

Conflict Management Styles, Assertiveness and Stress among Nursing Students

¹ Rofida Maged Abd El- Rahman, ² wafaa Abd El Hazem Hosny & ³ azza Abdeldayem Ata

¹B.Sc. Nursing, Faculty of Nursing, Zagazig University, Egypt

²Nursing Administration, Faculty of Nursing, Suez Canal University, Egypt.

³Nursing Administration, Faculty of Nursing, Zagazig University, Egypt.

Corresponding Author: Rofida Maged Abd El- Rahman

Abstract: Unless conflicts between students and clinical instructors can be successfully managed, they will certainly result in negative outcomes for the students as stress and low assertiveness level. The conflict management styles of the students should be recognized in detail in order to attain positive outcomes. Also, assertiveness has emerged as an effective moderator of stress for the nursing student. The present study aimed to assess the relation between conflict management styles, assertiveness and stress among nursing students. This study was conducted at the Faculty of Nursing, Zagazig University, using a descriptive correlational design. A stratified random sample of 424 nursing students was used. Data were collected using one tool consisted of four main parts: Demographic data, The Rahim Organizational Conflict Inventory-II (ROCI-II), students' assertiveness, and nursing students' stress index. Study results illustrate that 84.2%, & 84% of nursing students used collaborating and compromising conflict management styles with their clinical instructor. Also, 82.2%, & 81.1% of them used compromising and collaborating conflict management styles with their peers; whereas, 69.8% used the competing style of conflict management. Moreover, 59.2 % of nursing students had high level of assertiveness. Furthermore, 43.5 % of nursing students had moderate level of stress and all of students had stress. It can be concluded that there was a positive statistically significant correlation between nursing students' total assertiveness score and their using of all conflict management styles with their clinical instructors. Likewise, there was positive statistically significant correlation between nursing students' total assertiveness score as regards their using of conflict management collaborating, accommodating, competing, and avoiding styles with their peers. Additionally, there was statistically significant positive correlation between nursing students' total stress score and their using of compromising conflict management style with their clinical instructors, while, there was a negative statistically significant correlation between nursing students' total stress score and their using of conflict management compromising style with peers. Also, there was negative statistically significant correlation between nursing students' total mean scores of assertiveness and stress. Consequently, it is recommended that nurse educators should conduct workshops about stress management and coping strategies to nursing students and students should practice assertiveness in the real life and determine the appropriate ways of asserting themselves.

Keywords: Conflict Management Styles, Assertiveness, Stress.

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I. Introduction

Today's nursing students are the nucleus of the professional nurses of tomorrow, who will interact with their colleagues and other health care professionals on a daily basis and provide the care for patients, their families and society in the area of health and education in the future. The acquisition of the assertion skills is considered the key to enhance personal competence and satisfying relationships. Also, conflict management is an essential skill that nursing students need to master and the understanding of nursing students' conflict management styles and factors associated with their styles can provide insight for nurse educators on how to equip students for effective conflict management during clinical placement as well as in their future career as nurses (Arieli, 2013).

Although, conflict management is a skill that nurses can sustain and develop nurses were not inclined to take a direct approach to confront conflicts. Additionally, nursing students do not have sufficient preparation to face interpersonal conflict. For nursing students and nurses who work in clinical settings, a constructive conflict can inspire innovations and creative strategies to address challenging issues, improve teamwork, patient care

delivery and outcomes, and encourage the organizations to attain higher levels of quality and achievement. However, a destructive conflict without proper management can increase the stress level of the staff, work place tensions and staff turnover, and decrease organizational effectiveness (**Chan et al., 2013**).

The most popular conceptualization of conflict management styles is collaborating, accommodating, competing, compromising, and avoiding. Individuals who use collaborating style manage conflicts in a direct and cooperative manner and aim to reach a solution collaboratively with the other parties. However, those who use accommodating style face conflicts in a passive and accommodating way and follow the decisions of other parties. On the other hand, individuals with a competing style endeavor to force behaviors on others and have much more concern for self than others. Also, individuals who use avoiding style have a tendency to sidestep conflicts whereas those who use compromising style aim to reach mutually agreed decisions between parties (**Hamouda et al., 2012**). In fact, these five individual's conflict modes are assessed along with two principle dimensions: Assertiveness and Cooperativeness. Assertiveness attributes the quality in which person attempts to settle his or her own concerns, whereas cooperativeness addresses to some extent person is concerned to satisfy others' wishes (**Labragua & Petitebe, 2017**).

In fact, assertiveness means that students should express their positive and negative feelings while respecting others' rights. As well, it is a way to certify and preserve the value, dignity and respect of one's self and others. It is possible to provide sufficient level of health services and to get satisfaction from student nurses only when faculties have created them assertive and with high level of self-esteem and self-confidence (**Arslan et al., 2014**). Recently assertiveness has emerged as an effective moderator of stress for the nursing student as an important behavior for today's professional nurse. It is necessary for effective nurse/patient communication and suggested that its development may also aid the confidence of the profession as it develops. Assertiveness is an interpersonal behavior that promotes equality in human relationships by assisting an individual give expression to their rights, thoughts and feelings in a manner that neither denies or demeans but recognizes and respects those of others (**Benedict, 2012**).

