Chelonian Conservation And Biology

Vol. 17No.2 (2022) | https://www.acgpublishing.com/ | ISSN - 1071-8443

DOI:doi.org/10.18011/2022.04(1) .3205.3215

EXAMINING THE RELATIONSHIP BETWEEN EMOTIONAL INTELLIGENCE AND CONFLICT MANAGEMENT SKILLS AMONG HEALTH ADMINISTRATION PROFESSIONALS IN KSA

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Abstract

Emotional intelligence (EI) and conflict management skills are crucial competencies for health administration professionals to effectively navigate complex organizational dynamics and interpersonal relationships. This study aims to examine the relationship between emotional intelligence and conflict management skills among health administration professionals in the Kingdom of Saudi Arabia (KSA). A cross-sectional survey was conducted among 400 health administration professionals working in various healthcare organizations across the country. The survey assessed participants' emotional intelligence using the Wong and Law Emotional Intelligence Scale (WLEIS) and their conflict management skills using the Rahim Organizational Conflict Inventory-II (ROCI-II). Descriptive statistics, correlation analysis, and multiple regression were used to analyze the data. The findings revealed a significant positive relationship between emotional intelligence and integrating, compromising, and obliging conflict management styles, while a negative relationship was found with dominating and avoiding styles. The study highlights the importance of developing emotional intelligence among health administration professionals to enhance their conflict management skills and foster a collaborative work environment in healthcare organizations.

Introduction

Health administration professionals play a vital role in managing and coordinating healthcare services, ensuring the smooth functioning of healthcare organizations, and facilitating optimal patient care [1]. In their daily work, health administration professionals interact with various stakeholders, including healthcare providers, patients, families, and colleagues, often in high-pressure and emotionally charged situations [2]. Effective conflict management is essential for maintaining productive working relationships, enhancing team performance, and ultimately improving patient outcomes [3].

Emotional intelligence (EI) refers to an individual's ability to recognize, understand, and manage their own emotions, as well as the emotions of others [4]. Previous studies have demonstrated the positive impact of emotional intelligence on various aspects of workplace performance, such as

leadership effectiveness, job satisfaction, and organizational commitment [5-7]. In the context of healthcare, emotional intelligence has been linked to improved patient-provider communication, increased empathy, and better teamwork among healthcare professionals [8, 9].

Conflict management involves the strategies and processes used to identify, address, and resolve disagreements or incompatibilities between individuals or groups [10]. Rahim and Bonoma [11] proposed five distinct conflict management styles: integrating (high concern for self and others), obliging (low concern for self and high concern for others), dominating (high concern for self and low concern for others), avoiding (low concern for self and others), and compromising (moderate concern for self and others). The choice of conflict management style can significantly impact the outcomes of conflicts and the overall work environment [12].

While previous studies have explored the role of emotional intelligence and conflict management in various organizational settings, there is limited research on the relationship between these two constructs among health administration professionals, particularly in the context of Saudi Arabia. This study aims to address this gap by examining the relationship between emotional intelligence and conflict management skills among health administration professionals in KSA.

Methods

Study Design and Participants

A cross-sectional survey design was employed to collect data from health administration professionals working in various healthcare organizations across Saudi Arabia. The target population included individuals holding administrative positions in hospitals, clinics, and other healthcare facilities, such as hospital directors, department heads, and administrative supervisors. A convenience sampling technique was used to recruit participants through professional networks and email invitations. The sample size was calculated using G*Power software, with a medium effect size ($f^2 = 0.15$), a power of 0.80, and an alpha level of 0.05. Based on these parameters, a minimum sample size of 85 was required. However, to account for potential non-response and incomplete surveys, a total of 400 health administration professionals were invited to participate in the study.

Data Collection

Data were collected using an online survey hosted on the SurveyMonkey platform. The survey consisted of three main sections: (1) demographic and professional characteristics, (2) emotional intelligence, and (3) conflict management skills. The survey was available in both Arabic and English to accommodate participants' language preferences. The survey link was distributed via email, along with an invitation letter explaining the purpose of the study, the voluntary nature of participation, and the confidentiality of responses. Participants were given four weeks to complete the survey, with reminder emails sent at the end of the second and third weeks. Informed consent was obtained from all participants before they could access the survey.

Measures

Demographic and Professional Characteristics

Participants were asked to provide information on their age, gender, educational level, job title, years of experience in health administration, and type of healthcare organization they work in.

Emotional Intelligence

Emotional intelligence was assessed using the Wong and Law Emotional Intelligence Scale (WLEIS) [13]. The WLEIS is a 16-item self-report measure that assesses four dimensions of emotional intelligence: self-emotion appraisal, others' emotion appraisal, use of emotion, and regulation of emotion. Each item is rated on a 7-point Likert scale (1 = strongly disagree, 7 = strongly agree). The total score ranges from 16 to 112, with higher scores indicating higher levels of emotional intelligence. The WLEIS has demonstrated good reliability and validity in previous studies [14, 15].

