

## Conflict in the Workplace and Effectiveness of Conflict Management in a Selected Level III Department of Health Hospitals: Implications to Nursing Education and Practice

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**ABSTRACT:** The study used quantitative, descriptive, comparative, and correlational methods of research. A researcher-made questionnaire was administered to 46 nurse supervisors, 143 head nurses, and 149 staff nurses selected through purposive sampling technique. The results showed that the nurse supervisors were mostly female (78.26%), 41-50 years old (36.96%), had master's degree (43.48%), and had 1-5 years of experience as a nurse supervisor (65.22%), head nurse (36.96%), and staff nurse (43.48%). The head nurses were mostly female (67.13%), 31-40 years old (41.96%), had BSN degree (53.15%), had 1-5 years of experience as a head nurse (73.43%) and staff nurse (58.04%). The staff nurses were mostly female (60.40%), 21-30 years old (69.13%), had BSN degree (90.60%), and had 1-5 years of experience as a staff nurse (92.62%). The nurse supervisors experienced "Low Level" of conflict in the areas of communication, problem solving, role functions, and personality/individually oriented matters. The head nurses experienced "Low Level" of conflict in their interaction with co-head nurses, staff nurses, and nurse supervisors. The staff nurses experienced "Low Level" of conflict in their interaction with head nurses and nurse supervisors. In terms of the effectiveness of the management of workplace conflict by the supervisors and the head nurses, collaborating was found to be "Always Effective." Competing, compromising, and accommodating strategies were rated "Often Effective." Avoiding strategy was found to be "Seldom Effective." There was a significant relationship between the nurse supervisors' and the head nurses' age and length of experience and their assessment of the effectiveness of their management of workplace conflict. There was a significant difference in the level of conflict experienced by the nurse supervisors, head nurses, and staff nurses. There was a significant difference in nurse supervisors' management of workplace conflict as assessed by the staff nurses and by themselves.

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### I. INTRODUCTION

Conflict is an actual event, an occurrence experienced by individuals which is considered basic human nature. As conflict is sure to happen in any setting because of everyday human interactions, the health care setting is susceptible to experience conflict. Nurses who are dealing with human lives while performing nursing care activities are vulnerable to experience conflict. Nurse supervisors, head nurses and staff nurses in their interactions with co-nurses are expected to experience conflict because of the disparity of personalities, values, attitudes, beliefs, culture and needs. Nurses have different ways to approach and handle conflicts. Having the necessary capabilities to effectively manage conflict in the workplace is crucial for nurse managers because ineffective management of conflict could jeopardize the performance of nursing care activities. The type of conflict nurses mostly encounter is interpersonal conflict and intergroup conflict according to Jerng, Huang, Liang, Chen, Lin, Huang, et al. (2017). Interpersonal conflict is defined as a dynamic process that exists between two individuals, groups or both. Nurses experience conflict between co-workers and superiors as they experience unfavorable demonstration of emotion or feelings to sense disparity and hindrance with the achievement of their objectives. Whereas, intergroup conflict is a type of conflict that exists among different groups within an organization to accomplish set goals and objectives (Evans, 2014). Nurse supervisors, head nurses, and staff nurses in their everyday interactions between and among themselves are expected to experience workplace conflict. Considering the individual variances in terms of background and position at work, it is certain that they will experience conflict. Workplace conflict tends to affect the nurses' work performance when left unresolved. According to a study by Akpabio, Akpabio, Akpan, John, and Uyanah (2015) among 242 nurse respondents, work related conflict is the consequence of working too hard; low reward; miscommunication between co-workers; discordance with the patient; leadership conflict; poor working environment; disagreement with other health care staff and services and demarcation. Similarly, in a study by Shi (2017) on workplace incivility, it was revealed that newly hired nurses experience workplace incivility, and that this affects their work performance which could lead to stress and anxiety. Since conflict experienced by nurses in the workplace when left unresolved could be detrimental to the service, a strategy to effectively manage workplace conflict should be utilized by nurse supervisors and head nurses to facilitate a working environment that promotes