Assertiveness can help students to control stress and anger and improve coping skills. Being assertive is a core communication skill and means that individual can express him/herself effectively and stand up for his/her point of view, while also respecting the rights and beliefs of others. Being assertive can also help boost self-esteem and earn others' respect. Because assertiveness is based on mutual respect, it's an effective and diplomatic communication style. Being assertive shows that students respect themselves because they are willing to stand up for their interests and express their thoughts and feelings. It also demonstrates that they're aware of the rights of others and are willing to work on resolving conflicts (**Mayo Clinic Staff, 2012**).

Assertiveness is vital skill in the academic environment, classroom interaction such as making presentation, asking and responding to question, openly communicating their concerns, decrease stress level, increase the feelings of self-worth, improve decision-making abilities, and feel more self-confident in relationships. Likewise, it can help students to control stress and anger and improve coping skills. Being assertive is a core communication skill and means that express self effectively and stand up for point of view, while also respecting the rights and beliefs of others, therefore the level of stress decreased (**Kyreea, 2014**).

At university students start to become responsible for their own life decisions and lifestyle, healthy or otherwise. High academic expectations are stressful and can theoretically in themselves pose risks to students' physical and mental health. Stress is an important psychosocial factor in the educational process which may influence student's academic performance and well-being, as well as impede their pursuits of a nursing career, temporarily or permanently. Also, stress refers to a dynamic interaction between the individual and the environment. This interaction may lead to cognitive, emotional and behavioral alteration (**Cheung, et al, 2016 & Ming et al., 2015**). Moreover, in a study comparing stress levels of various professional students; it was found that nursing students experienced higher levels of stress than students enrolled in other programs such as medical, social work and pharmacy students (**American Holistic Nurses Association, 2012**).

Some of the sources of stress experienced by nursing students are experienced by students generally. Sources of academic stress include exams and assessments and the timing of exams, as an element of the curricula, impacts particularly on the work-life balance of female students with children. This is characteristics more common among nursing students compared to other student groups. In relation to workload, nursing students experience longer hours of study and an associated lack of free time. The main sources of stress relate to experiences on placement are common to those reported by practicing nurses; such as working with dying patients, conflicts with other staff, insecurity about clinical competence, interpersonal problems with patients, and work overload (**Gibbons, 2010**).

1.1 Significance

Like other university students, nursing students may face conflict with teachers and classmates. In addition, they may experience interpersonal conflict with supervisors, colleagues, patients when they engage in clinical placement. Conflicts between faculty management and students have a different significance because of

the basic relationship that is formed in the teaching center of student–faculty relationships and because the results of these relationships have a direct effect on student outcomes. Therefore, one’s conflict management style has the potential to greatly impact an individual’s success. Moderate amounts of stress help to motivate students and, at times, increase their performance, while too high levels of stress interfere with academic performance. Stress is the adverse reaction people have to excessive pressure or other types of demand placed on them, in order to cope with stress. Student nurses need to have high level of assertiveness such assertiveness can help students to control stress and anger and improve coping skills as well as reducing the level of interpersonal conflict in their lives.

Previous research has demonstrated the association between assertiveness and stress as well as between conflict management styles and culture, but no study, to the best of our knowledge, has looked at the associations among these three factors simultaneously in nursing students no researches were done in this respect in Egypt in general and in the setting of the study in particular. Therefore, the purpose of this study is to assess the relationship between conflict management styles, assertiveness and stress among nursing students at faculty of nursing.

1.2. Aim:

The current study aimed to assess the relationship between conflict management styles, assertiveness, and stress among nursing students Faculty of Nursing, Zagazig University.

II. Methodology

2.1. Design:

Descriptive correlational design was used to achieve the aim of the study.

2.2. Setting:

This study was carried out at Faculty of Nursing, Zagazig University.

2.3. Subjects:

Stratified random sample of 424 nursing students distributed on four academic years as follow: 94 students from 1st academic year, 95 students from 2nd academic year, 125 students from 3rd academic year and 110 from 4th academic year, who agreed to participate in the study in the above-mentioned settings. Sample size of staff nurses was calculated by using a simplified formula provided by **Kirkwood (2003)**: $n = [DEFF * NP (1 - P)] / [d^2 / Z^2_{1-\alpha/2} * (N-1) + P * (1-P)]$ to calculate sample size. High assertiveness frequency 15%, power 80% and confidence interval 95%.

