P
(1) Collaboration	(8–40)	(8–40)	(8–40)		
Mean ± SD.	19.58 ± 7.39	32.67 ± 6.20	29.67 ± 7.27	56.888*	<0.001*
2.Compromising	(5–25)	(5–25)	(5–25)		
Mean ± SD.	10.92 ± 4.12	20.27 ± 4.18	17.45 ± 4.59	60.498*	<0.001*
(3)Accommodation	(6–30)	(6–30)	(6–30)		
Mean ± SD.	14.92 ± 5.38	24.64 ± 5.01	22.30 ± 5.23	52.331*	<0.001*
(4)Competing	(6–30)	(6–30)	(6–30)		
Mean ± SD.	13.13 ± 5.07	24.33 ± 5.18	20.06 ± 5.57	64.896*	<0.001*
(5)Avoiding	(6–30)	(6–30)	(6–30)		
Mean ± SD.	13.61 ± 5.78	24.61 ± 5.36	19.66 ± 5.83	62.167*	<0.001*
Overall conflict management dimensions	(31–155)	(31–155)	(31–155)		
Mean ± SD.	72.16 ± 23.58	126.52 ± 24.86	109.14 ± 24.55	60.281*	<0.001*

Fr: **Friedman test** p: p value for comparing between the studied periods
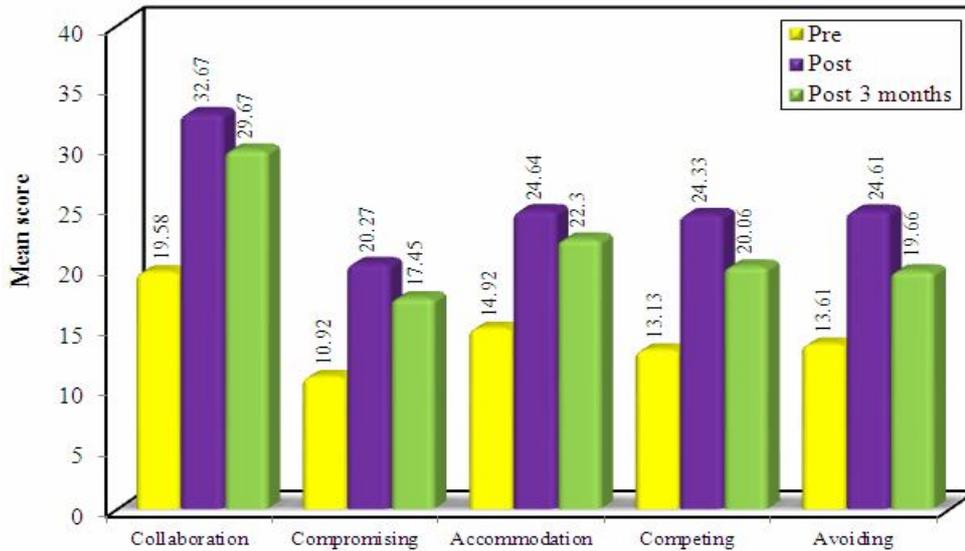
*: Statistically significant at p ≤ 0.05

Figure (1): Mean scores opinions about conflict management strategies between the studied staff nurses at Kafrelsheikh University Hospital (n=64)

Table 3. Mean scores opinions about organizational commitment dimensions between the studied staff nurses at Kafrelsheikh University Hospital (n=64)

Organizational commitment dimensions	Pre the program	Immediately Post	Post 3 months	F	P
1- Affective commitment	(8–40)	(8–40)	(8–40)		
Mean ± SD.	18.17 ± 5.21	31.89 ± 6.22	26.81 ± 7.19	70.560*	<0.001*
(2) Normative commitment	(5–25)	(5–25)	(5–25)		
Mean ± SD.	10.75 ± 3.59	19.11 ± 4.08	15.80 ± 4.83	58.554*	<0.001*
3- Continuous commitment	(7–35)	(7–35)	(7–35)		
Mean ± SD.	14.20 ± 5.01	26.19 ± 7.03	21.28 ± 7.41	48.974*	<0.001*
4- Organizational identification	(5–25)	(5–25)	(5–25)		
Mean ± SD.	10.27 ± 3.76	19.98 ± 4.31	15.94 ± 5.57	63.627*	<0.001*
5- Organizational internalization	(4–20)	(4–20)	(4–20)		
Mean ± SD.	9.34 ± 2.41	16.23 ± 3.22	13.08 ± 4.13	61.620*	<0.001*
Organizational commitment dimensions	(29–145)	(29–145)	(29–145)		
Mean ± SD.	62.73 ± 15.82	113.41 ± 23.09	92.91 ± 26.33	74.522*	<0.001*

