Conflict Management Among Health Workers in Samar

A Thesis

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of the Requirements for the Degree of

MASTER OF SCIENCE IN NURSING

Major in Nursing Management and Clinical Supervision

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APPROVAL SHEET

The Thesis, entitled "**CONFLICT MANAGEMENT AMONG HEALTH WORKERS IN SAMAR**" has been prepared and submitted by Ms. EMELIA BABAYSON BARONG who having passed the comprehensive examination is hereby recommended for Oral Examination.

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Emelia Babayson Barong

DEDICATION

I humbly dedicate this research…

To the hardworking champions of healthcare, the Nurses, Doctors and Midwives.

To my loving and supportive families who made this journey possible with their love, encouragement and patience.

To all my co-worker, friends, who supported me to do creative work with regards to my study.

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To my angels, Ezekiel, Emsley, Eiora for their innocence that inspired me to continue despite the difficulties, and

To Father God, for his kindness and love bestowed upon me…..

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ABSTRACT

This study aims to determine the conflict management of Health Workers in Samar. The present study utilized the descriptive type research with correlation analysis in order to assess the existing conflict management observed by the Health Workers in Samar. These were Atmosphere, in which they can promotes partnership and problem-solving when they have only plenty of time and free from distraction. Clarify Perfections, in which they clarify what conflict is really about to eliminate ghost issues that arise from misperceptions. Then face the problem. Next is Note Needs not Wants, in which most of the respondents responds to identify what are essential to them and their co-worker and their relationship. And last that they responds usually is Produce Positive Partnership Power, in which they realize that they need each other positive power to act effectively. The Health Workers conflict resolution strategies were low. Most of them respond to half the time, this reflects that Health Workers in Samar are not effective in dealing with the conflict in their workplaces that could affect the healthcare workplace and affect the quality of patient care. The result was in line with study of Patton, that dysfunctional conflict has the potential to negatively affect the healthcare Work place on a variety of levels, including impacting the quality of patient care, employee job satisfaction, and employee well-being. For the recommendation, relevant trainings/seminars to be conducted among health workers to improve their conflict resolution strategies in their workplaces.

TABLE OF CONTENTS

CHAPTER 1

THE PROBLEM AND ITS SETTING

Introduction

Conflict, as an inherent phenomenon in human's life, arises as a daily challenge in healthcare organization. Conflict has got enormous attention of researchers in the last few decades because it becomes global threat to every organization (El Dahshan and Keshk, 2014). According to Boulding, 1963 cited by Janss, Rispens, Segers and Jehn, 2012, conflict is considered a negative social process, discrepancies and incompatible wishes.

Direct patient contact health care employees such as physicians, nurses, and technologists work in complex, stressful environments that are prone to conflict. Though some of this conflict may result in positive outcomes, much will have the opposite effect. Dysfunctional conflict has the potential to negatively affect the health care workplace on a variety of levels, including impacting the quality of patient care, employee job satisfaction, and employee wellbeing. Health care complexity such as pressures of time, life and death decisions, and heavy workloads contribute to the contextual causes of conflict. (CM, Patton 2014).

In a clinical scenario, a patient has trouble breathing and an anesthesiologist inserts a tube and begins mechanical ventilation, cardiac arrhythmias occur and therapy is given. The intensive care doctors takes the

lead. A dispute on how to proceed arises. These interpersonal behaviours affect medical action teams that can lead to death of patient because of power and conflict issues (Janss, et al. 2012).

Conflict arises when one or two in the team doesn't get what they want. Conflicts within teams can be generated through personal attack on any of the members. The healthcare teams must be aware that working together in a team-focused manner is the foundation for structuring positive outcomes. If not, conflict arises and the patient care is affected, it demoralized staff, increase turnover, damage relationships. Henry 2009 cited by Agwu 2013, stated that conflicts within individual usually arise when a person is uncertain about what task is expected to do, if not clearly defined by the supervisor or the person in charge.

Conflicts may be resolved more easily when individuals possess personality characteristics such as trust and open-mindedness. Conflicts add to anxiety of the health care provider. Conflict causes ethical problem that can affect patients care. As such, it is necessary to allocate efforts to addressed this problem so that it can be avoided and minimized. Moreover, increasing awareness about health care conflict may catalyze more useful approaches in conflict resolution within the working environment. Though there are number of studies about conflict, no study has been conducted on assessing the causes of conflict and

conflict management to health workers in Pinabacdao, Calbiga, Villareal, San Sebastian, Daram and Talalora. Hence, this study is deemed necessary.

Statement of the Problem

This study aims to determine the conflict management of Health Workers in Samar. Specifically, it sought to answers the following questions:

7. What is the Profile of the respondents in terms of;
   7.1 Age;
   7.2 Gender;
   7.3 Civil Status;
   7.4 Birth Order;
   7.5 Highest Educational Attainment;
   7.6 Work Designation;
   7.7 Length of Service;
   7.8 Monthly Income;
8. What are the causes of conflict in the workplace encountered by the Health Workers?
9. Is there a significant relationship between the respondent profile and the causes of conflicts in the workplace encountered by the health workers?
10. What are the existing conflict resolution strategies observed by the health workers?

11. Is there a significant relationship between respondents profile and existing conflict resolution strategies observed?
12. What conflict management program may be developed based on the result of the study?

Hypotheses

From the specific question, the following hypotheses will be tested.

3. There is no significant relationship between the respondent's profile and the causes of conflict in the workplace.
4. There is no significant relationship between respondents profile and existing conflict resolution strategies observed?

Theoretical Framework

Theory have been recognized as a key components to evidence based practice today. This study is anchored on Karl Marx conflict theory and C. Wright Mills.

Marx known as one of the founders of Communism, modern Socialism, and Sociology. Marx's most obvious contribution to sociology is Conflict Theory which is focused on the competition between groups for scarce resources. According to this theory, conflict is inevitable and serves as the force for social change. It is a natural feature of society that leads to social change. He believed society is a dynamic entity constantly undergoing change driven by class

conflict. Whereas functionalism understands society life as competition. According to the conflict perspective, society is made up of individuals competing for limited resources (e.g., money, leisure, sexual partners, etc.). Competition over scarce resources, is characteristics of human relationships. Broader social structures and organizations (e.g., religions, government, etc.) reflect the competition for resources and the inherent inequality competition entails; some people and organizations have more resources (i.e., power and influence), and use those resources to maintain their positions of power in society (Hammond and Chenney, 2016). Most conflicts are caused by unequal groups with opposing viewpoints against the general beliefs in society (Wise,2012).

C. Wright Mills is known as the founder of modern conflict theory. In his work, he believes social structures are created because of conflict between differing interests. People are then impacted by the creation of social structures, and the usual result is a differential of power between the "elite" and the "others" (Dandaneau, 2008).

Conceptual Framework

Fig. 1 presents the research process schematically. The conceptual framework as shown in Fig. 1, the first frame focuses on the respondents profile of Health Workers in Pinabacdao, Villareal, Calbiga, San Sebastian, Daram and Talalora Municipalities in Samar. Within first frame are the respondents profile, which includes the Age, Gender, Civil Status, Birth Order, Highest Educational Attainment, Work Designation, Length of Service and Monthly Income.

In the next frame double sided arrow indicates the correlation of respondents profile to the causes of conflict and conflict management. The first frame shows the causes of conflicts of health worker in Samar which comprises of personality, stress, heavy workloads/inadequate resources, leadership from the top of the organization, trust, line management, role clarity, clarity bout accountability, values, selection/pairing of teams, performance management, bullying/harassment, perceived discrimination and the second frame shows the conflict management of the respondents. First, the respondents should view conflict as natural and positive which can be addressed in a win-win way that strengthens relationship, second start by establishing an effective atmosphere that promotes partnership and problem solving. Third, Clarifications or clarify perceptions about what the conflict is really about. Fourth, identify the needs. Fifth, build positive partnership power. Sixth, focus on the Future first and then

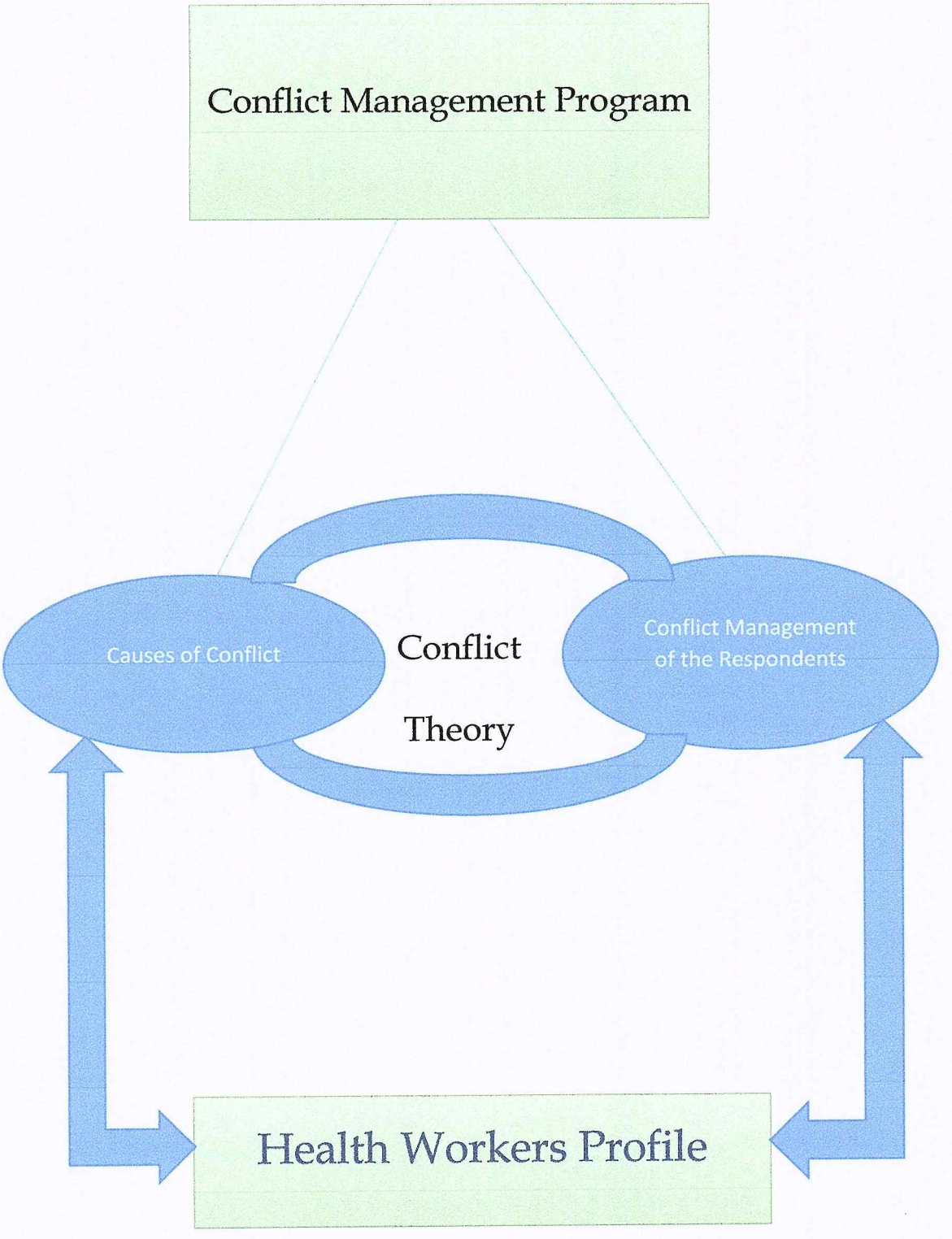

Fig. 1. The Conceptual Framework of the Study

learn from the past, don't pick old wounds and focus on the current issues. Seventh, open up options for mutual gain by listening actively. Eight, develop doables, steeping stones for action. Ninth, make mutual benefit agreements by avoiding win-lose solutions which damage the long-term relationship. Tenth, extra considerations by hearing others anger non-defensively.

