CHAPTER III

RESEARCH METHOD

3.1 Types of Research

This research is a type of correlation research. Correlation research is a type of research that aims to identify the relationship and level of association between two or more variables. In this method, researchers do not try to influence these variables, so there is no manipulation of the variables being studied (Hasbi et al., 2023). The purpose of this study is to analyze the correlation between the variables studied. This study has two variables, namely empathetic leadership and conflict management, so this study aims to find the relationship between the independent variable in this case empathetic leadership and the dependent variable, namely conflict management.

3.2 Time and Location of Research

3.2.1 Research Time

Research time refers to the period used by researchers to conduct research (Notoatmodjo, 2018). In this case, this research was conducted on May 14-17, 2025.

3.2.2 Research Location

The research location refers to the place where the research is conducted, while also determining the scope of the research (Notoatmodjo, 2018). This research was conducted at Class III inpatient wards of pulmonary, cardiac, surgical, NICU, pediatric, internal medicine and psychiatric of Dr. Soedomo Trenggalek Hospital.

3.3 Population and Sample

3.3.1 Population

Population refers to a wider area consisting of objects or subjects with certain qualities and characteristics that are the focus of attention (Sugiyono, 2019). The population in this study consisted of all nurses at Dr. Soedomo Trenggalek Hospital. However, the study focused on nurses working in Class III inpatient wards, as these units were considered relevant to the research on empathetic leadership and conflict management. These units are in the pulmonary, cardiac, surgical, NICU, pediatric, internal medicine and psychiatric inpatient wards of Dr. Soedomo Trenggalek Hospital, totaling 101 staff nurses and 7 head nurses.

3.3.2 Sample and Sample Size

A sample is a small group of a population that has certain characteristics or conditions, which are the focus of the research (Sugiyono, 2019).

Sampling in this study used the purposive sampling technique, in which the sample was selected based on specific considerations. Nurses from 7 Class III inpatient wards at Dr. Soedomo Trenggalek Hospital were chosen because these units typically have higher patient loads, limited resources, and more complex work dynamics. Such conditions are believed to increase the relevance of empathetic leadership in managing team-based conflicts, making these wards appropriate for the study's objectives.

The sample in this study consisted of all nurses working in 7 Class III inpatient wards at Dr. Soedomo Trenggalek Hospital. The total number of respondents in this study was 101 staff nurse and 7 head nurses.

3.4 Inclusion and Exclusion Criteria

The inclusion criteria in this study include the general characteristics of the research subjects included in the target population that can be reached for the purpose of the study. On the other hand, the exclusion criteria are applied to exclude research subjects who do not meet the inclusion requirements, due to various reasons (Nursalam, 2017).

1. Inclusion Criteria
    1) Staff nurse and Head nurse at the inpatient wards of pulmonary, cardiac, surgical, NICU, pediatric, internal medicine and psychiatric.
    2) Staff nurses and head nurses who are willing to be respondents
2. Exclusion Criteria
    1) Staff nurses and head nurse who were on leave (permission, sick, or other reasons) during the data collection period.
    2) Staff nurses and head nurse who did not provide informed consent as a form of approval became respondents.
    3) Staff nurses and head nurse who are not in the service unit where the research was conducted

3.5 Data Collection Methods

To collect the data, researchers can use various methods, including surveys, observations, or experiments. The primary data in this study uses a survey method, namely a questionnaire.

3.6 Data Collection Instrument

The data collection instrument in this study was a questionnaire distributed to respondents. The questionnaire was compiled based on research variable indicators, which were then formulated in detail in the form of questions in the questionnaire and distributed to respondents (Sugiyono, 2019). The questionnaire instruments used are as follows:

3.6.1 Empathetic leadership questionnaire

The questionnaire for the empathetic leadership variable is divided into two. Questionnaire A is empathetic leadership of head nusrse assessed by the staff nurse, which questionnaire was made by the researcher herself. While Questionnaire B is empathetic leadership assessed by head nurses towards themself using a questionnaire made by the researcher.

a. Questionnaire A

This questionnaire was developed by the researcher herself and tested for validity and reliability. This questionnaire contains four aspects, namely, Leader sensitivity to employee workload with four questions. Leader interest in employee needs, hopes and dreams with seven questions. Leader willingness to help employee

personal problems with three questions and Leader ability to convey compassion to employees when expressing personal loss with three questions. The questions are closed using a Likert scale. The Likert scale is divided into five categories, namely Strongly Agree (SA) = 5, Agree (A) = 4, Less Agree (LA) = 3, Disagree (D) = 2, and Strongly Disagree (SD) = 1.

