# THE ROLE OF CHAPLAINCY IN RESOLVING CONFLICTS BETWEEN HEALTH WORKERS AND PATIENTS IN CHURCH FOUNDED HEALTH FACILITIES: A CASE OF MUKONO CHURCH OF UGANDA HOSPITAL IN MUKONO DIOCESE

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UGANDA CHRISTIAN UNIVERSITY

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## DECLARATION

I, Nambuya Harriet, declare that this dissertation is my own work and all the sources that I have used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before for any award at any institution / university.

Sign ........................

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Date ..10-06-24........

# APPROVAL

This dissertation was done under my supervision and has been submitted for examination with my approval.

Sign

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**(UNIVERSITY SUPERVISOR)**

DATE 10/06/2024

## DEDICATION

The dissertation is dedicated to my husband Mr. Wamulimah, the children and My Friends for the care and support they have shown me through-out the period of this project.

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I am grateful to a number of individuals and my family for helping me and contributing to this study. I wish to extend sincere and utmost gratitude to my supervisor and all the lecturers from the school of Theology (Bishop Tucker School of Divinity and Theology) of Uganda Christian University for their valuable encouragement, guidance, time, and dedication for the successful completion of this study.

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## LIST OF ABBREVIATIONS

| | | |
|---|---|---|
| AHA | : | American Heath Association |
| CQI | : | Consumer Quality Index |
| HW | : | Health Workers |
| PLE | : | Primary Living Examination |
| ICU | : | Intensive Care Unit |
| FY | : | Financial Year |
| IMF | : | Internal Monetary Fund |
| MCUHM | : | Mukono Church of Uganda Hospital in Mukono |
| SPSS | : | Statistical Package for Social Scientists |
| UACE | : | Uganda Advanced Certificate of Education |
| UCE | : | Uganda Certificate of Education |
| USAID | : | United States Agency for International Development |
| UN | : | United Nations |
| WHO | : | World Health Organization |

## DEFINITION OF KEY TERMS

**Conflict:** According to the ox-ford dictionary, it is a serious disagreement or argument that has lasted for a long time. The basis of conflicts may vary but it's always part of society. Conflicts may be personal, racial, classical, political and international and often follow a specific course.

**Conflict management:**

According to International Journal conflict management is the process by which disputes are resolved, where negative results are minimized and positive results are prioritized. The aim of conflicts management is to enhance learning.

**Chaplaincy:**

According to Nathan Mahr defines chaplaincyas a very specialized ministry where the minister serves not in a church nor para-church ministry but in an international setting. The chaplain minister not to a congregation but to the public at large.

**Chaplaincy role:** offers spiritual guidance and pastoral care to patients and their families as representative of God (religious tradition). They use insights and solutions of psychology, religious spirituality and theology. Their scope of practice includes; crisis interventions, grief and bereavement counselling, family support counseling, staff counseling, pre-surgical and postsurgical counseling.

**Health workers:** Is a provider of health care treatment and advise based on formal training and experience (Wikipedia)

**Patient:** According to World Health Organization a person receiving or registered to receive medical treatment or any recipient of health care services that are performed by a health care professional.

## ABSTRACT

This research was intended to explore the role of the Chaplaincy in resolving conflicts between Health Workers and Patients in church founded health Facilities. The study of Mukono Church of Uganda Hospital in Mukono Diocese like any other health facilities, experience conflicts between Health Workers (HW) and Patients some of which have escalated and ended into courts of law, that seem to have challenged the responsible leaders, thus seeking for a remedy. Though the causes of these conflicts are known, there has not been any step taken to resolve them. The chaplaincy seems not to have been involved and yet resolving conflicts among health workers and patients should have been one of its roles. Therefore, this research study was aimed at identifying the roles of the chaplaincy in resettling such conflicts. The research had three objectives that included the establishment of the role of Chaplain in addressing conflicts between health workers and patients, find out the common conflicts at the health facility, evaluate the different strategies chaplaincy can employ in managing conflicts at different levels, and suggest ways on how to engage Chaplains in addressing conflicts between health workers and patients.

A study design was adopted in which both qualitative and quantitative approaches were used to gather information and analysis of data. The sampling techniques included purposive and simple random samplings supported by use of self-administered questionnaires whose intension was to complement each other in case errors appeared. This research study is composed of five chapters, chapter one providing the foundation of the study on which other prospective chapters build on and key areas include literature review presented according to the objectives of the study and the methodology utilized in the whole research process. Chapter two is composed of presentation of data and analysis in response to objectives in form of research questions designed from the objective of the research study. Chapter three presents the discussion of the findings in reference to research study. chapter four is the theological perspective or reflection on the study. While Chapter five gives the summary, conclusion and recommendations.

The outcomes indicated that 97.1% of the participants were in favor of Chaplains taking center stage in addressing conflicts between health workers and patient while only 2.8% were against. The 2.8% of the response had other reasons that chaplains can also work in hospitals along with doctors or nurses, actually some were asking what job title can that be, while other totally ignorant about the whole issue. It was also noted, they should be part of the management from the top to the slop stewards (rank and file). This implies that it is long overdue in tapping on the resource of chaplaincy and bring sanity in the health sector.

# CHAPTER ONE

# INTRODUCTION

## 1.1 Introduction

Mukono Church of Uganda Hospital is 23. 8 km East of Kampala City, it is a private not for profit hospital located in Mukono district, Mukono Municipality along the Kampala – Jinja Highway. It is within Mukono north health sub district and serves an area of a population of 30,000 (FY 2020/2021). The Hospital started way back in 1928 by a missionary called Sir Albert Cook. It was officially opened on February 10th 1931. It started as a maternity center under Namirembe Diocese until 1984 when Mukono Diocese took over. On the 18th October 2012 it was recommissioned into a General Hospital by the Ministry of Health and accredited to the Uganda Protestant Medical Bureau.

The main objects (intent) of the Hospital was and is to fulfill the two-fold command to preach and to heal the sick through proclaiming the gospel of Jesus Christ and advancement of the medical work and education under the vision of offering a holistic health care for God"s glory. The realization of this, is not a straight path due to issues that come along during the execution of services to different clients in the process.

Mukono Church of Uganda Hospital has been facing conflicts between Health workers and Patients. Patients on different occasions have dragged the hospital to courts of law to seek justice. This trend cost the hospital dearly. Health facilities like any other organization world over are not immune from conflicts. According to the Ministry of health, Health facilities are prone to common conflicts that require a systematic approach in addressing them between the health professionals and the patients. Some of the issues that contribute to conflicts between the health facilities and patients are due to the gaps in responsiveness, rights violation, resilience, poor care (diagnosis), among others. A trained health worker is mandated to handle / manage patients based on the set guidelines, without fear or favor, passion or prejudice.

A conflict free work environment is not achieved out of wishful thinking but rather a product of complex, harmonious cooperation and partnerships among members within an organization and across different organizations (Abu Bakar, 2014). Failure to attain this will result into

preventable conflicts. The increasingly common occurrence of conflict within work space or across different work spaces has drawn keen attention from many researchers (Giannikas, 2014; Rovithis et al., 2017) particularly its constructive or destructive roles in organizational building process (Hill, as cited in Ayandiran et al., 2015). It's upon this background that this study to underscores the role of Chaplain in addressing conflicts between the healthcare providers and the patients in the healthcare facilities or hospital.

A hospital is a health care institution established to provide patients with treatment with specialized health science and auxiliary healthcare staff and medical equipment-(Wikipedia), while the World Health Organization considers an establishment to be a hospital if it is permanently staffed by at least one physician, can offer inpatient accommodation, and can provide active medical and nursing care. They can be classified by type of service, ownership, size by number of beds, and length of stay. According to the American Hospital Association (AHA) hospitals are licensed institutions with at least six beds whose primary functions is to provide diagnostic and therapeutic patient services for medical conditions, they have organized physician staff; they provide continuous nursing services under the supervision of registered nurses. (Brian C. Castrucci 16, 2019).

The United Nations describes a health system as a structure that includes "all actors, organizations, institutions, and resources whose primary purpose is to improve health care services.

Mukono Church of Uganda Hospital (Mukono Diocese) like any other health facilities, experience conflicts between Health Workers (HW) and Patients some of which have escalated and ended into courts of law. In 2015, a conflict of a baby boy born with no testicles, due to improper examination and poor care of the infant at the facility, led the client drag the Hospital in courts of law, a case of negligence was registered. Another conflict registered, doctors after operating and stitching a patient forgot the gauze in the womb of a woman after operation. The patient later died and this matter too ended in court and many other conflicts that take place at the facility. Successful management of such conflict requires administrative skills and a considerable knowledge of organizational strategies, none of which has generally been given high priority (the role of Chaplain). The importance of chaplain is to deal with spiritual but also among other department of the hospital is the department of the chaplaincy which is crucial in

management issue between health workers and patients offer counseling services. These are said to act as mitigation measures in addressing conflicts.

## 1.2 Background to the problem

This study focused on the role of Chaplaincy in resolving conflicts between Health Workers and Patients in Church Founded Health Facilities; a case of Mukono Church of Uganda Hospital in Mukono Diocese. Reports from the hospital administrator especially from the year 2015 onwards showed that this hospital had been experiencing conflicts between Health Workers (HW) and Patients some of which escalated to Courts of law. Successful management of such conflict requires administrative skills and a considerable knowledge of organizational strategies, none of which has generally been given high priority. The importance of the chaplain is to deal with spiritual matters like counseling the staff and the patients with their care takers but also handling managerial matters. These acted as mitigation measures in addressing conflicts.

Hospital Chaplains work collectively and collaboratively alongside other health care professionals to provide psycho-social-spiritual services for patients and their families. Chaplains always receive regular patients admitted either by the health professionals or fellow patients to receive the overall care and this is a good practice as it brings hope. They possess a particular understanding of the relation between Faith, illness, and the emotional and mental conflicts that might arise. (Timmins et al, 2018).

Health care requires interdependence among its caregivers. This interdependence is often regarded as a "structural antecedent to conflict" (Wright et al., 2014). Multiple scholars reveal that conflicts among interdependent health care workers may occur from discrepancies about which professional is responsible for performing certain roles or making treatment decisions rather than disagreement over the procedure plan chosen (Jameson, 2003).

At Mukono Church of Uganda Hospital patients and victims are desirous at the mitigation and addressing of conflicts between health workers and patients, this shall strengthen trust, confidence and better the image of the facility among the public therefore, involvement of the chaplaincy is a well thought view.

## 1.3 Statement of the problem

Mukono Church of Uganda Hospital is experiencing a lot of conflicts that seem to be worrying to have challenged the hearts of responsible leaders and seeks for a remedy. Though the causes of these conflict are known, there had not been any step taken to resolve them. The chaplaincy seemed not to have been involved, and yet resolving conflicts among health workers and patients should have been one of its roles. Therefore, this research study aimed at identifying the position and roles of the chaplaincy in helping to resolve such conflicts.

Timmins et al., 2018, Wirpsa et al. 2019 & Murphy, 2017 contend that, Chaplains have an important role in multidisciplinary care teams participating in care planning meetings, being involved in decision making processes, facilitating communication between patients/families and physicians and other team members, their involvement is matter of emphasis. Spirituality is becoming an increasing importance in the international healthcare context. While patients‟ and workers‟ spirituality or faith is often overlooked, there is a growing awareness to understand address and support patients‟ spiritual and faith needs that can influence healthcare outcomes.

