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IDENTIFYING FACTORS THAT INFLUENCE CONFLICT MANAGEMENT STYLES OF LEBANESE NURSING STUDENTS' WITH THEIR CLINICAL EDUCATORS

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Abstract

Conflicts in nursing career between students' and clinical educators result certainly in negative outcomes for the students' as stress and low assertiveness level, but can be successfully managed. The conflict management styles of the students' should be well known in detail in order to attain positive outcomes. The present study aims to identify factors that influence conflict management styles of Lebanese nursing students' with their clinical educators. This study was conducted at different universities and institutions, using a descriptive correlational design. A random sample of 360 nursing students' was used. Data was collected using one tool consisting of two parts: Demographic data and The Rahim Organizational Conflict Inventory-II (ROCI-II). Study results illustrate that 78.9%, and 76.6% of nursing students' respectively used integrating and compromising styles, 76.1% used dominating and avoiding styles and 67.7% used the obligating style of conflict management with their clinical educators. Furthermore, 41.1 % of nursing students' had conflict experiences from clinical areas. On the other hand, 26.9 % and 70.6% had sometimes and rarely experienced conflicts with their clinical educators respectively. Other variables influence their perception of conflict management styles such as age, class year, academic qualification level, family income, previous conflict with preceptors, frequency of experiencing conflict, feeling successful in conflict management and conflict experiences environment. Consequently, it is recommended that clinical educators should attend workshops about stress management and coping strategies for nursing students', in order to maintain a healthy learning environment and motivate students' to express their opinions and enhance their autonomy.

Keywords

Conflict management styles, nursing students conflict, clinical practice, nursing preceptors, ROCI- II.

1. INTRODUCTION

Nursing education focuses on both theoretical and practical training that is seen as an essential part of professional nursing education. In fact, the nursing discipline based on practice offers students the possibility to enhance their clinical skills toward the care of patients. For that reason, clinical training represents about 50% of the nursing school curriculum. In fact, clinical education aims to promote students' professional skills and knowledge, to evolve learning and critical thinking, and to build self-confidence, and independency as a nurse.

Today's nursing students' represent the backbone of the future occupational nurses who will daily communicate and interact with colleagues and provide care for patients, families, and society in the field of education and awareness (Abd El- Rahman et al., 2018).

Therefore, clinical education, has constantly created a stress-producing context for nursing students', manifested by a wide reactions of fear from making mistakes, anxiety toward criticism from peers, communication with health personnel, patients and their families, the management of seriously ill or terminal patients, the application of new technical skills and procedures, and the attitudes and expectations of clinical nurses (Elicigil & Sari, 2007). In fact, Cooper et al., (2005) mentioned that the first experience of clinical practice is replete with stress and passive thinkings emotions. In addition, nursing students' are known to face stress-inducing problems during their studies due to conflicts in the student-clinical educators relationship (Abou Hashish et al., 2015; Elcigil & Sari, 2007 ; Hamouda et al., 2012) that lead them to perceive clinical educators as their biggest stress inducers (Elicigil & Sari, 2007).

Clinical educators have a direct influenceable effect on the clinical experiences of the nursing students'. Through their educational skills and knowledge, they should support, act as mentor, as a role model, and be the advocate for the nursing students' when necessary. For that reason, any misuse of their defined role will lead to an ineffective clinical learning period (Elicigil & Sari, 2007).

Conflict in its nature is an extremely complex and varied social phenomenon (Raykova et al., 2020) that can take place in any organization such as educational institutions (Kantek & Kartal, 2015) and specially hospitals where natural and permanent human interactions occur (Higazee, 2015 ; Kaitelidou et al., 2012 ; Pitsillidou et al., 2018) and is considered as inevitable challenge in the working relation, while nurses play different important roles and relationships among health care team members (Higazee, 2015 ; Lahana et al., 2017). It is generally defined as an internal misunderstanding that arises from the differences in ideas, values, needs, and beliefs between two organizations or people (Kantek & Kartal, 2015 ; Pitsillidou et al., 2018 ; Obeid & Ahmed, 2016). Many studies mentioned multiple reasons for conflict between nursing students' and their clinical educators that could create an atmosphere of resentment as: interactive and communication problems, lack of skills, time and feedback, misunderstanding, absence of shared meaning, low-performance levels, distraction and difference in thinking styles. Additionally, unclear anticipations between both "clinical educators and nursing students" make it difficult to set the rules and values of the nursing community, which could lead to authority clashes, emotional irritations, low experience responsibilities and insurgency to the educational program policies (Hamouda et al., 2012 ; Abou Hashish et al., 2015). In addition, poor correspondence, such as lack of feedback, is baffling in the working environment and can prompt poor effectiveness, low performance, absence of collaboration, low spirit and decreased benefits between instructors and nursing students' (Adamson et al., 2018). Luckily, there are approaches to improve correspondence and lessen struggle (McQuerrey, 2019).