harmony between and among themselves. In this way, staff nurses may be motivated to perform at their best. According to an article in Human Resource Director (2017), there are strategies in the workplace environment which can be used to manage conflict. This is a competency that a nurse manager or leader should know. These strategies include competing, collaborating, compromising, avoiding, and accommodating. Collaborating is a type of conflict management where all parties are pleased with the desired result. Competing is a style that seeks to win in favor of one's advantage over the other party's benefit. Avoidance is where an individual stay away from conflict by escaping a conflicting situation. Accommodating is contrary to competing where the individual would give up his or her advantage in favor of the other party's benefit. Compromise partly benefits both parties' interest by reaching an agreement to meet halfway ([www.hrmonline.co.nz/news/what-is-your-conflict-management-style.com](http://www.hrmonline.co.nz/news/what-is-your-conflict-management-style.com), 2017).

The concept of conflict management in nursing management has been widely studied in foreign studies. However, there is limited research that evaluates the conflict experienced by the nurses in their interactions with the nurse supervisors, head nurses, and staff nurses. For this reason, the researcher pursued this study because she would like to determine the conflict experienced by nurses in their interactions between and among themselves in terms of communication, roles and function, problem solving or decision making, and personality-individually oriented matters. The researcher would also like to determine the nurse managers' effective management of workplace conflict using accommodating, avoiding, collaborating, compromising, and competing. By identifying the nurses' experiences of conflict and by determining effective management of conflict, the researcher would be able to provide implications to nursing education and practice. This would foster nurses' professional development in conflict management.

**Statement of the Problem:**The aim of the study was to determine the level of conflict encountered or observed in the workplace by nurse supervisors (NIII), head nurses (NII) and staff nurses (NI) and the effectiveness of conflict management by nurse managers (NIII & NII) in selected level III DOH hospitals. The results of the study may be used in nursing education and practice.

Specifically, this study sought answers to the following research questions:

1. What is the profile of the nurse supervisors in terms of:
  - 1.1 Age;
  - 1.2 Sex;
  - 1.3 Highest educational attainment;
  - 1.4 Length of experience as nurse supervisor;
  - 1.5 Length of experience as head nurse; and
  - 1.6 Length of experience as staff nurse?
2. What is the profile of the head nurses in terms of:
  - 2.1 Age;
  - 2.2 Sex;
  - 2.3 Highest educational attainment;
  - 2.4 Length of experience as head nurse; and
  - 2.5 Length of experience as staff nurse?
3. What is the profile of the staff nurses in terms of:
  - 3.1 Age;
  - 3.2 Sex;
  - 3.3 Highest educational attainment; and
  - 3.4 Length of experience as staff nurse?
4. What is the level of conflict experienced by nurse supervisors in the interaction with cosupervisors, head nurses, and staff nurses in terms of:
  - 4.1 Communication;
  - 4.2 Roles and Functions;
  - 4.3 Problem Solving or Decision Making; and
  - 4.4 Personality, Individually- Oriented Matters?
5. What is the level of conflict experienced by head nurses in their interaction with co-head nurses, staff nurses, and nurse supervisors in terms of:

