

RELATIONSHIP BETWEEN EMOTIONAL INTELLIGENCE AND CONFLICT MANAGEMENT AMONG NURSES IN TERTIARY CARE HOSPITAL, PESHAWAR

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Abstract

Background

Conflict is an inevitable component of nursing practice, particularly in tertiary care hospitals where nurses operate in high-pressure environments characterized by complex patient care, heavy workloads, and frequent interprofessional interactions. Ineffective conflict management can negatively impact teamwork, job satisfaction, and patient care outcomes. Emotional intelligence (EI), which involves the ability to recognize, understand, and regulate one's own emotions and those of others, has been identified as an essential non-technical competency that may influence how nurses manage workplace conflict.

Objective

The objective of this study was to determine the association between emotional intelligence and conflict management among nurses working in tertiary care hospitals.

Methods

A quantitative cross-sectional study design was adopted. Data were collected using a structured questionnaire comprising three sections: demographic information, emotional intelligence, and conflict management. Emotional intelligence was assessed using the Wong and Law Emotional Intelligence Scale (WLEIS), which measures four dimensions: self-emotion appraisal, others' emotion appraisal, use of emotion, and regulation of emotion. Conflict management styles were evaluated using the Thomas-Kilmann Conflict Mode Instrument (TKI), which assesses five conflict-handling modes: competing, collaborating, compromising, avoiding, and accommodating. Data were analyzed using Statistical Package for Social Sciences (SPSS) version 22. Descriptive statistics were used to summarize demographic characteristics and study variables. Pearson correlation coefficient was applied to examine the relationship between emotional intelligence and conflict management. A *p*-value of ≤ 0.05 was considered statistically significant.

Results

The study examined the relationship between nurses' emotional intelligence levels and their preferred conflict management styles. A statistically significant association was observed between emotional intelligence and conflict

management, indicating that nurses with higher emotional intelligence demonstrated more constructive and collaborative approaches to managing workplace conflict.

Conclusion

Emotional intelligence plays a significant role in shaping conflict management behaviors among nurses in tertiary care settings. Enhancing emotional intelligence through targeted training programs and professional development initiatives may improve nurses' ability to manage conflict effectively, promote a positive work environment, and contribute to improved teamwork and quality of patient care.

CHAPTER: 1 INTRODUCTION

1.1 Background

Conflict is the unavoidable phenomenon in the nursing practice and is usually observed when there are interactions between nurses and nurses themselves as well as nurses and other representatives of the health care team. Clinically, conflict is the condition of discord, emotional stress or disturbance, due to the divergence of values, perceptions, communication patterns, professional role, workload, sharing, or clinical decision making (Johansen and Cadmus, 2016). Although a certain degree of conflict might trigger critical thinking and problem-solving, uncontrollable or poorly managed conflict can have a disastrous impact on professional relationships, teamwork, work satisfaction, and patient outcomes.

Tertiary care hospitals are very intricate and challenging healthcare facilities. In such settings, nurses have to regularly deal with workloads, critically ill patients, time-pressured clinical decisions, staffing crises, and ongoing interprofessional collaboration. Such stressful circumstances are the primary factors that enhance the chances of interpersonal conflict among medical workers to a large extent (Overton & Lowry, 2013). Unresolved conflicts can result in communication disintegration, diminished teamwork, stress, burnout, absenteeism, and lack of quality patient care.

Emotional Intelligence (EI) has become an essential non-technical healthcare competency that has acquired prominence especially in the field of nursing. Emotional intelligence is demonstrated as the capacity to identify, interpret, manage, and positively apply emotions in others

and in self-directed thinking and behavior (Goleman, 1998). Just like clinical expertise improves patient care, emotional intelligence provides nurses with emotional awareness, empathy, self-regulation, and good communication skills that can help them overcome complex interpersonal situations in clinical practice (Cordier et al., 2010).

There has been evidence that nurses who are highly emotionally intelligent belong to a better level of self-awareness, emotional regulation, flexibility, and positive communication. These qualities allow them to resolve the conflict situations through problem solving and teamwork as opposed to avoiding, becoming aggressive or retreating emotionally (Karimi et al., 2014). Emotionally intelligent nurses have greater chances of embracing positive conflict-management styles that encourage mutual understanding, collaboration, and respect in their professional capacities to create a healthier work environment.

This is especially relevant when it comes to tertiary care as the ability to collaborate effectively and with emotional resilience in a team are critical determinants of patient safety and organizational performance. Acknowledgment of this relationship may be a great source of evidence to inform nursing leadership, education and policy making. The results of this kind of study can justify the introduction of emotional intelligence training programs, management effectiveness, and development of communication plans that target the enhancement of the ability of nurses to resolve workplace conflict (Al-Hamdan et al., 2021; Lee and Kim, 2021).

Moreover, emotional intelligence and conflict-management development can be used as a factor

in the increase of job satisfaction, occupational stress levels, burnout, and staff turnover among nurses (Deshpande et al., 2020; Cordier et al., 2018). Thus, as a factor that defines conflict-management strategies, it is crucial to investigate the emotional intelligence to enhance the well-being of nurses and the quality of health care in general.

1.2 Rationale of the Study

Tertiary care hospitals rely on a team-centered approach, communication, and emotional stability as their key elements in providing safe and quality patient care. Nurses are still faced with interpersonal conflicts despite this because of workload pressure, role ambiguity, hierarchical setups and emotionally demanding circumstances. Although emotional intelligence is a major factor that have been identified internationally to impact on professional behavior and interpersonal effectiveness, its application as a strategic tool in conflict management among nurses is less explored especially in developing healthcare systems.

There is scarcity of empirical data on the relationship between emotional intelligence and conflict-management styles among nurses based in tertiary care units. This is more glaring in resource-scarce settings where work-related pressures and human relations usually get aggravated. Thus, the proposed research is warranted to investigate emotional intelligence as a critical nursing competence that can potentially determine how nurses perceive, respond, and manage conflict at work.