The last frame indicates the Conflict Management Program that will be used to trained the Health Workers in conflict management, how to manage conflict before it can the relationship of the team and most importantly the safety of patients

Significance of the Study

The results of the study aim to assist the different agencies and institutions in the development of trainings and programs on conflict management. Specifically, the results would be a great help not just only to health workers but as well as to the Administrators, Patients/Clients, and Student Nurses and future researchers.

Administrators. The finding of this study give information about the existing problem facing by the professional health worker. It will also provide additional knowledge in managing a conflict. It will also provide them additional knowledge in improving their actions and how they're going to manage conflict in the workplace.

Health Workers. This study will enhance their understanding about conflict and the conflict management. And it provide additional information about the importance of conflict management in their workplace.

Patients/Clients. This study will provide information for the patients/clients safety of care.

Student Nurses. This study serve as tools for the nursing students in their career as they go through, it will enhance their understanding about conflict and conflict management within the school, hospital and other place their going to be affiliated.

Future Researchers. This study will serve as reference point of information which may be utilized by researchers in conceptualization a researchable problem of similar nature.

Scope and Delimitations

This study aims to determine the conflict management among health workers in Samar. This study include SMB-ILHZ in Samar, it includes the Rural Health Unit of Pinabacdao, Rural Health Unit of Calbiga, Rural Health Unit of Villareal, Rural Health Unit of San Sebastian, Rural Health Unit of Talalora and lastyly, the Rural Health Uint of Daram.

It identified the respondents profile of the Health workers in these municipalities in Samar which comprises the Age, Gender, Civil Status, Birth

Order, Highest Educational Attainment, Length of Service, Work Designation and the Monthly Income. The study identified the causes of conflict observed by the Health Workers in their work places. This study used a questionnaire as the primary data gathering instrument for the study

The study utilized the Conflict Resolution Questionnaire designed by members of Jock Mclellan's 1993 on conflict resolution that was distributed to health workers in Samar which are composed of Nurses, Doctors, and Midwives. Part I is the respondents profile, Part II is the Causes of Conflict in the workplace experience by the health workers and Part III is the conflict management or resolution. The researcher of this study gathered the data necessary for the study in the month of November 2017 to January 2018.

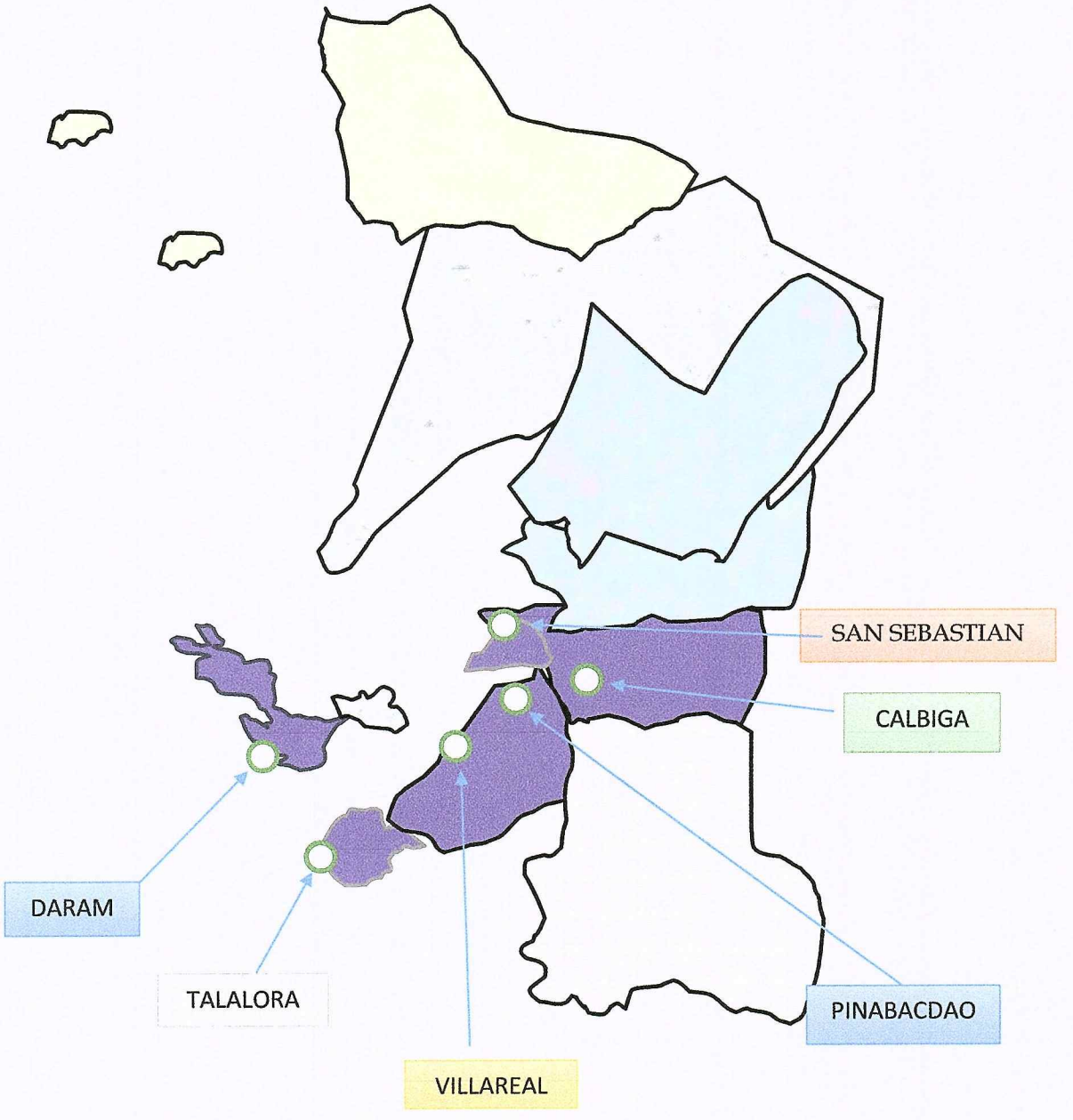

Fig. 2 Map of Pinabacdao, Villareal, Calbiga, San Sebastian, Daram, Talalora Samar

Definition of Terms

Bullying. Repeated exposure to unwanted negative acts (Hoel, Einarsen ,2015). In this study, bullying refers to one causes of conflict among health workers in Samar.

Conflict. Real or perceived incompatibilities negatively affect at least one individuals desires, thoughts, attitudes, feelings, or behaviors (Greer, Saygi, Aaldering and De Dreu, 2012).

Conflict management. Influences individual well being, group performance, and organizational effectiveness (Dreu, Evers, Beersman, Kluwer, Nauta, 2001). In this study, conflict management is used as conflict management among health workers in Samar.

Harassment. Unwelcome verbal or physical behaviour that is based on race, color, religion, sex (including pregnancy), gender/gender identity, nationality, age (40 or older), physical or mental disability, or genetic information (Doyle, 2018).

Health workers. Essential for the delivery of health interventions (Krowe, Savigny, Flanata, Victora, 2005). In this study health workers are the respondents which compose of Nurses, Doctors and Midwives.

Personality. Habitual and enduring ways of thinking, feeling,acting that make each person unique (Hoeksema, S.N., 2008). In this study, personality is one causes of conflict in the workplaces among health workers in Samar.

Stress. Occurs when a person has difficulty dealing with life situations problems, and goals (Videbeck, S. 2011). In this study, stress is one causes of conflict among health workers in Samar.

Work Designation. Equivalent to job/title (Lazarus, 2017). In this study, work designation refers to position of the health workers in Samar.

CHAPTER 2

REVIEW OF RELATED LITERATURE AND STUDIES

Several studies have been conducted here and abroad which have a direct and indirect hearing on the subject to be investigated in this study. This chapter presents the review of related literature and studies for both foreign and local underlying the framework of the study which gives a full of understanding about the subject matter.

Related Literature

Conflict can arise between several characters and there can be more than one in a story or plot line. The plot lines usually enhance the main conflict. Conflict also defines as natural disagreement resulting from individuals or groups that differ in beliefs, attitudes, values or needs. It can also originate from past rivalries and personality differences. Other causes of conflict include trying to negotiate before the timing is right or before needed information is available,(Azurin, W.P. 2013).

Direct patient contact health care employees such as physicians, nurses, and technologists work in complex, stressful environments that are prone to conflict. Though some of this conflict may result in positive outcomes, much will have the opposite effect. Dysfunctional conflict has the potential to negatively

affect the health care workplace on a variety of levels, including impacting the quality of patient care, employee job satisfaction, and employee wellbeing. Therefore, it would behoove hospital managers to learn to recognize the precursors to conflict in order to prevent any ill effects (Patton, C.M., 2014).

According to Deyoe and Fox 2009, workplace conflict of any type can be counterproductive and stressful, and can create an environment that does not encourage employee longevity. Generation Years, also known as Millennials, are now entering the workforce in great numbers, and workplace conflict is arising with former generations.

Moreover, Socioemotional selectivity theory (SST) has been used successfully to explain age differences in interpersonal conflict behavior: older adults are generally less likely to engage in destructive responses, and more likely to employ nonconfrontational ones. Older and younger did not consistently differ in their efforts to constructively solve conflict. Unexpectedly, little evidence was found that older adults engage in less destructive behaviors. (Mark, H., Capobianco, S. 2009).

Conflict is inevitable in any work environment due to inherent differences in goals, needs, desires, responsibilities, perceptions and ideas. Interpersonal relationships within the workplace can make the difference between difficult situations and intolerable ones. However, the increasing prevalence and impact

of interpersonal conflict in Health-care settings necessitates the requirement for organizations to have a process to manage conflict that may occur. Interpersonal conflictive interactions among members of the Health-care team create subtle unpleasant experiences that result in negative attitudes and behaviours. In turn, this can create a stressful work environment with negative consequences such as job dissatisfaction, weak organizational commitment, and lack of involvement, low morale, poor working relationships, a diminished sense of well-being, emotional exhaustion, a lack of trust and sense of support in the workplace, absenteeism, burnout and turnover (International Affairs and Best Practice Guidelines, 2012).

In contexts in which people work together, conflicts are bound to arise. Because conflict is inevitable in work teams, it is important to understand how it affects team processes. Conflict, in general, is defined as the perception by the parties involved of differences, discrepancies and incompatible wishes.

Typically, conflict is considered a negative social process, which is confirmed by empirical evidence demonstrating negative consequences for team performance. These findings suggest that team members become distracted because of conflict within their team, and that this impedes the processing of information relevant to task execution (Janss, 2012). In addition, to practice teamwork, health care professionals need to have an understanding both of their

own discipline and of how other disciplines function, their views of the patient, and their strengths and limitations.

However,even this knowledge is not sufficient, as there will be disagreements between providers and disciplines. The efficiency of teamwork has to do with establishing ongoing methods to capture the strength of these disagreements, and to use this strength to increase the effectiveness of care. Further, the goals and rules of the organization need to support the efforts of the team at achieving this efficiency and effectiveness (Clark, 2007).

