The correlation between interpersonal conflict and jobsatisfaction among intensive care nurses

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Abstract: Background: *Nursing is the profession that based on collaborative relations that concentrate on high-quality care. Interpersonal conflict in the nursing profession is inevitable and can lead to nurses' job dissatisfaction with low-quality patient care.* ***Aim****: the study objective was conducted to assess the level of job satisfaction, interpersonal conflict and to ascertain the relationship between nurses' job satisfaction and interpersonal conflict among nurses in intensive care units at Benha University hospital.****Methodology:*** *research design used for the study was a cross-sectional correlational design with three months of monitoring. The study conducted in all available nurses working in critical care units at Benha University hospital in Benha city, Egypt which affiliated to the Ministry of health. After seeing the inclusion and exclusion criteria, the study sample was 150 professional nurses (150 out of 216) with a minimum of one year of experience; and willing to participate in the study. The study made use of a three-part researcher-made questionnaire, developed from the literature review. A convenient type of sample was used to collect the data. The researchers designed an interviewing assessment sheet, and the interpersonal conflict questionnaire and Bar- job satisfaction questionnaire are used to collect the data.* ***Results:*** *The findings showed that; the large percentages of the studied sample (78%) have interpersonal conflict. Majority of subjects were dissatisfied with their work (82.7%), and there was a significant negative correlation between interpersonal conflict and job satisfaction among studied nurses.* ***Conclusions:*** *interpersonal conflict negatively correlates with job satisfaction, and there were significant differences among studied nurses regarding their socio-demographic characteristics concerning interpersonal conflict and job satisfaction level except for sex which showed no significant relation.*
Keywords*: Conflict, Interpersonal conflict, Job satisfaction.*

I. Introduction

Conflict is a normal aspect of life, a usual part of human being interaction, and like all other interactions, may be constructive or destructive. Constructive conflict with favorable resolution may foster relationships, supply independence for decision making, and authorize others to use creative solutions for problem-solving. When used in a positive manner, conflict may assist all sides that are involved in growth and change. If emotions were controlled prior to entering into a negotiation,conflict resolution is accomplished best. To solve the conflict in a more realistic manner must use the processes of positive confrontation, problem-solving, and negotiation. Unresolved conflict presents barriers to individual, team, and organization would lose its productivity [1].Conflict in the workplace is well known as a daily phenomenon; in the present society workplace free conflict is never exist. In any organization; conflict is one of the issues that take place especially hospital where human interaction occurs and it is inevitable in every social, organizational and professional nursing life [2,3].It is an important affair in healthcare institutions all over the world. Two people can't be expected to agree with everything at all times, When people with different cultures, attitudes, behaviors,perception , personality, lifestyles and emotions deal with themselves; there are tensions, negative attitudes, competition ,frustration, could arise a problem at any moment and conflict will occur[4].The presence of conflict between nurses is associated with negative outcomes such as; low quality of patient care [5]and job dissatisfaction. Conflict may be internal or external in nature and can be negative or positive. Healthcare professionals deal with internal and external conflict every day and they are responsible for providing high-quality care and they must deal collaboratively in quality care process [1].Yet when working together, the conflict will occur. Conflict is a normal and part of relationships and it can occur in any setting where two or more people work together [6].It is defined as the interaction between two or more individuals manifested by struggle or clash due to the difference of opinions, values and beliefs[7], culture background, education , experience and training [8].

There are many types of conflict that nurses can be experienced in a hospital setting. The intrapersonal which occur within the individual and takes place where an individual must choose between alternatives, interpersonal (called relationship conflict) which occurs within two or more individuals, it is important to type, and the most prevalent and problematic type of conflict exist in work place [9]. The intra-group conflict develop within one group of people usually due to diversity and misunderstanding among individuals working within the group [10], while inter-group which occur between at least two groups of people [11].and the final type is disruptive conflict which results from trying to frustrate or reduce the contender, and it is common between nurses and physicians[7,12,13]. Conflict can arise for different reasons especially impacting behaviors [14], competition, difference in economic and professional values, beliefs, ideas and feelings between two or more individuals [15], change, limited resources, lack of clarity in defined roles and expectations and interpersonal communication skills between healthcare professionals) [16].