2.4. Instruments:

One tool was used to collect data for this study and consisted of four main parts: Part 1: Demographic data sheet; to collect personal data of nursing students that were: Age, academic year, gender, marital statuses, family income, work during studying, entering the faculty on a personal desire and residence. Part 2: The Rahim Organizational Conflict Inventory-II (ROCI-II) developed by **Rahim (1983)**, to investigate conflict management styles that nursing students' use to handle interpersonal conflict with their clinical instructors, and peers. It included 28 items to measure the five independent types of conflict management styles which categorized under five dimensions: Collaborating (7 items), accommodating (6 items), competing (5 items), compromising (4 items), and avoiding styles (6 items). Part 3: Students' assertiveness questionnaire developed by **Deltsidou (2009)** and modified by the researcher to assess nursing students' assertiveness level. It consisted of 28 items categorized under three dimensions were: The ability to deal with criticism (2 items), confronting others (13 items), and spontaneous expression of feelings (13 items). Part 4: Nursing students' Stress index, developed by **Jones and Johnston (1999)** to assess stress level among nursing students. It consisted of 25 items, categorized under four dimensions were: Academic load (7items), clinical concerns (7 items), personal problems (4 items), and interface worries (7 items)

2.5. Validity and reliability.

The questionnaire sheets were tested for their face and content validity by a group of experts by "five" experts. Experts were requested to express their opinions and comments on the tools and provide any suggestion for any additional or omissions of items. According to their opinions all recommend modifications were performed by the researchers.

Cronbach's alpha test was done for tool reliability. Reliability for conflict management styles was 0.79 regarding collaborating style, 0.86 for avoiding style, 0.84 for competing, and accommodating, and 0.94 for compromising. Students' assertiveness questionnaire was 0.86 regarding ability to deal with criticism, 0.74 for confronting others and was 0.82 for spontaneous expression of feelings. Nursing students' Stress index 0.86, for

clinical (practical) concerns it was 0.78, for personal problems it was 0.94, and finally for interface worries it was 0.86.

2.6. Field work.

The data collection phase of the study lasted long two months from the beginning of March to the end of April 2017. The final form of questionnaire sheet was handed to students in their study setting by the researcher to elicit their opinions. The purpose of the study was explained to the participated students and ways to fill in the questionnaire sheets. They were completed in the same time of distribution and took about 20-30 minutes. The researcher checked each questionnaire sheet after they had been completed to ensure the completion of all information. The researcher met students three times weekly between lectures in their classrooms and after each section. The researcher collected data by herself.

2.7. Pilot study.

Pilot study was carried out before starting the actual data collection to confirm understanding, clarity, and applicability of the tools. Additionally, to estimate the time required for filling the questionnaire sheet. The pilot study was carried out on 42 (10 % of the study sample) nursing students from different academic years. Nursing students were selected randomly and excluded from the main study sample, and the results of pilot sample were excluded from the main study results. The necessary modifications were done.

2.8. Ethical consideration.

Verbal and written explanation of the nature and aim of the study have been explained to nursing students included in the study sample. They were given an opportunity to refuse or to participate, and they were notified that they could withdraw at any stage of filling in the questionnaire, without giving any reasons; also, they were assured that the information would be utilized confidentially and used for the research purpose only. Confidentiality was confirmed by not writing their names. The researcher assured to participants that the participation is absolutely voluntary.

2.9. Statistical analysis

Data were organized, categorized, tabulated and statistically analyzed using SPSS (Statistical Package for Social Sciences), software program version 21. Data were presented using descriptive statistics in the form of frequency, percentage, correlation coefficient, analysis of variance [ANOVA] and t-test were also used to examine the relation between the study variables. $P < 0.05$ was considered to be statistically significant.

III. Results

Table 1: Indicates that, the mean age of the nursing students was 20.56 ± 1.314 years and 51.2% of them aged less than 22 years old. Concerning academic years, 29.5% of them in the third academic year while, 22.2% of them in the first academic year. As well, more than three quarters (77.4% & 89.2%) of nursing students were female and single, respectively. In addition, 78.3% of them mentioned that their family income was not enough. Moreover, 82.3% of nursing students did not work during studying. Also, 53.1% of them entered the faculty on a personal desire. As regards residence, 79.2% of nursing students were resident in rural area.

Figure 1: As for the distribution of using percentages of nursing students' conflict management styles with their clinical instructors; the highest percentage of nursing students (84.2%, & 84%) used collaborating and compromising styles of conflict management with their clinical instructors, respectively; while, the lowest percentage (50.6%) of them used the competing style of conflict management. As regards the distribution of using percentages of nursing students' conflict management styles with their peers; the highest percentages (82.2%, & 81.1%) of nursing students used compromising and collaborating conflict management styles with their peers, respectively; whereas, the lowest percentage (69.8%) of them used the competing style of conflict management.

Table 2: Indicates the percentage of mean scores of nursing students' assertiveness dimensions. It is clear from this table that the highest percentages of mean scores were for spontaneous expression of feelings (60.96%), followed by confronting others (59.64%), while the lowest percent of mean scores was for ability to deal with criticism (59.60%).