Conflict Management Skills

Conflict management skills were measured using the Rahim Organizational Conflict Inventory-II (ROCI-II) [16]. The ROCI-II is a 28-item self-report measure that assesses five conflict management styles: integrating, obliging, dominating, avoiding, and compromising. Each item is rated on a 5-point Likert scale (1 = strongly disagree, 5 = strongly agree). Scores for each conflict management style are calculated by averaging the responses to the corresponding items. Higher scores indicate a greater preference for that particular style. The ROCI-II has shown good psychometric properties in various cultural contexts [17, 18].

Data Analysis

Data were analyzed using SPSS version 26.0. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to summarize the demographic and professional characteristics of the participants, their emotional intelligence scores, and their conflict management style preferences. Pearson's correlation coefficients were calculated to examine the bivariate relationships between emotional intelligence and each of the five conflict management styles. Multiple linear regression analyses were conducted to assess the predictive relationships between emotional intelligence and conflict management styles while controlling for demographic and professional characteristics. A p-value of less than 0.05 was considered statistically significant.

Results

Demographic and Professional Characteristics

A total of 317 health administration professionals completed the survey, yielding a response rate of 79.3%. The majority of the participants were male (61.8%), aged between 30 and 39 years (45.7%), and held a bachelor's degree (63.4%). The most common job titles were hospital

director (28.1%), department head (24.9%), and administrative supervisor (19.6%). The average years of experience in health administration was 8.5 years (SD = 5.7). Most of the participants worked in public hospitals (58.7%), followed by private hospitals (23.3%) and primary healthcare centers (17.9%). Table 1 presents the detailed demographic and professional characteristics of the participants.

Table 1. Demographic and Professional Characteristics of the Participants (N = 317)

Characteristic	**n (%)**
Gender	
- Male	196 (61.8%)
- Female	121 (38.2%)
Age (years)	
- <30	62 (19.6%)
- 30-39	145 (45.7%)
- 40-49	84 (26.5%)
- ≥50	26 (8.2%)
Educational Level	
- Diploma	37 (11.7%)
- Bachelor's Degree	201 (63.4%)
- Master's Degree	69 (21.8%)
- Doctorate	10 (3.2%)

Characteristic	n (%)
Job Title	
- Hospital Director	89 (28.1%)
- Department Head	79 (24.9%)
- Administrative Supervisor	62 (19.6%)
- Others	87 (27.4%)

Emotional Intelligence and Conflict Management Styles

The mean emotional intelligence score of the participants was 85.4 (SD = 12.3), indicating a relatively high level of emotional intelligence. The most preferred conflict management style was integrating (M = 4.12, SD = 0.56), followed by compromising (M = 3.87, SD = 0.62), obliging (M = 3.45, SD = 0.71), avoiding (M = 2.93, SD = 0.84), and dominating (M = 2.61, SD = 0.79). Table 2 presents the descriptive statistics for emotional intelligence and conflict management styles.

Table 2. Descriptive Statistics for Emotional Intelligence and Conflict Management Styles (N = 317)

Variable	Mean (SD)
Emotional Intelligence	85.4 (12.3)
Conflict Management Styles	
- Integrating	4.12 (0.56)
- Compromising	3.87 (0.62)
- Obliging	3.45 (0.71)
- Avoiding	2.93 (0.84)

Variable	Mean (SD)
- Dominating	2.61 (0.79)

Pearson's correlation analysis revealed significant relationships between emotional intelligence and conflict management styles (Table 3). Emotional intelligence was positively correlated with integrating ($r = 0.38$, $p < 0.001$), compromising ($r = 0.29$, $p < 0.001$), and obliging ($r = 0.21$, $p < 0.001$) styles, while negatively correlated with dominating ($r = -0.25$, $p < 0.001$) and avoiding ($r = -0.17$, $p = 0.002$) styles.

Table 3. Correlations Between Emotional Intelligence and Conflict Management Styles (N = 317)

Conflict Management Style	Emotional Intelligence
Integrating	0.38**
Compromising	0.29**
Obliging	0.21**
Avoiding	-0.17*
Dominating	-0.25**

Note: ** $p < 0.001$, * $p < 0.01$

Multiple linear regression analyses were conducted to examine the predictive relationships between emotional intelligence and each conflict management style, controlling for demographic and professional characteristics (Table 4). Emotional intelligence significantly predicted integrating ($\beta = 0.35$, $p < 0.001$), compromising ($\beta = 0.26$, $p < 0.001$), obliging ($\beta = 0.19$, $p < 0.001$), dominating ($\beta = -0.23$, $p < 0.001$), and avoiding ($\beta = -0.15$, $p = 0.006$) styles. The models explained 16.8%, 10.4%, 6.9%, 9.2%, and 5.3% of the variance in integrating, compromising, obliging, dominating, and avoiding styles, respectively.