An interpersonal conflict defined as a disagreement between two members or subgroups of an organization involving significant wormwood and dissatisfaction. It is the most commonly arise in intensive care units [17], emergency units [18,19]and operating rooms [20]. The high health-care areas are required timely decision making, intensive patient care and coordination among co-workers [21]. Interpersonal conflict is an inevitable part of medical practice [22].In modern healthcare; nurses are at the center of interpersonal conflict [23]. An interpersonal conflict considered severe and harmful and can lead to more adverse effects; lead to inverse relationships and increase work pressure [24]. Intensive care unit is one of the highest- risks, and high-stress departments in the hospitals and this lead to nurses to experience interpersonal conflict due to nurses work relationships with others, leadership style, nature of the work and complexity of patient conditions.

Nurse Managers work in an environment that conflict repeatedly occurs and hard to loosen [25]. They are responsible for inspiring a safe and healthy environment for the health care team and the patients [26]. According to *Kaitelidou, et al.*, [27] about 20% of nurse manager's time spent in managing conflict. In the nursing profession, the conflict must be handled with confidence and arouse the best results and nurse managers need to use her communication skills and interpersonal skills during interaction with the nurses to identify the main problem that leads to conflict and identify the most appropriate methods of handling conflict in the hospital[28]. There are five styles to handle interpersonal conflict; avoiding, competitive, collaborative, accommodative and compromising and they believed that all people could use these five styles to deal with interpersonal conflict, but some people use some styles better than others [29].

Job satisfaction is the pleasurable emotional state resulting from the appraisal of one's job as achieving or facilitating the achievement of one's job values [30]; and "the extent to which people like (satisfaction) or dislike (dissatisfaction) their jobs [31]. The levels of production and productivity will be critically low in any institution; if employees have low job satisfaction with a high workload. It is related with needs of human beings and the satisfaction of requirements of doing job.it is quite to possible to be satisfied with some dimensions and dissatisfied with others.

The study by *Diedericks, &Rothmann*, [32] on the flourishing of information technology professionals and its effects on individual and organizational outcomes, job satisfaction is a perception of by workers that influence their opinion of the job and it is a predictor of the length of stay in the job, motivation and job productivity [33] . Satisfied workers tend to highly productive [34]. Dissatisfied workers more are susceptible to be; absent, late for work, leave their work, less productivity and negatively influence organizational morale [35,36]. Job dissatisfaction can lead to high turnover and more costly to the employers [32]. The research study was done as a comparative study among employees in a private and Governmental hospital in Ernakulum and stated that the employees in government hospitals are dissatisfied mainly due to inadequate interpersonal relationships [37].

1.1significance of the study:-
Interpersonal conflict is considered as a daily challenge in the healthcare setting. It is an inevitable part of healthcare practice [22]. Nurses are more than any other profession, at risk from exposure to many health disorders and disturbed mental and social well-being, resulting in a reduction of job performances which can affect both the quality of care and patients' safety because of the nature of their work and work schedules. In intensive care units; nurses are working under difficult and stressful situations which can lead to negative interpersonal relationships with others health care professionals, and they are busy and do not have time to resolve it, so it leads to inadequate patient care, job dissatisfaction, and low productivity. Hence, to achieve outcomes in patient care or education, it is essential to have an excellent interpersonal relationship regarding cooperation, collaboration, listen, and respect the values or positions of each other. It is usually observed in a healthcare setting that physicians showing dominance and lack of acceptance of role by nurses are the causes of interpersonal conflict in healthcare settings.

I.1 **Aim of the study:-**
The current study was aimed to evaluate the effect of evidence-based guidelines on Nurse's performance in respect to nosocomial infection control at medicalsurgical and obstetrician departments.