In evaluating this relationship, the study will expect to produce evidence that can be used to inform nursing education, staff development programs, and hospital management strategies as it is done with clinical competencies to improve the quality of nursing care.

1.3 Objectives of the Study

To estimate the substantial relationship between emotional intelligence and conflict-management styles in nurses who work in tertiary care hospitals.

1.4 Operational Definitions

Emotional Intelligence:

In this research, emotional intelligence is the capacity that enables the nurses to identify, comprehend, control and apply their feelings and feelings of others in the work environment. The Wong and Law Emotional Intelligence Scale (WLEIS) was used to measure emotional intelligence and evaluated the four dimensions as self-emotion appraisal, others emotion appraisal, emotion use as well as emotion regulation (Wong and law, 2002).

Conflict Management:

Conflict management is described as the actions and techniques employed by nurses to manage either an interpersonal or an organizational conflict within the workplace. It was also evaluated through Thomas-Kilmann Conflict Mode Instrument (TKI), which assesses five conflict-handling modes: competing, collaborating, compromising, avoiding, and accommodating.

1.5 Research Question

- Does emotional intelligence have a significant correlation with conflict-management styles of nurses in tertiary care hospitals?

CHAPTER 2

LITERATURE REVIEW

In tertiary care hospitals where nurses frequently encounter high stress and interdisciplinary coordination, EI plays a crucial role in maintaining harmonious professional relationships and resolving interpersonal disputes. Salovey and Mayer (1990) conceptualized EI as the ability to perceive, understand, and regulate emotions in oneself and others. Internationally, emotional intelligence (EI) has been recognized as an essential competency for effective nursing practice and conflict management.

Studies in Western contexts demonstrate that nurses with higher EI show improved communication, stronger teamwork, and more effective conflict management behaviors (Raghubir, 2018). Morrison (2008) reported that emotionally intelligent nurses are more likely to adopt collaborative and compromising styles

rather than avoiding or dominating strategies, leading to constructive outcomes. Likewise, Codier et al. (2018) found that EI enhances nurses' resilience and retention by reducing emotional exhaustion and minimizing team conflicts.

Despite global recognition, the integration of EI training into nursing curricula remains limited. Heckmann et al. (2015) and McCready and Moss (2019) note that although short-term EI workshops improve self-awareness and empathy, evidence of long-term behavioral change and sustained reduction in workplace conflict is still insufficient.

Al-Hamdan, Al-Zayed, and Bawadi (2021) found a significant relationship between EI and conflict-management styles among Jordanian nurses, with higher EI predicting an integrative conflict management approach. Similarly, Abubakar, Al-Mutair, and Omer (2021) observed that Saudi nurses possessing strong emotional awareness demonstrated better coping during interpersonal disputes and lower turnover intentions. Al-Sawai, Al-Yateem, and Docherty (2021) highlighted that emotionally intelligent leadership fosters a positive organizational climate and enhances collaboration between local and expatriate nurses in Gulf hospitals.

However, regional studies emphasize contextual barriers such as rigid hierarchies, limited managerial autonomy, and cultural norms discouraging emotional expression (Al-Yateem & Docherty, 2020).

Across Asia, EI has similarly been linked with improved teamwork, reduced stress, and constructive conflict management among nurses. In India, Sharma, Sharma, and Sharma (2019) found that emotionally intelligent nurses displayed greater empathy and used negotiation and collaboration strategies more frequently than avoidance behaviors. Loo, Low, and Ismail (2020) demonstrated that EI training programs in Malaysia improved self-control, communication, and emotional regulation, resulting in fewer workplace conflicts. Lee and Kim (2021) reported that Korean nurses with high EI contributed to better team effectiveness and decreased interpersonal tension.

Heavy workloads, inadequate institutional support, and limited access to professional-development programs restrict the integration of EI principles into daily nursing practice (Deshpande, Kumar, & Dey, 2020). Hamid Khan: Gul and Shah (2024) found that only about one-third of nurses in tertiary hospitals exhibited strong emotional intelligence, particularly in emotional regulation and self-awareness skills vital for resolving disputes.

Institutional shortcomings, such as the absence of structured EI training and lack of formal conflict-resolution mechanisms, continue to challenge Pakistani nurses (Rasool, Fatima, & Hassan, 2023)

CHAPTER 3 MATERIAL AND METHOD

3.1 Study Design

This study employed a quantitative, cross-sectional, correlational research design. The design was appropriate to determine the relationship between emotional intelligence and conflict management styles among nurses at a single point in time, without manipulation of variables.

3.2 Study Setting

The study was conducted in two tertiary care hospitals of Peshawar:

Lady Reading Hospital Medical Teaching Institution (LRH-MTI), Peshawar and Peshawar Institute of Cardiology (PIC), Peshawar, Both hospitals provide specialized tertiary-level healthcare services and employ a large number of registered nurses involved in direct patient care.

3.3 Study Duration

The duration of the study was three (3) months, including data collection, data entry, and analysis.

3.4 Study Population and Sample

Study Population

The study population consisted of all registered nurses providing direct patient care at Lady Reading Hospital (LRH) and Peshawar Institute of Cardiology (PIC).

The total nurse population in the selected hospitals was 234 registered nurses.

Sample Size

The sample size was calculated using the Rao-soft Sample Size Calculator, with the following assumptions: Confidence level: 95%, Margin of error: 5%, Population size: 234, from both hospitals. Based on these parameters, the calculated sample size was 146 registered nurses.

Sampling Technique

A convenience sampling technique was used due to the availability of nurses during duty hours and feasibility considerations.