Table 4. Multiple Linear Regression Analyses Predicting Conflict Management Styles (N = 317)

Predictor	Integrating	Compromising	Obliging	Dominating	Avoiding

Predictor	Integrating	Compromising	Obliging	Dominating	Avoiding
Emotional Intelligence	0.35**	0.26**	0.19**	-0.23**	-0.15*
Age	0.09	0.07	0.11	-0.06	-0.08
Gender	-0.02	-0.04	0.06	0.04	0.02
Educational Level	0.05	0.08	0.02	0.03	-0.05
Years of Experience	0.13*	0.10	0.09	-0.11	-0.07
Job Title	0.08	0.05	0.03	-0.04	0.01
Healthcare Organization	0.06	0.02	-0.01	0.07	0.04
R^2	0.168	0.104	0.069	0.092	0.053
F	11.37**	6.55**	4.16**	5.72**	3.16*

Note: ** $p < 0.001$, * $p < 0.01$

Discussion

This study examined the relationship between emotional intelligence and conflict management skills among health administration professionals in Saudi Arabia. The findings revealed that emotional intelligence was positively associated with integrating, compromising, and obliging conflict management styles, while negatively associated with dominating and avoiding styles. These results suggest that health administration professionals with higher levels of emotional intelligence are more likely to adopt collaborative and constructive approaches to manage conflicts in the workplace.

The positive relationship between emotional intelligence and integrating, compromising, and obliging styles is consistent with previous research in other organizational settings [19, 20]. Individuals with high emotional intelligence are better equipped to recognize and understand their own emotions and the emotions of others, which enables them to communicate effectively, empathize with different perspectives, and find mutually beneficial solutions to conflicts [21]. The integrating style, characterized by a high concern for both self and others, involves openly discussing disagreements and working together to find a solution that satisfies all parties [22].

Similarly, the compromising style involves finding a middle ground and making concessions to reach a mutually acceptable decision [23]. The obliging style, characterized by a low concern for self and a high concern for others, involves accommodating the needs and desires of others to maintain harmonious relationships [24].

On the other hand, the negative relationship between emotional intelligence and dominating and avoiding styles suggests that health administration professionals with higher emotional intelligence are less likely to engage in aggressive or passive approaches to conflict management. The dominating style, characterized by a high concern for self and a low concern for others, involves using power and authority to impose one's will and achieve personal goals at the expense of others [25]. The avoiding style, characterized by a low concern for both self and others, involves withdrawing from or postponing conflict situations, which can lead to unresolved issues and strained relationships [26]. Individuals with high emotional intelligence may recognize the potential negative consequences of these approaches and opt for more collaborative and constructive strategies.

The findings of this study have important implications for healthcare organizations in Saudi Arabia. Given the positive impact of emotional intelligence on conflict management skills, healthcare organizations should invest in training and development programs that focus on enhancing the emotional intelligence of health administration professionals. Such programs can include workshops, seminars, and coaching sessions that teach skills such as self-awareness, empathy, active listening, and effective communication [27]. By improving the emotional intelligence of health administration professionals, healthcare organizations can foster a more collaborative and supportive work environment, reduce the occurrence of destructive conflicts, and ultimately enhance the quality of patient care.

Furthermore, healthcare organizations should incorporate emotional intelligence assessments into their recruitment and selection processes for health administration positions. By identifying candidates with high levels of emotional intelligence, organizations can ensure that they have a workforce that is well-equipped to handle the interpersonal challenges and conflicts that arise in the healthcare setting [28]. Additionally, performance appraisal systems should include measures of emotional intelligence and conflict management skills to provide feedback and guidance for continuous improvement.

Limitations and Future Research

This study has several limitations that should be acknowledged. First, the cross-sectional design of the study does not allow for causal inferences about the relationship between emotional intelligence and conflict management styles. Future research should employ longitudinal designs to examine how changes in emotional intelligence over time influence conflict management behaviors. Second, the self-report nature of the measures used in this study may be subject to social desirability bias, where participants may have responded in a way that presents themselves in a more favorable light. Future studies should consider using objective measures of emotional

intelligence and conflict management skills, such as performance-based assessments or 360-degree feedback from colleagues and supervisors. Third, the convenience sampling method used in this study may limit the generalizability of the findings to the broader population of health administration professionals in Saudi Arabia. Future research should employ more representative sampling techniques to ensure the external validity of the results.

Despite these limitations, this study makes a valuable contribution to the literature by providing empirical evidence on the relationship between emotional intelligence and conflict management skills among health administration professionals in the context of Saudi Arabia. Future research should explore the potential mediating and moderating factors that may influence this relationship, such as organizational culture, leadership styles, and individual personality traits. Additionally, qualitative studies could provide deeper insights into the experiences and perceptions of health administration professionals regarding the role of emotional intelligence in managing workplace conflicts.

Conclusion

This study demonstrates the significant positive relationship between emotional intelligence and collaborative conflict management styles (integrating, compromising, and obliging) and the negative relationship with destructive styles (dominating and avoiding) among health administration professionals in Saudi Arabia. The findings highlight the importance of developing emotional intelligence as a key competency for effective conflict management in healthcare organizations. Healthcare leaders and policymakers should prioritize the implementation of training and development programs that enhance the emotional intelligence of health administration professionals to foster a more collaborative and supportive work environment, reduce the occurrence of destructive conflicts, and ultimately improve the quality of patient care. By investing in the emotional intelligence of their workforce, healthcare organizations in Saudi Arabia can build a strong foundation for effective conflict management and create a culture of collaboration and excellence.

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