Figure 2: Illustrates the distribution of total assertiveness level of nursing students. This figure reveals that more than half (59.2 %) of nursing students had high level of assertiveness, while the least percentage of them (2.4%) had low level of assertiveness.

Table 3: Indicates the percentage of mean scores of nursing students' stress dimensions. As observed from this table the highest percentages of mean scores were for academic load (67.6%), followed by interface worries (63.68%), then clinical (practical) concerns (51.42%); while, the lowest percent of mean scores was for personal problems (47.05%).

Figure 3: Portrays the distribution of total stress level of nursing students. This figure reveals that the highest percentage of nursing students (43.5 %) had moderate level of stress, while, none of them hadn't stress (0.0%).

Table 4: Shows that there was a positive statistically significant correlation between nursing students' total assertiveness score and their using of all conflict management styles with their clinical instructors ($p < 0.01$). Also, there was statistically significant positive correlation between nursing students' total stress score and their using of conflict management compromising style with their clinical instructors ($P < 0.05$).

Table 5: Shows that there was positive statistically significant correlation between nursing students' total assertiveness score as regards their using of conflict management collaborating, accommodating, competing, and avoiding styles with their peers where P value < 0.01 . On the other hand, there was a negative statistically significant correlation between nursing students' total stress score and their using of conflict management compromising style with peers ($P = 0.01$).

Table 6: Shows that there was a negative statistically significant correlation between nursing students' total mean scores of assertiveness and stress ($P = 0.03$).

IV. Discussion

Students come to colleges with different experiences, fears, expectations, attitudes, backgrounds, hopes, and aspiration which may lead to conflict between groups. Also, conflict is a natural result of human communication. So, the presence of a conflict between a student and faculty can have both negative and positive results. The negative results of conflict include weak interpersonal relationships, high stress, and increase in absenteeism (McKibben, 2017). On the other hand, assertiveness is an important strategy in the management of conflict because situations that are not managed assertively can lead to feelings of stress, anger and frustration on the part of those involved. Additionally, assertiveness enables a person to operate effectively in dealing with stressors factors. This increases the self-confidence, the logical expression of ideas and emotions, reduce anxiety, improve community relations, respect for others' rights and eventually increase the ability of coping with stress (Shiferaw et al., 2015).

The results of the current study revealed that, the highest percentage of nursing students used collaborating and compromising styles of conflict management with their clinical instructors, whereas, the lowest percentage of nursing students used the competing style of conflict management. This might be due to that nursing students had good interpersonal relationships, communication and interaction with their clinical instructors and they tried to investigate the problem and exchange accurate information about it with them to find an acceptable solution for both of them or because clinical instructors had the upper hand and the position of power in the faculty, while students had little chance to challenge them accordingly, they had to use less aggressive styles of conflict management. This finding agreed with a previous study carried out in United State of America (USA) by Krautscheid et al., (2017) to describe the frequency of conflict-handling styles demonstrated by under graduate nursing students in the academic laboratory and found that the lowest percentage of nursing students utilized the competing style of conflict management. Likewise, in a study conducted in Hong Kong by Chan et al., (2014) to examine undergraduate nursing students' conflict management styles in managing conflict with their supervisors in clinical placement and found that students used collaborating style most frequently and used competing style least frequently. As well, Fakhry and El Hassan (2011), carried out a study in Egypt to examine the causes of conflict and types of conflict resolution strategies utilized by Egyptian and Lebanese nursing students, and showed that the collaborating strategy was the most common valued conflict management styles by both Lebanese and Egyptian nursing students and the least common style that was reported by Egyptian nursing students was the competing. Conversely, this finding disagreed with a study performed to examine individual perceptions that current nursing students have about conflict strategies by Hartman and Crume (2014), in USA, and concluded that the highest percentage of nursing students used the avoiding style. As well, Waite and McKinney (2014), who conducted a study to assess changes in the conflict styles among undergraduate nursing students, found that the highest percentage of them used competing style in an attempt to handle conflict situations. Also, this finding contradicted with Pines et al., (2012), who carried out a study in USA to determine the relations of stress, psychological empowerment, selected demographic characteristics and conflict management styles and found that the highest percentage of nursing students used avoiding and accommodating styles of conflict management and they were less likely to use collaborating styles of conflict management.

As for the distribution of using percentages of nursing students' conflict management styles with their peers, the current study findings showed that the highest percentage of nursing students used compromising and collaborating styles of conflict management with their peers, whereas, the lowest percentage of them used the competing style. This might be due to that nursing students and their peers are in the same line. As well, in the compromising style the students show intermediate level of concern for the self and the other side and uses give and take or sharing the willingness to give up something to be able to make a decision that is acceptable to both

nursing students and their peers. This finding is congruent with that of **Pines et al., (2014)**, who carried out a study in USA, to determine whether nursing students who participate in simulated training exercises that manage intimidating and disruptive behaviors of others have increased perceptions of psychological empowerment, and conflict management styles and found that after training, nursing students preferred to use compromising and collaborating styles of conflict management, while the lowest percentage of them preferred to use the competing style.