- 5.1 Communication;
- 5.2 Roles and Functions;
- 5.3 Problem Solving or Decision Making; and
- 5.4 Personality, Individually- Oriented Matters?
6. What is the level of conflict experienced by staff nurses in the interaction with co-staff nurses, head nurses, and nurse supervisors in terms of:
  - 6.1 Communication;
  - 6.2 Roles and Functions;
  - 6.3 Problem Solving or Decision Making; and
  - 6.4 Personality, Individually- Oriented Matters?
7. What is the level of effectiveness of nurse supervisors' management of workplace conflict with other supervisors as assessed by themselves and the staff nurses in terms of:
  - 7.1 Competing (Forcing);
  - 7.2 Collaborating (Problem Solving);
  - 7.3 Compromising (Sharing);
  - 7.4 Avoiding (Withdrawal); and
  - 7.5 Accommodating (Smoothing)?
8. What is the level of effectiveness of the nurse supervisors' management of workplace conflict with the head nurses and/or staff nurses as assessed by themselves and the staff nurses in terms of:
  - 8.1 Competing (Forcing);
  - 8.2 Collaborating (Problem Solving);
  - 8.3 Compromising (Sharing);
  - 8.4 Avoiding (Withdrawal); and
  - 8.5 Accommodating (Smoothing)?
9. What is the level of effectiveness of the head nurses' management of workplace conflict with other head nurses as assessed by themselves and the staff nurses in terms of:
  - 9.1 Competing (Forcing);
  - 9.2 Collaborating (Problem Solving);
  - 9.3 Compromising (Sharing);
  - 9.4 Avoiding (Withdrawal); and
  - 9.5 Accommodating (Smoothing)?
10. What is the level of effectiveness of the head nurses' management of workplace conflict with the staff nurses as assessed by themselves and the staff nurses in terms of:
  - 10.1 Competing (Forcing);
  - 10.2 Collaborating (Problem Solving);
  - 10.3 Compromising (Sharing);
  - 10.4 Avoiding (Withdrawal); and
  - 10.5 Accommodating (Smoothing)?
11. Is there a significant relationship between the profile of the nurse supervisors and their assessment of the effectiveness of the management of workplace conflict with:
  - 11.1 Other supervisors; and
  - 11.2 Head nurses and/or staff nurses?
12. Is there a significant relationship between the profile of the head nurses and their assessment of the effectiveness of the management of workplace conflict with:
  - 12.1 Other head nurses; and
  - 12.2 Staff nurses?
13. Is there a significant relationship between the profile of the staff nurses and their assessment of the effectiveness of the nurse supervisors' management of workplace conflict with:
  - 13.1 Other nurse supervisors; and
  - 13.2 Staff nurses?
14. Is there a significant relationship between the profile of the staff nurses and their assessment of the effectiveness of the head nurse management of workplace conflict with:

- 14.1 Other head nurses; and
- 14.2 Staff nurses?
- 15. Is there a significant difference in the level of conflict experienced by the nurse supervisors, head nurses and staff nurses as assessed by themselves in their interaction with the staff nurses, head nurses, and nurse supervisors in terms of:
  - 15.1 Communication;
  - 15.2 Roles and Functions;
  - 15.3 Problem Solving or Decision Making; and
  - 15.4 Personality, Individually- Oriented Matters?
- 16. Is there a significant difference in the nurse supervisors' management of workplace conflict as assessed by the supervisors themselves and the staff nurses?
- 17. Is there a significant difference in the head nurses' management of workplace conflict as assessed by the head nurses themselves and the staff nurses?
- 18. What implications to nursing education and practice may be derived from the results of the study?

### **Implications to Nursing Education and Practice Derived from the Results of the Study**

Conflict is unavoidable and therefore can be experienced by the nurses in their interactions with their co-nurses and superiors while performing nursing care activities. Effective management of conflict is important in the nursing profession especially nurse managers who are in direct care and supervision of the nurses and patients in the hospital, since unresolved conflict may hinder the performance of rendering quality care services to the patient. For this reason, it is of great importance that nurses should be aware of the different types of conflict and the corresponding style of resolving these conflicts.

The implication of this study in this nursing education and practice is to provide information and awareness for the nursing student of the actual experiences of conflict experienced by the nurse supervisors, head nurses and staff nurses in their interaction with co-nurses in terms of communication, roles and functions, problem solving or decision making, and personality, individually-oriented matters and corresponding resolution of these conflict using the five styles of conflict management: competing, collaborating, compromising, avoiding, and accommodating. Hence, the inclusion of the findings of this study in the nursing management curriculum would be of significance for the nursing students to gain knowledge and skills from the actual experiences and identified conflict management of the respondents from this study. Considering that conflict is an everyday occurrence in the health care setting such as in the hospital, student nurses may be enlightened that in the actual workplace setting, conflict happens and it is a way of life for the nurses to handle with cooperativeness and assertiveness. Therefore, there is a need to include the findings of this study in the Nursing Education curriculum for student nurses to understand and learn that effective management of conflict is crucial in performing all aspects of nursing care activities.