I.2 Research hypothesis:-
1. The post means knowledge scores of the nurses who follow the evidence-based guidelines toward nosocomial infection control measures will be increased.
2. The post means practices scores of the nurses who will follow the evidence-based guidelines toward nosocomial infection control measures will be improved.
3. The attitude of the nurses who will be following the evidence-based guidelines toward nosocomial infection control measures will be improved.
4. There are strong positive correlations among knowledge attitude and performance will show after following nosocomial infection control measures
5. There is a positive correlation between hospital capability and nurses' performance

II. Material And Methods
II.1Research design & setting: cross-sectional correlational design with three months of monitoring was used.
II.2 Setting: - This study was carried out at Benha University Hospital in intensive care units.
II.3 Subjects and sample: - staff nurses working at the previously mentioned units at Benha University Hospital within the period of the study. In total 150 nurses enrolled in this study;Intensive care unit (ICU) (40), Medium ICU (20), Chest ICU (10), Emergency ICU (15), Hepatic ICU (5), Coronary ICU (10), Coronary care unit CCU (10), Chest and cardiac care unit (5), Pediatric ICU (10), Pediatric incubator (5), General dialysis unit (10), Pediatric dialysis unit (10). They had been selected according to the following criteria:-
Inclusion criteria: -nurses who their experience at least one year. Moreover,willing to participate in the study.
Exclusion criteria:-whom less than one year of experience and also whom they refused to participate in the study are excluded.

II.4 Tools of data collection:
The tools of this study were two tools which included:-
The first tool: The interpersonal conflict questionnaire: it consisted of two parts: **-1st part;** It was concerned with socio-demographic information for staff nurses such as; age, educational attainment, marital status, sex and years of experience.etc.); **2nd part** self-assessment questionnaire of interpersonal conflict: it consists of 33 questions. The response includes a three-point scale; never (0), sometimes (1), and always (2). The total score ranged from 0-70. Scores60% or more indicates interpersonal conflict, while scores <60 indicates no interpersonal conflict. It was conducted in a simple Arabic form in order to prevent misunderstanding.
The second tool: Job satisfaction scale: it consists of 10 questions. It was measured by using 10 –items developed by [38]. It was used after some modification. The nurses responded by one of five Likert scale responses with: very dissatisfied (1), dissatisfied (2), average (3), satisfied (4), very satisfied (5). The total score (50). The satisfaction score interpretation was as follow 42-50 very high, 39-41 high satisfaction level, 32-38 average level of satisfaction, 27-31 low satisfaction level, and 10-26 very low satisfaction level. The satisfaction levels were summarized into two levels; satisfied (very high, high and average satisfaction levels) and dissatisfied (very low and low satisfaction levels).

II.5 Content validity of the tools:-
Content validity comprehensiveness of tools was done to check the relevancy, coverage, and clarity of the questions, by five experts in the field of nursing administration and nursing psychology. The reliability of an instrument concerns its consistency and stability. The use of correlation procedures usually determines the degree of reliability. A correlation coefficient is established between two sets of scores or between the ratings of two judges. The higher the correlation coefficient, the more reliable is the instrument. A correlation coefficient above .70 is considered satisfactory.

II.6 Pilot study
The study tool was pre-tested on a random sample of 15 staff nurses obtained from the all intensive care units, and they exclude from the main study sample to assess the reliability and applicability of the tool.

II.7 Fieldwork
To conduct this study, the permission was obtained from the heads of mentioned Units. The researchers explained the purpose of this study to heads of departments and nurses; to obtain their cooperation. Ethical

consideration explained and ensured confidentiality after that nurses' oral informed consent obtained. The fieldwork took place from June 2018 to the end of August 2018. The fieldwork was carried out by the first author. The searcher met the nurses for the first time to collect data related to the tool (1). The researcher introduced herself to the nurses and explained the purpose of the study to obtain their acceptance to be recruited in the study as well as to gain their cooperation. Then, the researcher started the interview, which lasted about 15-20 minutes. Then distributed the tools (2). The interpersonal conflict questionnaire and job satisfaction scale were distributed to all nurses were legible for study The follow up was done to collect the assessment sheets from nurses after finished whenever it was possible.