According to a survey from the Journal of Management and Marketing research, Conflict is disaccord, discrepancy and disagreement in people affairs. Conflict will exist as long as there is incongruity in communication between people. Although conflict sounds like a negative term to people, it can hold a positive meaning in addition to negative meaning. It is impossible not to experience conflict in the businesses which include and deal with people. Conflict management is something that converts conflict into an advantage. It is necessary to manage the conflicts to make them functional. While functional conflicts can bring dynamism, non-functional conflicts can cause decrease of performance in the business (Sepehri, 2014). In fact, over the last 30 years there have been numerous publications describing conflict between professional dyads such as physicians and nurses, social workers and nurses, family therapists and family doctors, and social workers and physicians.

According to Drink & Clark, 2000 and Grumbach & Bodenheimer 2004 cited by Brown, J., et al 2011, increasingly the delivery of primary health care depends on the contributions of various team members representing different disciplines. As well there may be multiple teams working together in order to address the complex needs of the patient population. Therefore, in primary health care settings that depend on the contributions of multiple teams the potential for conflict within and between teams is amplified and can impede team functioning, decrease team effectiveness, and impact patient care.

Related Studies

According to Kreitner and Kinicki (2010) as cited by CM Patton (2014) Conflict is more apt to take place under certain circumstances; they list the following circumstances as tending to create conflict: personality and/or value differences, blurred job boundaries, battle for limited resources, democratic decision-making, collective decision-making, poor communication, competition amongst departments, unreasonable work expectations (policies, rules, deadlines, time restriction), unmet and/or unrealistic expectations (regarding salary, advancement, or workload), more complex organizations, and unsettled or repressed conflicts. This cited study is similar with the present study in terms of causes of conflict in the workplace and it involves nurses and physicians conflict.

According to Sepehri, M., Batman, Orhan.,Kingir, Said.,Arpaci, Ozgur on their study Conflict is disaccord, discrepancy and disagreement in people affairs. Conflict will exist as long as there is incongruity in communication between people. Although conflict sounds like a negative term to people, it can hold a positive meaning in addition to negative meaning. Conflict management is something that converts conflict into an advantage. It is necessary to manage the conflicts to make them functional.

This cited study is similar with the present study in terms of assessing conflict management. The difference between these studies is that the cited study deals with the conflict problems in hotels while the present study deals with the professional health workers conflict management and lack of properly defined responsibilities.

Moreover, according to the study of Brown, J., Lewis, L., Ellis, K., Stewart., Freeman, T., and Kasperski, Team strategies for conflict resolution focused on the development of conflict resolution protocols and a reliance on the leadership of the organization to negotiate and resolve the conflict. An open and direct communication, a willingness to find solutions, showing respect, and the practice of humility is a pivotal role in conflict resolution. Open communication also enhanced problem-solving skills.

This cited study is similar to the present study in resolving conflict in the health care teams, the difference is that the cited study was conducted in Ontario, Canada while the present study was conducted in Samar.

This cited study is important in the present study, for the fact that some healthcare workers are experiencing conflict in the workplace. This study is very necessary for healthcare workers committed for they will be assessed for their conflict management.

In the study conducted by Jerng, J.S., Huang, S.F., Liang, H.W., Chen, L.C., Lin, C.K., Huang, H.F., Hsieh, M.Y., Sun, J.S., 2017 Healthcare systems need to improve the channels to communicate, manage, and resolve conflicts. Out of 147 incidents in workplace interpersonal conflict, the most common related processes were patient transfer (20%), laboratory tests(17%), surgery (16%) and medical imaging (16%). All of the 147 incidents with workplace interpersonal conflict focused on task content or task process, but 41 (27.9%) also focused on the interpersonal relationship.

They found disagreement, interference and negative emotion in 91.2%, 88.4% and 55.8% of the cases, respectively. Nurses (57%) were most often the reporting workers, while the most common encounter was the nurse-doctor interaction (33%) and the majority (67%) of the conflicts were experienced concurrently with the incidents. The doctors were more frequently as the reporter when the conflicts focused on the interpersonal relationship (34.1%)

than not on it (17.0%). This cited study, suggested a variety types of behaviors for managing conflicts same with the current study, proposed benefits of conflict management include improved understanding of the task, team development and quality healthcare will be given to the patients.

Another study was conducted by Amestoy, S.C., Backes, V.M., Thofehrn, M.B., Martini, J.G., Meirelles, B.H., Trindade, L., 2014, indicates that certain strategies can contribute to conflict management, including dialogical leadership. Participation emerges as an instrument that collaborates with cooperation and conflict solving. When admitting that conflict has an origin in organizational and individual factors, is believed that the use of participative methods is an effective solution, as well as accommodation or equilibrium between people and divergent groups. The authors, mention listening, respect and dialog as strategies for dealing with conflicts that is, as a springboard for getting out of a problematic situation as a possibility for solution.

This cited study is similar to the current study, the respondents of the study are healthcare providers including nurses and physicians, the difference between these studies is that the cited study was conducted in the City of Florianolis, Santa Catarina while the present study was conducted in Samar.

CHAPTER 3

METHODOLOGY

This chapter includes the procedures used in the conduct of the study. This chapter answer the specific problems, it focuses on the research design, instrumentation, validation of instrument, sampling procedure, data gathering procedure and the statistical techniques used for accurate analysis and interpretation

Research Design

The present study utilized the descriptive type of research with correlation analysis in order to assess the existing conflict management observed by the Health Workers in Samar.

Descriptive method of the study was used because this describes the profile of the respondent's in terms of age, gender, civil status, birth order, highest educational attainment, work designation and monthly income. This method was used to determine the significant relationship between and among the variables. Also, correlation analysis was conducted in order to determine the relationship between the existing conflict management of the respondents and the causes of conflict in their workplaces.

Instrumentation

The questionnaires served as the primary data gathering instrument. Questionnaires is the primary data gathering instrument, there were 3 set of questionnaires, the part 1 of the questionnaire contained items on the personal background information of the respondents such as age, gender, civil status, birth order, highest educational attainment, work designation, length of service and monthly income. This was supply type wherein which they had to fill in the needed information on the blank spaces provided in each item and place a check (✓) mark on the appropriate box. The part II of the questionnaire contained were the causes of conflict observed by the Health Workers in their workplaces. The respondent responses in this section were quantitatively analysed using the following five point scale, 1-1.50- never, 1.51-2.50-seldom, 2.51-3.50-sometimes, 3.51-4.50-often, 4.51-5.00- always.

While, Part III is a standard questionnaire adapted from members of Jock Mclellan's 1993 on Conflict Resolution. CRQ is a worthy of investigation as it can be beneficial for the general public in terms of promoting conflict awareness and in providing useful information that can be used to resolve conflicts. McClellan stated that the CRQ is a useful instruments for determining how effective people resolve conflicts and build relationships. McClellans also claimed that the CRQ examined the manner in which people manage conflicts. The questions are based

primarily on the methods recommended by Dudley Weeks in the "Eight Essential Steps to Resolution Conflict as well as on principles in Roger's Fisher'and William Ury's Getting to Yes.

Validation of Instruments

Part 1 and part II of the questionnaires was validated using expert analysis for the content validity. Draft copies of the questionnaires were submitted for content analysis to the research adviser and member. After the suggestions for content refinement and revisions were incorporated.

Since part III of the questionnaire is adopted questionnaire used by the researchers was already a standardized tool, validity testing of the questionnaire was not conducted.

According to study of Henning, 2004, the conflict resolution questionnaire was developed as a measure of the conflict resolution ideas presented by Weeks and Fisher and Ury. It has been used to measure a person's ability to create mutually beneficial resolution to conflict for all participants. Participants were asked to fill in the CRQ, the responses of 338 participants to the CRQ were statistically analysed. Hypotheses were tested regarding the CRQ's reliability and validity. CRQ reliability was statistically appraised through exploration of internal consistency and split-half reliability scores. The results confirmed that

two of the McClellans factors were reliable and that the CRQ had content validity.

Sampling Procedure

The respondents of the study are the Health workers who are working in Rural Health Unit in Samar. The researcher used the Stratefied random sampling procedures, the respondents composed of Health Workers such as Nurses, Doctors, Midwives, the respondents were asked the questionnaire the researchers made for them which supplies the information the researchers need served as the source of information.

The study is conducted in Samar. Pinabacdao, Villareal, Calbiga, San Sebastian, Daram and Talalora Municipalities was selected by the researchers as the locale of the study. This municipalities was selected as the locale of the study because this municipalities belong in the South Maqueda Bay or SMB interlocal Health Zone in Samar. ILHZ is defined to be any form or organized arrangement for coordinating the operations of an array and hierarchy of health providers and facilities, which typically includes health providers, core referral hospital, and end-referral hospital, jointly serving a common population within a local geographic area under the jurisdiction of more than one local government.

Table 1
Distribution of Respondents according to their work designation

Health Workers	Total Population	No. of Respondents
1. Doctors	6	4
2. Nurses	60	40
3. Midwives	30	18
Total	96	62

In table 1 presents the Total Population of the Health Workers and the number of respondents, a total of 4 respondents in a total of 6 Doctors, 40 Nurses respondents in a total 60 of population and lastly 18 out of 30 of midwives as respondents.

Data Gathering Procedure

The gathering of the needed data for this study proceeded with appropriate and necessary documentary requirements to support its legality and validity. A letter requesting permission to conduct this study approved by the Dean of the College of Graduate Studies of SSU, Catbalogan City was submitted to the Municipal Health Officers of six Municipalities in SMB-inter local health zone in Samar. As soon as the request to survey is approved, the researcher distribute the self-administered survey forms to the health workers as the respondents and was given appropriate instructions prior to answering the questionnaire, questions that need clarification was answered by the researcher.

The respondents was given enough time to answer the survey tool and the assurance that the information they furnish will be treated with utmost

confidentiality. The data collected was tallied and analysed using descriptive statistics.

Statistical Treatment of Data

The data gathered from the questionnaire were analysed according to their corresponding quantitative equivalents. The responses were also categorized according to the nature of the specified questions asked. The profile of the Health Workers in Samar was analysed using frequency tally and percentages.

To compute for the mean responses on the causes of conflict encountered in the workplaces and existing conflict resolution strategies observed by the Health Workers, means were used.

To test if there is a relationship on the Health Workers profile variable and trhe causes of conflict and existing conflict resolutions, Pearson's Product Moment Correlation Coefficient, Point-Biserial Correlation coefficient and Eta Correlation were used.

The IBM-SPSS version 22 were used in the analysis of the data. All tests used were tested at the 5% level if significance.

CHAPTER 4

PRESENTATION, ANALYSIS AND INTERPRETATION OF DATA

This chapter presents the analysis and interpretation of data gathered. Each set of data was analyzed and interpreted to shed light on the problem under investigation.

Profile of Health Workers

This study investigated the profile of Health Workers in Samar in terms of the following: age, gender, civil status, birth order, highest educational attainment, work designation, length of service, and monthly income. Table below presents the profile distribution of the health workers. Table 1 presents the distribution of the respondents according to their age, gender and civil status.

Tab1e 1 presents the distribution of the respondents according to their age. 28 or 45.1% out of 62 respondents were aged 25-29 years old, followed by 8 or 12.9% of the respondents belonged to aged 30-34 years old, and followed with the same number of respondents of 11.2% or 7 out of 62 aged 35-39 and 45-49 years old, and 6 out 62 or 9.6%of the respondents belonged to aged 20-24 years old, followed by 3 out of 62 respondents or 4.8% were aged 55-59 years old and 3.2% or 2 of the respondents were aged 40-44 years old and lastly with same number of the respondents with a percentage of 1.6% or 1 out of 62 respondents were aged 50-54 years old and the oldest respondents aged 60-64 years old. The results imply that most of the respondents belonged to the reproductive age.