Furthermore, the findings of this study may be of great used to the practice of nursing. Professional nurses should be aware that there are different types of conflict in the workplace that they may experience. Thus, nurses should be able to effectively manage this conflict before it aggravates and affects their performance of nursing care activities. It is imperative that the findings of this study be discussed and actually be used in the locale of the study because effective management of conflict may boost the performance of the nurses and increase patients' satisfaction. Concurrently, the nursing education may provide venues for lectures, workshop and seminars related to the findings of this study to shed light on the importance of conflict management in nursing education and practice.

### **Summary of Findings**

1. The nurse supervisors were mostly 41-50 years old (36.96%), female (78.26%), had master's degree (43.48%), and had 1-5 years of experience as a nurse supervisor (65.22%), head nurse (36.96%), and staff nurse (43.48%).
2. The Profile of Head Nurses. The Head nurses are mostly 31-40 years old compromising 41.96%, 25.17% were 41-50 years old and the least was 61 years and above at 1.40%; 67.13% were female; 53.15% have Bachelor of Science in Nursing Degree and only 19.58% have Master's Degree (MAN/MSN); 73.43% had 1-5 years of experience as Head Nurse, 58.04% had 1-5 years of experience as staff prior to becoming a Head Nurse. The total Head Nurse respondents was 143 (one hundred forty three).
3. The Profile of Staff Nurses. The Staff Nurse respondents were mostly aged 21-30 years comprising 69.13%, were mostly female at 60.40%, majority (90.60%) have Bachelor of Science in Nursing Degree and only 2.68

percent have Master's Degree (MAN/MSN), most of them (92.62%) have 1-5 years of experience while 2.01% have more than 10 years in the present position. Total staff nurse respondents is 149 (one hundred forty nine).

4. Nurse supervisors experienced "Low Level" of conflict in their interaction with their co-supervisors, head nurses, and staff nurses in terms of communication, decision making, personality, roles and functions and individually-oriented matters with grand mean scores of 2.32, 2.46, 2.46, and 2.44 respectively.

5. The conflict experienced by head nurses in their interaction with co-head nurses, staff nurses, and nurse supervisors in terms of communication, roles and functions, problem solving / decision making, and personality / Individually- Oriented Matters were found to be "Low Level" with grand mean scores of 2.25, 2.41, 2.39, and 2.36, respectively.

6. Staff Nurses experienced "Low Level" of conflict in their interaction with their co-staff nurses, head nurses, and nurse supervisors in terms of communication, decision making, personality, roles and functions and individually-oriented matters with grand mean scores of 2.24, 2.34, 2.32, and 2.25 respectively.

7. Level of effectiveness of the nurse supervisors' management of workplace conflict with other supervisors as assessed by themselves and the staff nurses was "always effective" (3.47) for collaborating; compromising (2.97), competing (2.90), accommodating (2.84), avoiding (2.37).

8. Level of effectiveness of the nurse supervisors' management of workplace conflict with the head nurses and staff nurses as assessed by themselves and the staff nurses revealed the grand mean for 'collaborating' 3.30 (always effective), 'compromising' 2.90 (often effective), 'competing' 2.80 (often effective), 'accommodating' 2.77 (often effective), and 'avoiding' 2.29 seldom effective).

9. The level of effectiveness of the head nurses management of workplace conflict with other head nurses as assessed by themselves and the staff nurses and it showed the following results with accompanying grand mean whereby collaborating has 3.28 (always effective), compromising 3.00 (often effective), competing 2.79 (often effective), accommodating 2.78 (often effective), and avoiding 2.41 (seldom effective).