II.8 Statistical analysis:

The data collected were tabulated & analyzed by SPSS (Statistical Package for the Social Science Software) statistical package version 20 on IBM compatible computer. Quantitative data presented as the mean & standard deviation (X±SD) and analyzed by applying student t-test for normally distributed variables. Qualitative data expressed as number and percentage-value at 0.01 was used to determine significance regarding P-value > 0.01 to be statistically non-significant-value ≤ 0.01 to be statistically significant and P-value ≤ 0.001** to be highly statistically significant.

III. Result

Table (1): The nurses recruited from intensive care units at Benha University hospital (Intensive care unit (ICU) (26.7%), Medium ICU (13.3%), Chest ICU (6.7%), Emergency ICU (10%), Hepatic ICU (3.3%), Coronary ICU (6.7%), Coronary care unit CCU (6.7%), Chest and cardiac care unit (3.3%), Pediatric ICU (6.7%), Pediatric incubator (3.3%), General dialysis unit (6.7%), Pediatric dialysis unit (6.7%). The mean age was (1.612±0.749); the large percent (90.0 %) were female. As regard to educational attainment, more than have of nurses (56.0 %) having nursing Institute. Above two-thirds of studied nurses (72.3 %) were married. Regarding years of experience, it was ranged from one year to above fifteen years, about one third (35.3 %) had 1-<5 years while, 14.0 % & 20.0 % had (10-<15 &15≤, respectively) years' work duration (2.187±1.126). Concerning to interpersonal conflict among studied group.

Table no 1: Distribution of the studied group according to their socio-demographic characteristics (n=150).

Socio-demographic Characteristics	Studied nurses (n=150)	
	No.	%
Department :		
Intensive care unit (ICU)	40	26.7
Medium ICU	20	13.3
Chest ICU	10	6.7
Emergency ICU	15	10
Hepatic ICUi	5	3.3
Coronary ICU	10	6.7
Coronary care unit CCU	10	6.7
Chest and cardiac care unit	5	3.3
Pediatric ICU	10	6.7
Pediatric incubator	5	3.3
General dialysis unit	10	6.7
Pediatric dialysis unit	10	6.7
Age (years):-		
20-<30	**80**	**53.3**
30-<40	**50**	**33.3**
40-<50	**18**	**12.0**
+50	**2**	**1.3**
Mean±SD	**1.612±0.749**	
Sex :-		
Male	**15**	**10.0**
Female	**135**	**90.0**
Mean±SD	**1.91±.314**	
Educational attainment:-		
Nursing diploma	**43**	**28.7**
Nursing Institute	**84**	**56.0**

Bachelor degree or postgraduate studies **Mean±SD**	23	15.3
	2.133±.652	
Marital status:- **Single** **Married** **Widow** **Divorced**	11 109 20 10	7.3 72.3 13.3 6.7
Mean±SD	**2.26±.781**	
Years of experience:- **1-<5** **5-<10** **10-<15** **15≤**	53 46 21 30	35.3 30.7 14.0 20.0
Mean±SD	**2.187±1.126**	

Table no 2: demonstrated that more than three quarters (78.0 %) of nurses had an interpersonal conflict while only (22.0 %) did not have conflict, ranged from 20-66 with a mean (47.41±10.296). As regards to job satisfaction level, it was ranged from 10-46 the most of nurses (82.7 %) were dissatisfied with their job (74.7 % & 8.0 %) had very low and low satisfaction level respectively, only (17.3 %) of studied nurses were satisfied with their jobs (13.3 % & 2.0 %) had average and high or very high satisfactory level of their job respectively (1.487± .939).

Table no 2: Distribution of the studied group in relation to interpersonal conflict and job satisfaction (n=150)

Variable	Studied nurses (n=150)	
	No.	**%**
Interpersonal conflict:-		
Present (≥60%) **Not present (<60**	117 33	78.0 22.0
Mean±SD	**47.41±10.296**	
Range	**20-66**	
Job satisfaction level :- **Dissatisfied :** **Very dissatisfaction level** **Low satisfactory level** **Satisfied :** **Average, satisfactory level** **High satisfactory level** **Very high satisfactory level**	124 112 12 26 20 3 3	82.7 74.7 8.0 17.3 13.3 2.0 2.0
Mean±SD	**22.73± 7.2**	
Range	**10-46**	

As indicated in Table (3) and (Figure 1):, there were a significant negative correlation between interpersonal score and age, educational attainment, marital status and years of experience (p < .0001**), while the same variables showed a positive correlation with job satisfaction (p< .0001**). There was significant correlation between interpersonal score and job satisfaction (r = -.538), (p=< .0001**) .