**1.4 Justification of the study**

The intention of this study was to find out how hospital chaplaincy could help in resolving conflicts between health workers and patients. But also seeing a way of creating peace, harmony and good working relations between patients and Health workers which is critical in Mukono Church of Uganda Hospital.

**1.5 Objectives of the study**

These were intended at informing the research study the extent to which the subject matter carried value and to what extent.

1. To identify the role of Chaplaincy in addressing conflicts between health workers and patients in Mukono Church of Uganda Hospital.

2. To evaluate the extent of chaplaincy's involvement in conflict resolution in Mukono church of Uganda hospital.

3. To establish ways on how to involve Chaplains in addressing conflicts between health workers and patients in Mukono Church of Uganda.

### 1.6 Research Questions

1. What roles would chaplaincy play in conflict management at the hospital?
2. To what extent can Chaplaincy be involved in conflict resolution in Mukono church of Uganda hospital?
3. What strategies do the hospital have in addressing conflicts between health workers and patients?

### 1.6.0 Scope of the research study

### 1.6.1 Content Scope

The study aimed at investigating the role of the Chaplaincy in resolving conflicts between Health Workers and Patients in church founded facilities like Mukono Church of Uganda Hospital in Mukono Diocese.

### 1.6.2 Geographical scope.

Mukono Church of Uganda Hospital is 23.8km East of Kampala City, it is a private not for profit hospital located in Mukono district, Mukono Municipality along the Kampala – Jinja Highway. It is within Mukono north health sub district and serves an area population of 30,000 (FY 2020/2021).

### 1.6.3 Time scope

This research study was limited to secondary data / literature between 2010-2022. This period provided a very reliable and sufficient information that was credible according to the development trend. It was also convenient in providing enough information to make a robust assessment about the issue in question and it was the periods were most cases were registered.

### 1.2.1 Roles of chaplaincy in Christian hospital.

The main role of chaplaincy is to support, serve as a counsellor and give guidance to the psycho-spiritual needs of the staff and patients. Our ministry to patients is a prime responsibility but often we also come into contact with their families and respond to their needs too. Majorly the

type of conflict that arose in this role was misunderstandings between the two parties for example rumormongering, hatred and jealousy among others. As representatives of religious traditions, chaplains in hospitals and medical centers use the insights and principles of psychology, religion and traditions. And the outcome of this role was to cause harmony, peace, unity and effective performance of staff.

Chaplaincy involves giving holistic care to a whole person and includes not only a person's physical health but also their social, emotional and spiritual health a wellbeing. Chaplains work collectively and collaboratively alongside other health care workers to provide psyco- socio spiritual services for patients and their families. The type of conflict in this role was un ethical acts, for example a medical worker abusing, shouting to a patient or to say being rude to the patient. The outcome of this role was restoring sanity to the community and to the professionals.

The pastoral role practitioners seek to build a relationship of trust through compassionate presence and thereby offer help and support to a wide range of people. Involvement with hospital staff forms another major area of pastoral responsibility for the chaplaincy team. They are available for staff support and advise and are often in staff advocacy for example disciplinary and competence proceedings. The conflict that arose to health workers out of working on the patients, for example health work's madness due to work load, lack of rest, pressure to mention but a few. The outcome was to fulfill Jesus' commission to preach the gospel to all.

The role of coordinating the hospital's religious activities; supporting various religious staff groups, coordinating outside use of religious resources in the hospital and controlling the distribution of religious materials within the hospital. The type of conflict here was mis management and embezzlement of hospital resources. The outcome of this role was to ensure resource maintenance and control, development due to proper use of resources and finally the staff got remunerations out of the controlled finances.

Another role for chaplaincy is to arbitrate between health workers and patients' misunderstandings. The type of conflict was negligence, for example where a staff who was supposed to care for a patient in theatre left a patient to fall from the theatre operating table. The outcome of this was to cause mutual understanding between the two parties hence to eliminate matters reaching court.

Summarily the roles of chaplaincy were many but, in my research, I have selected the majors as I also noted in different books of scholars that I had ready and noted them in the literature review of my research.

## 1.2.0 LITERATURE REVIEW

### 1.2.1 Introduction

This chapter presents the literature reviewed in relation to the research study arranged in the interest of the objectives herein the document that include; addressing conflicts between health workers and patients; strategies to address conflicts between Health workers and patients at the health facility; the effects of conflicts between health workers and patients and to suggest ways on the roles of the chaplaincy in addressing conflicts between health workers and their patient.

**Some of the cases noted in Mukono church of Uganda hospital were there in 2015, where woman was operated upon and some materials were left in her womb which caused her another operation and the case was taken to court and the hospital paid them 35 million for damages.**

**Another case was that of a child who was circumcised and died because the act was not properly done and this case also ended up in the courts of the law and the hospital also paid the patient damages of 65million even when the child was not going to come back. The unfortunate part here was that I couldn't access the documents of these cases because the staff responsible were not in office.**

### 1.2.1 Roles of chaplaincy in addressing conflicts between Health Workers and patient

Chaplains have an important role in multidisciplinary care teams participating in care planning meetings, being involved in decision making processes, facilitating communication between patients/families and physicians and other team members (Timmins et al., 2018, Wirpsa et al. 2019 & Murphy, 2017), their involvement is matter of emphasis. Spirituality is becoming of increasing importance in the international healthcare context. While patients‟ spirituality or faith is often overlooked, there is a growing awareness that understanding, addressing and supporting patients‟ spiritual and faith needs can influence healthcare outcomes.

Further, Chaplains work collectively and collaboratively alongside other health care professionals to provide psycho-social-spiritual services for patients and their families. They receive regular patient referrals either by the health professionals or fellow patients to receive the overall care, this is good practice as it brings hope. They possess a particular understanding of the relation between Faith, illness, and the emotional and mental conflicts that might arise. (Timmins et al, 2018).

Health care requires interdependence among its caregivers. This interdependence is often regarded as a "structural antecedent to conflict" (Wright et al., 2014). Multiple scholars reveal that conflicts among interdependent health care workers may occur from discrepancies about which professionals were responsible for performing certain roles or making treatment decisions rather than disagreement over the procedure plan chosen (Jameson, 2003). Blurred boundaries between nurses and physicians leads to conflict when senior-level nurses, who are experts in their specialties, "frequently fail to observe the formal boundaries of nursing practice" (Bonner & Walker, 2004). This corroborates with Kaitelidou et al.‟s (2012) study of physician nurse conflict in Greece that concluded physicians "reported having more conflict with nurses…. with a higher (University) education. Faith and trust are key components when dealing with human beings, in matters of addressing conflicts, the intervention of religious leaders is important, aggrieved parties always have whom to give allegiance by faith and addressing conflicts becomes faster, therefore the role of chaplains in resolving conflict in health facilities should be integrated.

At the core of a redesigned health care system are health professionals. The effectiveness of a system in responding to patient needs depends upon a variety of factors–facilities, supplies, state of knowledge, information technology but such inputs are meaningless without appropriately educated professionals working within and continually redesigning the system to adapt to ongoing and future challenges.

**Therefore, the researcher identified the following gaps: -**

Emotional intelligence has been recognized as necessary not only to be a successful leader but also to be successful in life. A high mental intelligence quotient revolves around a narrow band of linguistic and mathematical skills, whereas emotional intelligence involves self-awareness, management of emotions, empathy, "people skills," and motivation.

Social support: the absence of social support, employees can experience negative feelings. Types of social support are: spiritual support calmness, appraisal support, which consists of performance feedback; informational support, which helps to answer employee questions; instrumental support, which offers tangible aid to employees; and emotional support, which involves feelings of trust and care (Andersen, 2006; Maleki & Demaray, 2003). Unfortunately, social support deficiencies occur frequently during organizational change (Andersen, 2006).

When a perception of fairness is lacking, however, "personal clashes not only are more likely to emerge, but the negative emotions (e.g. frustration, anxiety) that come with them are more easily triggered, further reducing employees‟ commitment to change" (p. 531). Thus, the authors advise that in cases where the organizational crisis impedes fairness perceptions or relational conflict resolution, leaders may consider discouraging informal interactions with followers during the change process.

### 1.2.2 Common conflict at the health facility

There is no single or standard definition of conflict to Cox, 2001; Katielidou et al., 2012; Kelly, 2006. However, for the purposes of this research, it can be described as "a process in which one party perceives that its interests are being opposed or negatively affected by another party" (Kreitner & Kinicki, 2010, p. 373). Certain aspects of organizational design are commonly responsible for the initiation of conflict. Recognition of these antecedents helps organizational executives become aware of the possibility of conflict and take action to assuage it when appropriate (Patton, 2014).

Conflict is real, Frederich, Strong, and von Gunten (2002) discuss a case of value differences resulting in microlevel conflict within a hospice inpatient unit. Physician-nurse conflict arose when a nurse refused to follow a physician-prescribed order to administer a potent sedative to a 47-year-old patient.

The physician, the patient and the patient's wife had earlier agreed to initiate controlled sedation to the patient, who was seeking to hasten death. A nurse who worked during the previous shift felt uncomfortable with the order as well because it seemed excessive at that point in the patient's disease progression. Health care workers are able to refuse patient care assignments when they are "ethically or morally opposed to interventions or procedures in a particular case"

(p. 156). The polarity of values on the hospice unit created conflict among the physician, the nurses, the patient, and the patient's family.

Managing conflict in the workplace is a time consuming but necessary task for the physician leader. Conflict may exist between physicians, between physicians and staff, and between the staff or the health care team and the patient's family. "Conflict may range from disagreements to major controversies that may lead to litigation or violence. Conflict had an adverse effect on productivity, morale, and patient care. They may result in high employee turnover and certainly limit staff contributions and impede efficiency". (Michael A. E. Ramsay, et al., 2001).

"If Communication is poor, and staff withhold information because of fear of an outburst. The information withheld may be vital for patient well-being. The physician loses staff support and may become isolated. If the problem is severe, retaliation may occur, and this may take many forms. The failure to properly assist, the initiation of lawsuits, the support of the plaintiff in a malpractice suit against the physician, or even malicious sabotage of practice." (Andrew LB 1999)..

In a similar vein, healthy, conflict- free work environment is a product of complex, harmonious cooperation and partnerships among members within an organization and across different organizations (Abu Bakar, 2014). Failure to attain the foregoing will result in conflicts. The increasingly common occurrence of conflict within a work space or across different work spaces has drawn keen attention from many researchers (Giannikas, 2014; Rovithis et al., 2017) particularly its constructive or destructive roles in organizational building process (Hill, as cited in Ayandiran et al., 2015).

The understanding of the relationship between the nursing work environment and patient experience is focused on improving patient care, patient safety and patient experiences by creating a good healthy work environment for nurses. This is basically because each patient has different concerns and attention from the health professionals before them in the process of securing good health to live (Kieft et al. BMC Health Services Research 2014). A health work environment fosters a climate in which nurses are challenged to use their expertise, sills, and clinical knowledge. Furthermore, nurses who in such an environment are encouraged to provide patients with excellent nursing care.

Although there is a relationship between the nursing work environment and patient experiences of the quality of care, it is not clear how this relationship is formed and characterized from the perspective of work and which aspect in daily practice influence patient experiences." Little is known about the underlying mechanisms and how these result in better patient experiences. The increasing complexity of patient care requires well-trained nurses who care of creating a safe and patient-centred environment" (Kieft et al. BMC Health Services Research 2014).