Although, conflict is important for the development and growth of nursing students', it may be destructive as soon as it turns into personal issue, where it becomes an obstacle for their chance of learning (Hamouda et al., 2012). In fact, conflict in nursing career is seen as normal, healthy, natural and unavoidable concept that emerges as everyday challenge in health care communities and is essential for the growth of the students' (Rahim, 2011). On the other hand, conflict could be destructive for students' education if it becomes personal or if it impedes learning (Abou Hashish et al., 2015 ; Hamouda et al., 2012).

Conflict is expressed as an interaction between individuals of different goals, aims, values, and those who see that there might be some interference with the realization of these goals (Al-Hamdan et al., 2014 ; Copley, 2008 ; Higazee, 2015 ; Pitsillidou et al., 2018). Little or absence of conflict in organization may lead to stagnancy, poor decisions, and ineffectiveness. Furthermore, organizational conflict left unchecked may have dysfunctional consequences.

While conflicts have been reported as developing negative emotions, it can also generate positive effects such as the development of new policies, and the improvement of nursing care quality with increasing completion (Rahim, 2011), improving values, empowering personal relations and ensuring high performance (Kantek & Kartal, 2015). On the other hand, a successful management of conflict will increase the level of motivation and productivity of the student's nurse (Kantek & Kartal, 2015) which will instigate organizational growth (Al-Hamdan et al., 2014).

Conflict management is defined as a systematic mechanism involving the identification of the conflict, determination of its intensity, evaluation of the consequences of that intensity, determination of effective actions and strategies, evaluation of its outcomes (Abd-Elrhaman & Ghoneimy, 2018) and discovery of satisfying solutions for the members involved in the conflict (Pitsillidou et al., 2018). At the same time, its ultimate purpose is to decrease non-functioning conflicts that reduce the group's efficiency, and in turn, to use effective or constructive conflicts to create positive results (Pitsillidou et al., 2018). In fact, conflict management requires establishing learnable behaviors through education programs (Kantek & Kartal, 2015).

Furthermore, in conflict management, people follow a pattern of principles that direct them in the process of conflict. These patterns turn into actions and reactions, which are referred to as their "style" (Copley, 2008). Raykova et al, (2020) mentioned that in conflict situations, the behavior of the individual is specific to each situation and is defined as an individual strategy "style" of behavior (Raykova et al., 2020). Conflict management style is a general and consistent orientation towards other individual and conflict situations, expressed in observable behaviors that form a pattern and share similar features over time (Copley, 2008).

Nursing students' are not adequately trained to cope with interpersonal conflict. For that, recognizing their conflict management styles can provide clinical educators with insight into how to prepare student's for successful conflict management during clinical placement or even in their future jobs as nurses (Abd El- Rahman et al., 2018). Some researchers declared that constructive conflicts would foster creative strategies and innovations for nursing students' and nurses working in clinical settings to solve difficult challenges, strengthen collaboration, enhance patient care and outcomes, and motivate organizations to reach higher quality of care and performance rates. However, inefficient conflict management or disruptive conflict without proper management will raise employee stress levels, staff turnover, workplace pressures, and decrease organizational effectiveness (Abd El- Rahman et al., 2018 ; Abd-Elrhaman & Ghoneimy., 2018 ; Al-Hamdan et al., 2014).

Several scholars have presented the theoretical work on interpersonal conflict management styles (Copley, 2008 ; Rahim, 2002 ; Rahim & Magner, 1995 ; Thomas & Kilmann, 2008). This study was driven by the most popular method of conceptualization of conflict management: The Rahim Organizational Conflict Inventory-II (ROCI-II) (Rahim & Magner, 1995). The questionnaire includes five management styles: integrating, obliging, dominating, compromising, and avoiding. These styles could be operationalized as following: *Integrating style:* known as collaborating, problem-solving style and a win-win strategy that involves high concern for self and other party involved in the conflict. It involves participation and cooperation to look for a solution which can be accepted for both parties . *Obliging style:* known as accommodating obligating or smoothing style that involves less concern for self and high level of concern for others. Its is a lose-win tactic style, which might include sacrificing one's interests or preferences to resolve the dispute by trying to mitigate differences and reinforcing commonalities to meet the other party's concerns. *Dominating style:* known as competing or forcing style, in which an individual shows a high concern for self and a low concern for the other party. This style has been described as a win-lose approach. *Compromising style*: In which the person expresses an intermediate amd moderate degree of concern for himself and the other person involved in the conflict. Individuals attempt to settle the issue in a constructive way associated with having to give-and-take or sharing by which both sides give up something and reach a mutually acceptable solution. *Avoiding style:* known as assimilation or suppression and is a combination of withdrawing, in which an individual shows low concern for both "self and others". It is a negative style marked by moving away from conflict and hiding it (Abd-Elrhaman & Ghoneimy, 2018 ; Abou Hashish et al., 2015 ; Rahim, 2000).

