

Collaborative Conflict Resolution Strategy, Emotional Maturity, and Subjective Well-being on the Nurse

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The Asian Conference on Psychology & the Behavioral Sciences 2014
Official Conference Proceedings 2014
0370

Abstract

Nurses are the spearhead of medical services at the hospital, so their Subjective Well-Being (SWB) becomes very important to consider for improving the quality of patient care there. The complexity of the situations and conditions of service in hospitals, make many problems easily lead to conflict. That's why nurses SWB may be low, especially if the nurses themselves also lack the emotional maturity. The purpose of this study is to determine the role Collaborative Conflict Resolution Strategy (CCRS), which is used by supervisor, and Emotional Maturity (EM) on the formation of SWB on nurse. Research data collection use SWB scale, EM scale, and the scale of CCRS supervisors. The subjects are 82 nurses consist of 78 women and 4 men. By using statistical analysis of Multiple Regression can be concluded that there is influence CCRS used by supervisors, and emotional maturity on the formation of SWB on nurse with multiple regression coefficient $R = 0.706$ ($p < 0.01$). CCRS contribution to SWB is 39.4 %, while the emotional maturity is 10.4 %.

Keywords: Subjective Well-Being, Collaborative Conflict Resolution Strategy, Emotional Maturity, Nurse

Introduction

Subjective Well-Being (SWB) of nurses in the workplace is very important (Page, 2005). This is because the number of conflicts that may be faced by nurses in the hospital. Conflicts can not only occur by changes in government policy, which makes nurses feel treated fairly (Abubar, 2013), but can also be caused due to a conflict of nursing must consider certain aspects in the context of their work, for example in order to unify the professional staff of different types of knowledge, technology and infrastructure.

The ability of leaders or supervisors in resolving workplace conflict becomes very decisive to SWB of his subordinates. Conflict is considered a "natural process, which occurs between the various parties, and this is an inevitable aspect of a manager's job". There are five conflict resolution strategies offered by Kilmann & Thomas (1977), namely competition, collaboration, compromise, avoidance, and accommodation. Collaborative Conflict Resolution Strategies (CCRS) are the most thought to bring satisfaction to all parties who are in conflict. This was confirmed by studies that found that cooperative styles of handling conflict, in which is shown more concern for others, generally the yield beneficial outcomes in the workplace, whereas uncooperative styles generally produce negative outcomes (eg, Rahim & Buntzman, 1989). Other studies show that the use of conflict strategies supervisors (or managers) is related to various outcomes of subordinates, such as job satisfaction, supervision satisfaction, supervisor-subordinate relationships, long-term cooperation, and attitudinal and behavioral compliance (Thomas & Kilmann, 1978). That is why when his supervisor resolves conflicts using CCRS, it can be predicted that the subordinates can become more welfare, and optimize work performance. As well as a research by Alper, Law, & Tjosvold (2000), which tried to related the conflict resolution strategies in organizations with well-being. This study also wants to see the relationship between the perception created by nurses towards conflict resolution strategies used by the nurse supervisor with SWB. Due to the high SWB someone will show a good quality of life as well. According to Diener (1998), individuals who have a high quality of life will feel the happiness, well-being and satisfaction in life.

The work environment of nurses which easily lead to conflict, also easily lead to job stress. It can be caused by the pressure of working time, work load, the dual role, and emotional problems when nurses are performing their duties in the hospital (Lambert *et al.*, 2004). However, the demand of the nurses who are running the health service to the patient is to be always fit. In order to face the conflict they experienced with others, the nurse must have the good ability to control their emotions. Mature emotions help individuals to build a sense of tolerance in facing problems without showing excessive emotionality. Emotional maturity (EM) has become very important to every nurse. This is necessary so that the display of nursing care can be received by the patient gracefully. Chaurasia, *et al.* (2012) proved that EM was important in determining the level of SWB in the education of students with different environmental conditions.

Given the complexity of the situation that occurred in the hospital, then it becomes very important in this study to determine what is the role of Collaborative Conflict Resolution Strategy (CCRS), which is used by the supervisor, and Emotional Maturity (EM) nurse, on the nurse SWB formation.