3.5 Sample Selection Criteria

Inclusion Criteria

- Registered nurses working in direct patient care.
- Nurses with at least six (6) months of clinical experience
- Nurses working in LRH or PIC
- Nurses who were willing to participate and provided informed consent

Exclusion Criteria

- Nurses working in administrative or managerial positions only.
- Nurses who had attended a formal workshop or training on conflict management within the last six months

3.6 Data Collection Procedure

Ethical Considerations

Ethical approval was obtained from the Institutional Review Board / Research Ethics Committee (REC) of the respective institutions prior to data collection.

Informed Consent

Written informed consent was obtained from all participants after explaining the purpose, procedures, potential benefits, and confidentiality of the study. Participation was voluntary, and participants had the right to withdraw at any time without penalty.

Data Collection Process

Permission was obtained from hospital administration prior to data collection. Registered

nurses were approached during duty hours in their respective wards and units. The self-administered questionnaires were distributed to eligible nurses and collected on the same day after completion.

3.7 Data Collection Tools

Data were collected using a structured, self-administered questionnaire, which was divided into three sections:

Section A: Demographic Information

This section was designed to obtain baseline demographic and professional characteristics of the participants. It included variables such as age, gender, academic qualification, ward/unit of placement, and years of clinical experience. These variables were collected to describe the study sample and to understand the contextual background of the participants.

Section B: Emotional Intelligence

Emotional intelligence was assessed using the Wong and Law Emotional Intelligence Scale (WLEIS). The WLEIS is a standardized, validated, and widely used instrument developed to measure emotional intelligence in organizational and healthcare settings. The scale consists of 16 items, grouped into four dimensions:

1. Self-emotion appraisal
2. Others' emotion appraisal
3. Use of emotion
4. Regulation of emotion

Each dimension contains four items, and responses are rated on a 5-point Likert scale, ranging from strongly disagree (1) to strongly agree (5). The WLEIS has demonstrated good reliability and validity, with reported Cronbach's alpha coefficients exceeding 0.80 in previous studies, indicating strong internal consistency. Due to its established psychometric properties and relevance to nursing practice, the WLEIS was considered appropriate for assessing emotional intelligence among nurses in this study.

Section C: Conflict Management

Conflict management styles were assessed using the Thomas-Kilmann Conflict Mode Instrument (TKI). The TKI is a standardized and validated

tool extensively used in organizational and healthcare research to assess individuals' preferred approaches to handling conflict. The instrument evaluates five conflict-handling modes:

1. **Competing**
2. **Collaborating**
3. **Compromising**
4. **Avoiding**
5. **Accommodating**

The TKI measures conflict behavior based on the dimensions of assertiveness and cooperativeness, providing insight into how individuals manage interpersonal conflict in professional environments. The tool has demonstrated acceptable reliability and validity across diverse professional populations, including nurses, making it suitable for the present study.

3.8 Data Analysis

Data were coded, entered, and analyzed using the Statistical Package for Social Sciences (SPSS) version 22. Descriptive statistics, including

frequency, percentage, mean, and standard deviation, were used to summarize demographic characteristics, emotional intelligence scores, and conflict management styles.

The distribution of emotional intelligence and conflict management scores was assessed for normality prior to inferential analysis. The Pearson correlation coefficient was used to determine the relationship between emotional intelligence and conflict management among nurses.

A p-value of ≤ 0.05 was considered statistically significant.

3.9 Confidentiality

Confidentiality of participants was strictly maintained. No personal identifiers were included on the questionnaires. Data were used solely for research purposes and stored securely with access limited to the researcher.

CHAPTER: 4

RESULTS

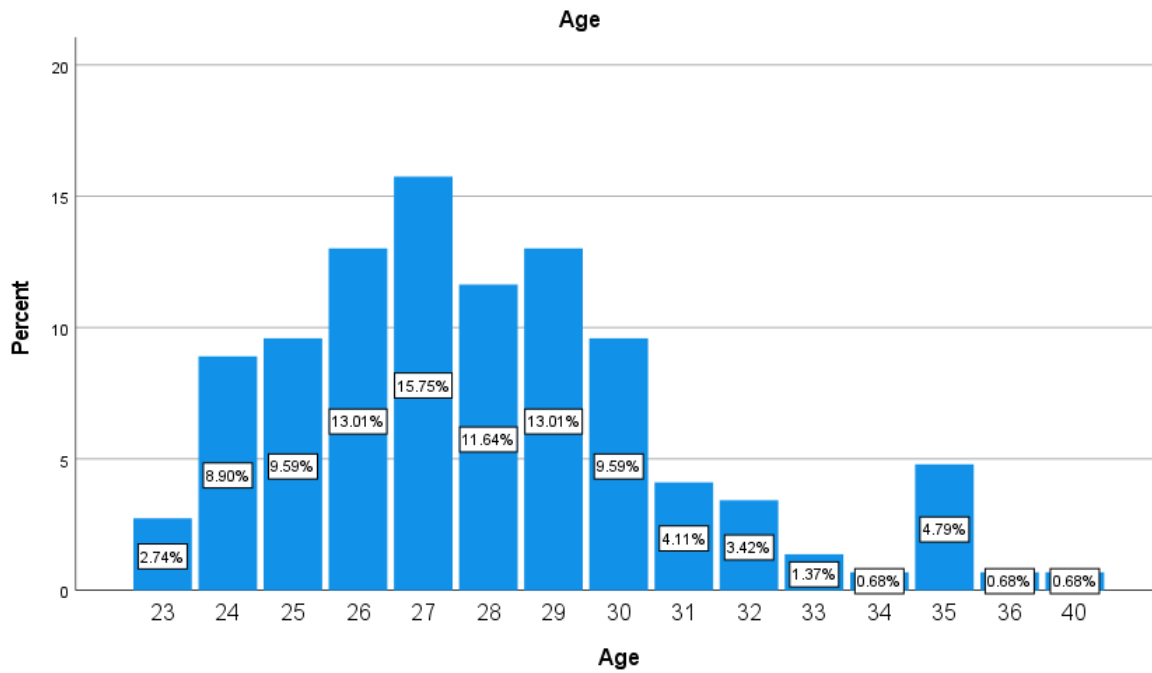
4.1: Demographic Characteristics of the Participants

A total of 146 nurses participated in the study. The demographic characteristics of the respondents are summarized below.