Table 2
Age, Gender, Civil Status of the Respondents

Profile Variables	N	%
Age		
60-64 years old	1	1.6 %
55-59 years old	3	4.8%
50-54 years old	1	1.6%
45-49 years old	7	11.2%
40-44 years old	2	3.2%
35-39 years old	7	11.2%
30-34 years old	8	12.9%
25-29 years old	28	45.1%
20-24 years old	6	9.6%
Total	62	100%
Mean	6.8	
SD	10.19	
Gender		
Male	15	24.1%
Female	47	75.8%
Total	62	100%
Mean	20.6	
Civil Status		
Single	32	51.6%
Married	27	43.5%
Separated	2	3.2%
Widow/widower	0	0%
Annulled/Divorce	1	1.6%
Total	62	100%
Mean	12.4	

Table 2 also presents the distribution of the respondents according to their gender, the results shows that most of the respondents were females with a percentage of 75.8% or 47 out of 62 respondents while the remaining 24.1% or 15 out of 62 respondents belonged to male. The result imply that there was a higher number of female health workers than men in Samar. According to Rappler, 2014 cited by Adolfo 2016, this is the usual scenario in most offices whereby the roster of respective workforce, there are more female employees than their male counterpart.

In table 2 presents also the respondents profile according to their civil status, the results shows that most of the respondents are single with a percentage of 51.6% or 32 out of 62 respondents, followed by married with a 43.5% or 27 out of 62 respondents, separated with 2 respondents out of 62 or just 3.2%, and only one respondents were annulled or divorce, and there is no widow or widower among the respondents.

Table 3
Birth Order

Birth Order	N	%
Eldest Child	23	37.0 %
Middle Child	24	38.7%
Youngest Child	15	24.1%
Total	62	100%
Mean	20.6	

Table 3 presents the respondents profile in terms of birth order, the results shows that most of the respondents were middle child with a percentage of 38.7% or 24 out of 62 respondents, followed by eldest with 23 out of 62 respondents or 37.0%, and the least of number of the respondents were youngest with 15 out of 62 respondents or 24.1%.

In table 4 presents the profile distribution of the respondents in terms of their highest educational attainment, the results shows that most of the respondents were Bachelor's degree holder with a percentage of 85.4% or 53 out of 62 of the respondents, followed with master's unit or 8 out of 63 or 12.9% of the respondents and only 1 or 1.6% of the respondents were masters with doctorate units and no one has doctorate degree holder or 0%.

Table 4 presents also the respondents profile in terms of work designation. The results shows that most of the respondents were nurses with a percentage of 64% or 40 out of 62 respondents, followed by midwives with a 29.03% or 18 out of 62 respondents and the least number were doctor's with a percentage of 6.4% or 4 out of 62 of the respondents.

Table 4

Highest Educational Attainment, Work Designation, Length of Service, Monthly Income

Profile Variables	N	%
Highest Educational Attainment		
Doctorate Degree holder	0	0%
Master's with Doctorate Units	1	1.6%
MS with Degree Holder	0	0%
BS with Master's Unit	8	12.9%
Bachelor's Degree	53	85.4%
2 years Course	0	0%
Mean	10.3	
Work Designation		
Doctor's	4	6.4%
Nurses	40	64.%
Midwives	18	29.03%
Mean	20.6	
Length of Service		
More than 15 years	10	16.12%
11-15 years	3	4.8%
6-10 years	9	14.5%
1-5 years	39	62.9%
Less than 1 year	1	1.6%
Mean	12.4	
Monthly Income		
20 and above	48	77.4%
15-19,999	9	14.5%
Below 15	5	8%
Mean	20.6	

Table 4 presents also the respondents profile in terms of length in service, the results shows that most of the respondents work 1-5 years or 62.9%, followed by more than 15 years in service with a percentage of 16.12% or 10 out of 62 of the respondents, and 14.5% or 9 out of 62 respondents work 6-10 years, followed by 3 out of 62 respondents or 4.8% were 11-15 years already in service and lastly there's only 1 or 1.6%of the respondents who work less than 1 year.

Table 4 presents the respondents profile in terms of monthly income, the results shows that most of the respondents has an highest income were they income 20 thousand and above every month with a percentage of 77.4% or 48 out of 62 respondents, followed with 14.5% or 8 out of 62 respondents income with 15-19,999 pesos monthly, and the least number of the respondents with 5 out of 62 respondents or 8 % earned below 15 thousand a month.

Causes of Conflict in the Workplace

The study determined the causes of conflict in the workplace encountered by the Health Workers. Table 5 present the results. Table 5, shows the causes of conflict in the workplace encountered by the Health Workers, the respondents often encountered Stress and as the highest causes of conflict with a weighted mean of 4.34 , followed by Personality with a weighted mean of 4.34, this result was in line with the study of Doran, Hall, and Spencer Laschinger (2010) cited by C.M Patton (2014) noted that dispositional characteristics were found to be a major cause of conflict in the nursing field in three separate Canadian research studies.

Table 5
Causes of Conflict in the Workplace as perceived by the Health Workers

Causes of Conflict	Mean	Interpretation
1. Personality	4.34	Often
2. Stress	4.40	Often
3. Heavy workloads/inadequate resources	4.23	Often
4. leadership from the top of the Organization	4.16	Often
5. Trust	3.87	Often
6. Line management	3.81	Often
7. Role clarity	3.77	Often
8. Clarity about accountability	3.63	Often
9. Values	3.44	Sometimes
10. selection/pairing of teams	3.02	Sometimes
11. Performance management	2.84	Sometimes
12.Bullying/harassment	2.74	Sometimes
13. Perceived Discrimination	2.39	Seldom

Parameter limits:
4.51-5.00-always
3.41-4.51-often
2.51-3.50-Sometimes
1.51-2.50-Seldom
1.00-1.50-Never

followed by Personality with a weighted mean of 4.34, this result was in line with the study of Doran, Hall, and Spencer Laschinger (2010) cited by C.M Patton (2014) noted that dispositional characteristics were found to be a major cause of conflict in the nursing field in three separate Canadian research studies. Incompatibilities between and amongst persons can include personality clashes, tension and annoyance. While the next six causes of conflict often encountered by the health workers were Heavy workloads with a weighted mean of 4.23, leadership from the top of the organization with a weighted mean of 4.16, Trust with a weighted mean of 3.87, line management with a

weighted mean of 3.81, role clarity with a weighted mean of 3.77 and lastly, the clarity about accountability.

Meanwhile, there are 5 causes of conflict sometimes encountered by the health workers. These were the values with weighted mean of 3.44, selection/pairing of teams with a weighted mean of 3.02, performance management with a weighted mean of 2.84, and lastly, the Bullying/harassment with a weighted mean of 2.74. Nevertheless, there were only one causes of conflict seldom encountered by the health workers. These is the Perceived discrimination with a weighted mean of 2.39.

The result shows, that the causes of conflict often encountered by the health workers was stress and Personality. According to Shauna Graham (2009) in her study "Effects of Different Conflict Management Styles" unethical behavior by colleagues, stress at work is the causes of conflict in the workplace.

Test of relationship on the perceived causes of conflict among Health Workers and Profile Variables

The study tested if there is a significant relationship on causes of conflict among Health Workers in Samar and their profile variables such as: age, gender, civil status, birth order, highest educational attainment, work designation, length of service and monthly income. Table 6 present the results.

Table 6
Test of Relationship on the Perceived Causes of Conflict among Health Workers and Profile Variables

Causes Of Conflict	Age		Gender		Civil Status		Birth Order	
	Corr. Coeff	p-value	Corr. Coeff	p-value	Corr. Coeff	p-value	Corr. Coeff	p-value
1. Personality	-0.35	0.01*	0.17	0.19	0.21	0.10	0.07	0.60
2. Stress	-0.27	0.03*	0.14	0.29	0.08	0.56	0.13	0.32
3. workloads/inadequate resources	-0.24	0.06	0.01	0.96	0.31	0.01*	0.06	0.66
4.Leadership from the top of the organization	-0.18	0.17	0.05	0.73	0.09	0.47	0.04	0.75
5.Trust	-0.09	0.48	0.03	0.83	0.15	0.24	0.15	0.25
6.Line management	-0.17	0.18	0.06	0.62	0.23	0.08	0.10	0.46
7. Role clarity	-0.16	0.21	0.11	0.38	0.15	0.26	0.15	0.25
8. Clarity about accountability	-0.21	0.11	0.15	0.24	0.09	0.46	0.15	0.24
9. Values	-0.22	0.09	0.07	0.58	0.11	0.42	0.07	0.58
10. Selection/pairing of teams	-0.01	0.98	0.20	0.11	0.04	0.76	0.20	0.11
11. Performance management	-0.25	0.06	0.05	0.69	0.18	0.17	0.05	0.69
12. Bullying/harassment	-0.19	0.14	0.03	0.84	0.12	0.34	0.03	0.84
13. Perceived discrimination	-0.05	0.68	0.03	0.65	0.04	0.76	0.03	0.84

(*) Significant at 5% level of significance

Results above revealed that correlating Age to the different causes of conflict in the workplaces among Health Workers only Personality and Stress showed to be Significant with a correlation coefficient values of -0.35 and -0.27 with corresponding p-values of 0.01 and 0.03, respectively. Hence, the null hypothesis which states that there is no significant

relationship between age and causes of conflict such as Personality and Stress were rejected at the 5% level of significance. These results imply that the older the Health Worker is the lesser possibility of having a conflict to co-workers in terms of Personality and Stress. This is in line with the study of David, Mark., Kraus, Linda., Sal Capobianco in their study where they used SST or Socioemotional selectivity theory to explain age differences in interpersonal conflict behavior: older adults are generally less likely to engage in destructive responses, and more likely to employ non confrontational ones.

The other causes of conflict when correlated to age showed to be Not Significant. Hence, the null hypothesis which states that there is no significant relationship between age and the other causes of conflict were not rejected at the 5% level of significance. These results imply that these causes of conflict has no influence to the age of the Health Worker.

Results above revealed that correlating Gender to the different causes of conflict in the workplaces among Health Workers, none of these showed to be Significant. Hence, the null hypothesis which states that there is no significant relationship between gender and causes of conflict were not rejected at the 5% level of significance. These results imply that the gender of Health Workers does not influence their causes of conflict in their respective workplaces.

Table 6, shows that correlating Civil Status to the different causes of conflict in the workplace among Health Workers, only heavy workloads/inadequate resources showed to be significant with a correlation coefficient values of 0.31 with p-values of 0.01. Hence, the null hypothesis which states that there is no significant relationship between civil status and causes of conflict were rejected at the 5 % level of significance. These results imply that the civil status of the Health Workers does influence their perceived causes of conflict in their respective workplace.

The other causes of conflicts when correlated to civil status showed to be not significant. Hence, the null hypothesis which states that there is no significant relationship between civil status and the other causes of conflict were not rejected at the 5 % level of significance. These results imply that these causes of conflict has no influence to the civil status of the Health Workers.

Results above revealed that correlating birth order to the different causes of conflict in the workplaces among Health Workers, none of these showed significant. Hence, the null hypothesis which states that there is no significant relationship between birth order and causes of conflicts were not rejected at the 5 % level of significance. These results imply that the birth order of Health Workers does not influence their causes of conflict in their respective workplaces.