"A Health care sector, like any other workplace, has had its own fair share of conflicts, particularly when all the interest groups fail to harmonize their interests through interdisciplinary collaboration and compromise "(Thistlethwaite & Jackson, 2014). Some measures employed to address conflicts have not left the health care facilities the same and this made many to fail in coping up with the consequences, therefore research geared at coming up with appropriate means to the answer is desired today.

### 1.2.3 Evaluation of the different strategies chaplaincy can be employed in managing conflicts at different levels.

Understanding how conflicts arise is important in their prevention. "From an employee's perspective, triggers include lack of communication, colleagues who don't pull their weight, unfair criticism, silly rules, preferential treatment, sexism or racial inequality, being put down, unreasonable expectations, and verbal abuse. On the management side, problems arise from poor communication, inappropriate responses, poor prioritizing, personal work interfering with professional work, and clock-watching." (Fowler AR, Jr, Bushardt SC, Jones MA. 1993).

"Conflicts, when properly managed, is capable of generating positive outcomes; conversely, poor applications of conflict management techniques can be counterproductive" (Alshammari & Dayrit, 2017) and subsequently generate negative impact on the consumers of health care. Within the surgical work space interpersonal conflicts have been documented to result in dire consequences, ranging from inability to attaining the desired clinical and administrative goals (Al-Hamdan et al., 2016; Mckibben, 2017; Papadopoulou, 2014) and large number of operative and post-operative complications as well as increased chances of patient's mortality (Kirschbaum, McAuliffe & Swanson, 2018;

Communication challenges and conflicts can occur due to language challenges to the caretaker and family relatives this plays a critical role in decision making, communication of bad news and the more practical aspects of caring for the patient. Incongruent beliefs about the causes and treatment of an illness, language difficulties, strong religious beliefs and ethno-cultural norms and values (e.g. gender values) are often described as root causes of tensions. Additionally, healthcare professionals" lack of knowledge about ethno-cultural differences and ethnic stereotyping can further hinder trustful communication with relations.

Power struggles also occur when organizational design results in process changes. Pichault (1995) "offers several case studies illustrating "power games" during organizational changes due to process changes, including one that occurred in a health care facility". The health care organization's top administrators invested in an integrated computer system resulted in less duplication of services, such as identification procedures and registration process. However, physicians complained about the new system and refused to computerize their accounts, citing them as confidential. Shweta and Jha (2010) asserted that refusal to complete assigned duties as an antecedent to interpersonal conflict between the party assigning the task and the one who refuses to do so. Pichault"s (1995) health care case study exemplifies Raza and Standing"s (2011) assessment that organizational changes frequently lead to conflicts that "hinder the process".

It is important to develop and maintain collaborative working relationships with professionals, including those in your field, collaborative working relationships exist when all the involved professionals interact and operate in a complementary manner, and show mutual respect that is based on knowledge and expertise. Professionals need to discus and influence patient care on the basis of their own expertise. This helps in solving problems sooner when ideas and thoughts are exchanged. Conflict solving is all about sharing information and communication. Therefore, communication and aligning with each other is needed so that no conflicting information is given and uniformity in care or treatment is provided. It generates, composure and clarity towards patients on the matter at hand (Kieft et al. BMC Health Services Research 2014.

> *"We have a patient who is very compulsive. We made agreements about how to approach and handle this patient. We continually need to communicate with each other, physicians, psychologists, nurses. Clear communication is so important,*

*and I miss that sometimes. When you have good relationships, it is easier to review and discuss the treatment administered. It will not only increase your knowledge, but also be helpful in the communication with the patient and his family. It's easier to explain why the specific treatment is being deployed."*

Conbere (2001) believes that dealing with conflict is imperative. "Managing conflict has been recognized as an important task in organisations for at least three reasons". He describes those reasons as follows. First, the trend of focusing on collaboration means that employees must work together while overcoming their differences. Second, content employees are apt to stay in the workplace. Retention of employees is essential with the rapidly growing retirement can prevent such litigation. The third reason Conbere describes sounds more like conflict resolution than conflict management.

A manager should pay attention to the team spirit and unity and must be able to handle conflicts, also be visible and approachable this implies to always have regular contacts with the nurses which create a free flow of information and bridging that gap in appreciating takes place where the manager is not in operation. It also helps him to create the right conditions and have the logical ability to ensure continuity of care, this means arranging sufficient personnel replacement staff and succession planning.

Conflicts within the hospital workplace, according to Pitsillidou et al., (2018) have been managed using myriads of techniques, among which include avoidance, negotiation and compromise. However, Alshammari & Dayrit, (2017) after observing the approaches to managing conflict between the nurse managers and staff nurses, posited that avoidance and competitions were the most and least deployed methods respectively.

To suggest ways on how to engage Chaplains in addressing conflicts between health workers and patients.

### 1.2.4 Ways on how to engage chaplains in addressing conflicts between health workers and patients

All said and done, conflict is a world phenomenon and has been part of all human dimensions and functionality (Kelly, as cited in Ayandiran et al., 2015). Its poor management, leads to

catastrophic impacts among others physical confrontations between the two parties and this has / is always the results. Such devastating outcomes have ranged from mere altercations to full blown wars. In man's history there hasn't been any time without conflicts of any kind occurring in one geographical location or the other in the world. In the recent past, major armed conflicts have ravaged different regions of the world, from insurgent- driven and civil wars and inter country this include Algeria, Burma, Russia vs Kurian, Kony in Uganda Nigeria, Kenya as a result of election. These conflicts have been fueled by complex contemporary issues such as the global distribution of goods, power, and resources.

The pitfalls that leaders should be careful to avoid include taking people for granted, failing to keep promises, failing to take responsibility for one's own errors, and failing to practice what one preaches. The key to survival as a leader is to develop emotional intelligence and to engender it in the work environment.

Randall (2007) conducted a qualitative study that describes a real-life organizational design example of employees completing tasks generally not required of them. The study revealed that in the structural reconfiguration, case managers now "being held financially accountable and are primarily from nursing backgrounds". The case managers‟ added responsibilities contributed to a "significant" increase in their stress level. They were forced to make decisions about how to allocate resources, which often made them uncomfortable about the quality of care provided. The nurse participation in Randall‟s study were accustomed to providing the best possible care without focusing on the cost involved. This refocus of attention to financial concerns led to a type of individual conflict in which the new role conflicts with the individual's value system.

Though some still view conflict as purely dysfunctional, conflict can potentially result in positive outcomes Rahim et.al. (2002). Andersen (2006) proffers that conflict does not only represent crisis but also invites possibility. Eisenhardt et al. (1998) assert that senior executives engaging in conflict is often essential for effective strategies to evolve. When conflict results in a "healthy and vigorous challenge of ideas, beliefs and assumptions," conflict can transform a good organizational design process into a better one (Menon, et al. 2001). For example, if a process change in an organisation presents with in its implementation and the users communicate their disapproval of those problems, interactive dialogue between the change agent and the employee(s) involved in the process change can result in a highly functional, usable alternative.

Conflict may also prevent a change from occurring if those affected by the proposed change find it unnecessary and voice their opinions to the change agent (Heichberger, 1974).

Conflict is inevitable in any work environment due to inherent differences in goals, needs, desires, responsibilities, perceptions and ideas. “Nursing is about relationships, and the quality of those relationships is vital to everyday interactions and positive outcomes for patient/client care and role satisfaction” (Cohen & Bailey,1997). Interpersonal relationships within the workplace can make the difference between difficult situations and intolerable ones. However, the increasing prevalence and subsequent impact of interpersonal conflict in Health-care settings necessitates the requirement for organizations to have a process to manage conflict that may occur.

Countries throughout the world, patient experiences are being monitored in order to obtain information about the delivery and quality of healthcare. Many studies had been performed to analyze what patients consider essential within healthcare. For example, country case studies on human resource for health like Liberia, Rwanda and Mozambique have indicated that health workers were targets for violence(Pavignani 2003).

## 1.3.0 METHODOLOGY

### 1.3.1 Introduction

This section presented the approach used in attaining the research findings of this study. Both qualitative and quantitative were used. In qualitative approach I used the questionnaires, sample size, focus group and interview guide. With quantitative I used the research design, geographical area, population of the study. And also presents the data collection methods, the research instruments, data analysis, reliability and validity check of the questionnaire, the ethical consideration and the limitations / anticipated problems that the researcher might face when carrying out the study.

### 1.3.2 Research design

The research design used was both quantitative and qualitative and I used questionnaires, which I designed and distributed to the selected population of 100 participants out of 200 people. The questionnaires were later returned after filling and I used them to make the finding of what we needed as discussed in the presentation below. Others were sampling method, systematic sampling, purposive sampling and others as noted in the data presentation.

According to Creswell and Plano (2017), defined research design as the arrangement of conditions for collection and analysis of data in a manner that aimed to combine relevance to the research purpose with the economy in procedure. For purposes of this study, a cross sectional approach was used. This allows looking at groups of people or cases at a particular point in time and also allow comparing different population groups at a single point in time.

Mathews & Ross, (2010) indicated that a cross-sectional design included more than one case, collects data at one particular time, and also includes participants that can be compared. The cross-sectional study design would enable the researcher to look at people's expressed history or reporting on their experiences and opinions comparing different characteristics and possibly identify a cause-and-effect association.

### 1.3.3 Study area

The study was conducted at Church of Uganda Hospital in Mukono. Church of Uganda Hospital was chosen as case study because it was one of the hospital that provide all the services patients seek for and no research on the same had been conducted to assess the role of church leaders / Chaplains in care. It was believed that the nature and level of the hospital provided a strong foundation for interesting data and results.

Being established and managed on a church-based foundation its finding and results could easily inform the improvement in management of the facility, care and better the image of the hospital realized as it offers service to a range of stakeholders.

### 1.3.4 Population of study

According to (Maree, 2013), a population was a complete collection or the universe of all the members or units of a group that was of interest in a particular study. The population of study comprised of an estimated 100 participants both staff and patients at the hospital.

### 1.3.5 Sample size

A sample of 100members was selected out of 200 people to carry out the research and this served as the size used to discuss the findings of the research and reference was done in some scholar's books as noted below and all the other methods below were used.

A sample was a selection of units out of the total population to be studied (Kumar, 2014). A sample size was usually drawn in order to reduce on the cost and time that would have been spent studying the whole population especially if they are big which was the case for this study. Hence from the population of 200 (average number of clients seen in a month) a sample size of 100 was used. This were calculated using the formula according to (Krejcie and Morgan ,1970) table of sample determination because it was widely used in studies which use quantitative and qualitative methods.

### 1.3.6 Sampling methods

a. **Random sampling** – this was used to get the sub set of individuals chosen from the mother population and were chosen randomly.

b. **Systematic sampling**–this was a statistical method that involved the selection of elements from an ordered sampling frame.

c. **Convenience sampling** – it was a non-probability sampling it involved using the sample that was close to hand but understand the matter at hand it was effective at pretesting as well.

d. **Purposive sampling also known as judgmental sampling** – involved selecting samples with the real expertise or information the research study was looking for.

### 1.3.7 Data source

In this research study the researcher used both primary and secondary sources in collecting data. Both sources were used to complement each other and confirm the results. The secondary sources included available literature about conflicts and the role of church leaders / Chaplain in

care and while the primary sources were the responses from the target respondents irrespective of their status in at the hospital.