Age Description

	Total NO	Minimum	Maximum	Mean	Std. Deviation
Age	146	23	40	27.97	3.084

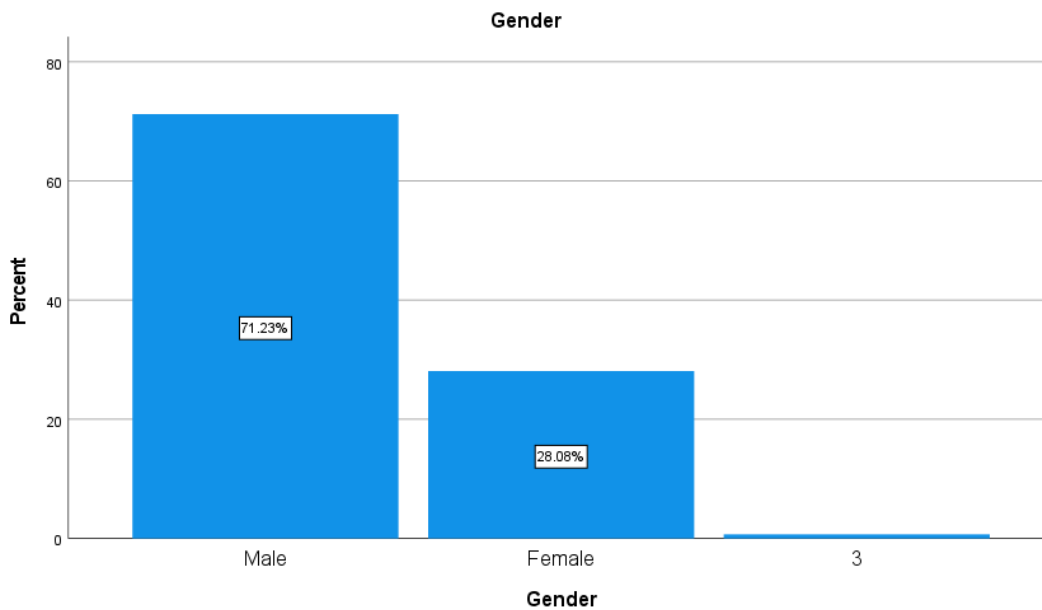
The sample consists of 146 young adults aged 23 to 40 years with mean of 27.97 and standard deviation of 3.084.



Gender Description

Gender	Male	104	71.2%
Gender	Female	42	28.8%

The sample consisted of 71.2% male nurses and 28.8% female nurses, showing that the greater number of male participants.

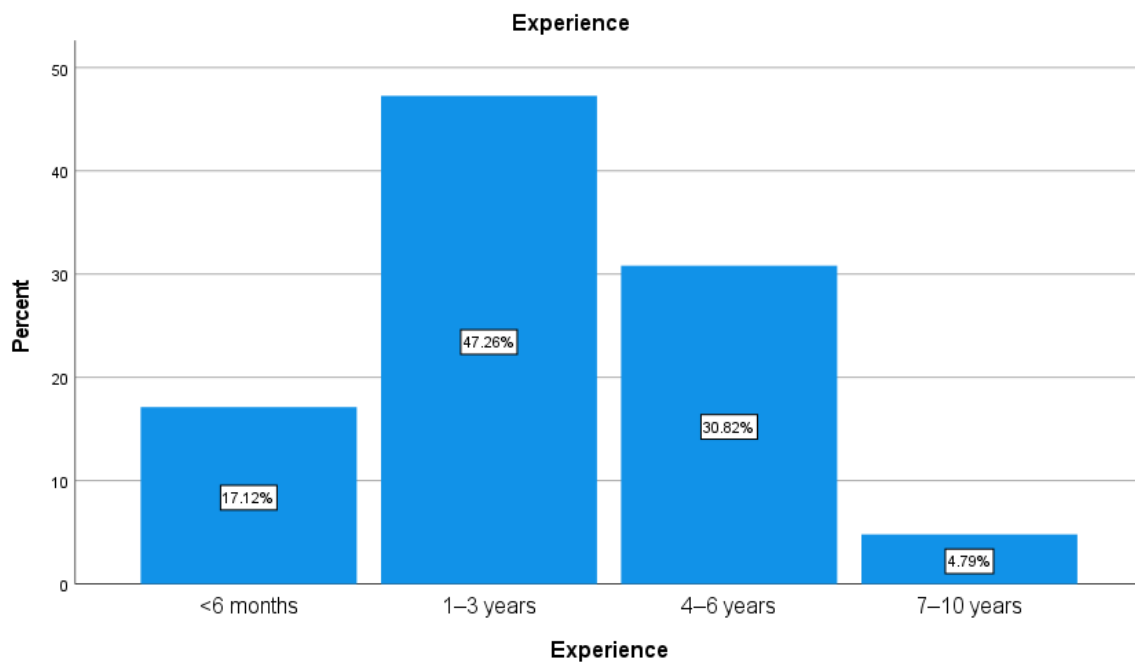


Experience Description

Experience	Frequency	Percentage
≥ 6-month	25	17.1 %
1-3 years	69	47.3 %
4-6 years	45	30.8 %
7-10 years	7	4.8 %

The participant group consists of with nearly half (47.3%, n = 69) having 1–3 years of experience the largest segment and about one-third (30.8%, n = 45), have 4–6 years of experience. A 17.1% (n =

25) are with less than or equal to six months of experience. Only a small minority (4.8%, n = 7) report 7–10 years of experience.