Subjective Well-Being

SWB is a topic that is often discussed by experts in the past twenty years. According to Diener (1984) notion of SWB can be categorized in three groups, namely the first SWB is defined as something that is outside the individual, such as chastity, virtue, and wisdom. Definition of SWB is not an individual, but a norm adopted by the culture. Feelings of SWB is determined by how the norms that apply to most people in a society, so happiness according to Tatarkietwict (1976) is a success, because it has to meet certain standards set by society. The second view is triggered by questions from scientists about what can cause an individual evaluates himself in a state of positive or comfortable? The definition of SWB was associated with feelings of satisfaction with life, which he discharged. Shin & Johnson (in Diener, 1984) defines happiness as a global assessment of the quality of one's life according to his chosen criteria. The third view of happiness is derived from everyday sense, namely that defines happiness or SWB as a more positive feelings appear to happen in his life rather than negative feelings. This definition emphasizes the experience of positive or negative feelings.

In this study, Subjective Well-Being (SWB) has been defined as a person's evaluation of his or her life, including both *cognitive judgments* of life satisfaction and *affective evaluations* of moods and emotions (Campbell, Converse & Rodgers, 1976). In other words, SWB measures how people feel about their lives. The notion of SWB incorporates positive factors and not just the absence of negative factors (Park, 2004). As stated by Diener (1984), the notion of SWB is characterized by three things, first is subjective sense. According to Campbell (1976), this is something that is individual not objective as wisdom, health, comfort normative. This may be in contact with SWB, but it is not a part thereof. Second, SWB is characterized by a positive measure, so that SWB is not just measured by the absence of negative feelings in a person alone. Third, the measurement of SWB should include a global measurement of the overall aspect of a person's life. Veenhoven (1993) argued that global judgment, such as life satisfaction, is very important in assessing SWB because it best reflects the philosophical notion of the good life. In this case it may be measured in most aspects of life, but this should be an integrated measurement in all aspects of life. Similarly, in terms of measurement time can be limited few weeks months or years, but in principle should be that a person believed to be an overall feeling of the time aspect of life (Myers & Diener, 1995). Diener, *et al.* (2003) concluded that the SWB is an individual evaluation of a situation or a longer period of her life, and that includes the past. The evaluation covered the emotional reaction to a situation, the mood and the assessment of their life, fulfillment, and satisfaction with marital and employment. Furthermore, Philips (2006) states that SWB is more complex than just happiness.

This study as well as research from several experts (Diener, 1984; Diener & Lucas, 1999), which states that SWB has three components: positive affect, lack of negative affect and life satisfaction. Lucas, Diener, and Suh (1996) demonstrated that multi-item life satisfaction, pleasant affect, and unpleasant affect scales formed factors that were separable from each other. Diener and Lucas (1999) explained that pleasure and displeasure is a separate feeling, not like two sides of a coin because someone could occur at the level of an equally high for the two feelings or both are at a low level for the two feelings. Diener and Lucas states there are four classifications of feelings,

namely (1) a high level sense of excitement coupled with the low feeling happy: so-called happy, (2) good feeling low level plus the high feeling unhappy: called unhappy, (3) Level feelings of pleasure and displeasure are all high: so-called emotional, (4) Level feelings of pleasure and displeasure are all low: called not-emotional. Based on this, the individuals who have high SWB are individuals who are happy and satisfied with his life, while an unhappy and dissatisfied with his life is feeling low SWB. SWB is something that is important, because if the individual has this condition, quality of life can be achieved (Philips, 2006).

Colaborative Conflict Resolution Strategy and SWB

Conflict is a social problem in which two or more persons, families, parties, communities, or districts are in disagreement with each other (Dzurgba, 2006). Interpersonal conflict is a disagreement between two or more persons. Organisational conflict is a disagreement between or within groups in an organisation. The groups may be workers, workers' unions or management. Organisational conflict is common in the workplace because people always have divergent views on various issues, interests, ideologies, goals, and aspirations (Deutsch, 1990). Some negative consequences of conflict can undermine an organisation's efforts. However, handled correctly, conflict can benefit individuals and organisations by producing stronger, more resilient working relationship, improving creative output and generating innovative solutions (Omoluabi, 2001).