#### 1.3.8.0 Data collection methods

Different data collection methods were employed by the researcher to enable her get the required information from the respondents. These included the following:

#### 1.3.8.1 Interview method

An interview was defined as a face-to-face conversation between an interviewer and a respondent conducted for the purpose of obtaining information (Hulst, Koster & Vermeulen, 2015). Personal interviews of Church of Uganda staff were conducted on a one-to-one interaction so as to get individual experiences, views and opinions about the existing mode of care. The face–to–face approach enabled the researcher to capture the non–verbal messages which are revealed through body languages, gestures and facial expression of respondents.

#### 1.3.8.2 Questionnaire method

Creswell & Creswell (2019) defined questionnaire as a set of questions for submission to a number of persons to get data. The researcher used this method to collect data from the respondents largely because it was an easy method of data collection where honest responses are given because of anonymity. This method was used on non-staff.

#### 1.3.8.3 Data collection instruments

While carrying out the study, the researcher used the following instruments to enable her collect the data that was needed.

#### 1.3.8.4 Interview guides

An interview guide could be defined as a face-to-face conversation based on the set questions held between an interviewer and a respondent for the purpose of obtaining information (Stuckey, 2013).

#### 1.3.8.5 Questionnaire

The questionnaire was a set of questions designed in accordance with the main themes of the study. The questionnaire was adopted to obtain data from targeted respondents, in this case it included, the duty-bearers. The term duty- bearers we refer to health workers including Nurses,

Doctors, Laboratory technicians etc., Technical People and the patients. In this study a set of structured questionnaires were prepared in line with the objectives of this study. This gave the opportunity to duty-bearers to respond to questions and answers that were appropriate in time within the agreed period as well as consulting records where necessary.

In this study a set of structured questions were prepared in line with the objectives of this study.

Questionnaire: both open ended and close ended were used. Closed ended questions were used also for purposes of high response rate while open ended questions were included in order to enable the respondents make clarification on some issues. Questionnaires were administered to all the clients who could not easily avail time for face-to-face interviews.

### 1.3.8.6 Validity and reliability of instruments

Bloomberg and Volpe (2012) defined validity as the extent to which an empirical measure adequately reflects the real meaning of the concept under observation. However, the concept of reliability in relation to a research instrument implies that the instrument was accurate and predictable. To ensure reliability of the data collected, the researcher first carried out pretest of the instruments with a few selected respondents to see if they produce the required results and thus improved on the instruments by making corrections where it required. More specifically, the study used Cronbach"s test to test for validity of the instruments.

### 1.3.8.7 Data Analysis

Data analysis, was a way to process **qualitative and quantitative** data so that what had been learned could be communicated to others. Analysis means organizing and interrogating data in ways that allow researchers to see patterns, identify themes, discover relationships, develop explanations, make interpretations, mount critiques, or generate theories (Dragan & Isaic-Maniu, 2013).

The basis for data analysis was the objectives, the questions, and the objectives of the study. Both qualitative and quantitative approaches were used in data analysis. This was so because according to (Creswell& Creswell, 2017), a choice of only one of these approaches (qualitative and quantitative) often presents a myopic view of things.

Qualitative data was analyzed using themes derived from the objectives where necessary narrated text and quotations was employed, word count also was used, that was the most frequently used words to be helpful in getting a clear understanding for what is important to the respondent. This method was guided by the objectives and questions of the research study. Therefore it „was from the results of such analysis that the researcher was in position to make sense of the data (Creswell & Creswell, 2017).

**Statistical data analysis:** It should be noted that quantitatively, data was analyzed statistically by means of approved statistical approaches and packages. Data analyzed basing on statistical data analysis approaches that incorporates frequency distributions, measurement of central tendencies (tables, pie-charts, histograms, and pictures). Data was analyzed with frequencies and percentages distributions with Statistical Package for Social Scientists (SPSS) used to formulate frequencies, percentages, pie charts, and graphs of the manually coded data.

#### 1.3.8.8 Ethical Considerations

Permission through writing was sought from the University introducing the researcher to the Hospital. The researcher got introductory letter from Mukono Christian University Department of Theology after approval of my proposal. This will also be presented to the administration of the Hospital. The following ethical issues were considered when undertaking the research:

**Confidentiality**, employees and client's information was treated with the highest degree of confidentiality. Therefore, the respondents who agreed to participate in the research study were assured that their identities remained protected from the public and any information provided to investigators was to be kept confidential and this was acted upon and transformed into reality (Yin, 2017).

**Consent** involved the procedure by which an individual could choose whether or not to participate in a study. Therefore, the researcher ensured that participants had a great

understanding of the purpose and methods to be used in the study before they consent and this was undertaken by providing them with a consent form for reading and signing.

**Privacy** involved what information about one's self should and should not be known to others.

Therefore, for this study individual private health information was highly protected.

#### 1.3.8.9 Limitations

- The study faced challenges of not easily getting respondents for face-to-face interviews because of their engagements on duty.
- It also faced a challenge of delayed / not returning the questionnaires by the respondents due to misplacements or otherwise.
- It also faced challenges of not properly understanding some of the words and concepts within the tool.
- There was also negative perception of the whole exercise that could make some participants not to disclose key information for the research.

#### 1.3.8.10 Delimitations

- On the issue of not returning the tools – the researcher distributed as many tools as possible so that those returned would match the expected ones.
- In matters of delayed return of the tools appropriate follow-ups with alternative was the best approach
- In mattes of poor understanding of key concepts, this was lessened with an interview guide of face to face and the researcher was always trying to translate into a user-friendly language
- In matters of negative attitude onto the whole exercise the researcher ensured to seek an introductory letter from the university explaining the purpose of the exercise.

# CHAPTER TWO

# PRESENTATION OF DATA AND FINDINGS

## 2.1 Introduction

This chapter explored the role of the Chaplaincy in resolving conflicts between Health Workers and Patients in church founded health Facilities which was based on the research objectives that included; Establishing the role of Chaplaincy in addressing conflicts between health workers and patients, evaluating the extent of the chaplaincy's involvement in conflict resolution, evaluating the different strategies chaplaincy can employ in managing conflicts at different levels, suggesting ways on how to engage Chaplains in addressing conflicts between health workers and patients. Basically, the information analyzed in this chapter is from two categories of people, the patients at the health facility (ordinary people) and the health workers (Duty- Bearers).

**The role of chaplaincy in conflict management at the hospital.**

1. According to objective one (section A) of the questionnaire which was; to establish the role of chaplaincy in addressing conflict between health workers and patients together with question one in the questionnaire relating to this role which was; what role would chaplaincy play in conflict management at the hospital?

The two groups of people were given questionnaires, 60 health workers and 40 patients making a total of 100 respondents, 70 of them responded by filling and returning the questionnaires. Forty (40) of them gave four roles of chaplaincy as follows; (i) Chaplaincy offer the role of spiritual guidance, counselling and support. (ii) Chaplaincy is available for support staff and advocacy. (iii) Chaplaincy offers holistic care and physical support. (iv) Preaching and praying for the patients and hospital staff. All the 70 respondents were able to point out the roles of the chaplaincy as mentioned above.

Whereas the remaining 30 questionnaires were not returned by both the groups.

**Level of involvement of chaplaincy in hospital management.**

Objective two of (section B) which was; evaluate the extent of chaplaincy involvement in conflict resolution in Mukono Church of Uganda hospital in relation to questionnaire two, which says; to what extent can chaplaincy be involved in conflict resolution?

First and foremost, the questionnaires were distributed to 100 respondents, 70 were returned, 30 were not returned. Among the 70 the respondents were able to point out the extent to which the chaplaincy would be involved: (i) 10 ticked onset (ii) 5 ticked all the above (iii) 10 ticked when matters are beyond the hospital (iv) 45 ticked before the matters reach top management.

Part b of the same question required the respondents to four reasons to support their argument so the 45 argued that, (a) Chaplain was seen as a Messager of God to bring Good News to the hopeless but also a mediator. (b) The chaplain was seen as peace maker (c) A chaplain was seen as a mentor (d) A chaplain was seen as a counsellor and a friend of many therefore could resolve these matters.

The 5 who ticked all the above noted that, (a) Because the chaplain could handle all difficulties (b) He talks with God (c) He was seen as a counsellor (d) He sees beyond others.

The 10 who said onset, (a) Because he can pray for the conflict and people change (b) He can intercede for them so that they do not go beyond(c) Because the chaplain is the one who could help those in problems (d) A chaplain was seen as their counsellor.

Then the 10 who said that when matters are beyond the hospital (a) The chaplain was supposed to give them holistic care (b) A chaplain was seen as a mediator (c) A chaplain was seen as staff

advocate especially for discipline and competence(d) A chaplain was to give spiritual guidance and support.

**Strategies in place on conflict management at the Hospital.**

Objective three section C, which was; To suggest ways on how to involve chaplaincy in addressing conflicts between health workers and patients in Mukono church of Uganda Hospital relating to the question which was; what strategies do the hospital have in addressing conflicts between health workers and patients? The following were their responses;(i) active listening and discussion (ii) Compensation to the affected party(iii) Emotional management and empathy(iv) Acknowledgement of the conflict and seek forgiveness.

Among all these strategies the first one, active listening and discussion had been effective in the hospital. The respondents suggested that compensations could also be effective and the other was emotional management and showing others empathy.

One of the advises they gave in this section was that all of us are human and are bound to make mistakes, therefore there was need to agree amicably and resolve matters for the good of the two parties, health workers and patients. **Common conflicts at the hospital between patients and health workers**

common conflicts at the hospital between patients and health workers

Below were some of the commo conflicts that respondents came up with:

- Hospital bills to the patients
  Attitudes
- Delayed results
- Rumors
- Patient satisfaction towards care
  - Long waiting hours
- Arrogance by the health worker
- Disagreement over the treatment
- Delayed services
- Missing appointment
- Poor customer care

**Table 1: Participation of respondents in the research study at the health facility**

| Gender | Frequency | Percentages |
|---|---|---|
| H/W | 60 | 50.0 |
| *Patients* | 40 | 20.0 |
| ***Total*** | 100 | **70** |

***Source primary Data collected***

The table above indicates the level of participation by gender of the respondents both patients and health workers. According to the results based on the primary data collected male involvement was higher than female, the number of the male was 40 out of the total of 70 respondents with a percentage of 57.1 percent while their counterpart (female) was 30 out of 70 giving a percentage score of 42.8 percent. The researcher initially distributed 100 questionnaires but only 70 were returned, this sort of happening was anticipated among the likely challenges to affect the research study. By all standards the score by 70%, was good enough to rely on and provided a representative picture on the mother population of study under investigation. However, this does not mean that every research should always target 70% of the respondents unless extraneous variables dictate so. Below is the bar graph diagrammatically demonstrating on the same for those who are familiar with such for their conceptualization with scores, on the X-axis and Y-axis showing items (female Vs male).