10. Level of effectiveness of the head nurses' management of workplace conflict with the staff nurses as assessed by themselves and the staff nurses and the following were found out with corresponding grand mean results whereby "collaborating garnered 3.34 (always effective), compromising achieved 2.94 (often effective), competing received 2.83 (often effective), accommodating with 2.64 (often effective), and avoiding with 2.42 (often effective).

11. There was a significant relationship between the nurse supervisors profile particularly their age and length of experience as a nurse supervisors, as a head nurse, and as a staff nurse and their assessment and their effectiveness in management of workplace conflict with co-supervisors, head nurses and staff nurses in terms of competing (forcing); collaborating (solving); compromising (sharing); avoiding (withdrawal); and accommodating (smoothing). On the other hand, there was no significant difference in regard to profile of the nurse supervisors' sex and highest educational attainment.

12. There was a significant relationship between the head nurses profile such as age and length of experience as a head nurse and as a staff nurse and their assessment in the effectiveness in the management of workplace conflict with co-head nurses and staff nurses. There was no significant relationship with sex and highest educational attainment.

13. There was no significant relationship between the profile of the staff nurses namely age, sex, highest educational attainment and experience as staff nurse and their assessment of nurse supervisors' effectiveness in the management of conflict with other nurse supervisors and staff nurses.

14. There was no significant relationship between the staff nurses' profile, namely age, sex, highest educational attainment and length of experience as staff nurse and their assessment of the head nurses' effectiveness in management of conflict with other head nurses and staff nurses.

15. There was a significant difference in the level of conflict experienced by the nurse supervisors, head nurses, and staff nurses as assessed by themselves in their interaction with the staff nurses, head nurses and nurse supervisors in terms of communication, roles and functions, problem solving or decision making and personality individually-oriented matters. When subject to Tucky test where the findings level of conflict experienced by the nurse supervisors, head nurses and staff nurses, the nurse supervisors and staff nurses assessment of the level of conflict experienced there was a significant difference in all areas of experience conflict. Moreover, when subject to further test it was found that there was no significant difference in the level of conflict experienced in all areas by the nurse supervisors and head nurses.

16. There was a significant difference in the nurse supervisors' management of workplace conflict as assessed by the nurse supervisors themselves and the staff nurses.

17. There was a significant difference in the head nurses' management of workplace conflict as assessed by the head nurses themselves and the staff nurses.



18. The findings of the study have implication to nursing education and nursing practice. In nursing practice the nurse supervisors, head nurses and staff nurses experienced conflict in their interactions with each other. The result of the study will enable them to be aware of the areas of conflict such as which maybe communications, roles and functions, personality individually oriented-matters and decision making/problem solving. The result of the study is also applicable in the appropriate utilization of conflict management strategies which is always effective and often effective. In nursing education the findings of the study may be incorporated in the teaching of the nursing management course so that the students are aware in real existence of conflict in the workplace and strategies appropriately utilize. The persons benefiting from the result of the study are the chief of the nursing service administration, assistant chief nurses, the nurse supervisors, head nurses and staff nurses. While in the nursing education the deans, clinical instructors and nursing students may derived benefits from the results of the study.

## **II. CONCLUSIONS**

The following conclusions were made based on the findings presented in this study.