F: F test (ANOVA) with repeated measures

p: p value for comparing between the studied periods
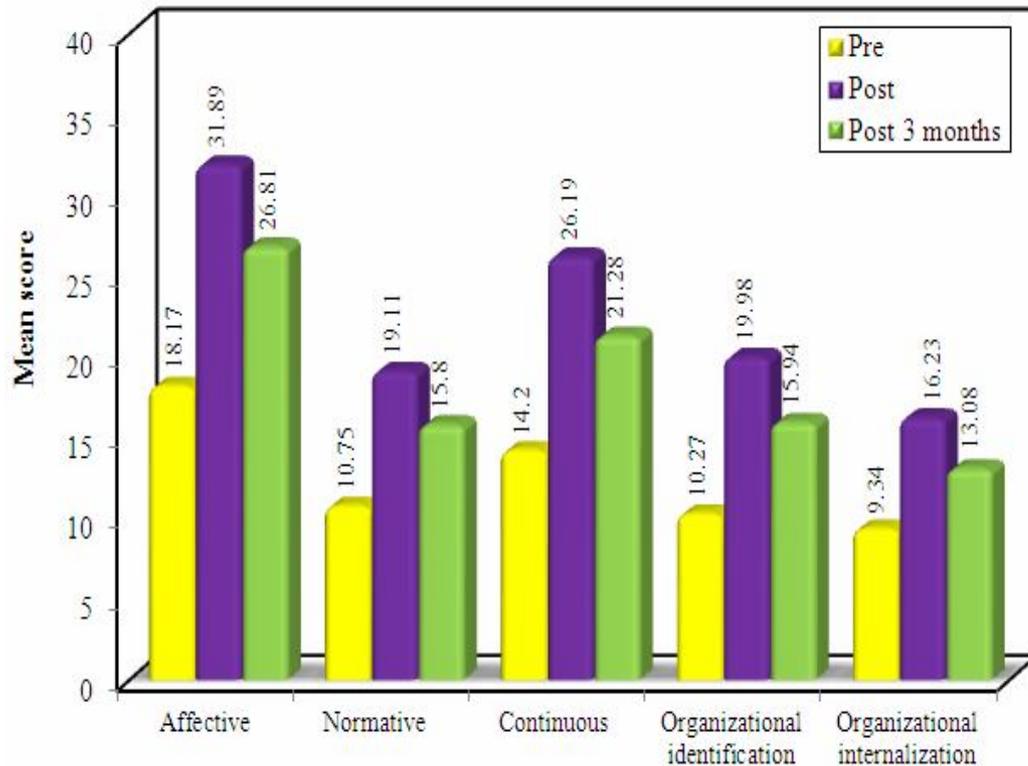
*: Statistically significant at $p \leq 0.05$

Figure (2): Mean scores opinions about organizational commitment dimensions between the studied staff nurses at Kafrelsheikh University Hospital (n=64)

Table 4. Mean scores of opinions about structural empowerment dimensions between the studied staff nurses at Kafrelsheikh University Hospital(n=64)

Structural empowerment dimensions	Pre the program	Immediately Post	Post 3 months	F	P
1-Opportunity	(3–15)	(3–15)	(3–15)		
Mean ± SD.	7.66 ± 2.65	11.70 ± 2.39	10.50 ± 2.76	35.759*	<0.001*
2-Access to information	(3–15)	(3–15)	(3–15)		
Mean ± SD.	7.95 ± 2.57	11.91 ± 2.42	10.30 ± 2.72	35.037*	<0.001*
3-Access to support	(3–15)	(3–15)	(3–15)		
Mean ± SD.	5.91 ± 2.75	11.84 ± 2.57	10.36 ± 3.18	71.699*	<0.001*
4- Access to resources	(4–20)	(4–20)	(4–20)		
Mean ± SD.	7.88 ± 3.08	16.31 ± 2.91	13.55 ± 3.95	97.657*	<0.001*
5- Formal power	(4–20)	(4–20)	(4–20)		
Mean ± SD.	7.58 ± 2.44	15.83 ± 3.11	12.94 ± 4.23	102.374*	<0.001*
6- Informal power	(4–20)	(4–20)	(4–20)		
Mean ± SD.	9.56 ± 3.52	15.72 ± 3.12	13.64 ± 3.94	44.908*	<0.001*
Structural empowerment dimensions	(21–105)	(21–105)	(21–105)		
Mean ± SD.	46.53 ± 10.88	83.31 ± 13.67	71.28 ± 18.29	94.451*	<0.001*