**2.3 Participants biography and status**

**Table 2: Participation of respondents by status**

| Status | Frequency | Percentages |
|---|---|---|
| **Patients** | 38 | 54.2 |
| **Health work** | 32 | 45.7 |
| Total | **70** | **99.9** |

***Source: primary data collected***

The table above demonstrates the status of participants‟ involvement; the numbers of patients‟ / care givers were higher than that of the health workers. Patients were 38 overall number out of the 70 who returned the tools. On a percentage basis patient scored 54.2 percent and these were both male and female patients, while health workers both male and female at 45.7 percent. This gave a fare view during analysis hence key informants on the matter at hand. The findings in the table above also is demonstrated in the bar graph below for further conceptualization of what

| *Age* | Frequency | Percentage |
|---|---|---|
| *20-25* | 12 | 17.1 |
| *26-30* | 16 | 22.8 |
| *31-35* | 10 | 14.2 |
| *36-40* | 9 | 12.8 |
| *41-45* | 6 | 8.5 |
| *46-50* | 7 | 10 |
| *51-55* | 6 | 8.5 |
| *56-60* | 4 | 5.7 |

***Source: primary data collected during the research study***

transpired during research study. And each categories views reflected their position to the matter for someone to comprehend.

**Table 3: Participants Participation by participants age**

Like any other research study, the effectiveness and efficiencies were hinged on the participants age, which is key in understanding the issue at hand and ability to contribute to the concerns. All participants in the study were both male and female adults, whose conscience was well prepared and good enough to participate and contribute either as a victim or survivor. The table above indicates age between twenty (20) to sixty (60) years both patients and health workers. The least numbers of participants were between 56 to 60 years and these were 4 (four) with a percentage score of 5.7% while the highest number was between the age of 26 to 30 years who were 16 (sixteen) in number with a percentage score of 22.8%. The findings herein by all standards is reliable enough on the matter of exploring the role of the Chaplaincy in resolving conflicts between Health Workers and Patients in church founded health Facilities.

| *Level of education* | Frequency | Percentage |
|---|---|---|
| *PLE* | 6 | 8.5 |
| *UCE* | 11 | 15.7 |
| *UACE* | 8 | 11.4 |
| *Certificate* | 13 | 18.5 |
| *Diploma* | 16 | 22.8 |
| *Degree* | 16 | 22.8 |
| ***Total*** | **70** | **99.7** |

***Source: primary data collected during the research study***

**Table 4: Indicating participants' level of education**

The results in the table above indicates participants" involvements by level of education. This was used to ease the understanding and being able to contribute with limited challenges. The lowest level of education was someone having finished primary seven. These were 6 (six) in numbers scoring 8.5% and the highest was a degree who were 16 in number scoring 22.8%. This, representation was very good for this research study and their views are representative enough for the outcome in comparison to the mother population. The percentages imply that there were hardly difficulties in apprehending the questions (Self-administered questionnaires) and the responses given on each question was worth noting with the matter of facts that conflicts take place at the facility.

This is in confirmation with what several studies have found out that there is a strong association between level of education and apprehension of information Trevor Hassall (2013). Therefore, matters of understanding the objectives of the study in respect to questions within the questionnaire was not a problem and that is why no questions were left unattended too. Hence mitigating biasness that could be exhibited while using guided interviews. And the bar graph below is extracted from the table above.

In summary, according to the respondents from the research study the percentages showed that there is need to address the conflicts between health workers and patients as a key role of the hospital chaplain. According to objective one, the hospital chaplain should give spiritual care,

counselling and guidance to both the health workers and the patients. Out of the total percentage 70% agreed with this objective.

For objective two 27.1% of the respondents revealed that the chaplaincy's involvement in conflict resolution would combat the situation in our Church of Uganda Founded facilities. They also pointed out that the hospital chaplain should be part of the management team, so that the advice is given. That meant that chaplain works collectively and collaboratively alongside other health care professionals to provide positive results.

For objective three 25.8% of the respondents suggested ways on how to engage the chaplain in addressing conflicts between health workers and patients. These included; choosing the executive team members and organizational design, monitoring the workers in order to obtain information about the delivery and quality of health care, analyzing what patients consider essential within healthcare.

# CHAPTER THREE

# DISCUSSION OF THE FINDINGS

## 3.0 The role of chaplaincy in conflict management at the hospital

According to the results and percentage from the respondents being high for example 45 of the people supported chaplaincy being involved in the conflict resolution before it gets to the top management and this meant that they were supporting the need for chaplaincy involvement and thus,

The results herein were in favor of chaplains doing a good job in the management of conflicts between health workers and patient at hospital with a shooting of 97.1% which was 68 respondents out of 70 who were interviewed, this was clearly demonstrated in the prospective in the table (5) below, however this did not mean that we should not give attention to dissenting views of 2 respondents who were not sure.

The 2.8% as indicated in the table could be, according to Wright et al., (2014) Health care providers‟ expectations vary. Peers tended to get frustrated when their expectations for their coworkers were not met. This led nurses in conflict with others including patients, fellow nurses, which in abundance of literature suggested were the most common form of conflicts in the nursing field (Johnson, 2009; Rowe & Sherlock, 2005). Some speculated that nurses in fighting might occur so frequently due to displaced aggression since “direct conflict with the real oppressor [the physician] was too risky” (Rowe & Sherlock, 2005, p. 243). Wright et al. (2014), as part of a larger study to identify nursing retention factors, studied interpersonal conflict through weekly surveys to 144 predominantly female nurses. The disparate work expectations produced conflict on the intradepartmental level. For instance, one nurse who was surveyed expressed conflict amongst her peers since she was injured on the job and later expected to “tough it out” by other nurses.

The reasons given in favor of chaplain’s roles in conflict management between health worker and patients at a hospital according to the findings included; they are servants of God, could handle emotional matters, good at counselling and guidance, offer comfort and compassion, could offer mentorships, can preach the word of God, could provide education on emotional control to health

workers, could promote forgiveness, could promote reconciliation, pray for situations to change. These were not far-fetched from Kieft et al. BMC Health Services Research (2014) indicated, where many studies had been performed to analyze what patients consider essential within healthcare. For example, a study by the Picker Institute Europe revealed eight general quality aspects: involvement in decisions and respect for performance, Clear, comprehensible information and support for self-care, Emotional support, empathy and respect; Fast access to reliable health advice; Effective treatment; Attention to physical and environmental needs; and Involvement of, and support for, family and careers; and Continuity of care and smooth transitions.

The table below (5), demonstrated participants" position on the role of chaplains in the management of conflicts at the hospital**.** This was one of the objectives whose extent of applicability into the research was based on the findings and complemented by the secondary data from different scholars in literature review.

Goleman D (1995), contended that, the development of interpersonal intelligence allowed understanding of other people what makes them "tick", what motivates them, and how to work with them. This not only enabled leaders to "get inside the other person's head" it led them understand and recognize their own emotions, making control of those emotions easier. If emotional control is lost, smart people become stupid. This kind of life was much more contextualized with spirituality interventions (God given) when applied was much more believed, trusted and actions taken along that line, therefore chaplain being engrained in religious doctrine deserve to sit on the front line in such matters either by design or default at a Health Facility. The findings in the table below (5) indicated that 68 participants out of 70 with a 97.1% agreed that chaplains have some work in addressing conflicts between health workers and patients. This therefore justified this objective that it was handy for the research study. Below are the results in the table.

**Table 5: Response on the roles Chaplains in conflict management at hospital**

**Frequency Percentages Qn**. *In your views do you think chaplains have some work in addressing conflicts between health workers and patients?*

*a) Yes* 68 97.1

*b) they are trained, represent God,*

*c) saves time, reconciliation is possible, forgiveness is possible, spiritual guidance, they are more qualified, well placed in managing people,*

*d) improve relationships, can get good guidance, they hardly loose temper, very qualified, give passionate advice,*

*b) Not sure* 2 2.8

*c) No* 0 0

*Reasons given for yes: they are servants of God, can handle emotional matters, good at counselling and guidance, offer comfort and compassion, can offer mentorships, can preach the word of God, can provide education on emotional control to health workers, can promote forgiveness, can promote reconciliation, pray for situations to change.*

**1 Level of involvement of chaplaincy in hospital management**

Cohen &Bailey, (1997) reiterated that, conflict was inevitable in any work environment due to inherent differences in goals, needs, desires, responsibilities, perceptions and ideas. Nursing was about relationships, and the quality of those relationships was vital to everyday interactions and positive outcomes for patient/client care and role satisfaction. Interpersonal relationships within the workplace could make the difference between difficult situations and intolerable ones. However, the increasing prevalence and subsequent impact of interpersonal conflict in healthcare settings necessitated the requirement for organizations to have a process to manage conflict that might occur. Interpersonal conflictive interactions among members of the health-care team created subtle unpleasant experiences that resulted in negative attitudes and behaviors. In turn, this could create a stressful work environment with negative consequences such as job

dissatisfaction, weak organizational commitment, 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 (Almost et al., 2010; Rowe & Sherlock, 2005; Wolff, 2009). The level of engaging key professionals in addressing conflicts should be clearly defined from the onset to the disposal of a given conflict, this mitigated blame games. The key players into this should be smartly brought out in the management structures to

Optimize skills at disposal. The tables below indicate the findings.

**Table 6: Levels chaplains to play part in conflict management**

| *Question and responses* | Frequency | Percentages |
|---|---|---|
| *Qn. At what level would you recommend the involvement of chaplains in conflict management?* | | |
| *a) At the onset of the conflict* | 19 | 27.1 |
| *b) When matters are beyond the hospital* | 10 | 14.2 |
| *c) Before the matter reaches top management* | 20 | 28.5 |
| *d) All the above* | 21 | 30.0 |
| *Reasons given on each* | | |
| *a) protects the image, promotes respect and job security, high chance of changing bad directions, reconciliation is simple,* | | |

The findings on each corresponding response indicated, that all alternative answers from a to c were in important generally for chaplains‟ levels of involvement with 21 participants out of 70 scoring a 30.0% at individual alternative responses, at the onset of the conflict had 19 participants out of 70 scoring 27.1%, when matters were beyond the hospital 10 participants out of 70 scoring 14.2% while before matters reached top management 20 participants out of 70 scoring 28.5%. Therefore, engagement of chaplains in conflict management should not be taken as a one-off call but a full-time engagement by structure. This was likely to mitigate escalation of conflict, financial losses, destruction of the hospital image among others.

Timmins et al., (2018) & Wirpsa et al. (2019) illustrated that Chaplains have an important role in multidisciplinary care teams participating in care planning meetings, being involved in decision making processes, facilitating communication between patients/families and physicians and other team members (Murphy, 2017), their involvement was a matter of emphasis. Spirituality was becoming of increasing importance in the international healthcare context. While patients‟ spirituality or faith was often overlooked, there was a growing awareness that understanding, addressing and supporting patients‟ spiritual and faith needs could influence healthcare outcomes.

Further, Chaplains‟ works collectively and collaboratively alongside other health care professionals to provide psycho-social-spiritual services for patients and their families. Always received regular patient referrals either by the health professionals or fellow patients to receive the overall care, this was good practice as it brought hope. They possess a particular understanding of the relation between Faith, illness, and the emotional and mental conflicts that might arise (Timmins et al, 2018). These writings were clearly demonstrated in the research findings as noted in the table above the efulness of the chaplains at different levels.

| ***Question and responses*** | **Frequency** | **Percentages** |
|---|---|---|
| *Should chaplains be part and parcel of the management team at the hospital?* | | |
| *a) Yes* | 32 | 100 |
| *b) No* | | |
| *How should they be part and parcel?* | | |
| *Given mmanagement posts, take decisions and practice on a day-to day basis* | | |

**Table 7: Health Workers - Should Chaplains be part and parcel of hospital management**

The table above indicated that chaplains should be part and parcel in the management of the hospital. All the duty bearers‟ / health workers who participated in the study were in agreement, 32 out of 32 scoring 100%. This implied their absence had been long overdue, some of the issues could have been solved without costing any as it is.