Conflict resolution is a relational approach to handling conflicts. It is a process in which interpersonal communication is used to get the parties to a conflict to reach a reconciliation and satisfactory point of agreement (Omoluabi, 2001). The strategies of a person in performing conflict resolution can be viewed by two dimensions: (1) assertiveness, the extent to which the individual attempts to satisfy his own concerns, and (2) cooperativeness, the extent to which the individual attempts to satisfy the other person's concerns. These two basic dimensions of behavior can be used to define the five conflict resolution strategies, namely: (1) Competing is assertive and uncooperative, an individual pursues his or her own concerns at the other person's expense. Competing is often portrayed as forcing, confrontation, win-lose, dominating (Rahim and Bonoma, 1979). Competing might mean "standing up for your rights", defending a position which you believe is correct, or simply trying to win. (2) Accommodating, is unassertive and cooperative—the opposite of competing. When accommodating, an individual neglects his/her own concerns to satisfy the concerns of the other person; there is an element of self-sacrifice in this mode. This accommodation conflict management strategy attempts to satisfy the other party's concerns, while neglecting one's own concern in conflict situations; (3) Avoiding, is unassertive and uncooperative— neglects both parties concerns, conflict is still not resolved and the two parties disagree about many issues. Avoiding might take the form of diplomatically sidestepping an issue, postponing an issue until a better time, or simply withdrawing from a threatening situation. (4) Collaborating, is both assertive and cooperative—the opposite of avoiding. Collaborating is often described as a problem solving strategy, synergistic, or integrating (Rahim and Bonoma, 1979). Collaborating, involves an attempt to work with the other person to find some solution that fully satisfies the concerns of both persons. It means digging into an issue to identify the underlying concerns of the two individuals and to find an alternative that meets both sets of concerns. Collaborating between two persons might take the form

of exploring the disagreement to learn from each other's insights, attempting to resolve some condition that would otherwise have them competing for resources, or confronting and trying to find a creative solution for an interpersonal problem. (5) Compromising, is intermediate in both assertiveness and cooperativeness. Compromising, attempts to attain moderate but not total satisfaction of parties' concerns, not only giving up something but also holding out for something (Blake and Mouton, 1964); the objective is to find some expedient, mutually acceptable solution that partially satisfies both parties. It falls on a middle ground between competing and accommodating. Compromising gives up more than competing, but less than accommodating. It involves searching for integrative, win-win resolutions of conflict that fully satisfy the concerns of the two parties in disagreement by expanding the level of joint outcomes.

In the context of Indonesian society, indigenous conflict resolution strategy is justice and harmony (Suprpto, 2013), that is why this study focuses on CCRS used by a nursing supervisor at the hospital in performing her duties as perceived by nurses. CCRS is a strategy that allows for communication both conflicting parties to reach an agreement that is acceptable together. This shows CCRS ranks high on both assertiveness and cooperativeness, supporting a win-win orientation. It may lead to positive work behavior and attitudes of the parties in conflict. The results of collaboration are positive because both sides win, communication is satisfying, relationships are strengthened, and negotiated solutions are frequently more cost-effective in the long run. As said Montoya-Weiss *et al.* (2001) that the advantage of using this style is make all parties happy with the final decision. On the other hand, due to letting all parties to be satisfying the final decision, it may use longer time and put in more effort than other styles (Huan & Yazdanifard, 2012).

Collaboration, the most preferred style of conflict, requires both assertiveness and cooperation. It is when both parties agree to a positive settlement to the conflict and attend fully to the other's concerns while not sacrificing or suppressing their own. The conflict is not resolved until each side is reasonably satisfied and can support the solution. Collaboration is the ideal conflict style because it recognizes the inevitability of human conflict. It confronts conflict, and then uses conflict to produce constructive outcomes. This means that the one's SWB will increased if the supervisor using the CCRS. Pearlstein (2012), confirms that those who have a high quality of life is more like the situation where they found higher cooperation, less work conflict situations, and more productive than individuals who have a low quality of life.