Table 7

Test of Relationship on the Perceived Causes of Conflict among Health Workers and Profile Variables

Causes Of Conflict	Highest Education		Work Designation		Length of Servive		Monthly Income	
	Corr. Coeff	p-value	Corr. Coeff	p-value	Corr. Coeff	p-value	Corr. Coeff	p-value
1. Personality	0.17	0.19	0.09	0.48	-0.51	0.00*	0.08	0.56
2. Stress	0.18	0.17	0.18	0.16	-0.32	0.01*	0.15	0.24
3. Heavy workloads/inadequate resources	0.14	0.29	0.11	0.41	-0.26	0.03*	0.04	0.75
4. Leadership from the top of the organization	0.09	0.50	0.19	0.14	-0.32	0.01*	0.23	0.08
5. Trust	0.19	0.15	0.09	0.50	-0.17	0.19	0.11	0.41
6. Line management	0.01	0.94	0.01	0.95	-0.22	0.08	0.04	0.79
7. Role clarity	0.12	0.34	0.10	0.45	-0.21	0.11	0.11	0.39
8. Clarity about accountability	0.11	0.38	0.16	0.20	-0.22	0.09	0.12	0.37
9. Values	0.04	0.79	0.06	0.66	-0.23	0.08	0.03	0.81
10. Selection/pairing of teams	0.19	0.14	0.12	0.35	-0.06	067	0.14	0.28
11. Performance management	0.14	0.28	0.09	0.47	-0.28	0.03*	0.02	0.91
12. Bullying/harassment	0.17	0.18	0.16	0.22	-0.18	0.16	0.18	0.16
13.Perceived discrimination	0.06	0.65	0.11	0.40	-0.13	0.32	0.09	0.47

(*) Significant at 5% level of significance

As seen in Table 7, there were no significant differences between the highest educational attainment and the causes of conflict in the workplaces among Health Workers, hence the hypothesis which states that there is no significant relationship between highest educational attainment and causes of conflict were not rejected at the 5 % level of significance. These results imply that the highest educational attainment of the Health Workers does not influence their causes of conflict in their respective workplaces.

The results above revealed that correlating work designation to the different perceived causes of conflict in the workplaces among Health Workers, none of these showed to be significant. Thus, the hypothesis which states that there is no significant relationship between work designation and causes of conflict were not rejected at the 5 % level of significance. These results implied that the work designation of the Health Workers does not influence their perceived causes of conflict in their workplace.

Results in Table 7 revealed that correlating Length of Service to the different causes of conflict in the workplace among Health Workers, there were five results showed to be significant, these are Personality with a correlation coefficient value of -0.51 with p-value of 0.00, Stress with a correlation coefficient value of -0.32 with p-value of 0.01, Heavy workloads/inadequate resources with a correlation coefficient value of -0.26 and with p-value of 0.03, leadership from the top of the organization with a correlation coefficient value of -0.32 and with p-value of 0.01, an lastly is performance management with a correlation coefficient value of -0.28 and with p-value of 0.03.Thus, the null hypothesis which states that there is no significant relationship between length of service and the causes of conflicts were rejected at the 5 % level of significance. These results imply that the longer the Health Workers in service is the lesser the possibility of having a conflict to co-workers.

The other causes of conflict when correlated to length of service showed to be not significant. Hence, the null hypothesis which states that there is no significant relationship between the length of service and the other causes of conflict were not rejected at the level of significance. These results imply that these causes of conflict has no influence to the length of service of the Health Workers.

Results above revealed that correlating Monthly Income to the different causes of conflict in the workplace among Health Workers, none of these showed to be significant. Hence, the null hypothesis which states that there is no significant relationship between Monthly Income and causes of conflict were not rejected at the 5 % level of significance. These results imply that the Monthly Income of the Health Workers does not influence their causes of conflict in their workplaces.

Existing conflict resolution strategies observed by the Health Workers

The study determined the existing conflict resolution strategies observed by the Health Workers in their respective workplaces. Table 8 present the results.

Table 8

Existing Conflict Resolutions Strategies Observed in the Workplace by the Health Workers in terms of view conflict as Natural and Positive

View Conflict as Natural and Positive	Mean	Interpretation
1. I feel that conflict is a negative experiences	2.71	Half the Time
2. When is resolve a conflict, it improves my relationship	4.03	Usually
3. I am afraid to enter into confrontation	3.08	Half the Time
4. I feel that in conflicts someone will get hurt	3.95	Usually
Sub-Mean	**3.44**	**Half the Time**

View Conflict as Natural and Positive. As seen in Table 8, the respondents view conflict as Natural and Positive Half the Time with the Sub-Mean of 3.44, the results imply that most of the respondents view conflict as natural outgrowth of diversity among people, which can be addressed in a win-win that strengthens relationship. View the resolution of the conflict and the building of the relationship as interrelated parts. Prevention works best.

Table 8.1
Existing Conflict Resolutions Strategies Observed in the Workplace by the Health Workers in terms of Atmosphere

Atmosphere	Mean	Interpretation
1. When I prepare to meet to discuss a conflict, I try to arrange for a mutually acceptable time and settings	3.97	Usually
2. I feel it is important where a conflict takes place.	3.90	Usually
3. I try to make people comfortable when meeting with them about a conflict.	3.95	Usually
4. When I start to discuss a conflict with the other party, I choose my opening statement carefully to establish positive realistic expectations.	4.23	Usually
Sub-Mean	**4.01**	**Usually**

Atmosphere. Results above revealed that all respondents acknowledge that they usually establish an effective atmosphere with a sub-mean of 4.01, to promotes partnership and problem-solving, they meet with the other at a mutually satisfactory time, when they have both plenty of time and are free from distraction, they help the other feel comfortable and safe, affirming the importance of the relationship.

Table 8.2

Existing Conflict Resolutions Strategies Observed in the Workplace by the Health Workers in terms of Clarify Perception

Clarify Perception	Mean	Interpretation
1. I state my true feelings when dealing with conflict.	4.15	Usually
2. During a conflict I ask question to clarify a statement that I'm not sure of.	4.11	Usually
3. I try to be aware of how my negative and positive self-perceptions influence the way I deal with a conflict.	3.90	Usually
4. In conflict my reactions are based on how I think the other party perceives me.	3.45	Half the Time
Sub-Mean	**3.90**	**Usually**

Clarify Perfections. The table 8.2 revealed that most of the respondents usually clarify perceptions. They work with other so both are very clear about what the conflict is really about. Eliminate ghost issues that arise from misperceptions. Separate the people from the problem. Acknowledge emotions as legitimate. Then face the problem.

Table 8.3

Existing Conflict Resolutions Strategies Observed in the Workplace by the Health Workers in terms of Note Needs, Not Want

Note Needs, Not Want	Mean	Interpretation
1. I feel that only my needs are important.	3.63	Usually
2. I feel for a relationship to last, the needs of both parties must be considered.	4.05	Usually
3. In a conflict I strive to distinguish between real needs and desires.	3.71	Usually
4. In order not to harm the relationship, I temporarily put aside some of my own less important personal wants.	3.81	Usually
Sub-Mean	**3.80**	**Usually**

Note NEEDS not wants. The results shows that all of the respondents usually note NEEDS, not wants with a sub-mean of 3.80. They identify the needs that are essential to them and their co-worker and their relationship.

Table 8.4

Existing Conflict Resolutions Strategies Observed in the Workplace by the Health Workers in terms of Produce Positive Partnership Power

Produce Positive Partnership Power	Mean	Interpretation
1. I share my positive attitude, hoping they will do the same.	3.84	Usually
2. I find it necessary to overpower others to get my own way.	3.74	Usually
3. I am aware of the other person may need to feel in control of the conflict.	3.19	Half the Time
4. In a conflict, I believe there should be no upper hand.	3.63	Usually
Sub-Mean	**3.60**	**Usually**

Produce Positive Partnership Power. The results shows that most of the respondents usually produce positive partnership power in conflict resolution with a sub-mean of 3.60, they build "power with," shared power which enables lasting relationship and relations. They work as a team, realizing that they need each other's positive power to act effectively.

Table 8.5

Existing Conflict Resolutions Strategies Observed in the Workplace by the Health Workers in terms of Focus on the Future First, then Learn from the Past

Focus on Future first, then Learn from the past	Mean	Interpretation
1. I find it easy to forgive.	3.47	Half the Time
2. I find it necessary to overpower to get my own way.	3.61	Usually
3. I am aware of the other person may need to feel in control of the conflict.	3.06	Half the Time
4. In conflict I try to dominate the other party.	3.73	Usually
Sub-Mean	**3.47**	**Half the Time**

Focus on the future first, then learn from the past. The results in table 8.5 shows that half of the respondents focus on the future half of the time with a sub-

mean of 3.47. The results imply that half of the respondents don't easily forgive of the old wounds of a conflict.

Table 8.6

Existing Conflict Resolutions Strategies Observed in the Workplace by the Health Workers in terms of Open up Options for Mutual Gain

Open up Options for Mutual Gain	Mean	Interpretation
1. I listen with an open mind to alternative options.	4.02	Usually
2. I feel there is just one way to solve a problem.	3.44	Half the Time
3. When dealing with a conflict, I have preconceived notions about the other party that I am willing to let go of.	3.05	Half the Time
4. I can accept criticism from others.	3.50	Half the Time
Sub-Mean	**3.50**	**Half the Time**

Open up options for mutual gain. The results above revealed that most of the respondents open up options for mutual gain half of the time with a sub-mean of 3.50. These results imply that most of the respondents has difficulty in listening with an open mind. Most of them has difficulty acknowledging what has been said.

Table 8.7

Existing Conflict Resolutions Strategies Observed in the Workplace by the Health Workers in terms of Develop Doables Stepping-stones Action

Develop "Doables," Stepping-stones to Action	Mean	Interpretation
1. I feel that winning the car is more important than winning the battle.	3.24	Half the Time
2. I strive for a complete and genuine resolution of a conflict rather than settling for a temporary agreement.	3.53	Half the Time
3. When dealing with a conflict I have a pre-determined solution to the outcome.	2.98	Half the Time
4. I feel the need to control an argument.	2.82	Half the Time
Sub-Mean	**3.15**	**Half the Time**

Develop "doables,"stepping-stones to action. The results revealed in table 8.7 that all respondents are half of the time in developing "doables," stepping-stones to action with a sub-mean of 3.15, all of them just half of the time developing small steps that lead closer to a mutually healthy decisions on larger issues. These results imply that the respondents are having difficulty in participating in resolving conflict.

Table 8.8

Existing Conflict Resolutions Strategies Observed in the Workplace by the Health Workers in terms of Make Mutual-Benefit Agreements

Make Mutual-Benefit Agreements	Mean	Interpretation
1. I feel I had my way, I win,you lose.	3.39	Half the Time
2. When in a conflict with someone, a ask them to explain their position.	3.18	Half the Time
3. I bargain to resolve conflict.	3.20	Half the Time
4. At the end of a conflict, it matters to me that the other person's needs have been met as well as my own.	3.56	Usually
Sub-Mean	**3.33**	**Half the Time**

Make mutual-benefit agreements. The table 8.8 shows that most of the respondents respond to half of the time in terms of making mutual-benefit agreement with a sub-mean of 3.33. These results imply that most of the respondents don't ask or clarify issues with the other party when having a conflict.

Table 8.9

Existing Conflict Resolutions Strategies Observed in the Workplace by the Health Workers in terms of Extra Considerations

Extra Considerations	Mean	Interpretation
1. I express anger constructively.	3.26	Half the Time
2. In difficult conflict, I would consider requesting a third party facilitator.	3.29	Half the Time
3. I overlook my partner's anger in order to focus on the real issue to conflict.	3.34	Half the Time
4. I feel that it is okay to disagree on specific issues in a conflict.	3.31	Half the Time
Sub-Mean	**3.30**	**Half the Time**

Extra Considerations. The results in table 8.9, revealed that all respondents respond to half of the time in terms of extra considerations with a sub-mean of 3.30. These results imply that all respondents is having difficulty when expressing their anger, they lack skills in negotiating agreement when in conflict.