Wright et al., 2014 asserted that, health care required interdependence among its caregivers. This interdependence was often regarded as a "structural antecedent to conflict". Multiple scholars revealed that conflicts among interdependent health care workers might occur from discrepancies about which professional was responsible for performing certain roles or making treatment decisions rather than disagreement over the procedure plan chosen (Jameson, 2003). Blurred boundaries between nurses and physicians led to conflicts when senior-level nurses, who were experts in their specialties, "frequently failed to observe the formal boundaries of nursing practice" (Bonner & Walker, 2004). This corroborated with Kaitelidou et al."s (2012) study of physician nurse conflict in Greece that concluded physicians "reported having more conflict with nurses…. with a higher (University) education. Faith and trust were key components when dealing with human beings, in matters of addressing conflicts, the intervention of religious leaders was important, aggrieved parties always had whom to give allegiance by faith and addressing conflicts became faster, therefore the role of chaplaincy in resolving conflict in health facilities should be integrated.

| *Question and responses* | **Frequency** | **Percentages** |
|---|---|---|
| *Should chaplains be part and parcel of the management team at the hospital?* | | |
| *a) Yes* | 34 | 89.4 |
| *b) No* | | |
| *How should they be part and parcel?* | | |
| *Take leadership roles* | | |

**Strategies in Place on Conflict Management at the Hospital**

**Table 8: Patients - Should Chaplains be part and parcel of hospital management**

According to the findings by the researcher as shown in the table below, it should be highlighted that; the pitfalls that leaders should be careful to avoid include taking people for granted, failing to keep promises, failing to take responsibility for one's own errors, and failing to practice what one preaches. The key to survival as a leader was to develop emotional intelligence and to engender it in the work environment. Many conflicts in health facilities were always reported either to the immediate supervisors or any other person the patient might feel so; this was why

grapevine was in the workplace. The ideal situation should be finding an answer to matter to avoid escalation.

**Table 9: Response on strategies in place for conflict management at hospital**

| Question and responses |
| --- |
| **Qn. Give four ways the hospital use to address conflicts between health workers and patients?** |
| - Avoiding compromise,<br>- Collaboration,<br>- Accommodation,<br>- Dialogue, offering advice<br>- Reprimand,<br>- Counseling,<br>- Reconciliation,<br>- Mediation, |
| - Apologies,<br>- Acknowledgment<br>- Chasing patients,<br>- Praying, and promote equality,<br>- Follow up with patients,<br>- Effective communication,<br>- Listening |

The table above provided participants" responses on how conflicts at the hospital were being managed the most common ones included: dialogues, reprimands, counseling, mediation, avoiding compromise, praying among others. These approaches were ideal in the management practices; however, the challenging thing was who were the actors. This played a great role among the two parties either to concede and apologies and accept the interventions without blowing matter out of hand.

To Andersen (2006) differentiated conflict management and conflict resolution. He described the goal of conflict management as channeling “an existing conflict in a constructive direction rather than eliminating it”. Conflict resolution, on the other hand, implied that conflict was a dysfunctional and must be diminished or totally eliminated.

He stressed that, it was important to develop and maintain collaborative working relationships with professionals, including those in your field, collaborative working relationships existed when all the involved professionals interact and operate in a complementary manner, and show mutual respect that was based on knowledge and expertise. Professionals needed to discus and influence patient care on the basis of their own expertise.  This helped in solving problems sooner when ideas and thoughts were exchanged. Conflict solving was all about sharing information and communication. Therefore, communication and aligning with each other was needed so that no conflicting information was given and uniformity in care or treatment was provided. It generated, composure and clarity towards patients on the matters at hand (Kieft et al.

BMC Health Services Research 2014.

A manager should pay attention to the team spirit and unity and must be able to handle conflicts, also be visible and approachable this implied to always have regular contacts with the nurses which created a free flow of information and bridging that gap in appreciating that takes place where the manager was not in operation. It also helped him to create the right conditions and have the logical ability to ensure continuity of care, this meant arranging sufficient personnel replacement staff and succession planning.

**Table 10: Indicating approaches way noted as effective in addressing conflicts in hospitals**

| Questions and responses | Frequencies | Percentages |
|---|---|---|
| **Qn. Which of those is effective in addressing the conflicts between the patients and health workers?** | | |
| - Customer care | 8 | 12.9 |
| - Dialogue | 16 | 25.8 |
| - Counseling | 12 | 19.3 |
| - Effective communication | 6 | 9.6 |
| - Reprimand | 4 | 6.4 |
| - Prayers | 11 | 17.7 |
| - Collaboration | 5 | 8.0 |

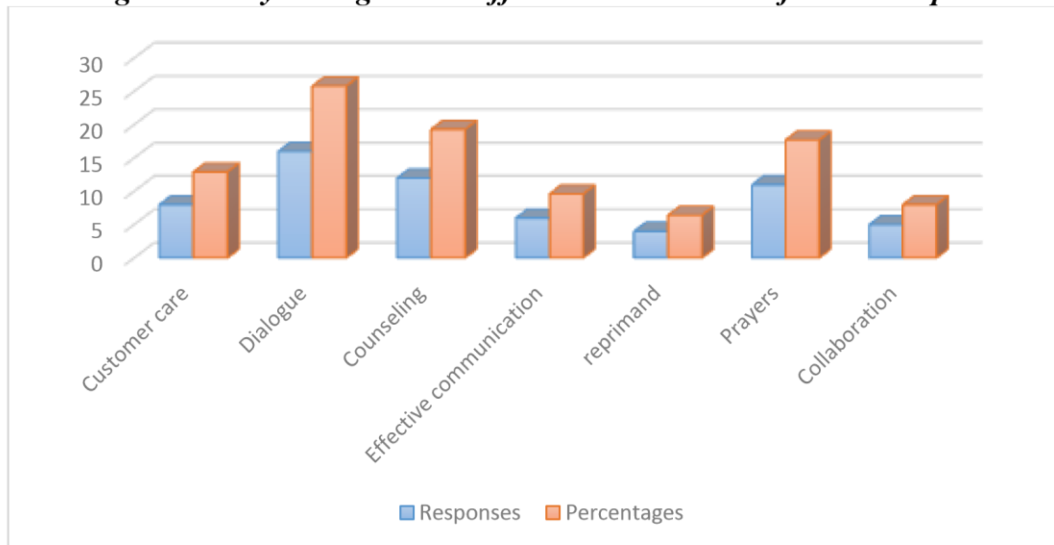
***Source primary data collected during the research study***

The findings in the table above three more prominent ways of emphasis in addressing conflicts between patients and health workers and these were dialogues with 25.8% as the highest followed by counseling at 19.3 % and prayers at 17.7%, the least ways being reprimand at 6.4% followed by collaborations at 8.0% lastly effective communication at 9.6%.

It was important to develop and maintain dialogues, counseling, prayers as the score had demonstrated, however an independent approach to conflict management might be a dessert therefore reprimand, effective communication and collaborative working relationships should be applied. Collaborative working relationship with professionals, including those in your field, exist when all the involved professionals interact and operate in a complementary manner, and showed mutual respect that was based on knowledge and expertise. Professionals needed to discus and influence patient care on the basis of their own expertise.

The bar graph below, was an extract from the table above to help those who were familiar with charts, and tables to conceptualize data by comparison.

*Figure 5: Ways thought to be effective to address conflicts in hospital*




*Source primary data collected during the research study*

**Table 11: Advise of health workers to a patient in conflict with a health worker**

| Question and response |
| --- |
| **Qn. As a health professional, what advice would you give to a patient in conflict with a health worker at your hospital?**<br><br>- Reaching out to top management<br>- Consider different health care providers<br>- Advocate for their right<br>- Keep lines of communication open<br>- Control anger and emotions<br>- Request supervisors to mediate<br>- Counsel and apologize on behalf of the health worker<br>- Promote listening to patients all through<br>- Promote forgiveness |

*Source primary data collected during the research study*

The results in the table above indicated positions of health workers on the matter. Like any other human being some were positive while others negative as viewed in the table above. But a good number of advices were considerate. Therefore, someone might be right to note that those who were inconsiderate in their views were in tandem with Rahim et.al. (2002) who asserted that

conflict as purely dysfunctional, but conflict could potentially result in positive outcomes hence being at the extreme in their advices. And to Andersen (2006) proffered that conflict does not only represent crisis but also invites possibility. While Eisenhardt et al. (1998) noted that, senior executives engaging in conflicts were often essential for effective strategies to evolve. When conflict results in a "healthy and vigorous challenge of ideas, beliefs and assumptions," conflict could transform a good organizational design process into a better one (Menon, et al. 2001). For example, if a process change in an organization presented within its implementation and the users communicate their disapproval of those problems, interactive dialogue between the change agent and the employee(s) involved in the process change could result in a highly functional, usable alternative.

Affective conflicts "were characterized by personal antagonism, collaborative difficulties and the parties" hostile feelings towards each other" (Andersen, 2006, p. 221). The parties who perceive a loss in power may misinterpret strategic reasoning for personal assault, result in "hostile attribution error". Consequences of this misinterpretation might lead to mutual opposition and escalated conflict. Therefore, the extreme dissenting views of health workers to patients at this hospital could be viewing their advice to help them see this in future, the involvement of chaplains could lessen the extremes to both.

### 3.3 The Common Conflicts at The Hospital Between Patients and Health Workers

Although there was no universal definition of conflict (Cox, 2001; Katielidou et al., 2012; Kelly,

2006), it could be described as "a process in which one party perceives that its interests are being opposed or negatively affected by another party" (Kreitner & Kinicki, 2010, p. 373). As pleasant as it might seem at first glance, the total avoidance of conflict was more a fairytale than a realistic expectation. In fact, though there were multiple negative effects of conflict, there should also exist some benefits. This positive effect was often overlooked. Society tended to lend the term conflict a negative connotation.

Wars were often viewed as events to be avoided at all costs, yet organizational conflicts would occur more frequently and was expected by wise leaders. Repeated avoidance of conflict led to

dysfunction and was often based on various fears such as rejection, anger, failing, loss of relationships, and hurting others (Kreitner & Kinicki, 2010).

In general, conflict was a serious state which was often prolonged and arose from incompatibility or divergent interests and values. Conflict was a global phenomenon and had been part of all dimensions of human existence and functioning (Kelly, as cited in Ayandiran et al., 2015). When poorly managed, catastrophic consequences including major confrontations between the interest parties had been the result.

**Table 12: Common conflicts at the hospital between patients and health workers**

| Question and responses |
| --- |
| **Qn. Please list the types of conflicts in this hospital that are experienced between patients and health workers and patients?**<br>- Hospital bills to the patients<br>- Language barriers<br>- Emotional patients<br>- Attitudes<br>- Delayed results<br>- Rumors<br>- Patient satisfaction towards care<br>- Disagreement on the management plan of issues<br>- Cultural norms<br>- Long waiting hours<br>- Arrogance by the health worker<br>- Disagreement over the treatment<br>- Personality<br>- Delayed services<br>- Missing appointment<br>- Poor customer care |

The table above showed, what the participants perceived as conflicts at the hospital and the desire to mitigate them was crucial for the hospital's image rekindled. Understanding them gave a clear direction on how to address them at different levels. Though it was noted that conflicts were inevitable, but as you looked at the findings in the table above, some of the conflicts could be avoided especially if individual discipline by the duty bearers was considered key. This could be achieved when a duty bearer / health worker was sensitive to the calling to that duty "service beyond self". On the other side there were some which were structural implying that, the hospital management needed to do more in responding to what was expected of them in time.