F: F test (ANOVA) with repeated measures

p: p value for comparing between the studied periods   *: Statistically significant at $p \leq 0.05$
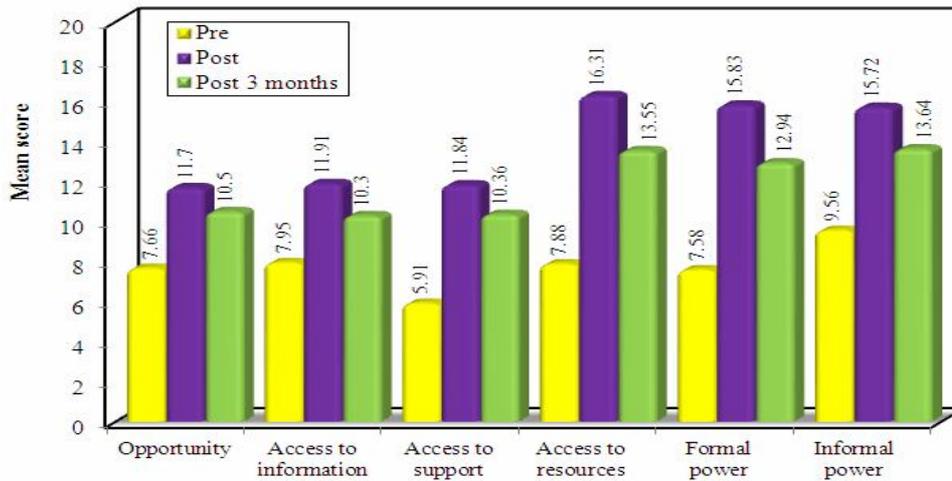
Figure (3): Mean Scores of opinions about structural empowerment dimensions between the studied staff nurses at Kafrelsheikh University Hospital (n=64)

Table 5. Correlation between conflict management, organizational commitment and structural empowerment between the studied staff nurses at Kafrelsheikh University Hospital (n=64)

		Conflict management		
		Pre the program	Immediately Post	Post 3 months
Organizational commitment	r	0.671[*]	0.891[*]	0.756[*]
	p	<0.001[*]	<0.001[*]	<0.001[*]
Structural empowerment	r	0.565[*]	0.845[*]	0.590[*]
	p	<0.001[*]	<0.001[*]	<0.001[*]