1. Nurse supervisors are dominantly female and are in the position for 5 years. Since the position is not an entry level position the supervisors have served first as a staff nurse for 1-5 years and the next level position as head nurse for another 1-5 years. Despite the many years of employment as professional nurse, only 43.4% of the nurse supervisors have acquired the master's degree (MAN/MSN) which is required by the Nursing Law RA 9173 for those who hold managerial nursing positions. Only 2.17% have PhD degree. Nurse supervisors, being the middle managers in the nursing organization need to possess skills in identifying and dealing effectively with conflict in the workplace.
2. A staggering number of head nurses have not yet finished their master's degree which is more than half of their total population. On the other hand a considerable number of them have obtained only certain number of units in their masters. Head nurses are supposed to have the knowledge and skills preparation prior to holding the position which requires management capabilities in dealing with workplace conflict (RA 9173). In addition to this, most of these respondents had only 1-5 length of experience as a head nurse. Although the number of years in the current position is not an absolute criterion for management efficiency, the length of experience educate the head nurse in refining his/her communication, roles and functions, problem solving/decision making, and personality when managing workplace conflict.
3. Majority of the staff nurses are in their 20s and have not yet pursued higher education by taking masters. These young generation of nurses are mostly in their early year of nursing career. Since most of them are in their adjustment and learning period in their nursing practice, evidently they need substantial supervision to manage conflict assertively and cooperatively.
4. In terms of the level of conflict management by the nurse supervisors, "decision making/problem solving" and "personality/individually oriented matters" both garnered a qualitative interpretation of "Low Level". Under the aspect of "decision making/problem solving", "difference in perception of the problem" and "disagreement or lack of consensus in solving the problem" were both found to be at "Moderate Level". These are worth noting since the results may indicate that conflict in the workplace is most likely to occur. Furthermore in the aspect of personality/individually oriented matters, "uncooperative attitude with co-workers and superiors" garnered a "Moderate Level" of conflict. Nurse supervisors who face uncooperative attitude may most likely experience and observe a significant amount of conflict in the workplace.
5. Variance of expectations brings difficulty among head nurses to satisfactorily perform their roles and functions in the workplace, most especially when they are confronted by conflict.
6. Difference in perception causes conflict in the workplace which the staff nurses may unconsciously care about to discuss among their head nurses and nurse supervisors.
7. In terms of the level of effectiveness of the nurse supervisors' management of workplace conflict with other supervisors, avoiding (withdrawal) had the lowest grand mean. Under this aspect, "escape from a conflicting situation when it happens" had the lowest mean value which is "Never Effective". Escape from conflict usually specifies negativity since the nurse manager would flee from the workplace conflict.
8. The nurse supervisors found collaborating (problem solving) always effective in managing workplace conflict in their interactions with nurse supervisors, head nurses and staff nurses. Problem solving as a style of conflict management is advantageous because the conflict is the prudent way of addressing the source of conflict and resolving the conflict so that the nurses can perform their job well, promotes unity, team work and boost morale.
9. Withdrawing from conflict situation in the workplace was found to be a natural reaction. This does not mean that the head nurse will not face his/her circumstances but only a way for the head nurse to

momentarily escape from conflict and be prepared in the event that the same conflict happens again. Avoiding may be appropriate to some situation