1.1 Study Framework

This study was designed to explore conflict management styles used by Lebanese nursing students'with their clinical educators, and the relation of these styles to some personal characteristics such as, gender, age, marital status, academic year, qualifications, family income, working during the study, entering nursing field on a personal desire, and residence location, and other variables related to conflict experience such as, previous conflict with clinical educators, frequency of experiencing conflict, feeling of success in managing conflict and conflict environment. The theoretical model of this study is based on Rahim's model of conflict management style. The Rahim Organizational Conflict Inventory-II (ROCI-II) (Rahim & Magner, 1995).

1.2 Significance of the Study

Most of the research studies on conflict in nursing have been concerned with employee-centered research on the staff nurses in hospitals. Few studies have been concerned with conflict management styles or conflict resolution within educational setting (Abou Hashish et al., 2015). Up to our knowledge, no published national study in Lebanon has first, explored conflict management styles used by nursing students' from their perspective, and second, mentioned the factors that could influence nursing students' style for handling conflicts with their clinical educators.

1.3 Aim of the Study

This study aims to identify factors that influence conflict management styles of Lebanese nursing student's with their clinical educators.

1.4 Research Question

What are the management styles commonly used by Lebanese nursing students' perceiving conflict with their clinical educators?

What is the significance of several factors like: nursing students' gender, age, educational and qualification level, frequency of experiencing conflict, conflict environment, feeling of success of conflict resolution in conflict management styles?

2. METHODOLOGY

2.1 Research Design

A descriptive correlational design was used to achieve the aim of this study.

2.2 Setting

The survey was conducted on nursing students' in Lebanese hospitals during their practical training. Targeted educational Institutions in Lebanon were: Beirut Arab University, Lebanese University, Al-Jinan University, City University, Al-Balamand University, Bebnin technical institute, Al-Kobba technical institute, IPNET technical institute, Fayhaa technical institute, and Al-Baddawi technical institute.

2.3 Participants

The chosen sample was random, non-probabilistic, of 360 nursing students in the academic year 2019/2020. They were distributed as follows: 74 students 1st academic year, 141 students from 2nd academic year, 115 students from 3rd academic year and 30 from 4th academic year.

2.4 Inclusion Criteria

Male and female nursing students' trained at Lebanese hospitals, enrolled in any of the following programs: Bachelor of Science (B.Sc.), Secondary Technical (TS 2), Technical Baccalaureate (BT), and Technical license (LT). Participants should be able to read, write and understand Arabic language and should have no disability or mental health problems as anxiety or depression that could boost conflicts.

2.5 Tool of the Study

One questionnaire was used to collect data for the study and consisted of two main parts:

Part 1: Demographic data sheet that includes: gender, age, marital status, academic year, qualification level, family income, work during study, entering nursing field on a personal desire, residence location, previous conflict with preceptors, frequency of experiencing conflicts with preceptors, feeling of success in managing conflicts with preceptors, and conflict environment.

Part 2: The Rahim Organizational Conflict Inventory-II (ROCI-II) questionnaire was used to evaluate conflict management styles that nursing students' use with their clinical educators (Rahim & Magner, 1995). The tool consists of 28 items classified into five dimensions namely: Integrating (7 items), Obligating (6 items), Dominating (5 items), Compromising (4 items) and Avoiding styles (6 items). Responses were measured on a 5–point likert scale ranged from "5" strongly agree to "1" strongly disagree. A higher score represents greater use of a conflict management style by Lebanese nursing students'.

2.6 Validitiy and Reliability

The tool of study was previously tested for internal reliability on a sample of 435 of nursing students' using the Cronbach's alpha correlation coefficient. The results proved the tool is reliable with a correlational coefficient α 0.852 while the statistical significance level was set at $p < 0.05$ (Abou Hashish et al., 2015). The tool was kindly provided by its owner, Rahim, M. A., in two languages : English and Arabic. In addition, a pilot study was conducted on 10 nursing students' (2.8%) that were excluded from the study subjects to ensure the clarity and applicability of tool, identify any problems that may be encountered during data collection and to estimate the time required to complete the study questionnaire. In light of the findings of the pilot study, no changes were made in the tool.

