

Conflicts Experienced And Preferred Conflict Management Style On The Self-Motivation Of Staff Nurses In Selected Private Hospitals In Laguna, Philippines: Basis For A Conflict Resolution Framework

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ABSTRACT

Background: Workplace conflicts among nurses significantly affect job satisfaction, teamwork, and patient care. This study investigated conflict experienced, preferred conflict management styles, and self-motivation among 254 staff nurses in private hospitals in Laguna, Philippines. It also proposed a framework to enhance a conflict resolution and self-motivation.

Methods: Using a descriptive correlational design, date were collected through the Nursing Conflict Scale (NCS), Thomas Kilmann Conflict Mode Instrument (TKI), and the Self-Motivation Assessment Tool, grounded in Self-Determination Theory (SDT). Statistical analyses included Pearson correlation and regression (significance: p < 0.05).

Results: Results revealed intergroup conflicts as most common highlighting coordination challenges. Nurses favored collaborative conflict management (mean = 3.13 ± 0.131) and least favored avoidance (mean = 2.86 ± 0.170). Self-motivation positively correlated with conflict frequency (r = 0.318, p < 0.001), while conflict experience negatively correlated with compromising and competing styles (r = 0.203, p = 0.001). Regression analysis indicated self-motivation explained 63.3% variance in conflict experienced and preferences for compromising and competing styles (R² = 0.633, p < 0.001).

Conclusion: Higher self-motivation encourages proactive conflict resolution and collaboration, though frequent conflicts may lead nurses to avoid confrontations. The study introduced the K.A.P.W.A. Staff Nurses Conflict Resolution Framework, offering practical strategies to enhance conflict management, motivation, and professional growth. Institutions should implement structured training, supportive leadership, and clear workplace policies to strengthen teamwork and patient care outcomes.

Keywords: Conflict Resolution, Staff Nurses, Self-Motivation.

1. INTRODUCTION

Conflicts in healthcare settings are inevitable due to the complex nature of teamwork, high stress environments, and varying professional perspectives. Studies show that approximately 60% of healthcare professionals report experiencing workplace conflicts regularly which can significantly impact team dynamics and patient care quality (Moeta, et. al., 2019). Nurses, as primary caregivers, frequently encounter workplace conflicts that can impact job satisfaction, self-motivation, and quality of patient care. Effective conflict management is crucial in fostering a collaborative and productive work environment (Tong, et al., 2022).

Workplace conflicts among nurses may arise due to role ambiguity, communication breakdowns, and competing professional responsibilities (Ahlstedt et al., 2020). For example, conflicts can occur when nurses receive unclear instructions from multiple supervisors, leading to confusion about priorities, or when high patient loads create tension among colleagues regarding task distribution (Krumrey, 2022). Studies suggest that unresolved conflicts contribute to job dissatisfaction, emotional exhaustion, and increased turnover rates among nursing staff. Effective conflict resolution strategies are essential to maintaining a harmonious healthcare environment (Nikitara et al., 2024) (Ahlstedt et al., 2020).

This study investigated the conflicts experienced by staff nurses, their preferred conflict management styles, and the role of self-motivation in conflict resolution. Understanding these dynamics is crucial as effective conflict management can improve teamwork, reduce stress, and enhance patient care quality. Furthermore, it introduced the K.A.P.W.A. Staff Nurses Conflict Resolution Framework, a culturally relevant approach designed to improve workplace interactions and patient care outcomes.

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METHODS

Study Design, Population, and Sample

This study utilized a descriptive correlational research design to examine relationships between self-motivation, conflict experienced, and preferred conflict management styles. The study was conducted in selected private hospitals in Laguna, Philippines between July to September 2024. These hospitals were chosen as they cater to a diverse population of healthcare professionals and provide a comprehensive setting for assessing workplace conflicts in nursing.

The target population included all registered staff nurses working in the selected hospitals. The sample size was determined using G-Power 3.1 software, ensuring a 95% confidence level with a 5% margin of error, resulting in a required sample of 252 nurses. Nurses were selected through stratified random sampling, ensuring representation across different hospital units, including the emergency department, intensive care unit, operating room, general ward, and outpatient care.

Inclusion criteria for participants were as follows: a) active employment as a registered nurse in one of the selected hospitals, b) a minimum of three months of work experience, c) willingness to participate in the study, and d) ability to understand and complete the study questionnaires. Nurses who were on extended leave or had administrative roles with minimal direct patient care were excluded from the study.

Data collection was conducted via digital surveys. A total of 254 nurses successfully completed the study. Participation was voluntary, and all responses were anonymized to protect participant confidentiality.

Informed consent was obtained from all participants before data collection, ensuring adherence to the ethical guidelines. Participants were informed of their right to withdraw at any time without consequences. Confidentiality and data security measures and secure filing for paper-based responses were strictly implemented.

Data Collection and Instruments

Data were collected using validated self-report questionnaires. The following instruments were employed:

Nursing Conflict Scale (NCS): This scale assessed conflict experienced (intrapersonal, interpersonal, intergroup, and intergroup conflicts). It has been previously validated in healthcare settings and demonstrated high internal consistency (Cronbach's $\alpha = 0.85$). The scale has been widely validated in healthcare research (Dahshan & Moussa, 2019) (Piryani et al., 2019).