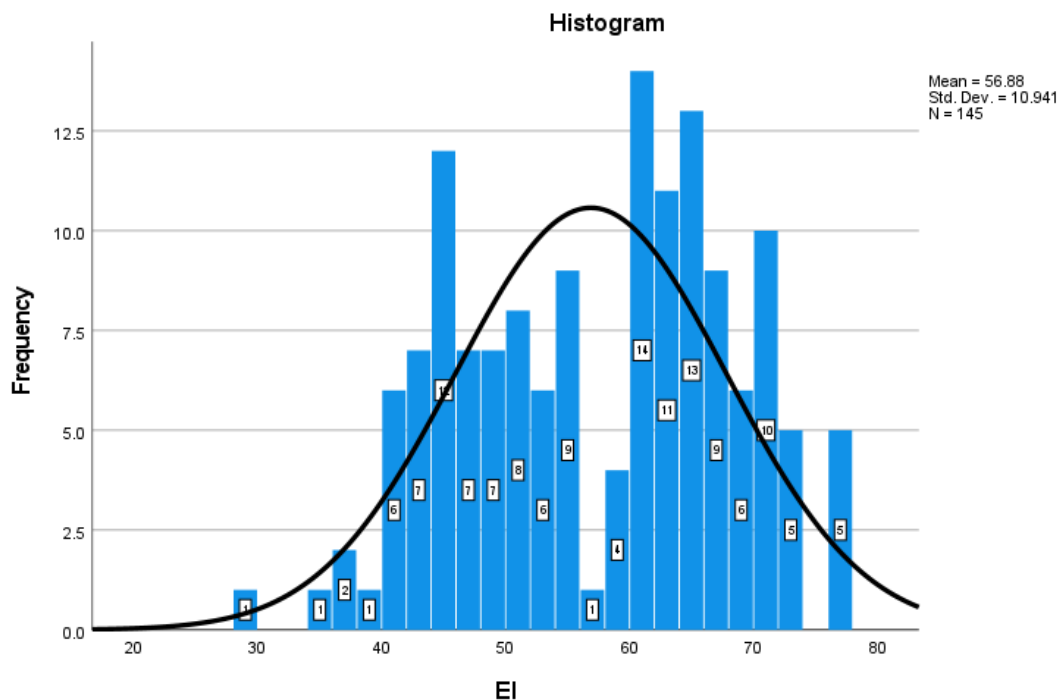


4.2: Emotional Intelligence Description

Item	Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	I have a good sense of why I have certain feelings most of the time.	17.8%	38.4%	24%	18.5%	7%
2	I have good understanding of my own emotions.	33.3%	30.8%	29.5%	13.7%	2.7%
3	I really understand what I feel.	26.7%	41.1%	12.3%	9.6%	10.3%
4	I always know whether I am happy.	29.5%	30.8%	15.8%	8.8%	15.1%
5	I always know my friends' emotions from their behavior.	24.7%	34.9%	19.2%	15.8%	5.5%
6	I am a good observer of others'	17.8%	47.3%	18.5%	11%	4.8%

	emotions.					
7	I am sensitive to the feelings and emotions of others.	22.3%	36.3%	26%	11%	3.4%
8	I have good understanding of the emotions of people around me.	24%	35.6%	19.2%	12.3%	8.9%
9	I always set goals for myself and then try my best to achieve them.	24.7%	37.7%	21.9%	11%	4.1%
10	I always tell myself I am a competent person.	24%	24.75	25.3%	15.8%	10.3%
11	I am a self-motivated person.	32.2%	3.5%	13%	14.4%	8.9%
12	I would always encourage myself to try my best.	34.2%	28.85	11%	13.7%	11.6%
13	I am able to control my temper and handle difficulties rationally.	25.3%	32.9%	23.3%	15.1%	3.4%
14	I am quite capable of controlling my own emotions.	15.8%	37%	19.2%	19.9%	8.2%
15	I can always calm down quickly when I am very angry.	19.9%	41.8%	11.6%	14.4%	12.3%
16	I have good control of my own emotions.	32.9%	34.9%	17.8%	9.6%	4.8%