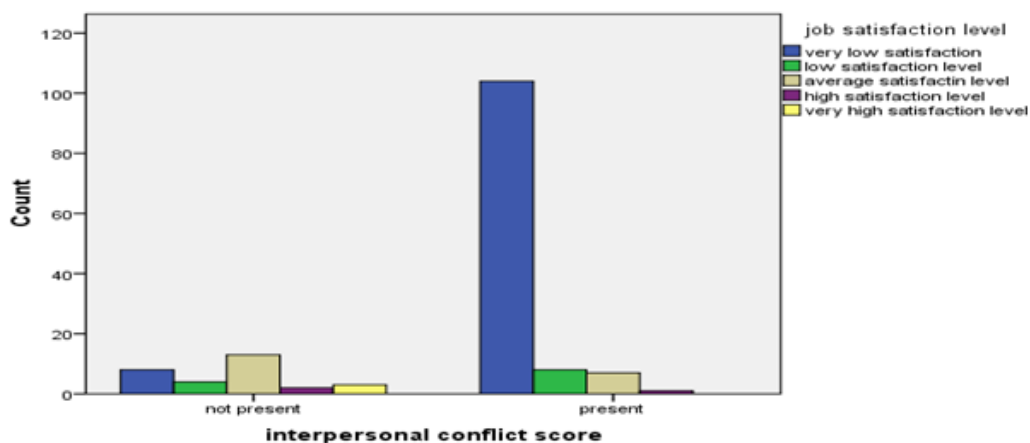**Table no 3:** Correlation between interpersonal conflict and job satisfaction among the studied group (n=150)

	Interpersonal conflict score		Job satisfaction score	
	r	p-value	r	p-value
Socio-demographic Characteristics:				
Age	-.538	< .0001**	.677	< .0001**
Sex	.039	.637	.030	.714
Educational attainment	-.453	< .0001**	.456	< .0001**
Marital status	-.511	< .0001**	.678	< .0001**
Years of experience	-.547	< .0001**	.588	< .0001**
Outcome variables :				
Interpersonal conflict score	1		-.595**	< .0001**
Job satisfaction score	-.595	< .0001**	1	

**. Correlation is significant at the 0.01 level (2-tailed).

Figure (1)

IV. Discussion

Conflict is defined as a struggle through perceived disagreeing in beliefs, values, and desires and for esteem between two or more interdependent individuals [39]. It is an important issue in a healthcare setting where more types of communication can arise. Nurses' conflict has multiple harmful consequences on patients, healthcare organizations and also nurses themselves [40, 41]. As mentioned by *Gray &Stark* [42] if the conflict cannot be managed effectively it can lead to lower job satisfaction and increase the percentage of job turnover among healthcare workers. Interpersonal conflict is an unavoidable outcome of human interaction [43]. Some sources of interpersonal conflict are discrimination of activities, communication problems, unclear authority, differences in attitude, diversity of perception and unsuitable organization environment [44].

The present study aimed to assess the level of job satisfaction, interpersonal conflict and to ascertain the relationship between nurses' job satisfaction and interpersonal conflict among nurses. The main finding of the present study regarding interpersonal conflict; more than three quarters (78.0 %) of nurses had interpersonal conflict. This is may be due to the nurses face concurrent work environment that known by heavy workload requirements with greatest emphasis on quality patient care [45] and they cannot meet these requirements that produce conflict. This study finding was in agreement with *El-Hosany* [46] in Egypt who showed that the majority of study nurses (73.5%) had interpersonal conflict and may arise from the persistent and challenging interaction between nurses and other staff members with different perspectives that lead to conflict. In the same line, *Zakari et al.* [47] supported these findings and found that (82.1%) of nurses had interpersonal conflict. Furthermore, the study in Egypt by *Higazee*[48] who determined the types and levels of conflicts experienced

by nurses in the hospital settings and observed that majority of studied nurses (72.7%) had moderate to high level of conflict.