10. Head nurses in constant and direct interactions with the staff nurses whom they supervise in the nursing unit, through the strategy of problem solving this prevent aggravate of conflict if any. Thus, nurses will not be destructed emotionally by the conflict and that they will be able to perform job in providing care and safety of the patient.
11. The nurse supervisors have assessed their profile and its significant relationship with their effectiveness in the management of conflict with co-supervisors, head nurses and staff nurses. The findings showed that the educational attainment had no significant relationship with the level of their effectiveness in managing conflict. The nurse supervisors may have the perception that their years of nursing practice has equipped them with adequate knowledge in management in general and conflict in particular.
12. Likewise, the head nurses' have assessed their educational attainment as having no relationship with their effectiveness in the management of conflict with co-head nurses and staff nurses. Fifty three point fifteen percent (53.15%) have BSN degree and nineteen point fifty eight percent (19.58%) have MAN/MSN degree. They may be focused on the practice of nursing to enhance their professional nursing skills. They may not have much will power to overcome the constraints of undergoing the master's degree.
13. The staff nurses, being younger and with lesser years of nursing practice as compared with the head nurses and the nurse supervisors, have assessed the effectiveness of their nurse supervisors management of conflict as having no relationship with their staff nurses profile. They may not be well –versed on strategies are appropriate for effective conflict management.
14. Likewise, the staff nurses made the assessment that their profile has no significant relationship with the effectiveness of the head nurses in dealing with conflict between their co-head nurses and with the staff nurses. There years of experience in nursing practice, their young years in the service could be an influencing factor in their assessment made.
15. The significant difference in the level of conflict experienced by the supervisors, head nurses and staff nurses as assessed by themselves. The nurse supervisors and head nurses had non-significant differences in the level of conflict experienced because they have longer years of nursing practice, wherein, they have more experiences in conflict management and that they are both in the management level under whom the staff nurses fare directly supervise. However, there is a significant difference in the level of conflict experienced by the nurse supervisors and staff nurses and head nurses and staff nurses in all areas of conflict. The staff nurses are in lower position and have shorten years in practice than their superiors.
16. There is a significant difference in the assessment of the supervisors' effectiveness in management of workplace conflict as they themselves assessed and the assessment made by the staff nurses this may be due to the different perceptions about conflict management arising from different experiential background, age, roles and responsibilities, expectations and psychosocial environment prevailing in the workplace.
17. There is a significant difference in the head nurses' assessment of their effectiveness in managing workplace conflict and the assessment made by the staff nurses in the effectiveness of the head nurses in management of workplace conflict. This may be influenced by the type of interpersonal relationship between the head nurses and staff nurses as they worked together every day in the same work area. The staff nurse is the subordinate while the head nurse is the superior, their reactions and perceptions about conflict and management may be affected.
18. This study on conflict and conflict management has a great bearing on the practice of the nurse supervisors, head nurses and staff nurses in the clinical setting and can contribute greatly to the good performance of nurses in the nursing service. Likewise, in nursing education knowledge about the findings of the study to certain extent can enhance the teaching and learning of teachers and students in the academe.

### **III. RECOMMENDATIONS**

The following recommendations are made based on the results of the study.

1. Nurse supervisors need to engage themselves in continuing education such as attending graduate school to finish their master's degree. Their hospital may support them by allowing suitable work schedule and manageable work responsibilities so that they can seek further education. The hospital may take advantage of this in return because the nurse supervisors will be more knowledgeable and able to deal with work conflicts that they encounter. Shadowing from an experienced nurse supervisor may also augment their lack of experience or being a new nurse supervisor.
2. Head nurses may be encouraged by the hospital management to finish their masters since it is a necessary requirement for their position. They may be given financial assistance or opportunities so that they could enroll for their continuing education. Though considered already as nurse managers but with limited experience for the

position, they should still be supervised and mentored by expert nurses who could facilitate the desired learning which they should gain as they manage workplace conflicts.

3. Awareness of the importance of continuing education may be incorporated in the staff nurses' manual and orientation booklet to establish realization regarding the importance of continuing education. They should be supported by the management as soon as they decide to continue their desired education. The young generation of nurses maybe given adequate training so that they could be equipped when handling workplace conflict.

4. Nurse supervisors are encouraged to improve their decision making/problem solving assertiveness when handling conflicts through language skills improvement and enhanced sociability. These maybe made possible by the hospitals delivery of efficient and effective continuing education opportunities among nurses. Disagreement or uncooperative attitude maybe dealt with through various forms of team building or team bonding approaches which may be supported and provided by the Human Resource Department. Although the activities do not guarantee human interaction these ma help in working or mending relationships.

5. Differences in expectations maybe dealt with via clear communication. Nurse's handoffs is greatly affected when nurses have differing expectations. Invited guests or experts in seminars or conventions may hasten the idea of keeping untoward feelings or thoughts. Transparency of information and regularity of communication may boost assertive and cooperative attitude of the nurse.

6. Apart from differences in decision making/problem solving; the roles and functions of the staff nurses should be clarified in their job description. Clarity in the roles and functions of the nurse may lessen conflicts. These should be discussed with nurses during their orientation or training.