As regards, distribution of total assertiveness level of nursing students, the findings of the present study indicated that more than half of nursing students had high level of assertiveness. This might be because nursing students in this age develop their self-concept and identity and build their personalities and assertiveness in adolescence that promotes the establishment of their social supportive interpersonal relationships. Also, this result could be due to that nursing students have the knowledge and ability to express themselves freely and properly without imposing discomfort to others, because of their higher educational level. As well, this might be due to that these students had taken an intervention program by another researcher about assertiveness before the data collection of this study. This finding is consistent with a study carried by **Mahmoud (2015)** to identify the relationship between depressive symptoms and self-assertiveness among undergraduate students in Suez Canal University, Egypt and found that more than half of the students were highly assertive. Also, this finding goes with **Eldeeb et al., (2014)**, who conducted a study to assess assertiveness and stress levels among second and fourth year nursing students at Menofya University, Egypt and reported that both groups have high level of assertiveness. Likewise, in a study conducted in Turkey by **Arslan et al., (2014)** to determine levels of assertiveness and peers pressure of the nursing students and found that more than half of them had high level of assertiveness. Conversely, this finding disagreed with a study conducted by **Ahmed (2016)**, in Port Said, Egypt to explore the relation between nurse educators' emotional intelligence and student nurses' assertiveness and found that three quarter of student nurses had low level of assertiveness. Also, **Moorem et al., (2015)**, who studied the relationship between assertiveness and social anxiety in China, found that the assertiveness level of nursing students was low. In the same line **Maheshwari, and Gill (2015)**, in USA who studied the relationship between assertiveness and self-esteem among nursing students and found that the level of assertiveness was low. Moreover, **Rezayat and Dehghan (2014)** carried out a study to explore the relation between nurse educators' emotional intelligence and nursing students' assertiveness and concluded that three quarter of nursing students had low level of assertiveness.

As regards, percentage of mean scores of nursing students' assertiveness dimensions, the findings of the present study confirmed that the highest percent of mean scores were for spontaneous expression of feelings, followed by confronting others, while, the lowest percent of mean score was for the ability to deal with criticism. This result might be due to nursing student's ability to express their thoughts, emotions, beliefs and opinions on a way of not violating other personal rights. Also, they always very careful to avoid hurting other people's feelings and when they were with friends, they were frank and honest about their feelings. In a very recent study this finding is matching with, **Mohammed (2018)**, who conducted a study in Egypt to determine the effect of assertiveness training program on self-esteem and self-efficacy of faculty nursing students and found that the highest mean scores were for spontaneous expression of feelings, followed by confronting others, while the lowest mean score was for the ability to deal with criticism. Also, this result is congruent with a study carried by **Ahmed (2016)**, who found that the highest percent of nursing students had high level of spontaneous expression of feelings and the lowest percent of them had low level of the ability to deal with criticism.

As regards, distribution of total stress level of nursing students, the current study findings clarified that the highest percentage of nursing students had moderate level of stress. This might be due to these students attending college often involves stress derived from establishing new social relationships, adjusting to the academic demands of class work, and fearing of failure in courses. Another explanation of this result could be that nursing students are not familiar with college staff, subjects, policies and rules of the college, also, they may be worried about their roles, duties, and responsibilities in the future about their career. This finding is congruent with that of **Ajibade (2016)**, who carried out a study in Nigeria to explore stress, types of stressors and coping strategies among student nurses and found that the highest percentage of student nurses had moderate level of stress. As well, **Prasad et al., (2013)** found in a study on the level of stress and coping mechanism adapted by 1st year nursing students in Mangalore that the majority of the nursing students had moderate level of stress. On the other hand, this finding disagreed with the finding of a study conducted by **Edward et al., (2015)**, who conducted a study to examine the levels and sources of stress among diploma nursing students in two nursing training colleges in Tamale, Ghana, and indicated that students experience severe level of stress.

With regard to the percentage of mean scores of nursing students' stress dimensions, the present study findings showed that, the highest percent of mean scores were for academic load, followed by interface worries while, the lowest percent of mean score was for the personal problems. This might be due to that high perceived stress from academic load could be attributed to a sharp transition from directive and

pedagogical learning in high school, to a proactive skill based, applied learning process in nursing colleges where these students are expected to incorporate the university values and skills into their existing educational expectations, as well there were many academic stressors that included crowded classrooms, excessive theoretical hours and being questioned by educators during lectures as well as undertaking exams, assignments and the fear/anxiety about poor grades. Interestingly stress from personal problems was perceived comparatively less important. A possible explanation for this could be that the students enrolled were unmarried and dependent on their families and had no major responsibilities to their families while studying. This finding is matching with **Wong et al., (2015)**, who clarified in a study the sources of stress among nursing students at different stages of training in China, that academic load was a major source of stress. As well, **Shukla et al., (2013)** conducted a study in India to assess the level and source of stress, coping mechanisms and influencing factors in student nurses, and concluded that the major sources of stress for student were academic load and interface worries that were significantly higher than the other sources, while the personal problems was the least source of stress. Alternatively, this study finding is incompatible with the results of **Ahmed (2015)**, who conducted a study in Egypt, to discover the factors affecting the level of stress among university students and mentioned that the personal problems was the most commonly reported, while the academic factors were less reported as being a source of stress to them.