r: Pearson coefficient

*: Statistically significant at $p \leq 0.05$
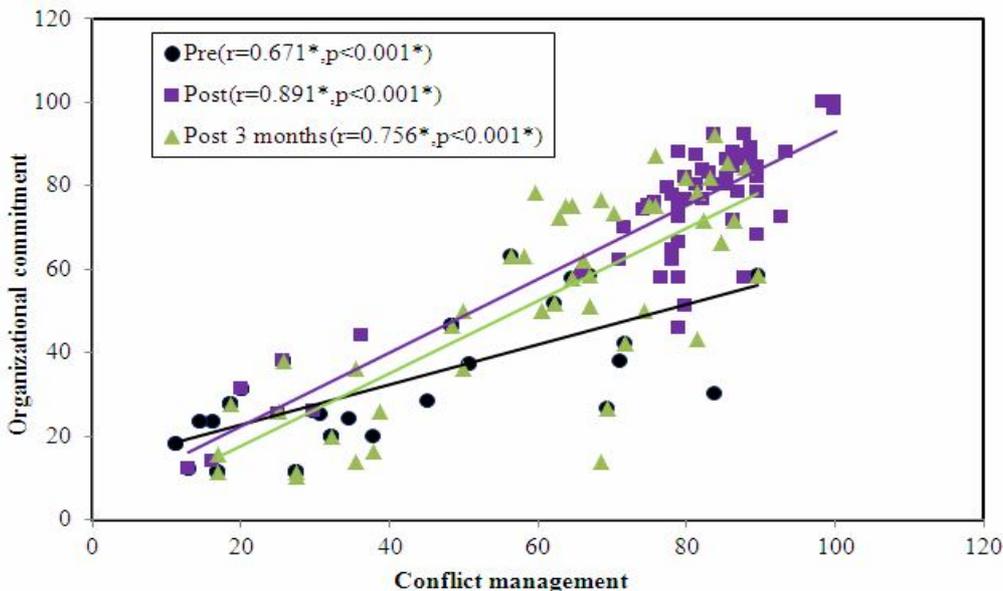
Figure (4): Correlation between conflict management and organizational commitment (n = 64)
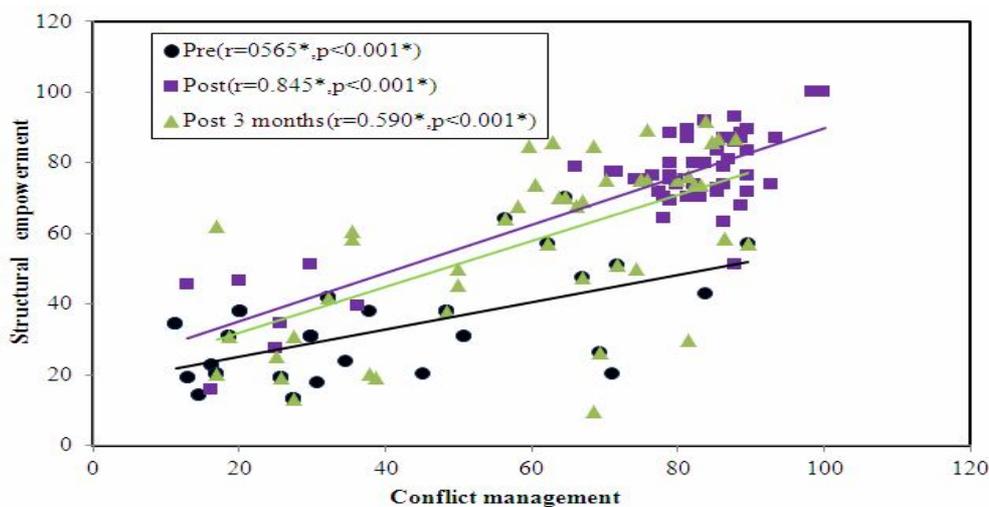
Figure (5): Correlation between conflict and structural empowerment questionnaire (n = 64)

5. Discussion

Conflict is viewed as a negative event, while when it is managed in a proper way, it may have a positive effect on the institution and the conflicting parties. Conflict resolution is required to develop nurses' skills to ensure that conflict is handled effectively. It is recommended that conflict training program must be maintained to improve collaboration between staff nurses *(Titov, Virovere & Kuimet, 2018).*

The present study aimed to investigate the effect of conflict management training program on organizational commitment and structural empowerment through assessing staff nurses' opinions about conflict management, organizational commitment, and structural empowerment to evaluate the efficacy of a designed training program at kafrelsheikh University Hospital.

The findings of the present study indicated that there was statistically significant improvement in all dimensions of staff nurses' opinions related to conflict management immediately post the program and post 3 months of the program implementation. This could be attributed to the educational program effect as it was successful, effective, assisted staff nurses to deal with various problems, situations, it has positive effect on nurses' the capability to acquire knowledge easily then practice to handle conflict properly in the work environment, to utilize conflict practices of management.

This result was supported by *Ibrahim, Mohamed, and EL-Gazar (2018)* conducted a study entitled "the effect of conflict-management enhancing strategy for head nurses on the quality of vertical dyad linkage with nurses" stated that there was a statistically significant improvement in opinions, perceptions, and knowledge of head nurses concerning conflict and strategies for management after implementation of the program.

Present study findings are consistent with the finding of *Abd-Elrhaman and Ghoneimy (2018)* who revealed that nurses reported highly statistically significant improvement of mean and standard deviation in styles for conflict management immediately post the intervention of the program and post three months for the program follow up than preprogram scores.

In addition, *McAndrew and Hardin (2020)* clarified that during training program improvement in staff nurses' conflict resolution was found which aimed to decrease nurses' /physicians' conflict, address conflict proactively, and enhance patients as well as family care. Also, the proper program that fosters conflict management of staff nurses should be maintained through maintaining

reporting system which is confidential and fair *Choi and Ahn (2021)*.