Thomas-Kilmann Conflict Mode Instrument (TKI): Thomas-Kilmann Conflict Mode Instrument (TKI): Used to measure conflict management styles (accommodating, avoiding, competing, collaborating, compromising). The TKI is widely recognized for its strong psychometric properties, with a reported reliability of 0.82–0.88 across various populations (Kilmann, 2019).

Self-Motivation Assessment Tool: This tool evaluated self-motivation based on Self-Determination Theory (SDT), measuring intrinsic motivation and resilience in conflict resolution scenarios. The scale has been validated in previous nursing studies with a reliability coefficient of 0.89 (Lopez-Garrido, 2023).

All instruments were piloted with 30 nurses prior to full-scale data collection to ensure clarity, cultural appropriateness, and content validity. Feedback from the pilot phase was incorporated to refine wording and structure.

Human Subjects: All individual participants in the research provided informed consent.

Statistical Analysis

Data were analyzed using SPSS Version 29. Descriptive statistics were used to summarize participant demographics and were not used as a testing element in establishing statistical significance. Pearson correlation and multiple regression analysis were conducted to explore relationships among variables. Significance was set at p < 0.05.

2. RESULTS

Demographic Characteristics

A total of 254 staff nurses participated in the study. The majority were female (75.6%), with a mean age of 29.8 ± 7.42 years. Most of the participants worked in the general ward (40%), followed by the emergency department (20%). The nurses had an average of 6.5 ± 3.2 years of work experience as shown in Table 1.

Table 1: Demographic Characteristics of the Participants

Variables	Frequency (n=254)	Percentage
Gender (Female)	192	75.6

Gender (Male)	62	24.4
Age (Mean ± SD)	29.8 ± 7.42	-
Work Experience (Mean ± SD)	$6.5 \pm 3.2 \text{ years}$	-
Work Area - General Ward	102	40.2

Conflict Experienced

Intergroup conflicts were the most frequently reported (mean = 3.45 ± 0.192), followed by interpersonal conflicts (mean = 3.12 ± 0.278). Intrapersonal conflicts were the least frequent (mean = 2.63 ± 0.301). Table 2 provides detailed distribution.

Table 2: Conflict Experienced by Staff Nurses

Conflict Type	Mean ± SD
Intrapersonal	2.63 ± 0.301
Interpersonal	3.12 ± 0.278
Intragroup	2.98 ± 0.215
Intergroup	3.45 ± 0.192

Preferred Conflict Management Style

As shown in Table 3, the most preferred conflict management style was collaborating (mean = 3.13 ± 0.131), followed by compromising (mean = 2.93 ± 0.120). The least preferred was competing (mean = 2.49 ± 0.276).

Table 3: Preferred Conflict Management Style

Conflict Management Style	Mean ± SD
Avoiding	2.86 ± 0.170
Accommodating	2.77 ± 0.185
Compromising	2.93 ± 0.120
Competing	2.49 ± 0.276
Collaborating	3.13 ± 0.131

Correlation Analysis

Pearson's correlation examined the relationship between self-motivation, conflict experienced, and preferred conflict management styles. A moderate positive correlation was found between self-motivation and conflict experienced (r = 0.318, p < 0.001). However, the correlation between self-motivation and preferred conflict management styles was not statistically significant (r = 0.098, p = 0.120). A negative correlation was found between conflict experienced and preferred conflict management styles (r = -0.203, p = 0.001) (Table 4).

Table 4: Correlation among Self-Motivation, Conflict Experienced, and Preferred Conflict Management Styles of Staff Nurses

Variables	r-value	p-value
Self-Motivation & Conflict Experience	0.318	< 0.001
Self-motivation and preferred conflict management styles	0.098	0.120
Conflict Experience & Management Style	-0.203	0.001

Regression Analysis

Table 5 shows the regression analysis. A multiple regression analysis was conducted to determine whether self-motivation predicts conflict handling. The model was statistically significant (F = 4.17, p < 0.001). The overall model fit was R = 0.795, $R^2 = 0.633$, adjusted $R^2 = 0.481$, meaning 63.3% of the variance in conflict handling can be explained by self-motivation, but after adjustment, the explained variance reduces to 48.1%.

Table 5: Regression Analysis Summary

Variables	R ²	Adjusted R ²	F-value	p-value
Self-Motivation Predicting Conflict Handling	0.633	0.481	4.17	< 0.001

3. DISCUSSION

This study examined the conflicts experienced by staff nurses, their preferred conflict management styles, and the influence of self-motivation on conflict resolution. The findings align with existing literature on workplace conflict in healthcare settings and offer new insights into the dynamics of conflict resolution among nurses.