Investigating the correlations between students' conflict management styles with their clinical instructors and their total assertiveness, the current study findings mentioned that there was positive statistically significant correlation between nursing students' total assertiveness score and their using of all conflict management styles with their clinical instructors. This means that the nursing students, who reported increased assertiveness level, also reported greater using of all conflict management styles with their clinical instructors. This might be due to assertiveness endows one with the skill of being able to ask for what one wants and to state one's opinions without aggression, it is therefore a key to all interpersonal relationships where the management of conflict is necessary. This finding is on the same way of a study conducted in Korea to describe the level of self-esteem, assertiveness and interpersonal relationship according to the style of conflict management on nursing students by **Jung and Kang (2014)**, who detected that students' assertiveness was significantly and positively related to using conflict management styles.

Also, there was a positive statistically significant correlation between nursing students' total stress and their using of conflict management compromising style with their clinical instructors. This might be due to compromising style based on give-and-take approach, seek for a mutually acceptable solution that satisfy both parties partially via addressing some concerns of both parties and neglecting others by exchanging concessions and findings a middle-ground position. So, when the students use this style with their clinical instructors, they will suffer from stress due to presence of the authority and power from the clinical instructor. Conversely, this finding disagreed with **Pines et al., (2012)**, who found that stress was not significantly associated with conflict management styles.

As regards, the correlation between nursing students' conflict management styles with their peers and their total mean scores of assertiveness, the current study findings clarified that there was positive statistically significant correlation between nursing students' total assertiveness scores as regards their using of conflict management collaborating, accommodating, competing and avoiding styles with their peers. This result is agreed with **Mabrouk (2009)**, who conducted a study in Egypt, to assess the effect of assertiveness and conflict resolution styles and found that there was statistically significant correlation between assertiveness and using collaborating, accommodating, competing and avoiding styles of conflict management.

As regards, the correlation between nursing students' conflict management styles with their peers and their total mean scores of stress, the present study findings showed that there was a negative statistically significant correlation between nursing students total mean scores of stress and their using of conflict management compromising style with their peers. This means that the nursing students, who reported increased using of compromising style of conflict management with their peers, also reported decreased stress level. This study finding is similar to that of **Pines et al., (2014)**, who detected that there was a negative statistically significant correlation between nursing students' total stress scores and their using of conflict management compromising style with their peers.

Investigating the correlations between nursing students' assertiveness and stress, according to the current study findings there was a negative statistically significant correlation between nursing students' total stress and their total assertiveness scores. This means that the nursing students, who reported high level of assertiveness, also reported low level of stress. This might be due to that nursing student who are assertive in the faculty tend to be decisive, outspoken, direct, and share ideas and information in a clear and confident manner that could decrease their stress level. Likewise, assertive students tend to express their thoughts and opinions frankly and honestly and they are able to stand for their rights that could make assertive students away from feelings of sadness, hopelessness and inadequacy. As a result, their feelings of enjoyment and accomplishment increased and consequently, their stress level decreased. This finding is on the same result of **Mahmoud (2015)**,

who found that stress level was negatively correlated with assertiveness level. In the other side, **El deeb et al., (2014)** found that there was positive statistically significant correlation between nursing students' stress and their assertiveness.

V. Conclusion

In the light of the current study, it can be concluded that, the highest percentage of nursing students used collaborating and compromising styles of conflict management, while the lowest percentage of them used the competing style with their clinical instructors and their peers. As well, the highest percentage of them had high level of assertiveness and moderate level of stress. Additionally, there was a positive statistically significant correlation between nursing students' total assertiveness score as regards their using of all conflict management styles with their clinical instructors. Likewise, there were positive statistically significant correlations between nursing students' total assertiveness score as regards their using of conflict management collaborating, accommodating, competing, and avoiding styles with their peers. Also, there was statistically significant positive correlation between nursing students' total stress score and their using of conflict management compromising style with their clinical instructors and with their peers. Moreover, there was a negative statistically significant correlation between nursing students' total mean scores of assertiveness and stress.