This result was disagreed with *Jing, Ma, Ma, Chen, and Cheng (2020)* and *Zandian, Sharghi, and Moghadam (2020)* who stated that post the implementation of conflict management program, techniques of conflict management, work values of staff nurses did not improved, unresolved conflict still present post training program, and there was no positive relationship among staff nurses which make them unable to work with colleagues cooperatively to deliver efficient patients' care

Moreover, the present study findings revealed that the highest mean score was related to collaboration strategy. Those results provide evidence that nurses learned to work cooperatively together toward a shared goal instead of experiencing the disagreement as a lose or win scenario since the nursing profession depends on collegial and collaborative relationships as nurses should select the most appropriate conflict strategies for conflict management. Post the program implementation, staff nurses began to collaborate with colleagues more to apply conflict management activities that improve team work and collaboration attention.

This result was consistent with *Mohammed (2018)* and *Abd-Elrhaman and Ghoneimy (2018)* who reported that nurse managers in Oman utilized the five conflict resolution strategies while the integrating strategy was the primary strategy used since collaboration strategy is utilized frequently immediate after the program and via program follow up.

This result agrees with Morrell, *Morrell, Eukel, and Santurri (2020)* who confirmed that effective conflict program implementation fosters a culture of collaboration, cooperation,, and mutual understanding to equip staff nurses with proper strategies to handle conflict. Also, this results agree with *Howard and Embree (2020)* who found that staff nurses work cooperatively to resolve conflict properly in order to produce a work environment which produces positive consequences for nurses and different clients. While, *Ibrahim, Mohamed, and El-Gazar (2020)* reported that during the

pre-training program stage, it was found that more than two-thirds of head nurses utilized accommodating strategy as a first choice to handle conflict followed in order by collaboration and compromising strategy.

Also, the present study showed that the lowest mean score in all stages of the program was for compromising strategy this may be attributed to the studied staff nurses did not understand the compromising concept properly or how to apply it, they have lack in experience related to activities which produce the compromising strategy improvement as they did not have orientation concerning compromising.

This result was supported by *Baddar, Salem, and Villagracia (2016)* who clarified that according to old age nurses, compromising style may not lead to benefits as compared to collaboration style. On the other hand, this study result was disagreed with *Alshammari and Dayrit (2017)* who clarified that the compromise resolution style is utilized frequently to handle conflict during conflict between physicians and nurses,

The finings of the present study showed that there are statistically significant improvement in staff nurses' opinions in all items related to organizational commitment immediately post the program and post 3 months of the program implementation. This may be due to that staff nurses feel that they are part of the hospital, they have extra opportunities to deal with supervisor, had a clear communication channels in the hospital, they have a strong desire to maintain membership with it, they ensure that the hospital reserve their loyalty, and they expect the cost in case of hospital leaving.

In congruence, *Ghandour, Saad Elzohairy, and Elsayed (2019)* concluded that there was statistically significant correlation between normative commitment, affective commitment, continuous commitment, and total organizational commitment. Also, *Al-Jabari and Ghazzawi (2019)* found that there were significant differences in OC especially in continuance and affective commitment when assessed via various timeframes

especially before the entrance and post entry into it.

Findings of the present study indicated that the highest mean score was related to affective commitment immediately post the program. This may be due to there is connection among the hospital goals and staff nurses, they have confidence in the hospital, have a desire to stay as a member of it, perceive emotional bounding /attachment with the hospital, they exhibit emotional / psychological affinity toward it, and support the hospital in goals accomplishment.

In the same line, *Kassaw and Golga (2019)* stated that affective commitment has the largest mean score of staff commitment as it was greater than another dimensions. This was consistent with *Sittisom (2020)* who confirmed that affective commitment develops from positive connection among subordinates and institution. It is a subordinates' commitment that determined by commitment with institutional objectives, job tasks assigned ideas to them, and be more committed to it that is ensured by subordinates.

This result was inconsistent with *Mohapatra, Satpathy, and B (2019)* who concluded that affective commitment score is less than continuance and normative commitment as the subordinates may be less emotionally attached to the institution that should formalize policies in accordance to its goals and values, and enhance subordinates' retention. In this respect, *Al-Haroon and Al-Qahtani (2020)* revealed that affective commitment dimension has the lowest positive responses in case of comparing it with normative commitment and continuous commitment.

The present study findings indicated that the lowest mean score in all stages of the program was for organizational internalization (9.34 ± 2.41) pre the program. This may be attributed to that staff nurses perceive that their personal values are similar to the hospital mission and values that make them more associated with it.