Emotional Intelligence Chart Presentation

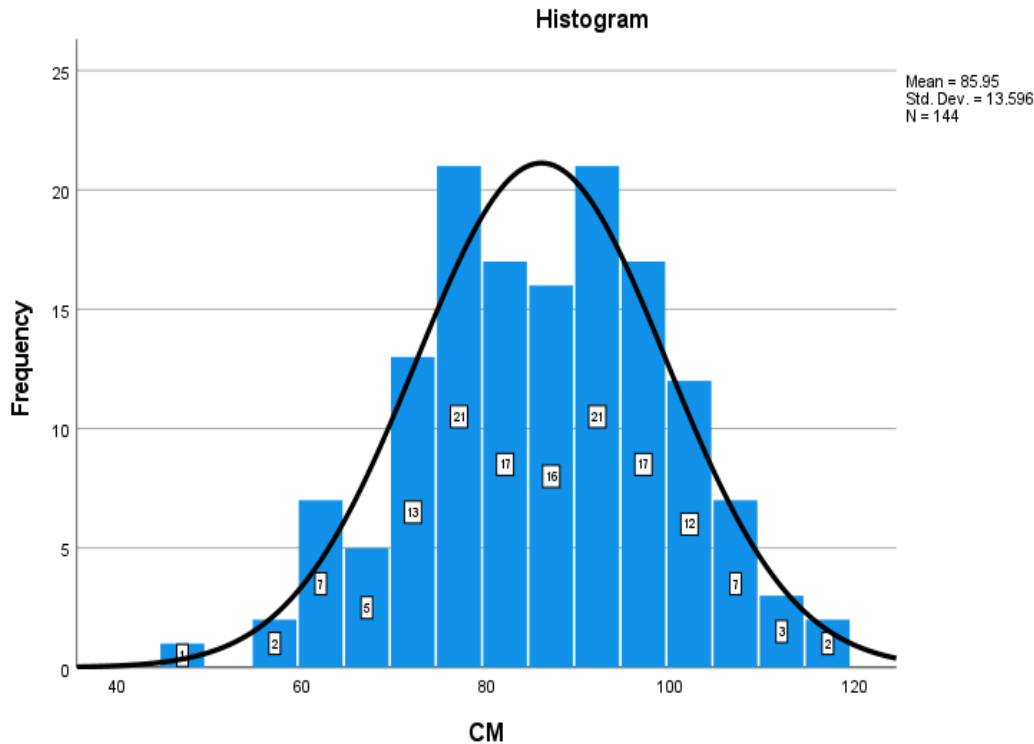


4.3: Conflict Management TKI Description

No.	Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	I stand firm when I know I am right.	32.9%	34.9%	17.8%	9.6%	4.8%
2	I push to get my ideas accepted in discussions.	26%	40.4%	21.2%	8.2%	4.1%
3	I take a firm stand to defend my position.	25.3%	29.5%	24.7%	17.8%	2.7%
4	I am assertive when expressing my opinions during conflicts.	16.4%	35.6%	24%	15.1%	8.9%
5	I try to win arguments even if it upsets others.	16.4%	23.2%	20.5%	15.8%	24%
6	I try to discuss differences openly to reach a mutual understanding.	25.3%	46.6%	11%	9.6%	7.5%
7	I work with others to find solutions that satisfy both sides.	24.7%	38.4%	18.5%	16.4%	2.1%
8	I encourage others to express their opinions to find common ground.	21.9%	40.4%	25.3%	6.8%	5.5%
9	I believe open communication is the best way to resolve conflicts.	34.2%	25.3%	19.9%	13.7%	6.8%
10	I focus on finding win-win outcomes for all parties.	24%	31.5%	19.9%	13%	11.6%
11	I try to find a fair balance when disagreements arise.	25.5%	32.4%	22.8%	13.1%	6.1%
12	I am willing to give up part of my demands to reach an agreement.	17.1%	39.7%	24.7%	11%	7.5%
13	I look for middle-ground solutions in conflicts.	18.5%	32.9%	32.9%	12.3%	3.4%
14	I prefer negotiation to resolve differences.	18.9%	37.3%	16.4%	17.1%	10.3%
15	I settle for a solution that is acceptable to both sides.	26.7%	33.6%	16.4%	12.3%	11%
16	I avoid discussing topics that might cause disagreement.	28.8%	32.2%	22.6%	14.4%	2.1%
17	I ignore minor conflicts instead of confronting them.	21.2%	26.7%	27.4%	17.8%	6.8%
18	I withdraw when a situation becomes tense.	17.1%	27.4%	21.2%	24%	10.3%
19	I prefer to avoid arguments even when I disagree.	22.6%	25.3%	24.7%	16.4%	11%
20	I try to stay away from situations that may lead to conflict.	20%	27.6%	17.1%	14.4%	20.5%
21	I put others' needs before my own to maintain harmony.	17.8%	34.9%	23%	16.1%	8.2%
22	I give in to others to avoid tension.	14.4%	30%	27.5%	15.8%	12.3%
23	I am willing to sacrifice my preferences to please others.	15.8%	29.5%	29.5%	13.7%	11.6%
24	I avoid confrontation by agreeing with	21.2%	25%	32.8%	13.8%	15.7%

	others.					
25	I let others have their way to keep the peace.	26.7%	13.9%	24.7%	10.3%	5.5%

Conflict Management TKI Chart Presentation



4.4: Emotional Intelligence (EI) Categories

In this study, the Emotional Intelligence (EI) variable was categorized into three groups Low EI, Moderate EI, and High EI using the statistical rule based on the mean (56.88) and the first standard deviation (10.94) of the EI scores.

Low EI:

Participants whose EI scores fell below (Mean - 1 SD) were classified as having Low Emotional Intelligence.

Moderate EI: Participants whose EI scores fell between (Mean - 1 SD) and (Mean + 1 SD) were categorized as Moderate Emotional Intelligence.

High EI:

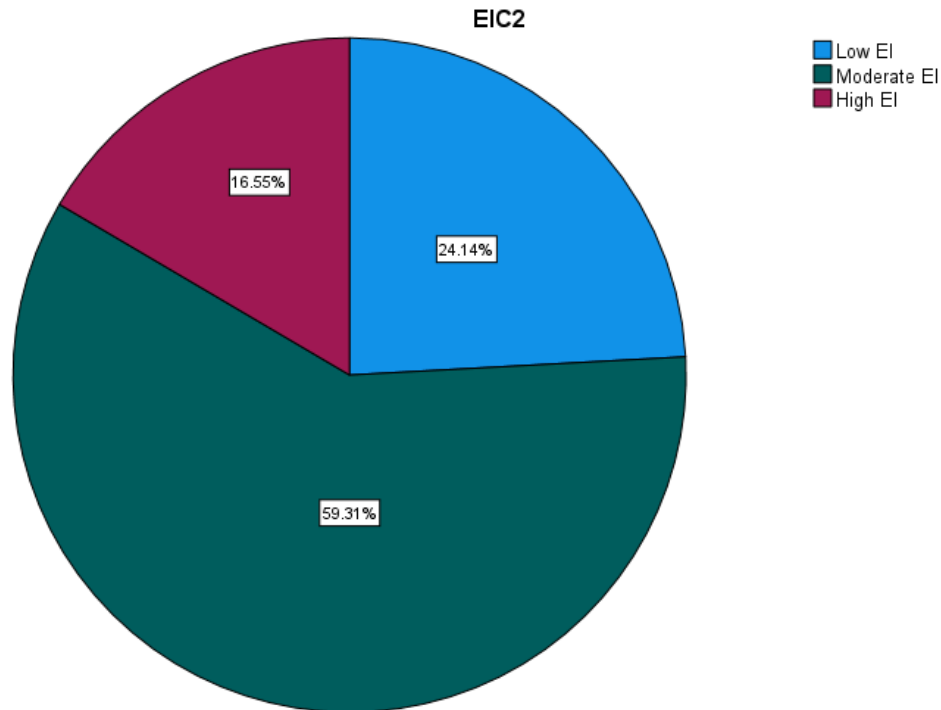
Participants whose EI scores were above (Mean + 1 SD) were classified as having High Emotional Intelligence