2.7 Data Collection and Ethical Considerations

Verbal and written permissions needed for conducting the study were obtained from administrative authorities in the ten identified settings that included five universities and five technical institutions chosen randomly to cover nursing students' from a variety of educational institutions. All nursing students' who enrolled in clinical practice were invited to participate in the study. Participants' consent was taken along with data collection via the online questionnaire sent by a whatsapp link, linked to the researcher's email. Data was collected over a two-month period, from the beginning of March to the end of April 2020. During this period, the general lockdown in Lebanon due to Coronavirus pandemic did not impede the data collection as all was done online. The study was approved by the institutional review board at Beirut Arab University; IRB code: 2019H-0103-HS-R-0372.

2.8 Statistical Analysis

Data were analyzed using SPSS (Statistical Package for the Social Science), version 22. Data were presented using descriptive statistics in the form of frequency, percentage, Means and standard deviations. Student's t-test and one-way ANOVA (F) was used to compare the mean scores of different conflict management styles regarding nursing students' variables. $P < 0.05$ was considered to be statistically significant.

3. RESULTS

Table 1 illustrates that the study participants were mostly females 73.1%, and the majority 90.8% were not married with 54.7% between 18 and 21 years of age and 33.6% were more than 22 years of age. About one third 39.2% of students' were enrolled at the second year of study and 31.9% were in the third year.

Moreover, students' were almost equally distributed between the BT 34.7%, TS plus LT 32.8%, and BS 32.5% programs. In addition, 69.4% of nursing students' had low family income, and 71.9% worked while studying.

On the other hand, 87.5% of the participants had chosen the nursing field on their personal desire. Students' equally resided in urban and rural areas.

Table 1: Distribution of nursing students' according to their personal characteristics (N=360)

Personal Characteristics	No	%
Gender		
Male	97	26.9
Female	263	73.1
Age (years)		
<18	42	11.7
<22	197	54.7
>= 22	121	33.6
Marital status		
Not Married	327	90.8
Married	33	9.2
Academic Year		
First	74	20.6
Second	141	39.2
Third	115	31.9
Fourth	30	8.3
Qualification level		
BT	125	34.7
TS & LT	118	32.8
BS	117	32.5
Family income		
Not enough	250	69.4
Enough	110	30.6
Working during studying		
No	101	28.1
Yes	259	71.9
Entering nursing field on a personal desire		
No	45	12.5
Yes	315	87.5
Residence location		
Rural	180	50.0
Urban	180	50.0

Table 2 shows that only 26.9% of our targeted population have had a previous conflict with clinical educators, 70.6% rarely experienced actual conflict, 26.9% sometimes experienced conflict, while only 2.4% always experienced conflict with their nursing clinical educators.

Moreover, 41.1% of students' experienced their conflict in clinical areas like hospitals, 45.6% experienced conflict in other areas, while only 7.2% and 6.1% experienced conflict in the hospital laboratory and community field, respectively.

Finally, 50.8% and 39.5% of students' reported success and partial success in managing conflict with their clinical educators respectively.

On the other hand, 9.7% of nursing students' felt that they were unsuccessful in managing conflict with their clinical educators.

Table 2: Distribution of nursing students' according to their conflict experiences (N=360)

Variables	No	%
Previous conflict with clinical educators		
No	263	73.1
Yes	97	26.9
Frequency of experiencing conflicts with clinical educators		
Always/often	9	2.5
Sometimes	97	26.9
Rarely	254	70.6
Feeling of success in managing conflict with clinical educators		
Successful	183	50.8
Partially Successful	142	39.5
Unsuccessful	35	9.7
Conflict environment		
Nursing laboratory	26	7.2
Clinical areas: hospitals	148	41.1
Community Fields	22	6.1
Others	164	45.6

In relation to conflict management styles used by nursing students', this study revealed that the most frequently used conflict management style is the integrating style (78.9% of mean), followed by the compromising style (76.6% of mean). While, obligating was the least frequently used style (67.7% of mean) (Fig.1).
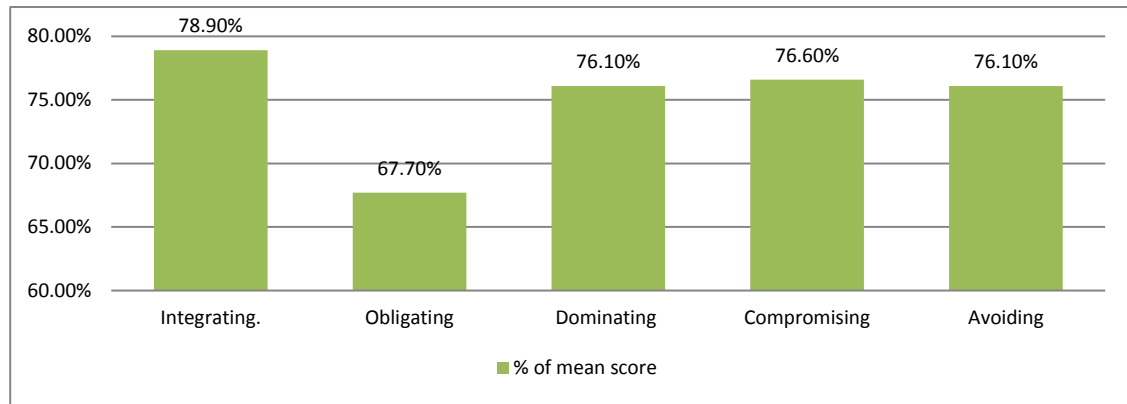