Test of relationship on the existing conflict resolution strategies observed by the Health Workers and Profile Variables

Table 9

Test of Relationship on the Existing Conflict Resolution Strategies by the Health Workers in terms of Age, Gender, Civil Status and Birth Order

Existing Conflict Resolution Strategies	Age		Gender		Civil Status		Birth Order	
	Corr. Coeff	p-value	Corr. Coeff	p-value	Corr. Coeff	p-value	Corr. Coeff	p-value
1. Personality clashes/warring egos	0.19	0.15	0.17	0.18	0.02	0.85	0.06	0.67
2. Stress	0.10	0.43	0.05	0.71	0.03	0.84	0.13	0.33
3. Heavy workloads/inad equate resources	0.11	0.38	0.25	0.04*	0.04	0.78	0.04	0.75
4. Poor leadership from the top of the organization	0.07	0.57	0.03	0.81	0.16	0.22	0.04	0.75
5. Lack of honesty and openness	0.16	0.22	0.14	0.28	0.14	0.27	0.05	0.73
6. Poor line management	0.03	0.81	0.03	0.84	0.04	0.76	0.10	0.43
7. Lack of role clarity	0.11	0.40	0.05	0.72	0.01	0.94	-0.16	0.21
8. Lack of clarity about accountability	0.19	0.14	0.08	0.53	0.03	0.84	-0.31	0.01*
9. Clash of values	0.21	0.10	0.03	0.84	0.09	0.48	0.03	0.84
10. Poor selection/pairin g of teams	0.06	0.67	0.22	0.89	0.11	0.39	-0.27	0.03*

The study tested if there is a significant relationship on the existing conflict resolution strategies observed by the health workers in Samar and their profile variables such as: age, civil status, birth order, highest educational attainment, work designation, length of service and monthly income

Results revealed that correlating Gender to the existing conflict resolution strategies observed by the Health Workers, only Clarify Perceptions showed to be Significant. Hence, the null hypothesis which states that there is no significant relationship between gender and existing conflict resolutions strategies such as Clarify Perceptions was rejected at the 5% level of significance. These results imply that the gender of Health Workers influence their conflict resolution strategy through Clarify Perception in their workplaces.

The other conflict resolution strategies when correlated to gender showed to be Not Significant. Hence, the null hypothesis which states that there is no significant relationship between gender and the other existing conflict resolution strategies observed by the Health Workers were not rejected at the 5% level of significance. These results imply that these conflict resolutions has no influence to the gender of the Health Worker.

Results revealed that correlating civil status to the existing conflict resolution strategies observed by the Health Workers, none of these showed to be significant. Hence, null hypothesis which states that there is no significant relationship between civil status and existing conflict resolution strategies

observed by the Health Workers does not influence their conflict resolution strategies in their respective workplaces.

Results revealed that correlating Birth Order to the existing conflict resolution strategies observed by the Health Workers, only clarity about accountability and selection/pairing of teams showed to be significant with a correlation coefficient value of -0.31 and -0.27 with p-value of 0.01 and 0.03. Hence, the null hypothesis which states that there is no significant relationship between civil status and existing conflict resolutions strategies was rejected at the 5 % level of significance. These results imply that the birth order of the Health workers influence their conflict resolution strategy through clarity about accountability and selection/pairing of teams.

The other conflict resolution strategies when correlated to gender showed to be not significant. Hence, the null hypothesis which states that there is no significant relationship between birth order and the other existing conflict resolution strategies observed by the Health Workers were not rejected at the 5 % level of significance. These results imply that conflict resolutions has no influence to birth order of the Health Workers.

Highest Educational Background to the existing conflict resolution strategies observed by the Health Workers, none of these showed to be significant. Hence, the null hypothesis which states that there is no significant relationship between highest educational attainment and existing conflict resolution strategies

Table 10

Test of Relationship on the Existing Conflict Resolution Strategies by the Health Workers in terms of Highest Educational Attainment, Work Designation, Length of Service, Monthly Income

Conflict Resolution Strategies	Highest Education		Work Designation		Length of Servive		Monthly Income	
	Corr. Coeff	p-value	Corr. Coeff	p-value	Corr. Coeff	p-value	Corr. Coeff	p-value
1. View Conflict as Natural and Positive	0.12	0.37	0.13	0.33	0.19	0.13	0.18	0.16
2. Atmosphere	0.01	0.97	0.06	0.67	0.12	0.36	0.03	0.82
3. Clarify Perceptions	0.08	0.52	0.17	0.19	0.19	0.14	0.07	0.60
4. Note Needs, Not Want	0.07	0.57	0.13	0.31	0.09	0.47	0.05	0.69
5. Produce Positive Partnership Power	0.24	0.06	0.22	0.09	0.21	0.11	0.20	0.12
6. Focus on Future first, then Learn from the Past	0.07	0.61	0.09	0.47	0.13	0.32	0.06	0.67
7. Develop Doables,Stepping-stones to Action	0.05	0.69	0.09	0.47	0.13	0.30	0.14	0.29
8. Open up Options for Mutual Gain	0.04	0.74	0.01	0.99	0.15	0.25	0.05	0.68
9. Develop "Doables" stepping-stones to Action	0.04	0.78	0.06	0.66	0.25	0.04*	0.11	0.39
10. Extra Considerations	0.11	0.41	0.38	0.00*	0.03	0.83	0.41	0.00*

(*) Significant at 5% level of significance

observed by the Health Workers were not rejected at the 5 % level of significance. These results imply that the highest educational attainment of Health Workers does not influence their conflict resolution strategies in their respective workplaces.

The results revealed that correlating work designation to the existing conflict strategies observed by the Health Workers, selection/pairing of teams showed to be significant. Hence, the null hypothesis which states that there is no significant relationship between gender and existing conflict resolutions strategies such as poo selection / pairing of teams was rejected at the 5 % level of

significance. These results imply that the work designation of the Heath Workers influence their resolution strategies through selection/pairing of teams in their workplaces.

The results revealed that correlating length of service to the existing conflict strategies observed by the Health Workers, values showed to be significant with a correlation coefficient of 0.25a and with p-value of 0.04. Hence, the null hypothesis which states that there is no significant relationship between length of service between and existing conflict resolutions strategies such as values was rejected at the 5 % level of significance. These results imply that the gender of Health Workers influence their conflict resolution strategy through values in their workplaces. The other conflict strategies when correlated to length of service showed to be significant. Hence, the null hypothesis which states that there is no significant relationship between gender and the other existing conflict resolution strategies observed by the Health Workers were not rejected at the 5 % level of significance. These results imply that these conflict resolution has no influence to the length of service of the Health Workers.

Results revealed that correlating monthly income to the existing conflict resolution strategies observed by the Health Workers, only selection/pairing of teams showed to be significant. Hence, the null hypothesis which states that there is no significant relationship between monthly income and existing conflict resolutions strategies such as selection/pairing of teams was

rejected at the 5 % level of significance. These results imply that the monthly income of the Health Workers influence their conflict resolution strategy through poor selection/pairing of teams in their workplaces.

The other conflict resolution strategies when correlated to monthly income showed to be not significant. Hence, the null hypothesis which states that there is no significant relationship between monthly income and the other existing conflict resolutions strategies has no influence to the gender of the Health Workers.

CHAPTER 5

SUMMARY, CONCLUSION AND RECOMMENDATION

This chapter presents the summary of findings, conclusion formulated and recommendations obtained from the result of this study.

Summary of Findings

The following are the summary of findings that revealed by this study.

1. The highest number of respondents aged 25-29 years old with percentage rate of 45.2% or 28 out 62 respondents. While the least number of respondents belonged to aged 50-54 years old and 60-64 years old. Most of the respondents were female with a percentage of 75.8% or 47 out of 62 years old while the least number of respondents belonged to male respondents with a percentage of 24.1%. Most of the respondents are single with a percentage of 51.6% or 32 out of 62 respondents.

Most of the respondents born as middle child with a rate of 38.7% followed by born as eldest child with a rate of 37% and the least number of respondents belonged to youngest in the family with a percentage rate of 24.1%.

About 85.4 % of the respondents are Bachelor's Degree holder, 12.9 % acquired units in masteral degree while the least number of respondents belonged to a respondent with masters with doctoral unit. Most of the respondents work for 1-5 years with a percentage of 62.9%, followed by more than 15 years in service, and the least number of respondents worked less than

a year. Most of the respondents earned their monthly income Php.20, 0000 and above with a percentage of 77.4%, followed with respondents who earned their monthly income between Php.15, 000-19,999 with a percentage rate of 14.5% and while some of the respondents only earned below Php.15, 000 with a percentage of 8.1%.

Out of fourteen (14) causes of conflict observed by the Health Workers in their workplaces, majority of the respondents considered Stress often observed with a weighted mean of 4.40 and followed by Personality with weighted mean of 4.34, the results of the study was in line with the study of Psychometricians in Canada 2009, where they found out that most common causes of conflict are warring egos and stress.

While the next six (6) causes of conflict observed by the Health Workers often were heavy workloads/inadequate resources with a weighted mean of 4.23, leadership from the top of the organization with weighted mean of 4.16, trust with a weighted mean of 3.87, line management with a weighted mean of 3.81, role clarity with a weighted mean of 3.77, and lastly the clarity about accountability.

Meanwhile, there are five (5) out of fourteen (14) causes of conflict observed by the Health Workers sometimes encountered. These were of values with a weighted mean of 3.44, selection/pairing of teams with a weighted mean of 3.02, performance management with a weighted mean of 2.84 and bullying/harassment with a weighted mean of 2.74. Nevertheless, there were only one(1) causes of conflict seldom encountered by the Health Workers these is perceived discrimination with a weighted mean of 2.39.

2. Almost all of the respondents responds to half the time,the results shows that most of the respondents are not effective in finding their conflict resolutions, they don't meet their needs and can't build a long-term relationship, this is in contrast with what Dudley Weeks said that the higher the score the more effective you are in finding conflict resolution. Out of ten (10) sub-totals only four (4) responds to usually which is the second highest score in finding conflict resolution in the workplaces.

These were Atmosphere, in which they can promotes partnership and problem-solving when they have only plenty of time and are free from distraction. Clarify Perfections, in which they clarify what conflict is really about to eliminate ghost issues that arise from misperceptions. Then face the problem. Next is Note Needs not Wants, in which most of the respondents responds to identify what are essential to them and their co-worker and their relationship. And last that they responds usually is Produce Positive Partnership Power, in which they realize that they need each other positive power to act effectively.

Conclusion

The following were the conclusions formulated based on the findings of the study.

Majority of the respondents are Nurses who were in their early adulthood year, female, single, and a bachelor degree holder. Most of the respondents agreed that the most causes of conflict are stress and warring egos.

The Health Workers conflict resolution strategies were low. Most of them respond to half the time, this reflects that Health Workers in Samar are not effective in effective in dealing with the conflict in their workplaces that could affect the healthcare workplace and affect the quality of patient care. The result was in line with study of Patton, that

dysfunctional conflict has the potential to negatively affect the healthcare Work place on a variety of levels, including impacting the quality of patient care, employee job satisfaction, and employee wellbeing.

Recommendations

The following are the recommendations based on the findings and conclusions:

1. Relevant trainings/seminars to be conducted among health workers to improve their conflict resolution strategies in their workplaces.
2. Increasing the knowledge and practices of Health Workers with regards to conflict resolution strategies by providing relevant activities, education and trainings.
3. Increasing the participation and interest of the Health Worker to any conflict resolution strategies activity at their workplaces.
4. Implement a regular assessment to identify the types and outcomes of conflict among Nurses, Doctors and Midwives to develop and implement action and plans for the organization.
5. A follow-up research needs to be conducted.