The study findings highlight significant patterns in workplace conflict among staff nurses. Intergroup conflicts were the most frequently reported, aligning with research suggesting that hierarchical structures and departmental divisions contribute to tension in healthcare settings (Van Diggele et al., 2020). Nurses working in high-pressure environments, such as emergency rooms, reported higher levels of conflict, which corresponds with literature indicating that high-stress units experience more interpersonal clashes (Jones et al., 2019). The least reported conflicts were intrapersonal, suggesting that workplace disputes are more commonly influenced by team interactions rather than individual struggles (De Hert, 2020).

The preference for collaborative conflict management styles indicates that nurses favor teamwork and collective problem-solving over competitive or avoidance strategies. This aligns with previous research emphasizing the importance of collaboration in patient care and nursing teamwork (Mohammed, 2022). However, while self-motivation showed a significant correlation with the conflict experienced, it did not have a strong relationship with conflict management preferences. This suggests that while motivated nurses engage more in conflict resolution, their choice of management style is shaped by other factors, such as hospital policies and leadership support (Han et al., 2022).

The significant correlation between self-motivation and the conflict experienced suggests that highly motivated nurses may be more engaged in conflict resolution rather than avoiding workplace disputes. This finding builds on previous research that emphasizes the role of intrinsic motivation in professional resilience and problem-solving (Hosseini et al., 2022).

The study's findings confirm the hypothesis that conflict experiences influence conflict management approaches, although the role of self-motivation in conflict resolution appears to be more complex than initially assumed.

The study findings reinforce the need for a structured conflict resolution model. Intergroup conflicts were the most reported conflict type, highlighting the challenges in communication and role expectations among nursing teams. The preference for collaborative conflict management styles indicates that nurses value teamwork over competition.

The study revealed that self-motivation significantly predicts the conflict experienced and management preferences, explaining 63.3% of the variance ($R^2 = 0.633$, p < 0.001). Self-motivated nurses were more likely to engage constructively in workplace conflicts, often preferring collaborative and adaptive conflict management strategies. Furthermore, mediation analysis suggested that self-motivation partially mediates the relationship between conflict management style and the conflict experienced, reinforcing the importance of self-motivation in fostering a positive work environment.

Therefore, the findings of this study support the development of the K.A.P.W.A. Staff Nurses Conflict Resolution Framework. The K.A.P.W.A. Staff Nurses Conflict Resolution Framework is grounded in the Nursing-Situation-as-Caring-Moment (NurCaM) Theory, a Filipino nursing theory that highlights the interconnectedness of individuals in shared humanity (Martinez et al., 2024). Inspired by the concept of "*kapwa*," which emphasizes mutual respect and collective well-being, the framework aligns with the study's findings that self-motivation and collaborative conflict resolution play essential roles in fostering a positive nursing work environment.

The K.A.P.W.A. framework consists of five interconnected components, represented as puzzle pieces to symbolize unity and integration as shown in Figure 1:



Figure 1: K.A.P.W.A. Staff Nurse Conflict Resolution Framework

Know (Conflict Awareness and Assessment): Recognizing early signs of conflict and assessing their impact on team dynamics. Staff nurses should be trained to identify potential triggers and address them before escalation.

Act (Collaborative Conflict Management Coaching): Implementing training sessions on collaborative conflict resolution strategies, such as active listening, problem-solving, and negotiation techniques.

Partner (Collaborative Relationship Building): Encouraging team members to work together towards shared goals, promoting partnerships among colleagues, supervisors, and other healthcare professionals.

Welfare (Self-Motivation Enhancement Strategies): Prioritizing nurse well-being through professional development opportunities, leadership training, and recognition of contributions to maintain high motivation levels.

Align (Supportive Leadership): Ensuring leadership actively promotes conflict resolution, clear communication, and policies that foster a culture of fairness and collaboration.

This study provides invaluable knowledge into the relationships between the conflicts experienced, conflict management style preference and self-motivation of staff nurses. The study identified correlations between self-motivation and conflict experienced, causal relationships cannot be established and the capacity to make causal inferences is restricted by its research design. The findings of the study may not be applicable to other regions or populations, as it was conducted in selected private hospitals in Laguna, Philippines, which may limit the generalizability of the findings to other healthcare settings. The study's reliability and relevance are improved by the substantial sample size of 254 participants and the use of well-established instruments, despite these limitations. These characteristics make a substantial contribution to our comprehension of the factors that influence healthcare outcomes.

4. CONCLUSION

This study highlights the prevalence of intergroup conflicts among staff nurses and their preference for collaborative conflict management. The findings emphasize the need for structured conflict resolution strategies and leadership support to foster a more harmonious work environment. The K.A.P.W.A. Staff Nurses Conflict Resolution Framework provides a culturally relevant approach to addressing these challenges and improving teamwork in healthcare settings.

Future research should focus on longitudinal studies to assess the long-term impact of conflict resolution training, determine causality, and observe how conflict management strategies evolve over time. Moreover, exploring the influence of organizational culture and leadership styles on conflict resolution approaches can provide deeper insights into sustainable workplace improvements. Expanding the study to include diverse healthcare institutions may enhance the generalizability of these findings, contributing to improved workplace relations and patient care outcomes.

5. CONFLICTS OF INTEREST

The authors declare that they have no competing interests.

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