Fig.1: Nursing students' conflict management styles used to manage conflicts with clinical educators

Concerning the relation between nursing students' conflict management styles and their personal characteristics, this study found no statistically significant relationship between nursing students' gender and any of the conflict management styles. On the other hand, there were statistically significant differences regarding the age and the perception of obligating and compromising styles (F=7.10, P=0.001 and F=5.63, P=0.004 respectively). Nursing students' under 18 years of age had the highest mean regarding these two styles. In addition, there were significant differences among students' enrolled in different academic years regarding their perception of obligating, as well as avoiding conflict management styles (F=4.30, P=0.005, and F= 3.48, P= 0.016 respectively). Nursing students' at the second academic nursing year had the highest mean regarding these two styles. Moreover, there were significant differences among students' enrolled in the different nursing programs regarding their perception of obligating and compromising styles (F=8.98, P<0.001 and F=3.33, P=0.037 respectively). Nursing students' in the BT program had the highest mean regarding these two styles. Finally, nursing students' with low family income show the highest mean regarding their perception of Avoiding style (F=2.03, P=0.043) (Table 3).

Table 3: Relationship between nursing students' conflict management styles and their personal characteristics (N=360)

Personal Characteristics	Conflict management styles				
	Integrating	Obligating	Dominating	Compromising	Avoiding
	Mean ± SD	Mean ± SD.	Mean ± SD	Mean ± SD	Mean ± SD
Gender					
Female	3.94 ± 0.46	3.40 ± 0.58	3.80 ± 0.47	3.85 ± 0.51	3.81 ± 0.47
Male	3.94 ± 0.47	3.35 ± 0.61	3.82 ± 0.53	3.79 ± 0.59	3.80 ± 0.57
T-Test	0.06	0.64	0.29	0.96	0.08
P-value	0.951	0.521	0.770	0.336	0.938
Age (years)					
< 18	4.03 ± 0.47	3.69 ± 0.63	3.85 ± 0.53	4.07 ± 0.57	3.89 ± 0.59
< 22	3.92 ± 0.44	3.38 ± 0.55	3.83 ± 0.48	3.82 ± 0.51	3.80 ± 0.48
≥ 22	3.96 ± 0.51	3.30 ± 0.61	3.75 ± 0.49	3.76 ± 0.53	3.79 ± 0.48
F-Test	1.06	7.10	1.19	5.63	0.68
P-value	0.346	**0.001***	0.303	**0.004***	0.507
Class Year					
First	3.95 ± 0.43	3.31 ± 0.56	3.81 ± 0.47	3.88 ± 0.41	3.76 ± 0.47
Second	3.99 ± 0.45	3.52 ± 0.59	3.88 ± 0.49	3.87 ± 0.57	3.91 ± 0.47
Third	3.87 ± 0.46	3.28 ± 0.56	3.72 ± 0.51	3.76 ± 0.53	3.73 ± 0.51
Fourth	4.00 ± 0.58	3.36 ± 0.67	3.77 ± 0.46	3.78 ± 0.58	3.73 ± 0.55
F-Test	1.60	4.30	2.19	1.21	3.48
P-value	0.189	**0.005***	0.089	0.304	**0.016***

Academic Qual level					
BT	3.98 ± 0.46	3.56 ± 0.56	3.85 ± 0.48	3.93 ± 0.55	3.84 ± 0.49
TS & LT	3.86 ± 0.45	3.26 ± 0.55	3.78 ± 0.49	3.79 ± 0.53	3.74 ± 0.50
BS	3.99 ± 0.48	3.33 ± 0.62	3.78 ± 0.51	3.76 ± 0.50	3.84 ± 0.49
F-Test	2.90	8.98	0.86	3.33	1.42
P-value	0.056	**<0.001***	0.420	**0.037***	0.242
Family income					
Not enough	3.95 ± 0.48	3.42 ± 0.61	3.80 ± 0.49	3.85 ± 0.53	3.84 ± 0.50
Enough	3.92 ± 0.44	3.32 ± 0.55	3.82 ± 0.49	3.78 ± 0.54	3.73 ± 0.48
T-Test	0.54	1.39	0.36	1.26	2.03
P-value	0.586	0.164	0.722	0.208	**0.043***