This result was supported by *Ali, Saad, and Alshammari (2019)* who confirmed that

that staff nurses in those units have acceptance and a powerful belief in institutional values, goals, and they are willing to produce more effort to accomplish institutional goals as they have self-esteem and belonging sense.

Finding of the present study showed that there is statistically significant improvement of staff nurses' opinions in all items related to structural empowerment immediately post the program and post 3 months of the program implementation. This may be attributed to hand in hand /a powerful relation among nursing managers / supervisors and nurses in performing assigned duties that produces empowerment sense. In addition to, providing staff nurses with opportunity to participate in institutional decisions making that plays a critical role in their respect/ worth, as well as satisfy requirements of empowerment.

Those findings are in congruence with *Kokila (2016)* who reported that workforce empowerment dimensions are significantly as well as positively correlated with each other and are positively correlated with satisfaction of the workforce. Empowered workforce accepts more accountability, responsibility which make them have a desire to be compensated for this.

Results from this study support *Nisar, Butt, Abid, Farooqi, and Qazi (2020), Wanjiku, Gachungu, and Kabere (2016), Van Bogaert et al. (2016), Havaei and Dahinten (2017), Delobbe and Vandenberghe (2000), RashidAzar, Alimohammadzadeh, and Akhyani (2018)* who indicated that an empowered subordinates will have positive impacts on behavior and attitude in the firm which impacts empowerment practices. Moreover, structural empowerment has an effect on the process of decision-making, nursing commitment, autonomy, professional satisfaction, practice control, and change initiatives in their clinical practice which leads to positive patients' and nurses' consequences. In the nursing profession structural empowerment may produce job control, psychological empowerment, nursing care quality, and low turnover rate.

On the other hand, the findings of the present study are disagreed with *Oducado*

(2019) who demonstrated that there was no statistical significant differences among study nurses opinions regarding structural empowerment as the results of the study presented low empowerment structure in Health Insurance Hospital and Assiut University Hospitals since many new graduated nurses cannot access resources, support, and information that are necessary to do work properly. Moreover, have no opportunities to grow, advance, acquire learning opportunities, or learn via challenging experiences of work in the firm.

The present study findings showed that the highest mean score (16.31 ± 2.91) was related to access to resources. This may be attributed to the availability of supplies, tools, equipment, and using modern technology that is necessary to deliver services of healthcare

In the same line, *Wanjiku et al. (2016)* concluded that structural empowerment enhances the power as well as maintains a proper workplace. It is created from the capability to utilize and access opportunities, information, resources, and support within the workplace.The empowerment success is associated with resources access as it is the strongest empowerment issue. It describes the ability to impact the firm to bring required materials like tools, equipment, and modern technology provided to subordinates in addition to time, space, human resources, and supplies required to perform the task, work recognition, etc., financial resources like budget allocation, funds other required supplies to perform the task efficiently in the firm that improves performance, and fosters motivation.

In addition, *Kokila (2016)* found that access to resources enhance structural empowerment that is necessary for the employees' motivation to foster the ability to do nursing tasks as well as roles in the work setting since when employees access resources within the organization, they have higher competencies to perform the work which influences work outcomes positively, and gains the work meaning. On the other hand, This study is disagreed with *Nisar et al. (2020)* who indicated that access to resources was the

least empowering factor. Also, *Reed (2019)* concluded that the least mean score was access to resources.

The findings of the present study concluded that the lowest mean score in all stages of the program was access to support (5.91 ± 2.75) during pre the program phase. This may be attributed to that there is a lack in support provided to staff nurses in the hospital units that is required to encourage nurses to praise the job, feel proud, and generate more effort.

In this respect, *Yasmeen, Ahmad, Raziq, and Khan (2020)* found that the work environment that makes subordinates feel empowered is shaped by access to information/resources, support of the organization, and equal opportunities. In the same line, *Murthy (2015)* revealed that access to support compromises receiving of constructive /appropriate feedback, peers',/managers'/ and mentors' guidance. Subordinates should engage in collegial and collaborative relationships since subordinates should work autonomously but through the workplace guidelines.

Moreover, *Goedhart, van Oostveen, and Vermeulen (2017)*, *Guo et al. (2016)*, *Orgambídez-Ramos, Borrego-Alés, Vázquez-Aguado, and March-Amegual (2017)* and *Wang, Kunaviktikul, and Wichaikhum (2013)* stated that support provision fosters competence feelings as well as self-efficacy for staff nurses as by confirming support, nurses are able to acquire new skills /information/ autonomy, encourages active participation/teamwork, reduce subordinates ' stress, and facilitate performance feedback.