VI. Recommendations

- Nurse educators should provide a training program about conflict management styles to students in order to teach them how to deal with their conflict more effectively.
- Nurse educators must introduce training courses to enhance the acquisition of nursing students' assertiveness skills.
- Students should identify where changes are needed and believe in their rights.
- Students should practice assertiveness in the real life and determine the appropriate ways of asserting themselves.
- Nurse educators should conduct workshops about stress management and coping strategies to nursing students.
- Nurse educators must motivate their students to express their opinions and personal rights to enhance their autonomy.
- Nurse educators should provide a healthy learning environment with open communication and good listening to students.

Further researches about:

- Further research that determine conflict management style utilized by nursing students from nursing educators' perspective and the causes of conflict .
- Further research that assess the effectiveness of educational and counseling training program about stress on students' stress and personality.
- Further research for determining the sources of stress and coping strategies as perceived by the students.
- Further research for conducting training program about assertiveness and stress.

Table (1): Distribution of demographic data of the studied nursing students (n=424)

Demographic characteristic	Frequency	%
Age in year		
• < 18	104	24.5
• <22	217	51.2
• ≥22	103	24.3
Mean ±SD	20.56±1.314	
Academic year		
• First	94	22.2
• Second	95	22.4
• Third	125	29.5
• Fourth	110	25.9
Gender		
• Male	96	22.6
• Female	328	77.4
Marital status		
• Single	378	89.2
• Married	46	10.8
Family income		
• Not enough	332	78.3

• Enough	92	21.7
Work during studying		
• Yes	75	17.7
• No	349	82.3
Entering the faculty on a personal desire:		
• Yes	225	53.1
• No	199	46.9
Residence		
• Rural	336	79.2
• Urban	88	20.8

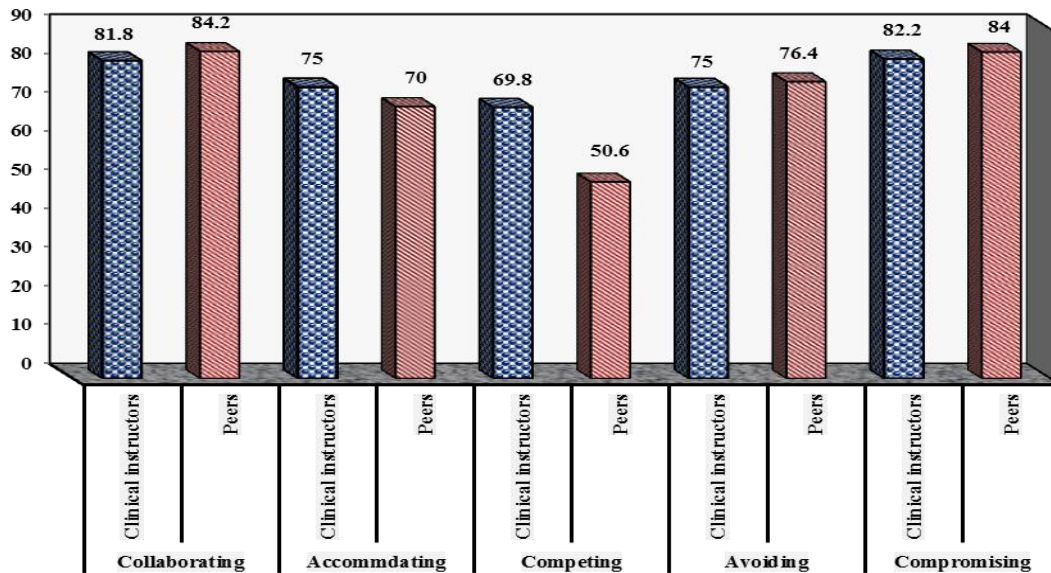


Figure (1): Distribution of using percentages of nursing students' conflict management styles with their clinical instructors and peers (n=424).

Table (2): Percentage of mean scores of nursing students' assertiveness dimensions (n=424).

Dimensions of assertiveness	Score	Mean	Std. Deviation	Minimum	Maximum	% of mean score
1. Ability to deal with criticism.	10	5.96	1.20	2	10	59.60
2. Confronting others.	65	38.77	4.83	19.00	57.00	59.64
3. Spontaneous expression of feelings.	65	39.45	5.143	13.00	53.00	60.96

Figure (2): Distribution of total assertiveness level of nursing students (n=424).