Job satisfaction is a crucial factor in attracting and retaining nurse. Understanding factors impacting job satisfaction in nurses can help to evolve strategies to improve job satisfaction, productivity, and quality of care [49]. High job satisfaction and proper performance lead to a better work environment, higher cooperation among co-workers and commitment to the organization [50]. The presence of conflict between nurses is associated with adverse outcomes such as; low quality of patient care [5], job dissatisfaction and also increase of nurses' turnover. *Raao&Borkar*[51] stated that individuals with insufficient knowledge, hesitated abilities and little practice would end to the dissatisfaction of the job, and a higher incidence of interpersonal conflict. The present study results reported that most the nurses (82.7 %) were dissatisfied with their job (74.7 % & 8.0 %) had superficial and low satisfaction level respectively. This result was supported by Anya [52] who found that when conflict penetrates the workplace, there is low productivity, efficiency, inappropriate patient care, and job dissatisfaction. As well as *Ramin, et al.* [49] found that more than half of the nurses were satisfied with their work and this may be related to inappropriate working condition with more work overload, insufficient resources, interpersonal relations, and supervision. This finding are congruent with Hwang, et al., [53] and El-*Hosany* [46] who mentioned that the majority of studied nurses dissatisfied with their work. In this respect Mrayyan, [54] reported that the job stress of the nurses working in ICU was higher than those working in inwards and the primary job stressors were the interpersonal conflict with others healthcare workers.

In contrast, *El-Hosany* [46] demonstrated insignificant differences between nurses who working in ICU and who working inwards regarding interpersonal conflict and job dissatisfaction (p > .05). While the study in New England on job satisfaction among psychiatric registered nurses [55] found a relatively high satisfaction level among nurses. In contract Samuel, [56] revealed that most nurses were satisfied with their job and the satisfaction appeared to be a result of nurses' attitude towards their job.

At the same time, *Kakkos et al.,* [57] and *Khamisa, et al.* [58] mentioned that job compression with too much stress can lead to more side effects such as lower job performance, lower productivity, employee job dissatisfaction, interpersonal conflict in hospitals. The study in China on a sample of Chinese intensive care nurses revealed that the best predictors of job satisfaction were workload [59-60], years of experience in nursing, worker empowerment, and behavioral disengagement. Furthermore, *Golbasi et al.,* [61] confirmed that nurses who able to deal with work pressure were related to higher levels of job satisfaction.

Nurses are a key group in providing health care for patients, and their work environment includes numerous stressors such as; role stressors, shift work, excessive workload, dealing with critically ill patients with low support and conflict with colleagues and managers [62-63]. According to *Zhou & Gong* [64] in their study on the relationship between occupational stress and coping strategy among operating theatre nurses in China, they mentioned to five recognized stressors affecting on the nurses exist: patient care and interaction, interpersonal relationships, time pressure and workload, professional issues and recourse and environmental problems. Poor interrelationship affects the understanding and support from nurse managers, and colleagues can lead to conflict with others health care providers [65,66].

With regards to the correlation between interpersonal conflict and job satisfaction among the studied group, the present study revealed that there was a significant correlation between interpersonal score and job satisfaction (r = -.538), (p=< .0001**). The most massive percent (93.3%) study nurses who had interpersonal conflict were dissatisfied with their job ($\chi2$ = 54.3, p=< .0001**) this may be due to the nurses who deal with critically ill patients will likely experience heavy workload with constrained time and interpersonal conflict, and Job stress leads to reduced job satisfaction as well as increased turnover and reduced quality of nursing care. This finding was supported by *Torshizi&Ahmadi*, [67] and *Panayiotis et al.* [68] who deduced that; high job pressure with low job security in workplaces result in reduced job satisfaction. In this respect, *Seston,* [69] on the exploring the relationship between pharmacists' job satisfaction, intention to quit the profession, and actual quitting, mentioned that, nurses with high job stress, more practice workplace incidents. In the same respect Jaramillo et al., [70] showed a significant association between interpersonal conflict, workplace stressors, job attitude, job behaviors, and job satisfaction. Furthermore,*John et al.* [71] on the study the relationships at work: intragroup conflict and the continuation of the task and social relationships in workgroups suggested that, when there is low interpersonal conflict, there is high personnel job satisfaction, high performance and increased productivity. *Wai-Tong & Sin-Yin,* [72] showed that the nurses' job satisfaction was negatively correlated with their job stress.