In disagreement with our results *Havaei and Dahinten (2017)* found that the support subscale had superior parameter between all items of Conditions for Work Effectiveness Questionnaire-II (CEWE II) as access to support was the best to enable to differentiate among persons with lower and higher structural empowerment levels. Also, *Reed (2019)* reported that access to support was the second dimension between the six various structural empowerment domains.

The present study findings showed statistically significant positive correlation between conflict management, organizational commitment, and structural empowerment at all program stages. This may be attributed to that conflict management strategies improvement will result in organizational commitment and structural empowerment improvement as staff nurses learn, and gain knowledge from the program implementation to improve conflict management that influences staff nurses' opinions improvement which are related to conflict management that may reflected on opinions improvement about organizational commitment and structural empowerment as the proper conflict management, the higher would be the organizational commitment and structural empowerment.

It was supported by *Ahmed and Ahmed (2015)* who found a positive significant relationship among organizational commitment, job satisfaction, and conflict management strategies. In the same line, *Paz (2019)* stated that nurse manager should utilize styles which resolve conflict and encourage subordinates to generate effort that leads to organizational commitment and decrease subordinates' turnover rate.

In addition, *Oyinlade (2018)* found that institutional commitment is enhanced by conflict freedom, self-expression opportunities, trust in the institution, and institutional dependability perceptions .In another way, *Annaccone (2017)* and *Abou-Ramadan and Eid (2020)* reported that conflict impacts commitment of nurses and workplace stress which may present due to improper leadership that harm healthcare. Conflict may result in absenteeism and low level of commitment levels because conflict may produce dysfunction by lowering level of commitment, increasing burnout, stress, job dissatisfaction, and impeding communication quality of nursing care which harm the institution among persons and groups and increasing resistance to change.

Regarding correlation between conflict and structural empowerment this results was consistent with *Khan and Rasli (2015)* who found a positive connection among empowerment and conflict in addition to a negative connection among subordinates' performance and conflict.

In the same line *RashidAzar et al. (2018)*, *Khosravani, Abedi, Rafiei, and Rahzani (2017)*, *Arasteh, Pouragha, and Norouzinia (2018)*, *Ghalesefidi, Maghsoudi, and Pouragha (2019)* and *Han and Chung (2015)* concluded that empowered workforce will search for a solution and be interested in case of conflict or disagreement presence in the work environment. In addition, they accept criticism /responsibility, have self-controlling/, self-regulation, learn continuously, are optimistic, have a positive attitude towards the environment, themselves/others, perceive others like partners. Also, structural empowerment is vital for managing /controlling absenteeism, conflicts, exhaustion, as well as the patients' health maintenance via a greater commitment toward the patients.

6. Conclusion

There was statistically significant correlation between conflict management, organizational commitment, and structural empowerment

7. Recommendations

Based on the findings of this study, the following recommendations are suggested:

Regarding conflict management:

- In-service training programs should be implemented frequently that provide better training and development opportunities about conflict resolution nurses face many problems and stress daily.

- Proactive measures should be used to identify conflict issues and to manage it.

- Educational strategies like conferences or workshops concerning conflict management should be encouraged to improve staff nurses' awareness about workplace conflict and its physical, psychological, and organizational outcomes.

- Staff nurses who encounter conflicting situation should report the situation via a proper system of reporting

Regarding organizational commitment

- Staff nurses' commitment to accomplish proper work performance should be maintained via reviewing the healthcare guiding principle.
- A proper staff nurses' attitudes should be maintained to foster morale in order to make them proud to be a part of the hospital and committed to it.
- Staff nurses who will be committed, loyal to the hospital, and want to work within it until retirement should be recruited and retained.
- A strong staff nurses' commitment should be built via recognition and rewarding to motivate subordinates.

Regarding structural empowerment

- The incentives should be maintained to reinforce staff nurses' structural empowerment.
- Adequate autonomy to build a sense of structural empowerment among staff nurses should be enhanced according to work experience and qualifications to make decisions, train staff nurses, and give them adequate time to grow and learn.
- A climate of structural empowerment should be created through changing structures and redistributing managers in various levels.
- Formal power like recognition and compensation system should be maintained in addition to informal power such as relationship networks among nurses and managers should be encouraged.

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