Fowler AR et al, (1993) noted that, understanding the type and how conflicts arose was important in their prevention. From an employee's perspective, triggered include lack of communication, colleagues who didn't pull their weight, unfair criticism, silly rules, preferential treatment, sexism or racial inequality, being put down, unreasonable expectations, and verbal abuse. On the management side, problems arose from poor communication, inappropriate responses, poor prioritizing, personal work interfering with professional work, and clockwatching. (Fowler et al, 1993).

Conflict was a complex behavior. It could occur on various levels – intrapersonal, interpersonal, intragroup, or intergroup. Intrapersonal conflicts occurred within the person, whereas interpersonal conflicts took place between people. Likewise, intragroup conflict happened within one group of people and intergroup conflict occurred between two or more groups of people (Forte, 1997). According to the definition of conflict, "one party perceives that its interests are being opposed or negatively affected by another party," perception plays an important role in conflict. The issues that arose to cause conflicts might be genuine or illusory (Kreitner & Kinicki, 2010, p. 373). The subsequent conflict is real.

**Table 13: Showing some of causes of conflicts at the hospital**

| Question and response |
| --- |
| **Please list some of the causes of those conflicts at the hospital?** |
| - Health workers wasting time while at the facility |
| - Poor customer care |
| - Poor communication by health workers |
| - Death of the patient |
| - Lack of seriousness by health workers |
| - Ignorance more especially patients and their care givers |
| - Differences in the expectation |
| - Communication problems |
| - Diagnostic disagreement |
| - Lack of patience by the patients |
| - Poverty |
| - Poor / bad attitudes towards patients |
| - Unrealistic expectation |
| - Careless treatment |
| - High bills to the patient |
| - Desire for quick recovery |
| - Work overload |
| - Personal stress |
| - Unprofessional health worker conduct |
| - Racial differences |
| - Numbers of patients |
| - Laziness |
| - Poor behaviors |
| - Poor communication techniques |
| - Misinterpretation communication from health workers |

The findings in the table above showed some of the causes of conflicts as enlisted by the respondents both health workers and patients at the facility. It should be highlighted that conflicts

are more apt to take place under certain circumstances; by making themselves aware of these antecedents, duty bearers could prepare for it and intervene when appropriate. Most conflict research revealed that the majority of health care conflict arose from "interpersonal or professional communication difficulties" (Shin, 2009).

Multiple scholars revealed that conflicts among interdependent health care workers might occur from discrepancies about which professional was responsible for performing certain roles or making treatment decisions rather than disagreement over the procedure plan chosen (Jameson, 2003). At health worker level, blurred boundaries between nurses and physicians led to conflict when senior-level nurses, who were experts in their specialties, "frequently failed to observe the formal boundaries of nursing practice" (Bonner & Walker, 2004, p. 212).
Competition for resources in health care had grown significantly over the past few decades. This has led to a number of innovations, where patients are required to contribute to securing consumables while at a health facility, these exponential rising costs of health care, hospitals were forced to do more with less. Fewer employees, tighter budgets for equipment purchases, and workflow changes contributed to intergroup and intragroup conflicts (Tomajan, 2012).

The health care sector, like other workplace, had had its own fair share of conflict, particularly when all the interest groups failed to harmonize their interests through interdisciplinary collaboration and compromise (Thistlethwaite & Jackson, 2014). This was clearly indicated in the table above, therefore, attempts to address this matter required concerted efforts to mitigate some conditions that could be to bring sanity.

Most of the conflicts as listed in this study, occurred between personnel working within the work space, particularly between nurses, operating room staffs, patients and the surgeons. This largely had been blamed on major discrepancy in their perceptions of the term „collaboration", poorly managed multidisciplinary coordination, poor collaboration, inadequate communication, excessive work stress, unresolved competing priorities, exclusion, threats, and unwarranted criticism at work (Maddinneshat, Hashemi &Tabatabaeichehr, 2017; Jerng et al., 2017; Waal et al., 2014; Patton, 2014; Lee, et al., 2008) with breakdown in communication, taking the largest share of the blame (Lee et al., 2008).

# CHAPTER FOUR

# THEOLOGICAL REFLECTION

## 4.0 Introduction

This chapter gives the theological reflection in line with conflict resolution that can also be applied to Health Care Facilities, under the effectiveness of Chaplaincy as part of the management of conflicts in Church founded health facilities; a case of Mukono Church of Uganda Hospital.

## 4.1 The religious interpretation on conflict resolution in health facilities.

People live in separation from God and from themselves and are therefore often in destructive relationships with one another. It would seem thus that, there was some link between conflict and sin. The attention, therefore needed to be given to an understanding of this relationship before further problems relating to conflict might be dealt with. Health workers too being human beings made in the image of God, it was incumbent to them to appreciate this as they executed their profession as they brought back life to normal as entrusted in them.

The book of Genesis, places the responsibility for sin on the first persons, Adam and Eve who by their own free choice acted selfishly and alienated themselves from God and from each other. This Fall corrupted human nature to the extent that all succeeding generations of humankind were depraved so that as Paul says, all are under the power of sin (Rom.3: 1 0). The depth of depravity was questionable and required that heart and mind of weighing the end results to mitigate escalation of matter of co-existence. He who holds responsibility (health workers among others), in any form should introspectively empathize what the others before him / her feel in matters of conflict, a Godly approach to resolving the situation that seem degenerating was the way to go. This approach demonstrated care, love, mercy and repentance and that before God we were sinners.

**The role of chaplaincy in helping to address conflicts between health workers and patient's in Mukono church of Uganda hospital.**

Basing on this objective theologically, we could refer to the book of 2Timothy 2:24 which says

"As the Lord's servant, you must not quarrel but must be kind to everyone, be able to teach, and be patient with difficult people this is the major role of chaplaincy When someone disagrees with what you are saying, maintain a gracious, gentle and patient attitude instead of becoming angry and defensive. These are the words of Jesus: "Moreover, if your brother sins against you, go and tell him his fault between you and him alone. If he hears you, you have gained your brother. But if he will not hear, take with you one or two more, that „by the mouth of two or three witnesses, every word may be established". Mathew 18. These words would apply to the health workers as well in any form of conflicts and could be effectively executed by chaplains in a health facility like Mukono Church of Uganda Hospital, whose calling focuses onto making people live in harmony.

Conflict resolution in the body of Christ was crucial for several reasons. Avoidance of conflict, with no effort to resolve it, postpones a proper response and exacerbates the problem because conflicts that were allowed to fester unaddressed would always increase and had negative effects on relationships within the body. The goal of conflict resolution was unity, and unity in the church poses a threat to the devil who would use every opportunity to take advantage of unresolved issues, especially those involving anger, bitterness, self-pity, and envy. These emotions were involved in most church conflicts. Scripture tells us that we were to "let all bitterness and wrath and anger and clamor and slander be put away from [us], along with all malice" (Eph. 4:31). Failure to obey this command results in division in the body of Christ and grief to the Holy Spirit. We're also told not to allow a "root of bitterness" to spring up among us, leading to trouble and defilement (Heb.12:15). Clearly, a biblical method of conflict resolution is needed.

The New Testament had multiple commands to believers that were demonstrative of living at peace with one another. We were repeatedly instructed to love one another (John13:34; Rom12:10), to live in peace and harmony with one another (Rom.15:5; Heb. 12:14), to settle our differences among ourselves (2Cori.13:11), to be patient, kind, and tenderhearted toward one another (1Cori.13:4), to consider others before ourselves (Phi.2:3), to bear one another's burdens (Eph.4:2), and to rejoice in the truth (1Cori.13:6). Conflict was the antithesis of Christian behavior as outlined in Scripture.

Sometimes conflict had to do with style preferences or personality clashes more so and it had to do with sin. In such cases, we do well to check our own motives and remember to "do nothing out of selfish ambition or vain conceit. Rather, in humility value others above yourselves, not looking to your own interests but each of you to the interests of the others" (Phi. 2:3-4). If we do have a genuine disagreement with someone over stylistic preferences the best way to accomplish a certain ministry goal, the church budget, how a church service should flow, etc. we should engage in discussion and come to mutual agreement. In (Phi.4:2-3) Paul pleaded for Euodia and

Syntyche "to be of the same mind in the Lord" and for others to help them. We must humble ourselves to truly listen toone another, strivingfor peace within the body (Rom 12:16,18). We should also seek God's wisdom and direction (Jam.1:5). It was true that sometimes it was best to part ways in recognition that God had different calls on our lives. But we should do our best never to divide in anger.

**Extent of chaplaincy's involvement in conflict resolution in Mukono Church of Uganda Hospital.**

The reason conflict resolution was so difficult was that we were hesitant to place ourselves in uncomfortable situations. We were also frequently unwilling to humble ourselves enough to admit that we might be wrong or to do what it might take to make amendments if we are wrong. Those who do conflict resolution best were often those who would prefer not to confront others about their sin, but still do so out of obedience to God. If the matter was relatively minor, it might be that the best thing to do was to practice forbearance and overlook the offense (Pro.19;11). If it could not be overlooked, one must pursue reconciliation. This was such an important issue to God that peace with Him and peace with others were inextricably entwined (Mat.5:23-24).

There are times when, despite all efforts to reconcile, various issues prevent us from resolving conflict in the church. There are two places in the New Testament that clearly and unambiguously address conflict resolution where sin is involved. In the book of Mathew 18:1517, Jesus gave the steps for dealing with a sinning brother. According to this passage, in the event of conflict involving overt sin, we are to address it one-on-one first, then if still unresolved

it should be taken to a small group, and finally before the whole church if the problem still remains.

The Apostle Paul had a few things to say about conflict. In his letter to Timothy, he shared an important truth that every believer should embrace: “The Lord's servant must not quarrel, but must be gentle to everyone, able to teach, and patient, instructing his opponents with gentleness” (2Tim. 2:24–25)

The other passage where this was addressed explicitly was Luke 17. In verses 3-4, Jesus said, “Pay attention to yourselves! If your brother sins, rebuke him, and if he repents, forgive him, and if he wins against you seven times in the day, and turns to you seven times, saying, „I repent, ‟ you must forgive him.” An essential part of conflict resolution was forgiveness. Any kind of disciplinary procedure should always have restoration of the sinning person as the ultimate goal.

Throughout the gospels, Jesus defined himself by saying who he was and what his mission was. At the same time, he never controlled or manipulated others to agree; instead, he asked questions and invited others into conversation to help them see where they stood in relation to him.

Remember the Lord was at hand (Phil. 4:5) You were not alone. You would not go undefended forever. The Lord bottles every tear you shed, and he would avenge you. False accusations wouldn’t survive eternity. In addition, your master sees everything you say and do. He wouldn’t condone any actions you take to defame others whose names are written in the book of life, even if you think they deserve it. Praise the ever-present one who never returns evil for evil and who would never repay you as you deserve.

**Strategies that could be used by the chaplain in conflict resolution.**

Guard your heart and mind with the peace of God, even when it did not make sense to do so (Phil.4:7) My perspective always makes sense; my antagonist‟s perspective didn’t. I often speak of a conflict in a way that market my interpretation. But what might happen if I framed the conflict in a way my rival would agree with that is, in a manner the other person agrees is a fair summary of key issues. Every bone in my body abhors the injustice of it, but the peace of God surpasses all understanding and demands such respect for the brethren. The wisdom of forgiving one another in any situation should the practice among the human beings, as we are in God’s image.