The study result pointed to a significant negative correlation between interpersonal conflict and socio-demographic characteristics. The nurses with interpersonal conflict were, younger age, married, less than five years of experience. This is may be due to work overload, emotional exhaustion, dealing with critical illness, death, lack of personal accomplishment poorly planned work shifts, deep supportive relationship, interpersonal/intergroup conflict, and role ambiguity. This finding was incongruent with [73] who found that job stress has been reported among younger ones rather than older ones and increasing among new graduate nurses.

Also in Egypt *Hegazi*, [48] stated that nurses in their first year of practice complain from interpersonal conflict; which increases the rate of absenteeism and affected their intent to leave the profession. Nurses who have more than five years of experience in OR have had a higher frequency of interpersonal conflict [72]. This was in agreement with *Pillay's* [73].study. In contrast, *NARGES* [74].reported that, nurses with <6 years of work experience had significantly higher scores than those with 6 or more years of work experience, this means experienced nurses may become dissatisfied.

The present study revealed that there was a significant positive relationship between job satisfaction and demographic characteristics of studied nurses. This result was consistent with the findings of another study by *El-Hosany, 2017*. Also, The study by *NARGES*, [74] who found that younger nurses had higher mean total job satisfaction score. Likewise, *Wai-Tong & Sin-Yin* [72] found that age, years of experience and education level have impacts on nurses' job satisfaction, and suggested that younger and higher expected nurses are experienced less satisfaction with their jobs than older and less educated nurses because well-educated nurses have higher expectations toward the jobs. Concerning gender, the results were relatively almost near with 80% of males and 89.6 % of female were dissatisfied with their job, and this is supported the idea that gender does not affect the overall job satisfaction [77]. On the contrary level of education was found to affect the level of job satisfaction especially the nurses with of BScs and nursing institute were reported higher job dissatisfaction than nurses with secondary school. *Ramin et al*. [49] in their study on nurses' job satisfaction identified no significant association between job satisfaction and demographic variables. This result was consistent with the findings of *Hwang et al.* [53] on Korean and Chinese nurses showed that there was little effect for age, genderand level of educationand work experience on job satisfaction [55]. In contrast, *Michelle&Erin,* [77] reported that age was a significant predictor for all job satisfaction while (79%) of nurses with age (41-50)had the highest level of job satisfaction and this supported the present findings which demonstrated that (95%) of nurses with age 40-<50 and +50 years were satisfied with their job. Also, *Gaki et al.* [78] on their research on job satisfaction variables as predictors for motivation in Greek nurses and pointed to that higher job satisfaction was among nurses in those with more work experience and those that were older. Furthermore, *Michelle&Erin* [77] discovered that (72%) nurses were satisfied with their job in emergency departments while only (28%) were reported lack of satisfaction. Moreover, this may arise because of a lack of freedom, support, and resources

V. Conclusion

The results of the present study which done to assess the level of job satisfaction, interpersonal conflict and to ascertain the relationship between nurses' job satisfaction and interpersonal conflict among nurses. It can be concluded that the large percentage of studied nurses were dissatisfied with their jobs and the incidence of interpersonal conflict was very high. Interpersonal conflict score had a significant negative correlation with socio-demographic variables while job satisfaction level has a positive significant correlation with socio-demographic variables among surveyed nurses.

VI. Recommendations

Based on the findings of the present study, the following recommendations are suggested:
1. Further research is needed in this areaincluding other hospitalswith large sample of nurses and nurse managers to understanding the causes of conflict and strategies used by nurse managers to resolve it.
2. Designingand implementing an educational program about the different types of conflict and suitable strategies to solve it.

VII. Acknowledgments

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