CHAPTER 6

PROPOSED CONFLICT MANAGEMENT PROGRAM AMONG HEALTH WORKERS

This chapter presents the Proposed Conflict Management Program among Health Workers in Samar. The recommendations for conflict management were based on the findings of the study which may improve health workers conflict management in their work places.

Rationale

This conflict management program was formulated based on the findings of the study on Conflict Management among Health Workers in Samar. This conflict management program is developed to raise awareness about conflict management among health workers in their workplaces. Through this, health workers will be effective in handling conflicts and therefore professional and personal relationship and most importantly the safety of patient or quality care is the better outcome.

Description

Conflict management program provides information to health workers about conflict management and its outcome. This program teaches how to avoid conflict before it can affect personally, professionally and especially to the patient care. The program ensures that health workers will be effective in dealing conflict. Most people are willing and interested in

resolving their conflict, they just need the appropriate skill. Practicing's one's conflict management skills lead to more successful engagement in conflict with outcomes of relief, understanding, better communication, and greater productivity for both the individual and the team.

Objective

To implement conflict management program, strategies, intervention through conflict self-awareness by discussing issues related to conflict management and team can establish an expected protocol to be followed by team members when in conflict.

Specific objectives;

1. To improve self-awareness
2. Identify concerns
3. Be open-minded
4. Generate solutions together
5. Negotiate a win-win solutions
6. Building bonds
7. Teamwork and collaboration

Table 11

Action Plan on Increasing Awareness of Health Workers on Conflict Management

Objective	Scheme of Presentation	Plan of Activities	Time Frame	Locus of Responsibility
1. Table 2 Personality and stress as often encountered by the health workers in their workplaces Table 5 Conflict resolution strategies are low	Session 1 Assessment Session 2 Feedback Assessment feedback	Individual reflection exercises Group Discussion Role playing Role playing Discussion Self-awareness workshop Lecture/Seminar on conflict management	Half day Half day Half day	Resource speaker Administrators Health workers Health workers Psychologist Resource speaker administrators

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APPENDICES

APPENDIX A

Questionnaire

Thesis Title "**CONFLICT MANAGEMENT AMONG HEALTH WORKERS IN SAMAR**"

PART I. Demographic Profile

Directions: Please supply or put a checkmark ( ) inside the box that best describes your answer.

1. **Age** _____

2. **Gender**
Male ☐ Female ☐

3. **Birth Order**

☐ Youngest ☐ Middle ☐ Eldest

4. **Highest Educational Attainment**
☐ **2 years Course** ☐ Bachelor's Degree ☐ BS w/ Master's Unit
☐ MS w/Degree Holders ☐ MS/MA w/Doctorate Units
☐ Doctorate Degree Holder

5. **Civil Status**
☐ Single ☐ Married ☐ Separated ☐ Widow/Widower
☐ Annulled/Divorced

6. **Work Designation**
☐ **MHO** ☐ **Nurse** ☐ **Midwife**

7. **Length of Service** _____

8. **Monthly Income Php.**_____

Part II. Causes of Conflict in the workplace

Please check the causes of conflict you observed in the workplace. The scale is from 1-5, with 5- almost always, 4-Usually, 3-Half the time, 2-Occasionally, 1- Almost Never.

Causes of Conflict	5	4	3	2	1
1.Personality					
2.Stress					
3.Heavy workloads/inadequate resources					
4.leadership from the top of the organizations					
5.Trust					
6. line management					
7.Role clarity					
8.Values					
9.Selection/pairing of teams					
10.performance management					
11.Bullying/harassment					
12.Percieved discrimination					

Part III. Conflict Resolution Questionnaire

Please write your answer responses in the LEFT column of dashes. Answer the questions to portray your most usual way of dealing with conflicts like those at home or at work. Do not take long on any question. Give your initial reaction. The more honest your answers, the more useful the results will be.

1. Almost never
2. Occasionally
3. Half the time
4. Usually
5. Almost always

---

1. _____ /_____ I feel that conflict is a negative experience.
2. _____ /_____ when I resolve a conflict, it improves my relationship.
3. _____ /_____ I am afraid to enter into confrontation.
4. _____ /_____ I feel that in conflicts someone will get hurt.

V_____

5. _____ /_____ When I prepare to meet to discuss a conflict, I try to arrange for a mutually acceptable time and settings.
6. _____ /_____ I feel it is important where a conflict takes place.
7. _____ /_____ I try to make people feel comfortable when meeting with them about a conflict.
8. _____ /_____ When I start to discuss a conflict with the other party, I choose my opening statement carefully to establish positive realistic expectations.

A_____

9. _____ /_____ I state my true feelings when dealing with conflict.
10. _____ /_____ During a conflict I ask questions to clarify a statement that I'm not sure of.
11. _____ /_____ I try to be aware of how my negative and positive self -perceptions influence the way I deal with a conflict.
12. _____ /_____ In conflict my reactions are based on how I think the other party perceives me.

    C_____
13. _____ /_____ I feel that only my needs are important.
14. _____ /_____ I feel for a relationship to last, the needs of both parties must be considered.
15. _____ /_____ In a conflict I strive to distinguish between real needs and desires.
16. _____ /_____ In order not to harm the relationship, I temporarily put aside some of my own less important personal wants.

    N_____
17. _____ /_____ I share my positive attitude, hoping they will do the same.
18. _____ /_____ I find it necessary to overpower others to get my own way.
19. _____ /_____ I am aware of the other person may need to feel in control of the conflict.
20. _____ /_____ In a conflict, I believe there should be no upper hand.

    P_____

21. _____ /_____ I find it easy to forgive.

22. _____ /_____ I find it necessary to overpower to get my own way.
23. _____ /_____ I am aware of the other person may need to feel in control of the conflict.
24. _____ /_____ In conflict I try to dominate the other party.

F_____

25. _____ /_____ I listen with an open mind to alternative options.
26. _____ /_____ I feel there is just one way to solve a problem.
27. _____ /_____ when dealing with a conflict, I have preconceived notions about the other party that I am willing to let go of.
28. _____ /_____ I can accept criticism from others.

O_____

29. _____ /_____ I feel that winning the war is more important than winning the battle.
30. _____ /_____ I strive for a complete and genuine resolution of a conflict rather than settling for a temporary agreement.
31. _____ /_____ When dealing with a conflict I have a pre-determined solution to the outcome.
32. _____ /_____ I feel the need to control an argument.

D_____

33. _____ /_____ if I had my way, I win, you lose.
34. _____ /_____ when in a conflict with someone, I ask them to explain their position.
35. _____ /_____ I bargain to resolve conflict.
36. _____ /_____ at the end of a conflict, it matters to me that the other person's needs have been met as well as my own.

M_____

37. _____ /_____ I express anger constructively.
38. _____ /_____ In difficult conflicts, I would consider requesting a third party facilitator.

39. _____ /_____ I overlook my partner's anger in order to focus on the real issues to conflict.
40. _____ /_____ I feel that it is okay to disagree on specific issues in a conflict.

X_____

Total_____

Using the same 1-5 scale above, how often do you feel you are effective at resolving conflicts in a way that builds your long-term relationship with the other parties?

_____1. Almost Never

_____2. Occasionally

_____3. Half the time

_____4. Usually

_____5. Almost Always

APPENDIX B

Scoring the Conflict Resolution Questionnaire

1. Reverse the scores for the 12 questions that give high scores for unrecommended responses.

Dudley weeks says some responses to conflict lead to resolutions which build a relationship, and some do not. All 40 questions need to be on the same scale, giving a high number for desirable or effective responses and a low score for ineffective ones. But 12 questions are worded so that ineffective answers get a "5" instead of a "1".

For example, question #1 reads "I feel that conflict is a negative experience." Weeks would say that someone who answers "Almost Always", a "5" , will probably have difficulty approaching a conflict and that this will reduce the person's effectiveness. Therefore, that responses deserves a low score, and the "5" needs to be reversed to a "1". Doing this for the 12 questions will assure that scores will be consistent, with a higher scores going to "better" responses.

Please reverse the scores for the following questions: 1, 3, 13, 18, 22, 24, 26, 27, 31, 32, 33, and 35.

Reverse those questions by looking at the response given in the left hand column and writing in a reversed score in the right hand column as follows:

Answer:	Score:
5 becomes 1	
4 becomes 2	
3 becomes 3	
2 becomes 4	

1 becomes 5

2. For the questions that do not need to be reversed. For the questions that do not need to be reversed, write the same number given in the left hand answer column in the right hand score column.
3. Compute sub-totals and the total.The 40 questions are in the groups of 4, based on topics in Week's book. Add the scores for each group of 4 and put the result in the blank. (The letter is just an abbreviation for the topic of that group.)
4. Interpret the results, and learn from them.

The higher your scores, the more effective you are likely to be at finding resolutions that meet everyone's real needs and that build your long-term relationship. Of the 10 sub-totals, which were the highest? These are probably areas where you are effective. Which sub-totals were the lowest? These are probably areas where you might try a different approach. Use the sheet "Learning from the survey" to understand where you might improve. Pick 2 or 3 of the questions with the lowest scores, and try out behaviors which might make you more effective at resolving conflicts productively.

APPENDIX C

Guidelines for Conflict Resolution

Learning from the Survey

The higher your score on any question or section of the survey, the more likely you are to be effective at arriving at resolutions that meet both people's needs and that build the relationship. Low scores may indicate areas where you could increase your effectiveness.

For each questions on the survey, some advice is given below. The advice was compiled by the Conflict Resolution Class and is based primarily on Dudley Week's The Eight Essential Steps to Conflict Resolution, but also includes ideas from other sources, including Getting to Yes by Roger Fisher and William Ury. The guidelines are given in groups of four, corresponding to the ten lettered groups in the survey, which are in turn based on the topics or steps in Weeks.

For the questions or sections on which you got the lowest scores, read the guidelines and consider trying them. They may help you be more effective.

V. VIEW CONFLICT AS NATURAL AND POSITIVE

View conflict as natural outgrowth of diversity among people, which can be addressed in a win-win that strengthens your relationships. Remember the value of building your long-term relationship. View the resolution of the conflict and the building of the relationship as interrelated parts. Prevention works best.

1. View conflicts as opportunities for growth-for you and the other person, and for your relationship.
2. Handle the differences in a way that strengthens your relationship –together you will find more satisfying resolutions for this and future conflicts.

3. Address differences directly, realizing you are more likely to meet both your concerns and the other's if you discuss issuers openly.
4. Separate the people from the problem, so you can protect the relationship while addressing the problem.

A. ATMOSPHERE

Start by establishing an effective atmosphere that promotes partnership and problem-solving.

5. Meet with the other at a mutually satisfactory time, when you both have plenty of time and are free from distractions.
6. Meet in an equally acceptable place that is tranquil and gives you equal power.
7. Help the other feel comfortable and safe, affirming the importance of the relationship.
8. Start by saying you know the two of you can invent some solutions together that are mutually acceptable.

C. CLARIFY PERCEPTIONS.

Work with the other so both are very clear about what the conflict is really about. Eliminate ghost issues that arise from misperceptions. Separate the people from the problem. Acknowledge emotions as legitimate. Then face the problem together.

9. Be clear with yourself and with the other how you feel and how you perceive the problem Use "I-Statements" to tell the other how you feel, rather than "You-Statements" that blame. Asser your needs without attacking the other.
10. 10. Ask questions to clarify your perception of the other's perceptions. Listen actively. Acknowledge what the other says.
11. Look at yourself honestly, clarifying needs and misperceptions.
12. Clear up misperceptions and stereotypes. Avoid pushing "buttons".

N. Note NEEDS, not wants.

Identify the needs that are essential to you, your partner, and your relationship. Acknowledge the legitimate needs of the other, as well as those of your own. Recognize that there are usually multiple interests. Fractionate the problem.