Categories of EI

In this study 24% with frequency of 35 participant fell in the category of Low EI , 58.9% with frequency of 86 fell in the Moderate EI category and 16.4% with frequency 24 fell in High EI category.

Categories of EI		Frequency	Percent
	Low EI	35	24.0
	Moderate EI	86	58.9
	High EI	24	16.4

Categories of EI



4.5: Conflict Management (CM) Categories

In this study, Conflict Management (CM) scores were categorized into three levels—Ineffective CM, Average CM, and Effective CM—using the statistical procedure based on the mean and the first standard deviation (SD) of CM scores.

Ineffective CM:

Scores below (Mean - 1 SD) were categorized as Ineffective Conflict Management.

These participants demonstrated significantly lower CM skills compared to the overall sample

Average CM:

Scores between (Mean - 1 SD) and (Mean + 1 SD) were classified as Average Conflict Management.

This group represents participants whose CM abilities fall within the normal range.

Effective CM:

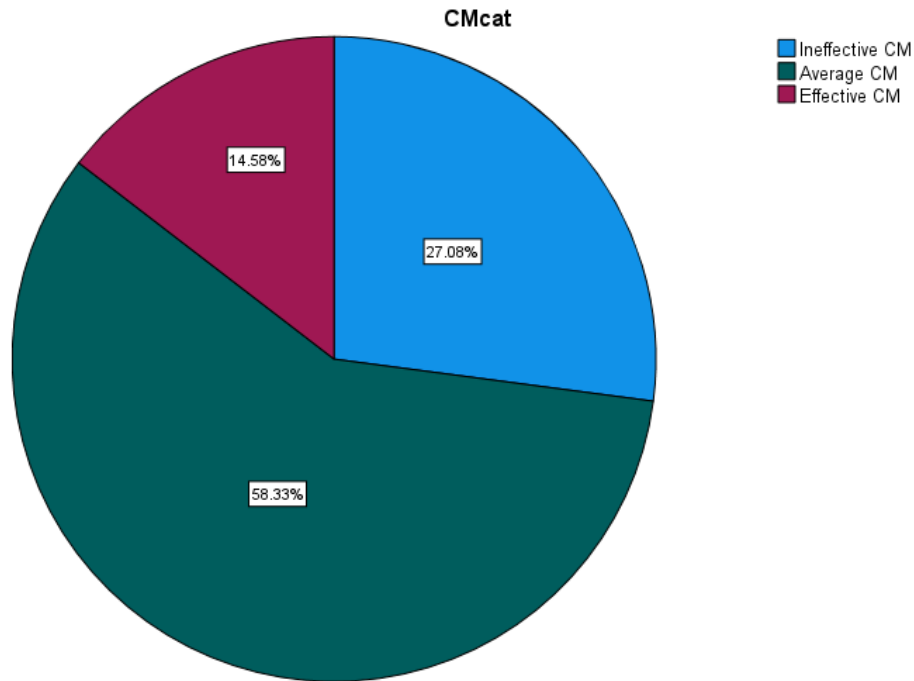
Scores above (Mean + 1 SD) were classified as Effective Conflict Management.

These participants demonstrated stronger conflict-handling skills than the average participant.

Categories of Conflict Management

In this study 26.7% of sample population fall in ineffective CM category, 57.5 of the sample population fall in Average CM category and the 14.4 % of people from sample fell in Effective CM category.

		Frequency	Percent
	Ineffective CM	39	26.7
	Average CM	84	57.5
	Effective CM	21	14.4



4.6: Cross Tabulation of Emotional Intelligence and Conflict Management

The cross-tabulation analysis of emotional intelligence (EI) and conflict management (CM) effectiveness among 146 participants revealed a clear and substantial association between the two variables. Conflict management with low EI were predominantly rated as ineffective (67.6%, n = 23), with none achieving an effective rating.

On the other hand, those with moderate EI were mostly rated average (68.2%, n = 58), while 16.5% (n = 14) were effective.

Conflict management with high EI displayed the most favorable profile with only 12.5% rated ineffective and the highest proportion rated effective (25.0%, n = 6).

Column percentages further highlighted that 59.0% of all ineffective ratings belonged to the low-EI group, whereas 30.0% of effective ratings belonged to the high-EI group

Cross Tabulation of EI and CM

Cross Tabulation of EI and CM		Ineffective CM	Average CM	Effective CM
Low EI		23	11	0
Moderate EI		13	58	14
High EI		3	15	6

Chi-Square Test

The Pearson chi-square test of independence revealed a highly significant association between emotional intelligence and conflict management effectiveness, $\chi^2 (4, N = 146) = 39.319$.

$p < .0001$, while the linear-by-linear association, $\chi^2 (1, N = 146) = 26.709$.

$p < .0001$, confirmed a clear positive trend whereby higher levels of emotional intelligence were associated with conflict management.

Chi-Square Tests			
	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	39.319 ^a	4	<.0001
Likelihood Ratio	39.734	4	<.0001
Linear-by-Linear Association	26.709	1	<.0001

CHAPTER: 5

5.1: Discussion

The current research was to explore the connection between emotional intelligence and conflict-management styles in nurses employed in tertiary care hospitals in Peshawar. This research results are beneficial in terms of revealing the emotional and interpersonal competencies of the nurses who work in the environment of high-pressure healthcare facilities.