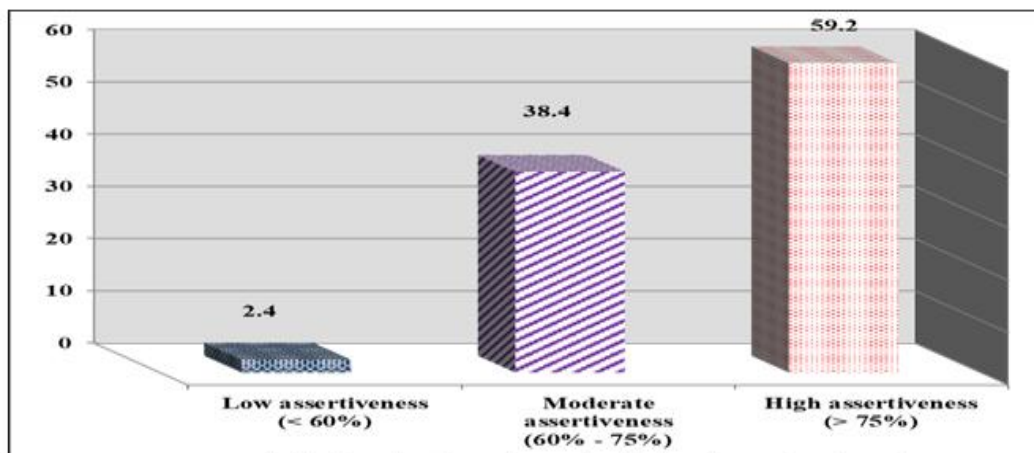


Figure (2): Distribution of total assertiveness level of nursing students (n=424).

Table (3): Percentage of mean scores of nursing students' stress dimensions (n=424).

Dimensions of stress	Score	Mean	Std. Deviation	Minimum	Maximum	% of mean score
1. Academic load	35	23.6627	6.90133	7.00	35.00	67.6
2. Clinical(practical) concerns	35	18.0024	6.63450	7.00	35.00	51.42
3. Personal problems	20	9.4104	4.15782	4.00	20.00	47.05
4. Interface worries	35	22.2901	6.83845	6.00	44.00	63.68

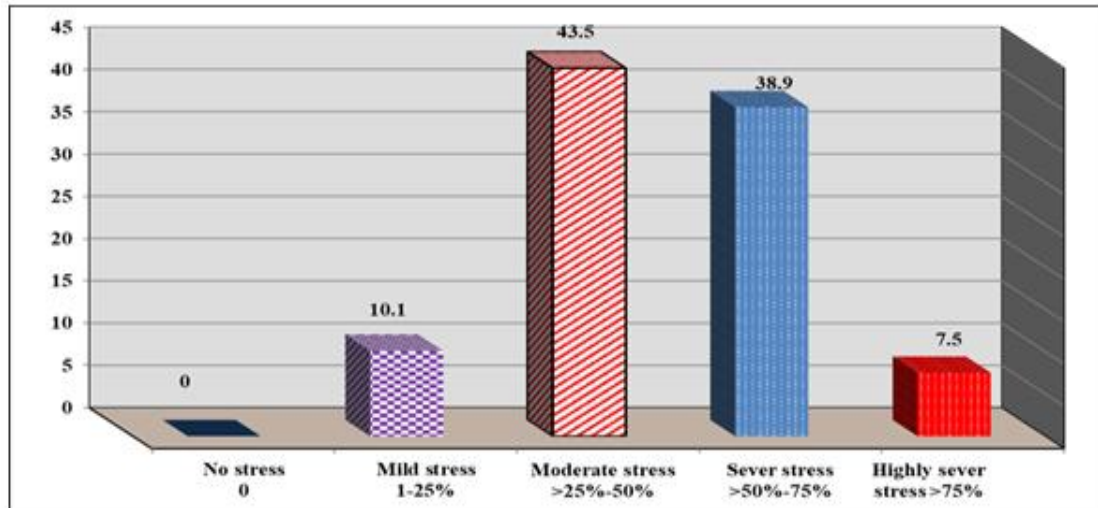


Figure (3): Distribution of total stress level of nursing students (n=424).

Table (4): Correlation between nursing students' conflict management styles with their clinical instructors and their total mean scores of assertiveness and stress (n=424).

Variable	Conflict management styles									
	Collaborating		Accommodating		Competing		Avoiding		Compromising	
	r	P value	r	P value	r	P value	r	P value	r	P value
Total assertiveness	0.17**	.000	0.16**	.001	0.20**	.000	0.18**	.000	0.20**	.000
Total stress	-0.19	0.69	-0.03	0.43	-0.01	0.71	-0.13	0.79	0.09*	.004

(*) Statistically significant at $p < 0.05$. (**) statistically significant at $p < 0.01$.

Table (5): Correlation between nursing students' conflict management styles with peers and their total mean scores of assertiveness and stress (n=424).

Variable	Conflict management styles									
	Collaborating		Accommodating		Competing		Avoiding		Compromising	
	r	P value	r	P value	r	P value	r	P value	r	P value
Total assertiveness	0.14**	.004	0.19**	.000	0.17**	.000	0.23**	.000	0.08	0.092
Total stress	-0.03	0.43	-0.00	0.92	-0.03	0.52	-0.06	0.21	-0.12*	.01

(*) Statistically significant at $p < 0.05$. (**) statistically significant at $p < 0.01$.

Table (6): Correlation between nursing students' total mean scores of assertiveness and stress (n=424).

Variables	Total stress score	
	r	P - value
Total assertiveness score	- 0.10*	0.03

Correlation is significant at the 0.05 level (2-tailed).

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