*Statistically significant at $P \leq 0.05$

Table 4, shows significant difference among students' with previous conflict with their clinical educators regarding their perception of integrating, obligating, dominating and avoiding styles (F=3.42, P=0.001, F=3.27, P=0.001, F=2.64, P=0.009 and F=2.53, P=0.012 respectively). Nursing students' with no previous conflict with clinical educators have a higher mean than those who do. As for the frequency of nursing students experiencing conflict, there are significant differences regarding integrating and dominating styles (F=8.45, P<0.001 and F=6.58, P=0.002 respectively). Nursing students' who rarely experience conflict with their clinical educators perceive these styles higher than those who always or sometimes experience conflict with their clinical educators. Moreover, a significant difference was found among students' with different feeling of success in managing conflict regarding their perception of integrating, obligating and compromising style (F=5.59, P=0.004, F=3.47, P=0.032 and F=3.32, P=0.037 respectively). Students' who felt successful in managing conflicts have the highest mean of these styles. Finally, there is a statistical significant relationship between conflict experience environment and the integrating and avoiding styles of management (F=3.48, P=0.016 and F=4.14, P=0.007 respectively). Students' practicing in the community field and the other fields have the highest mean of these styles (Table 4).

Table 4: Relationship between nursing students' conflict management styles and their conflict experiences (N=360)

Conflict experiences	Conflict management styles				
	Integrating Mean ± SD	Obligating. Mean ± SD	Dominating Mean ± SD	Compromising Mean ± SD	Avoiding Mean ± SD
Previous conflict with clinical educators					
No	3.99 ± 0.46	3.45 ± 0.58	3.85 ± 0.49	3.85 ± 0.53	3.85 ± 0.48
Yes	3.81 ± 0.46	3.22 ± 0.59	3.69 ± 0.48	3.79 ± 0.53	3.70 ± 0.51
T-Test	3.42	3.27	2.64	0.96	2.53
P-value	**0.001***	**0.001***	**0.009***	0.336	**0.012***
Frequency of experiencing conflicts					
Always/often	3.94 ± 0.47	3.37 ± 0.77	3.56 ± 0.44	3.92 ± 0.56	3.94 ± 0.77
Sometimes	3.78 ± 0.43	3.28 ± 0.56	3.68 ± 0.48	3.79 ± 0.55	3.73 ± 0.46
Rarely	4.01 ± 0.46	3.43 ± 0.59	3.86 ± 0.49	3.84 ± 0.53	3.83 ± 0.50
F-Test	8.45	2.37	6.58	0.54	1.77
P-value	**<0.001***	0.095	**0.002***	0.582	0.170
Feeling of success in managing conflict					
Successful	4.02 ± 0.47	3.47 ± 0.58	3.86 ± 0.49	3.89 ± 0.55	3.85 ± 0.52
Partially Successful	3.85 ± 0.45	3.32 ± 0.60	3.77 ± 0.48	3.79 ± 0.51	3.78 ± 0.43
Unsuccessful	3.95 ± 0.44	3.26 ± 0.57	3.68 ± 0.52	3.67 ± 0.50	3.66 ± 0.57
F-Test	5.59	3.47	2.81	3.32	2.55
P-value	**0.004***	**0.032***	0.061	**0.037***	0.079
Conflict experiences environment					
Nursing laboratory.	3.91 ± 0.46	3.42 ± 0.63	3.78 ± 0.63	3.94 ± 0.56	3.63 ± 0.55
Clinical areas: hospitals	3.86 ± 0.46	3.28 ± 0.54	3.76 ± 0.47	3.75 ± 0.52	3.74 ± 0.46
Community Fields.	3.90 ± 0.51	3.43 ± 0.60	3.71 ± 0.45	3.82 ± 0.34	4.02 ± 0.35
Others	4.03 ± 0.45	3.47 ± 0.62	3.86 ± 0.49	3.89 ± 0.55	3.86 ± 0.52
F-Test	3.48	2.58	1.41	2.32	4.14
P-value	**0.016***	0.053	0.239	0.074	**0.007***

* Statistically significant at $P \leq 0.05$

4. DISCUSSION

Although conflict experienced in education cannot be totally rejected, it is conceivable to decrease its negative impacts with its efficient management (Abou Hashish et al., 2015). The purpose of conflict management is to intervene with passive or unfavorable conflict while supporting healthful conflict that will encourage the individuals, and groups to be inventive and effective (Abou Hashish et al., 2015 ; Hamouda et al., 2012).

Similar to previous studies, the present study indicated that more than two thirds of the nursing students' were females 73.1 % and that almost half of them 54.7% were less than 22 years of age (Abou Hashish, 2012; Al-Hamdan et al., 2014; Abd El- Rahman et al., 2018). That wasn't the same in the study done by kantek and Gezer, (2009) where the participants were all females, while the mean age was 20.19 ± 1.56 years (Kantek & Gezer, 2009). This may be related to the fact that the nursing profession is considered more as a feminist job that attracts student's at a young age especially in the technical institutions.