7. In terms of the level of effectiveness in the management of workplace conflict, avoiding (withdrawal) has always been considered negatively but it is an immediate response for most people who would like to maintain harmony in the area. Avoidance or withdrawal should be viewed as a style of conflict management and not as an intervention that may magnify conflict itself. Seminars and panel discussions may be organized to emphasize this style or technique of management.

9. Assertiveness training as a behavior therapy or as a social and communication skills training may be offered to identified individuals or groups of nurses to empower them in dealing with workplace conflict. This is very important so nurses will be able to regain their balance in dealing with conflicts. Assertiveness training may include but is not limited to behavior rehearsal, repeated assertion, fogging, and workable compromise.

10. Nurses may reconsider the use of 'conflict avoidance' as a method of reacting to conflict. It attempts to avoid directly confronting the issue at hand. Methods of doing this can include changing the subject, putting off a discussion until later, or simply not bringing up the subject of contention. Nurses should realize that it is not a way to escape conflict but a mechanism to resolve conflict temporarily while thinking of better solutions to conflict situations. This style or method maybe included in some of the continuing education lectures or discussion which nurses could avail within the hospital.

11. Other profile factors of the nurse supervisors, head nurses, and staff nurses may include family and social history if future studies will be conducted. This is in order to distinctively identify the factors which may affect levels of conflict. Family history may include size of the family, type of family, and cultural orientation of the family. Social history, may include a portion of the respondent's medical history and recreational aspects of the person's personal life.

11. Some nurse supervisors who have not finish the required master's degree should just not equate with their practical length of experience with the actual undertaking of a master's degree in the academe, because there are many reasons why the master's degree is required in the profession considering the great learning they will acquire in advance nursing practice.

12. The head nurses who have not complied also required MAN/MSN should also take it as their personal responsibility to undertake advance educational development through advance education. They could consider various resources that will enable them to pursue professional advancement or through non-formal undertakings. Concurrently, since most of the respondents are young or have limited years of work experience in their current position, professional adjustment may be emphasized among nurses to emphasize the social, economic, and professional changes for a practicing nurse. This is a method that may be provided by the hospital's HRD in order to improve the professional relationship of the nurses among themselves.

13. Since April is considered "Workplace Conflict Awareness Month", hospitals may provide various activities on the said occasion to minimize conflicts and raised assertiveness and cooperation among nurses. Participants from various communities may be invited on the said occasion to generate further awareness or consciousness on the issue of workplace conflict.

14. Good working relationship between nurse supervisors, head nurses and staff nurses should be given importance and emphasis during meeting and dialogue in addition to the agenda about patient care. These will promote early identification of conflict and prevention of conflict is essential in each effective management.



15. Management of workplace conflict may be incorporated in the performance evaluation of nurse managers. Hopefully, it will help to establish good working environment in the clinical areas and hopefully minimize unintended burnout and turn- over of nurses.

16. School Administrators may use the findings of this study in designing a curriculum that would enhance the competency of the student nurses in managing different types of conflict. School administrators may use the results of this study in their Nursing Management Curriculum to prepare nursing students for their optimum growth and development as future professional nurses. Through this, nursing students may be guided on what to expect when they become future nurse leaders or managers.

17. Hospital administrators may find ways to allocate substantial capital as resource to invest on discussion such as providing seminars and workshop on types of conflict and effective management of conflict which is based on the findings of this study. The capital resource that would be funded by the administration may yield better performance from the students and professional nurses.

18. For future researches, other members of the health care team who are constantly or consistently communicating with the nurses may be included in future similar studies. These may include doctors and patient's physical, respiratory, and occupational therapists. Moreover, the research instrument in this particular study does not intend to replace the Thomas-Kilmann Instrument (TKI) which is a conflict style inventory. The developed questionnaire was solely intended to determine workplace conflict specifically experienced by the nurses. It only used the five (5) styles of conflict management from the Thomas-Kilmann Model to categorize the items of conflict management. However, it is the intention of the researcher to recommend the use of the research instrument which was utilized in this study to further investigate the workplace conflicts and conflict management used by nurses.

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