# CHAPTER FIVE

# SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

## 5.0 Introduction

This chapter presented the deductions and commendations based on the findings from the study area of Mukono Church of Uganda Hospital in Mukono Diocese as well as the integrated analysis of the literature review.

## 5.1 Summary and conclusion

The research study aimed at establishing the role of the Chaplaincy in helping to resolve conflicts between Health Workers and Patients in Church founded health Facilities. The research also set out to develop some specific objectives that were used to deeply internalize the concept role. The conclusions and recommendations are presented according to the issues emerged from the findings.

The researcher established that the role of Chaplain in addressing conflicts between health workers and patients in a health facility was important. According to the findings, the role of chaplains in conflict management at the hospital scored 97.1%. This score aligned well with the study's concern. The role of chaplaincy in conflict management at health facilities should not be under estimated by any standards hence a reality to engage them or deal with.

This was basically complemented by their profession and training, responsibilities among others. Some of the extreme experiences the hospital experienced and still experiencing could be settled by the Chaplains. This finding was in tandem with Timmins et al., (2018) who noted that Chaplains had an important role in multidisciplinary care by participating in care planning meetings, being involved in decision making processes, facilitating communication between patients/families and physicians and other team members, their involvement was matter of emphasis.

Further, Handzo, et al. (2008) contended that, Chaplains engage in crisis intervention, emotional assistance, counseling, bereavement, and empathetic listening, all these were a building block to

rekindle shattered relationship and bad blood between health workers and families of the patients.

In conclusion chaplains, in conflict management was ideal and something shouldn't have taken long overdue since they put in them much trust and faith as God's messengers.

In accordance to the role chaplains play in conflict management, right from the onset of the conflict, the findings indicated that 30% over all, chaplains play crucial part in settling the matter as opposed individual perception which scored 14.2 %, this further strengthened the position of the researchers‟ goal. Therefore, a fully flagged arrangement to employee chaplains in the management of health facilities should not be compromised whatsoever. This position was complemented by results on table 7 where by those who said yes, chaplains to be part of the hospital management it was 32 out of 32 scoring 100%. Besides chaplains play an excellent role in counselling, they cultivate more trust from people, hence believing in their massage as God had sent them to help people.

The findings on matters dialogue indicated that 25.2% as the best approach to be employed in conflict management as opposed reprimand that scored 6.4%. In the researcher's interpretation the best placed players on this were the chaplains. Therefore, their engagement in management carried more water.

All in all, the relevance of Chaplains in addressing conflicts in a health facility was not to be handled lightly due to their profession, and the hope and trust the populace had in them.

On matters of common conflicts in the hospital, the researcher found out that hospitals were a collection of human beings, and human beings by nature were prone to conflicts. The difference was the nature and course of action that took place. Though the list of conflicts was long as noted in this study, the researcher had classified them as interpersonal, intrapersonal, intragroup, or intergroup. The manifest of any, played a great role in exhibiting the effects to the second party and this form of escalation needed to be mitigated.

Alshammari & Dayrit, (2017) highlighted that, conflicts, when properly managed, were capable of generating positive outcomes; conversely, poor applications of conflict management techniques could be counterproductive and subsequently generate negative impact on the

consumers of health care. Therefore, the identification of conflicts in a health facility should move hand in hand with approaches / measures to address them to uphold a good image of the institution and avoidance of financial losses that come along with poor management of the same at all levels. “Leaders of companies might inevitably face the issue of conflict in their workplaces. Health care leaders were certainly not immune. Hospital employees experienced conflict quite frequently in the workplace”.

As noted earlier in the document there was no institution or individual who was devoid of any approach to problem solving, chaplaincy by nature was a professional whose background was hinged on problem solving, therefore, a faith-based approach superseded individuals. Nonetheless, when dealing with complex issues, the preferred style of conflict handling was integrating (Kreitner & Kinicki, 2010; Rahim, 2002). This too, was an approach chaplain could employee and they were very good at this as guided by the holy spirit of God.

In order to resolve conflict, managers must first identify the source of the conflict. Chaplaincy profession was much aligned to this, from training to practice since the calling is pronounced into bringing hope to hopeless and bringing back souls that are lost. They learn this by engaging in “careful listening” (Shin, 2008, p. 26). Haraway and Haraway (2005) contend that the most important step in conflict management involves stopping the parties from trying “to make each other wrong” (p. 12).

With implications as potent as patient deaths and employee resignations, negative conflict must be effectively managed and resolved. Obviously, patient care is the mission of health care organizations and putting them as risk runs counter to that goal. Therefore, the integration of chaplains shall energies the means to handle matters systematically and the once thought untenable shall be tenable with limited public outcry.

Shin (2008) suggests that by increasing awareness about health care conflict may catalyze more useful approaches in conflict resolution within the industry. She continues that by addressing negative conflict early on, workplace relations are strengthened and a healthier environment is developed. Kelly (2006) concurs; she asserts that when conflict management is ignored, the team can dismantle and human potential is wasted.

Though workplace conflict can be positive, research indicates that prolonged, unresolved conflict is dysfunctional and can "hinder organizational performance" the engagement of chaplains in addressing conflicts between health workers irrespective their designation and patients is a matter of urgency. We have seen that the profession of chaplaincy's training is effectively and efficiently aligned to problem solving either at micro or macro levels, therefore, it is better to tap into the resource as it is on disposal.

The summary of the findings showed the need for the chaplancy involvement in conflict resolution and this was justified as below: The two groups of people were given questionnaires, 60 health workers and 40 patients making a total of 100 respondents, 70 of them responded by filling and returning the questionnaires. All the 70 respondents were able to point out the roles of the chaplaincy. Whereas the remaining 30 questionnaires were not returned by both the groups.

Objective two of (section B) which says, evaluate the extent of chaplaincy involvement in conflict resolution in Mukono Church of Uganda hospital in relation to questionnaire two, which says; to what extent can chaplaincy be involved in conflict resolution?

First and foremost, the questionnaires were distributed to 100 respondents, 70 were returned, 30 were not returned. Among the 70 the respondents were able to point out the extent to which the chaplaincy would be involved: (i) 10 ticked onset (ii) 5 ticked all the above (iii)10 ticked when matters are beyond the hospital(iv) 45 ticked before the matters reach top management.

Part b of the same question required the respondents to give four reasons to support their argument so the 45 argued that, (a) Chaplain is seen as a Massager of God to bring Good News to the hopeless but also a mediator. (b) The chaplain is seen as peace maker (c) A chaplain is seen as a mentor (d) A chaplain in seen as a counsellor and a friend of many therefore can resolve these matters. According to the 45 respondent its evident that it is necessary for the chaplaincy to be involved in conflict resolution.

### 5.2 Recommendations

Based on the analysis made from the data collected below are the recommendations; The research study realized the objectives as set, whereby each objective was tested and approved of

its position and complemented by corresponding literature. However, this does not mean that seemingly similar studies should not be conducted to enrich the existing literature.

Since chaplains are representatives of religious affairs hospitals and medical centers use the insights and principles of religion, psychology, spirituality and theology from Priests to offer spiritual guidance and pastoral care to health workers, patients and their families. So due this, I recommend to be involved in conflict resolution.

Another recommendation was chaplains play a role of decision making and they always make sure that they are ethical since they are called upon to talk with patients and families on their health care decisions including signing a "Do Not Resuscitate" order.

The findings indicated that, chaplains are a vital resource in addressing conflicts between health workers and patients, its therefore important recruit and engage them (Mukono Church of Uganda Hospital in Mukono).

Chaplains do play a great role to explore issues with others to find solutions that meet everyone's needs; they try to negotiate and adopt a "give-and-take" approach to problem situations. Management structures should always employee these professional based on their calling and training they through. In fact, they are equal to none in matters of conflict management.

Managers should keep themselves aware of the work dynamics and address negative conflicts as soon as they are recognized. Education was advisable so that health care workers could learn effective conflict resolution techniques.

Though elimination of dysfunctional conflict in the health care field is impossible, proper management of such conflict is feasible through means of integration, collaboration, team work among others. These work areas require to be given priority all the time.

The research study depending on the findings, concluded that majority of the participants knew the importance of chaplains but to a small extent. The fact that many responded that they played vital role in conflict management their designations needed to be well brought out for team work.

There was also a number of participants who were not sure of the relationship between chaplains and management of a health facility due to professional orientation, these too required to be

helped how the interrelations work while dispensing service delivery under social, cultural, cognitive and biomedical.

For further study research I would recommend that there should be more research on mentorship and monitoring of the activities of conflict resolution in health facilities and the role chaplaincy would play.

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## APENDIX 1: DATA COLLECTION TOOL (QUESTIONNAIRE)

### Introduction

My name is Rev. Nambuya Harriet, a student at Uganda Christian University Mukono, Department of Theology pursuing a Master's Degree of Arts in Theology and Health Care Management of Uganda Christian University**.** I am carrying out research by investigating on the role of the Chaplaincy in resolving conflicts between Health Workers and Patients in church founded health facilities. All the information from this study will not be for any other purpose other than academics. Your responses will be held with utmost confidentiality. Respondents are requested to corporate and there is no right or wrong answer

### Instructions

- Please tick where applicable only ONE appropriate answer.
- Fill in the space with an appropriate answer best on your understanding.
- Kindly respond to all available sections.
- Names are not required.

**Social demographic data**

a) Age……………………………………………………………………………………….

b) Sex …...………………………………………………..……………………….…………

c) What is your designation in M.C.O.U.H …………………………………………………...

d) Number of years spent in the hospital……………………………………………………

e) Education level………………………………………………………………………...

**SECTION A**

**The role of chaplains in conflict management at the hospital**

1. In your view do you think chaplains have some work in addressing conflicts between health workers and patients? a)Yes

   b) Not sure

   c) No

2. If yes, please list what they can do?

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   ……………………………………………………………………………………………………

   ……………………………………………………………………………………………………

3. If No, what reasons can you give?

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## SECTION B

### Involvement of chaplains in hospital management

4. At what level, would you recommend the involvement of chaplains in conflict management?
   a)At the onset of the conflict
   b) When matters are beyond the hospital
   c) Before the matter reaches top management
   d) All the above

   Give four reasons why?

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   ………………………………………………………………………………………………

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   ………………………………………………………………………………………………

5. Should chaplains be part and parcel of the management team at the hospital, how/not should they be part and parcel of the management team at the hospital?

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## SECTION C

**Strategies in place for conflict management at the hospital**

6. Give four ways the hospital uses to address conflicts between health workers and patients

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   …………………………………………………………………………………………………

   …………………………………………………………………………………………………

7. Which one of those ways is effective in addressing the conflicts between the patients and health workers?

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8. Suggest any two other ways that can be effective in addressing conflicts between health workers and patients at the hospital?

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   …………………………………………………………………………………………………

   As a health professional, what advice would you give to a patient in conflict with a health worker at your hospital?

   …………………………………………………………………………………………………

   …………………………………………………………………………………………………

   …………………………………………………………………………………………………

***END***

***THANKS FOR THE HEARTFELT PARTICIPATION***

**APPENDIX 3: LETTER OF INTRODUCTION**