As for the social status, 90.8% of the nursing students' were not married. This was very alike to the study of Abd El-Rahman et al., (2018) which reported that 89.2% of the studied participants were not married (Abd El- Rahman et al., 2018). This high percentage could be related to the young age of our population and for the bad socioeconomic situation that hampers any idea of marriage.

Regarding the academic year of education for nursing students', the study results have shown the following percentages : 20.6%, 39.2%, 31.9% and 8,3% respectively for the first, second, third and fourth year of education, that was totally different from the results of Kantek and Gezel, (2009) where the percentages were: 29.8%, 23.2%, 19.9%, and only 3.3 % respectively for the four academic years of education (Kantek & Gezel, 2009).

Concerning the qualification, the present study shows an equal distribution of nursing students' between the TS-LT program 32.8% and the BS program 32.5%. This distribution was totally different from two earlier studies who reported a high percentage of students' enrolled in the BS program 80.9% and 51.6% respectively (AL-Hamdan et al., 2014 & Sportsman & Hamilton, 2007). This high preference of technical nursing programs in Lebanon reflects the socioeconomic pressure on Lebanese families who seek the inexpensive path of education for their children, knowing that the governmental university has a limited student capacity in the nursing program. The socioeconomic pressure in the country is also revealed in this study by the high percentage of students with low family income background 69.4% and those working while studying 71.9%. These percentages probably highlight the fact that the majority of Lebanese students have chosen the nursing major because of the great need of recruitment in this domain, which increases their chances of finding a job to raise their family income.

About student nurses' previous experience of conflicts, the result of the current study revealed that 73.1% of the nursing students have no previous conflicts with their clinical educators, that was close to the results of a previous study done by (Abou Hashish et al., 2015) with a percentage of 64.4%. In the other hand, these results were totally different from the study done by Kantek and Gezer, (2009) who reported that a high percentage of 63.58% of their students had conflicts with their educators whom 61.46% of them had conflict rarely (Kantek & Gezer, 2009). Furthermore, this study shows that 2.5% of the Lebanese nursing students have always experienced conflicts with their clinical educators, 26.9 % have sometimes experienced conflicts and 70.6% have rarely faced conflicts, these results were almost similar to those of Kantek and Gezer, (2009) who reported percentages of 4.7%, 34.37% and 61.46% respectively for the following responses often/always, sometimes and rarely experienced conflicts by nursing students (Kantek & Gezer, 2009). Moreover, 50.8%, 39.5% and 9.7 % of nursing students in this study felt successful, partially successful and unsuccessful, respectively, when managing clinical conflicts. That was totally similar for the study of Kantek and Gezel, (2009) with a percentage of 39.5% only for those who felt partially successful in managing their conflicts while it wasn't the same for the other criteria with a percentage of 35.42% and 25% for those who felt respectively successful and unsuccessful while managing their conflicts (Kantek & Gezer, 2009). These results could be either due to the desire of the students to preserve positive feedbacks for their clinical educators, or to the fact that students have good attitude and abilities to manage conflicts with their clinical educators.

The current study shows that, 41.1% of nursing students' faces conflicts in clinical areas which was approximately the same for the study of Abou Hashish et al., (2015) who reported a percentage of 44.4% (Abou Hashish et al., 2015), while in the contrary the study of Kantek and Gezer (2009) showed a higher percentage of 53.1% for the conflicts related to practical areas (Kantek & Gezer, 2009). This result might be related to the fact that clinical areas adopt lots of students' and different complicated cases during practice, with a high possibility of mistakes, that could lead to more stress, misunderstanding and conflicts.

It was remarkable that, in the present study Lebanese nursing students most frequently used integrating style in conflict management with their clinical educators followed by compromising style. On the other hand, obligating style was the least used in managing these conflicts reflecting the lack of experience and the tendency of these students to preserve a good relationship and a less offensive behavior with their clinical educators to protect their grades and evaluations. These results were not in line with the studies done by (Abou Hashich et al., 2015 & Abd-Elrhaman et al., 2018) who mentioned that avoiding style was mostly used for managing student-clinical educators conflicts, the same for the study done by Kantek and Gezer, (2009) in Turkey, who highlights that dominating style was the least common used while obligating style were considered as one of the mostly used management style for conflicts (Kantek & Gezer, 2009). However, our results were in line with AL-Hamdan et al., (2014) who stated, the predominance of integrating behaviors when students experience conflict with clinical educators (Al-Hamdan et al.,2014) and with Sportsman and Hamilton (2007) in their study carried out in the USA, who founded that the most popular style of conflict management among nursing students was compromising (Sportsman & Hamilton, 2007).