13. Recognize that sustaining your relationship requires meeting needs of both.
14. Distinguish between real needs and secondary desires. Identify the other's core goals you can support.
15. Postpone contentious demands that may damage the relationship until you and your partner have worked on meeting needs of the relationship first.

P. Produce Positive Partnership POWER.

Build "power with," shared power which enables lasting resolutions and relations.

16. Be positive, be clear about yourself and your values. Keep reaching for the other's positive power and potential for constructive action. Recognize the power of effectiveness that comes from having the skills to develop the relationship, understand interests, invent options, and agree based on objective criteria.
17. Avoid negative "power over," which wastes energy in seesaw battle, and which may backfire, not achieving your lasting goals. Treat others as you want to be treated.
18. Don't stereotype the other only by their negative power; keep options open for the other's constructive power. Don't ask who is more powerful; be optimistic about outcomes.
19. Work as a team, realizing you need each other's positive power to act effectively. Be unconditionally supportive of the relationship.

F. Focus on the FUTURE first, then learn from the past.

21. Forgive (which does not mean you approve). Acknowledge all fall short. Move beyond negative past; look your positive potential. Be hard on the problem and soft on the people.

22. Focus on the current issue. Don't pick old wounds. Learn from the past; recall good resolutions.

23. Remember the importance of the long-term relationship. Create images of an improved relationship resulting from effective resolution of the conflict.

24. Work as partners for mutually beneficial agreements which will nurture your relationship.

O. Open up OPTIONS for Mutual Gain.

25. Listen with an open mind to alternative options. Ask for the other's options first; learn from them.

26. Prepare for discussions y inventing several specific new options that meet shared needs. Don't view this as final goals, but as starting points. Together, brainstorm new possibilities. Separate inventing from deciding. Postpone critical discussion.

27. Beware preconceived answers. Look for common ground behind seeming oppositions. Avoid stereotypes.

28. Listen actively and acknowledge what is being said (which does not mean agreeing with it).

D. Develop "DOABLES,"Stepping-stones to Action.

29. Develop small steps that lead you closer to a mutually healthy decision on larger issues. Chose ones that meet shared needs and that you have shared power to implement.

30. Do not rest with temporary fixes which are not sufficient to meet the long-term problem. As the three little pigs learned, solid construction will last.

31. View this as a cooperative process whose best outcome cannot be foreseen alone at the beginning.

32. You will have a more satisfactory outcome if all factions participate as equals. Understands that the others have interests and needs too.

M. Make MUTUAL-BENEFIT AGREEMENTS.

33. Avoid win-lose solutions, which damage the long-term relationship. Consider the needs of your partner, you and your relationship, and you both will win. Avoid a contest of wills. Yield to reason, not pressure. Do not be a "door-mat."

34. Ask the other to clarify his/her interests; clarify your own.

35. Avoid bargaining, posturing, demands, and threats, which kill cooperative problem-solving. Acknowledge non-negotiable elements. Focus on interests, not positions, but do build large agreements on small prior doables.

36. Be caretaker of the other's welfare as well as your own. Make agreements that meet objective, reasonable standards of fairness. Make agreements that are meet the needs of both, and that build the relationship.

X. EXTRA Considerations.

37. Express anger constructively. Emotions are legitimate and communicate. Channel anger's energy. Focus on the angering behaviour not the person.

38. Define your best alternative to a negotiated agreement. Seek a third party facilitator when you and the other lack needed skills or when their seem to be intractable differences.

39. Hear the other's anger non-defensively. Don't react to emotional outburst. Look for what is within if you can do something about it together.

40. Agree to disagree on specific value differences. Don't feel you have to agree on everything.

APPENDIX D
SAMAR STATE UNIVERSITY
COLLEGE OF GRADUATE STUDIES
Catbalogan City, Samar

December 4, 2017

DR. CORNELIO A. SOLIS
Municipal Health Officer
Pinabacdao Rural Health Unit
Pinabacdao Samar

Sir;
Good Day!

The undersigned is a MSN student from Samar State University presently working on a research proposal entitled: "**Conflict Management among Professional Health Workers in Samar**".

On this matter, I, the researcher would like to ask from your good office if you could allow me to conduct my survey at Pinabacdao Rural Health Unit, Pinabacdao, Samar.

I am hoping for your positive and immediate response on this matter. May God Bless you a hundredfold.

Respectfully yours;
EMELIA BABAYSON BARONG, RN
Researcher

Noted By:

JEANETTE B. SABIO, RN, MAN
Research Adviser

Recommending Approval:

FELISA E. GOMBA, Ph. D
Acting Dean, College of Graduate Studies

APPROVED BY:
CORNELIO A. SOLIS, MD, MCHM
Municipal Health Officer, Pinabacdao Rural Health Unit

APPENDIX E
SAMAR STATE UNIVERSITY
COLLEGE OF GRADUATE STUDIES
Catbalogan City, Samar

December 4, 2017

DR. CRISTINA C. ABAIGAR
Municipal Health Officer
Calbiga Rural Health Unit
Calbiga Samar

Maam;
Good Day!

The undersigned is a MSN student from Samar State University presently working on a research proposal entitled: **"Conflict Management among Health Workers in Samar".**

On this matter, I, the researcher would like to ask from your good office if you could allow me to conduct my survey at Calbiga Rural Health Unit, Calbiga, Samar.

I am hoping for your positive and immediate response on this matter. May God Bless you a hundredfold.

Respectfully yours;
EMELIA BABAYSON BARONG, RN
Researcher

Noted By:

JEANETTE B. SABIO, RN, MAN
Research Adviser

Recommending Approval:

FELISA E. GOMBA, Ph. D
Acting Dean, College of Graduate Studies

APPROVED BY:

CRISTINA C. ABAIGAR, MD
Municipal Health Officer, Calbiga Rural Health Unit

APPENDIX F
SAMAR STATE UNIVERSITY
COLLEGE OF GRADUATE STUDIES
Catbalogan City, Samar

December 4, 2017

DR. LORIZA M. SORIANO
Municipal Health Officer
Villareal Rural Health Unit
Villareal Samar

Maam;
Good Day!

The undersigned is a MSN student from Samar State University presently working on a research proposal entitled: **"Conflict Management among Health Workers in Samar".**

On this matter, I, the researcher would like to ask from your good office if you could allow me to conduct my survey at Villareal Rural Health Unit, Villareal, Samar.

I am hoping for your positive and immediate response on this matter. May God Bless you a hundredfold.

Respectfully yours;
EMELIA BABAYSON BARONG, RN
Researcher

Noted By:

JEANETTE B. SABIO, RN, MAN
Research Adviser

Recommending Approval:

FELISA E. GOMBA, Ph. D
Acting Dean, College of Graduate Studies

APPROVED BY:

LORIZA M. SORIANO, M.D
Municipal Health Officer, Villareal Rural Health Unit

APPENDIX G
SAMAR STATE UNIVERSITY
COLLEGE OF GRADUATE STUDIES
Catbalogan City, Samar

December 4, 2017

DR. ARIANNE KRISNA ROSE T. TUAZON
Municipal Health Officer
San Sebastian Rural Health Unit
Sebastianl Samar

Maam;
Good Day!

The undersigned is a MSN student from Samar State University presently working on a research proposal entitled: "**Conflict Management among Health Workers in Samar".**

On this matter, I, the researcher would like to ask from your good office if you could allow me to conduct my survey at San Sebastian Rural Health Unit, San Sebastian Samar.

I am hoping for your positive and immediate response on this matter. May God Bless you a hundredfold.

Respectfully yours;
EMELIA BABAYSON BARONG, RN
Researcher

Noted By:

JEANETTE B. SABIO, RN, MAN
Research Adviser

Recommending Approval:

FELISA E. GOMBA, Ph. D
Acting Dean, College of Graduate Studies

APPROVED BY:

KRISNA ROSE T. TUAZON, M.D
Municipal Health Officer, San Sebastian Rural Health Unit

APPENDIX H
SAMAR STATE UNIVERSITY
COLLEGE OF GRADUATE STUDIES
Catbalogan City, Samar

December 4, 2017

DR. Merry Chris Venus Lagado
Municipal Health Officer
Daram Health Unit
Daram Samar

Maam;
Good Day!

The undersigned is a MSN student from Samar State University presently working on a research proposal entitled: "**Conflict Management among Health Workers in Samar".**

On this matter, I, the researcher would like to ask from your good office if you could allow me to conduct my survey at Daram Rural Health Unit, Daram, Samar.

I am hoping for your positive and immediate response on this matter. May God Bless you a hundredfold.

Respectfully yours;
EMELIA BABAYSON BARONG, RN
Researcher

Noted By:

JEANETTE B. SABIO, RN, MAN
Research Adviser

Recommending Approval:

FELISA E. GOMBA, Ph. D
Acting Dean, College of Graduate Studies

APPROVED BY:

MERRY CHRIS VENUS LAGADO, M.D
Municipal Health Officer,Daram Rural Health Unit

APPENDIX I
SAMAR STATE UNIVERSITY
COLLEGE OF GRADUATE STUDIES
Catbalogan City, Samar

December 4, 2017

DR. MARK IVAN S. JADOC
Municipal Health Officer
Talalora Rural Health Unit
Talalora Samar

Sir;
Good Day!

The undersigned is a MSN student from Samar State University presently working on a research proposal entitled: **"Conflict Management among Health Workers in Samar".**

On this matter, I, the researcher would like to ask from your good office if you could allow me to conduct my survey at Talalora Rural Health Unit, Talalora, Samar.

I am hoping for your positive and immediate response on this matter. May God Bless you a hundredfold.

Respectfully yours;
EMELIA BABAYSON BARONG, RN
Researcher

Noted By:

JEANETTE B. SABIO, RN, MAN
Research Adviser

Recommending Approval:

FELISA E. GOMBA, Ph. D
Acting Dean, College of Graduate Studies

APPROVED BY:

MARK IVAN S. JADOC, M.D
Municipal Health Officer, Talalora Rural Health Unit

CURRICULUM VITAE

CURRICULUM VITAE

PERSONAL BACKGROUND INFORMATION

Name	:	**EMELIA BABAYSON BARONG**
Address	:	Brgy. Bangon Pinabacdao Samar
Date of Birth	:	December 8, 1984
Place of Birth	:	Bangon Pinabacdao Samar
Parents:		
Mother	:	Gloria Yanga Daz (Deceased)
Father	:	Constancio Gacuma Babayson (Deceased)
Present Position:		DOH-Nurse 1

EDUCATIONAL BACKGROUND

Elementary	:	Bangon Elementary School Bangon Pinabacdao Samar 1991-1997
Secondary	:	West Coast Agricultural High School Mambog Pinabacdao Samar 1997-2001
Tertiary	:	Dr. Yanga's Colleges Inc. Wakas Bocaue, Bulacan 2003-2005

COURSE : Bachelor of Science in Nursing

Other School :

St. Scholastica's College of Health Sciences
2001-2003
AHSE Graduate

Work Experience :

: DOH-Nurse 1
PDO-Catbalogan City
2014-Present

: RN-HEALS
PDO-Catbalogan City
2012-2013

: Volunteer Nurse
Eastern Visayas Regional Medical Center
Tacloban City
2008

: Company Nurse
SYSU Int'l Inc.
Novaliches, Quezon City
2007

: Company Nurse
Mayer Steel Pipes Inc.
Valenzuela City
2005-2006

Trainings Attended

: Basic Life Support
DOH-Regional Office 8
Tacloban City
2017

: IV-Training
Eastern Visayas Regional Medical Center
Tacloban City
2016

LIST OF TABLES

LIST OF TABLES

Tables **Page**

LIST OF FIGURES

LIST OF FIGURES

Figures Page