Emosional Maturity and SWB

According to Menninger (1999), emotional maturity (EM) includes the ability to deal constructively with reality. EM is a process in which the personality is continuously striving for greater sense of emotional health, both intra-physically and intrapersonally. EM can be understood in terms of ability of self control which in turn is a result of thinking and learning (Pastey & Aminbhavi, 2006). Chamberlain (1960) said that an 'emotionally matured' person is one whose emotional life is well controlled. Hurlock (1973) says that EM has three criteria. First, which controls emotions that need to be socially accepted by social environment. Second, is the self-understanding of individuals who have the emotional maturity, able to learn to know the amount of control needed to satisfy her needs. Third, is the use of critical mental

functions. Individuals who are emotionally mature are able to critically assess the situation before giving emotional response, then these individuals know the right way to react to the situation.

The Singh & Bhargava (in Mortazavi, *et. al.*, 2012) when preparing Emotional Maturity Scale (EMS), said there are five factors to consider to declare a person that has the emotional maturity or immaturity of thinking about emotions. These five factors are a) Emotional instability represents syndrome of lack of capacity to dispose off problems, irritability, needs constant help for one's day to day work, vulnerability, stubbornness and temper tantrums; b) Emotional regression represents such syndromes as feelings of inferiority, restlessness, hostility, aggressiveness and self centeredness; c) Social maladjustment shows person lacks social adaptability; d) Personality disintegration where person suffers from inferiorities and hence reacts to environment through aggressiveness, destruction and has distorted sense of reality; and e) Lack of independence shows person's parasitic dependence on others, lack of objective interests in people and think of him as an unreliable person.

By using EMS, Singh, Kaur & Dureja (2012) investigated the Emotional maturity differences among university students. From these studies it can be concluded that a mature person views life experience as learning experiences and, when they are positive, he enjoys and revels in life. When they are negative, he accepts personal responsibility and is confident and can learn from them to improve his life. When things do not go well, he looks for an opportunity to succeed. The immature person curses the rain while a mature person sells umbrellas. When things do not go as anticipated, the immature person stamps his feet, holds his breath and bemoans his fate. The mature person considers using another approach or going another direction and moves on with life. Rathee and Salh (2010) found that International players are significantly better in emotional maturity as compared to state players. When frustrated, an immature person looks for someone to blame. The mature person looks for solution. Immature people attack people; mature people attack problems. The mature person uses his anger as an energy source and, when frustrated, redoubles his efforts to find solutions to his problems.

From the above discussion it can be easily understood that the individual who has the emotional maturity will have a SWB as well. Individuals who have EM will have good self-control as well, able to express his emotions properly or in accordance with the circumstances they face, better able to adapt so as to receive a variety of people and situations and provide appropriate reaction to the demands faced (Hurlock, 2002). Therefore, in the face of environmental individuals who have emotional maturity will be more comfortable, more confident, have more positive feelings than negative feelings, and the judge allow him more success than individuals who received less mature emotionally. These characteristics are consistent with those defined by Diener *et. al.* (2009) on SWB that SWB is defined as a person's cognitive and affective evaluations of his or her life. These evaluations include emotional reactions to events as well as cognitive judgements of satisfaction and fulfillment. Thus, SWB is a broad concept that includes experiencing pleasant emotion, low levels of negative mood, and high life satisfaction.

Method

The subjects are 82 nurses, consist of 78 women and 4 men, with the characteristics of the subjects are nurses who have a minimum of one year work at the hospital, and have employment status as permanent employees. Research data collection method was using scales method, namely (1) the scale of SWB, this scale is based on the preparation of Pavot (1991), Watson (1988) and Kahneman. & Krueger (2006), which has three components items, namely the aspect of feeling positive, lack of negative feeling, and life satisfaction, (2) EM scale, this scale is based on the scale developed by Singh & Bhargav (1988), and the scale of CCRS supervisors, excerpted from Rahim & Magner (1995)

The data obtained from the nurses who are expected to respond to 12 items SWB scale, 12 items EM scale, and 12 items CCRS scale. All of the scales using 6-point Likert scale, which ranks from fully disagree (1) to fully agree (6). The scale of this study is valid and reliable. The corrected item total correlation coefficients for SWB scale ranged from 0,204 to 0,844, the EM scale ranged from 0.258 to 0.514, and for CCRS scale ranged from 0.271 to 0.778. While reliability coefficient of alpha, SWB scale is 0.844, EM scale is 0.609, and the CCRS scale is 0.897. Data analysis techniques used in this study is Multiple Regression Analysis. This analysis is used to examine the effect of EM and CCRS to SWB.