While Rahim, (1986) suggests that all styles of conflict management are appropriate in one situation or another (Rahim, 1986), integrating is considered one of the most effective ways of handling conflict to achieve long-term benefit (AL-Hamdan et al., 2014). Thus, the conflict management style used by Lebanese students appears to be compatible with good management and might be beneficial on the long run to minimize conflict effects in clinical settings.

Looking at a number of variables in relation to management styles, the present study shows that gender had no significant relation with conflict management styles. That wasn't the same for Pins et al., (2012) in their study who reported that male students' had more frequent conflict situations than female students', while Sportsman and Hamilton (2007) underline that female students' most usually adopted compromise and avoidance styles, respectively, while male students' mostly used avoidance and compromise styles (Sportsman & Hamilton, 2007). In the other hand, it was determined that there were a statistically significant differences in the perception of styles in relation to students' age, academic level, family income, previous conflict with clinical educators, frequency of experiencing conflict, status of feeling successful in conflict and conflict experiencing environment. For example, students' aged below 18 had higher mean regarding conflict resolution styles of obliging and compromising than those above 18 years of age. This could be related to their lack of experience in handling conflict, which seems threatening to them. Consequently, they have a tendency to compromise something or collaborate with their preceptors rather than confronting them. This result wasn't consistent with the findings of Al-Hamdan et al., (2014) who found no statistically significant relationship of the variables related to the age (Al-Hamdan et al., 2014).

Moreover, obligating styles had the highest mean among students' enrolled in second academic year, among BT students', and those who felt successful in managing conflicts. While, avoiding style had the highest mean among students with low family income and students in community field. In addition, this study revealed a statistical significant relation between all the conflict experiences faced by nursing students' toward the integrating style. As well, Rahim, (2000) revealed that those using integrating style experience conflict less frequently than those using dominating or avoiding styles. That wasn't the same for Pins et al. (2012) who confirmed that there were no difference between students' conflict management styles related to their conflict experiences (Pins et al., 2012).

For that reason, Abou Hashish et al., (2015) recommended focusing on creating interpersonal relationships, effective communication and interaction in the nursing education curriculum, as well as during practice. This could help develop conflict resolution skills among students. Also, it is suggested that clinical educators should modify their ways in managing or dealing with nursing conflicts. They should emphasize the impact of timely feedback to students

on their learning, progression, confidence, self-esteem and enjoyment of clinical training (Allen & Molley, 2017; Adamson et al., 2018). Increasing awareness of conflict management and resolution in schools and universities is highly recommended in order to produce effective students' and teachers.

4.1 Strenghts and Limitations

This research study is the first in Lebanon that focuses on conflict management styles with clinical educators in the learning environment from nursing students' point of view. It could be a preliminary step for further research in this area. However, it recognizes several limitations, therefore generalizations need to be made with caution. The study would be more reliable and possibly differentiated if the sample size was larger and the geographical distribution was wider. Future studies in this domain are needed to come up with wider generalizations on conflict management styles among Lebanese nursing students' and clinical educators. Furthermore, inclusion of clinical educators in this study could have provided a more complete and balanced picture.

5. CONCLUSION AND RECOMMENDATION

While Rahim suggests that all styles of conflict management are appropriate in one situation or another, the findings of this study concluded, that Lebanese nursing students' perceived both "integrating" and "compromising" styles of conflict management as the most efficient and considerably used with a high percentage of 78.9% and 76.6% respectively, while the obligating style was the least used in managing student-clinical educators conflict. In addition, it was found that the choice of style had an effect on many variables used by nursing students' such as age, class year, academic qualification level, family income, previous conflict with preceptors, frequency of experiencing conflict, feeling successful in conflict management and the conflict experiences environment.

Based on the preceding findings, educational institutions and specially clinical educators can be recommended to implement certain initiatives:

Clinical educators should find ways and methods to manage conflicts effectively like : Utilizing respectful communication and open dialogue, explaining course goals, implicating students in settling problems, encouraging feedback in everyday clinical practice, and promoting a sense of clinical community which could be efficient in managing conflict successfully. They should focus on the importance of conflict management to be implemented in the core curriculum of first year nursing students especially at young age.

Clinical educators should attend workshops and training programs about stress management and coping strategies in order to learn how to deal more effectively with students' conflict, and try to maintain a healthy learning environment with a clear open communication, and work on motivating students' to express their opinions and enhance their autonomy. In fact, a clear understanding of the thoughts and feelings of nursing students during their transition to practice may lead to more effective strategies to prepare, support, and retain the next generation of nurses.

Further research studies are urged for establishing conflict management style used with nursing students from nursing educators' prospect.

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