Demographic Characteristics

The population of the study was mostly composed of young nurses, among which the mean age was 27.97 years with most of them possessing 1 to 3 years of clinical experience. This is indicative of the relatively young nursing workforce in tertiary care hospitals which is concurrent to prior regional research indicating early-career dominance of the nursing staff in Pakistan. This is because the percentage of male nurses in this study was higher and this percentage is congruent with the growing percentage of male nurses in nursing in tertiary hospitals in Khyber Pakhtunkhwa.

Nurses and Emotional Intelligence.

The results indicated that the majority of nurses portrayed moderate emotional intelligence (58.9 per cent), with a small percentage of 16.4 per cent portraying high emotion intelligence. These findings indicate that despite the fact that nurses have a moderate level of emotional awareness and control, high levels of emotional intelligence are not effectively developed in the majority of them. This has been also reported in Pakistani and other regional literature that reported deficits especially in emotional regulation and self-awareness as a result of heavy workloads, lack of training opportunities, and emotionally challenging work

conditions (Deshpande et al., 2020; Rasool et al., 2023).

Self-awareness, empathy, motivation and emotional regulation items revealed both responses, which showed that there is variability in emotional competence among the respondents. The evidence supports the literature proposed that emotional intelligence does not equally develop in all nurses but needs well-organized learning and institutional resources.

Conflict Management Styles

In terms of conflict management, most respondents scored in the average category of conflict management (57.5 percentage), 26.7 percentage scored in ineffective category of conflict management and the remaining 14.4 percentage scored in the effective conflict management skills. The results suggest that a significant portion of nurses adopts a moderate or passive conflict resolution strategy, which can be avoidance or accommodation, instead of adhering to constructive conflict resolution strategies, e.g. collaboration and compromise.

The descriptive analysis of TKI items revealed that a collaborative and compromising behavior, including open discussion and negotiation, was often supported by nurses. Nevertheless, other behaviors, such as avoidance and accommodating, were typical as well, which may indicate reluctance to address conflict directly, which is possible due to the hierarchical structure, fear of authority, and cultural conditioning that discourages conflict (as in previous research) (Al-Yateem and Docherty, 2020).

Connection between Emotional Intelligence and Conflict Management.

The most important conclusion made in the course of the given research was that there was a

close and statistically significant relationship between emotional intelligence and conflict management effectiveness. The nurses who had low emotional intelligence were mostly linked to ineffective conflict management, whereas the nurses with moderate and high emotional intelligence had increasingly good conflict-handling skills. The chi-square test proved that there is a very significant relationship ($p < .0001$), which means that emotional intelligence is a critical factor in determining the way nurses will deal with conflict in the workplace.

The findings are in line with the international literature, which indicates that emotionally intelligent nurses tend to use integrative, collaborative, and problem-solving styles more often in conflict situations (Al-Hamdan et al., 2021; Morrison, 2008). The positive linear relationship is another fact that indicates the validity of the theoretical assumption according to which higher the level of emotional intelligence, the higher the level of conflict management effectiveness.

On the whole, the research confirms the importance of emotional intelligence as one of the most important non-technical competencies that increase interpersonal effectiveness, teamwork, and professional communication in nursing practice.

5.2 Conclusion

This paper concludes that emotional intelligence is strongly related to conflict management in the nurses that operate in tertiary hospitals. Most nurses had moderate levels of emotional intelligence and average conflict management, which means that they can do better in both areas. The nurses who had high emotional intelligence had better conflict-handling behaviors as compared to those who had lower emotional intelligence as they were more likely to deal with conflict ineffectively.

The results emphasize that emotional intelligence is a very important factor of positive conflict coping and its necessity in facilitating a healthy workplace, good collaboration, and high-quality patient care. Emotional intelligence among nurses can be strengthened to improve their capacity to

deal with interpersonal issues, lessen tension at the workplace, and overall performance of the organization.

5.3 Recommendations

According to the results obtained in this paper, the following recommendations are made:

For Nursing Practice

- The development of emotional intelligence must be considered as one of the critical professional competencies of the nurse.
- The hospitals are supposed to promote open communication and mutual conflict-resolution measures in the nursing teams.

For Nursing Education

- Undergraduate and postgraduate nursing programs should include emotional intelligence and conflict management.
- Emotional awareness and interpersonal skills should be improved by regular workshops, simulations, and reflective learning activities.

For Nursing Administration

- The management at the hospital ought to develop and initiate systematic emotional intelligence and conflict management training programs.
- Nurse leaders ought to lead by example with respect to the demonstration of emotionally intelligent behaviors and the encouragement of psychologically safe work environments.

For Future Research

- It is suggested that longitudinal researches should be conducted to evaluate the long-term effects of emotional intelligence training on conflict management.
- To get a deeper insight into the lived experiences of conflict among nurses, qualitative research could be implemented.
- It is proposed that research with more and more diverse groups, in many regions, be conducted to enhance generalization.

5.4 Strengths of the Study

- The research involved a standardized and validated tool (WLEIS and TKI), which

guaranteed the reliability and methodological rigor.

- The sample was made more representative through inclusion of the services of nurses working in two large tertiary care hospitals.
- The work dealt with a very significant and yet unexplored field in the local healthcare setting.
- The effectiveness of statistical analysis enhanced the validity of the results.

5.5 Limitations of the Study

- The cross-sectional design has a weakness of eliminating causal relations between emotional intelligence and conflict management.
- The convenience sampling can limit the external validity of research results.
- Data provided by the respondents can be affected by response and social desirability bias.
- The study was also limited to tertiary hospitals in Peshawar and would not be applicable to other healthcare settings or locations.

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