Results and Discussion

The Control variables: age, and sex were treated as covariates to reduce error variance (Aiken & West, 1991). Age, and sex were treated as control variables because previous researchers have proved that they exert some influence on SWB (Nagata *et.al.*, 1999; Bălătescu, 2014). The independent variables were the CCRS and EM, while the dependent variable was SWB. Hierarchical multiple regression analysis was used to analyze the data in order to examine the prediction of SWB from the CCRS and EM.

Table 1
Means, S.D. and Zero-order correlations of all variables in the study (N = 82)

	Sex	Age	EM	CCRS	SWB
Sex	---				
Age	.088	---			
EM	.051	-.043	---		
CCRS	.016	.038	.564**	---	
SWB	-.033	-.041	.523**	.686**	---
Mean	1.95	31.5	53.84	48.09	46.22
S.D	.217	5.970	8.155	8.120	7.148

Note: S.D.= Standard Deviation, SWB= Subjective Well-Being, EM= Emotional Maturity, CCRS= Collaborative Conflict Resolution Strategy; **. Correlation is significant at the 0.01 level (1-tailed); *. Correlation is significant at the 0.05 level (1-tailed).

Means, standard deviations, and intercorrelations for each scale are presented in Table 1. The result on Table 1 reveal that all the control variables had non-significant correlation with SWB. This result could be attributed to the fact that sex and age can

not be used as a predictor in determining a person's SWB. This is consistent with the research of Hansen & Slagsvold (2012) which was not able to find a correlation between age with SWB, and research of Sposito, *et. al.* (2010) that was not able to find differences in SWB in different sex. A significant positive correlation between SWB and CCRS ($r_{yx1} = .686$; $p < .01$), and EM ($r_{yx2} = .523$; $p < .01$),

Table 2.
Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.686 ^a	.471	.464	5.231
2	.706^b	.498	.485	5.128

a. Predictors: (Constant), CCRS

b. Predictors: (Constant), CCRS, EM

By using statistical analysis of multiple regression shown in Table 2 and Table 3 can be concluded that if SWB is predicted only by CCRS, then the coefficient of multiple regression $R = .686$ ($p < .01$); whereas if SWB is predicted by the CCRS, and EM on nurse, multiple regression coefficient $R = .706$ ($p < .01$). The CCRS contribution to SWB is 39.4%, while the EM is 10.4%.

Table 3
Coefficients of Unstandardized & Standardized Each Model

Model		Unstandardized Coeff.		Standardized Coeff.		t	Sig.
		B	Std. Error	Beta			
1	(Constant)	17.168	3.490			4.919	.000
	CCRS	.604	.072	.686		8.441	.000
2	(Constant)	12.541	4.095			3.062	.003
	CCRS	.505	.085	.574		5.947	.000
	EM	.174	.085	.199		2.057	.043

a. Dependent Variable: SWB

The results indicate that the nurses who perceive her/his supervisor use the CCRS in resolving conflicts in the work environment is greater than the effect of EM on SWB. An important theoretical implication of the findings from this study regarding the efficacy of conflict resolution strategies and EM in predicting SWB is that Organisational/Industrial Psychologists should include conflict resolution strategies and EM in a design model to enhance the SWB of nurses in the hospitals.

Conclusion

In conclusion, this study has demonstrated that CCRS can predict SWB alone, but it would be more accurate if EM is taken into account as a variable to predict EM SWB the nurses. This study is not without limitation, one of the limitation is the self-report measures used in the data collection. Future studies could, therefore, complement these measurements with other methods such as interviews and focus group discussion techniques. Both in this study the proportion of male nurses and women

are not equal in number, so that in future research is expected to consider the proportion of the difference.

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