Table 3 1 Blueprint of Empathetic Leadership Scale A

No	Aspect	Item		Amount
		F	UF	
1	Leader’s sensitivity to their employees' workload	1, 2, 3, 4	-	4
2	Leader’s interest in the needs, hopes and dreams of their employees	5, 6, 7, 8, 9, 10	-	6
3	The willingness of leaders to help with their employees' personal problems	11, 12, 13	-	3
4	The ability of leaders to convey compassion to employees when expressing personal loss	14, 15, 16	-	3
Total				16

b. Questionnaire B

In this study, the questionnaire was developed by the researcher herself and tested for validity and reliability. This questionnaire is the same as the questionnaire for empathetic leadership A, only different in perspective. In this questionnaire is the perspective of the head nurse, their own assessment. This questionnaire contains four aspects, namely, the leader's sensitivity to the workload of his employees with four questions. The leader's interest in the needs, hopes and dreams of his employees with seven questions. The leader's willingness to help his employees' personal problems with three questions and the

leader's ability to convey compassion to employees when expressing their personal loss with three questions. The questions are closed using a Likert scale. The Likert scale is divided into five categories, namely Strongly Agree (SA) = 5, Agree (a) = 4, Less Agree (LS) = 3, Disagree (D) = 2, and Strongly Disagree (SD) = 1.

Table 3.2 Blueprint Empathetic Leadership Scale B

No	Aspect	Item		Amount
		F	UF	
1	Leader’s sensitivity to their employees' workload	1, 2, 3, 4	-	4
2	Leader’s interest in the needs, hopes and dreams of their employees	5, 6, 7, 8, 9, 10	-	6
3	The willingness of leaders to help with their employees' personal problems	11, 12, 13	-	3
4	The ability of leaders to convey compassion to employees when expressing personal loss	14, 15, 16	-	3
Total				16

3.6.2 Conflict management questionnaire

The questionnaire for the conflict management variable is divided into two. Questionnaire A is conflict management assessed by the staff nurses. While Questionnaire B is conflict management assessed by head nurses towards themself.

a. Questionnaire A

This questionnaire adapts the conflict management measurement instrument developed by Rahim, namely the Rahim Organizational Conflict Inventory II (ROCI-II). In this conflict management questionnaire A, conflict management is measured by the staff nurse. ROCI-II is designed to measure five styles in handling interpersonal

conflict between superiors, subordinates, and coworkers, namely: integrating, obliging, dominating, avoiding, and compromising. This instrument consists of 28 question items using a 5-point Likert scale, where 1 means strongly disagree and 5 means strongly agree.

Table 3.3 Blue Print Conflict Management Scale A

No	Type	Indicator	Item Number		Amount
			F	UF	
1	Integrating	• Attitude of openness among members of the organization • Concern for the needs of others • Looking for common ground between members of the organization	1, 4, 5, 12, 22, 23, 28		7
2	Obliging	• Giving in to the interests of other members • Focus on fulfilling the satisfaction of other members	2, 10, 11, 13, 19, 24		6
3	Dominating	• Trying to win a conflict situation • Not considering the needs of others		8, 21, 9, 18, 25	5
4	Avoiding	• Withdrawing from conflict		3,6, 16, 17, 26, 27	6
5	Compromising	• Finding solutions together • Discussion between members of the organization	7, 14, 15, 20		4
		Total			28

b. Questionnaire B

This questionnaire is the same as questionnaire A which adapts the conflict management measurement instrument developed by Rahim. Conflict management in this questionnaire is assessed by head nurse themself. ROCI-II is designed to measure five styles in handling interpersonal conflict between superiors, subordinates, and coworkers, namely: integrating, obliging, dominating, avoiding, and

compromising. This instrument consists of 28 question items using a 5-point Likert scale, where 1 means strongly disagree and 5 means strongly agree.

Table 3.4 Blue Print Conflict Management Scale B

No	Type	Indicator	Item Number		Amount
			F	UF	
1	Integrating	• Attitude of openness among members of the organization • Concern for the needs of others • Looking for common ground between members of the organization	1, 4, 5, 12, 22, 23, 28		7
2	Obliging	• Giving in to the interests of other members • Focus on fulfilling the satisfaction of other members	2, 10, 11, 13, 19, 24		6
3	Dominating	• Trying to win a conflict situation • Not considering the needs of others		8, 21, 9, 18, 25	5
4	Avoiding	• Withdrawing from conflict		3,6, 16, 17, 26, 27	6
5	Compromising	• Finding solutions together • Discussion between members of the organization	7, 14, 15, 20		4
		Total			28

3.7 Validity and Reliability Test

3.7.1 Validity Test

Validity test is a test used to determine whether an instrument is said to be valid or invalid in measuring a research variable. A questionnaire instrument is considered valid if the instrument can accurately measure what should be measured (Sanaky et al., 2021).

a. Validity Test of Empathetic Leadership Instrument

This instrument was developed by the researcher herself and tested its validity with the Pearson Product Moment test. This technique aims

to test whether each item or statement item is truly able to reveal the factor to be measured or the internal consistency of each measuring instrument item in measuring a factor. The correlation value obtained is then compared with the Product Moment correlation value table (r) to determine whether the correlation value obtained is significant or not. If the index value obtained from the calculation has a value greater than the correlation table value, then the item is declared valid and vice versa.

The results of the validity test of empathetic leadership A are between 0,80 and 0,89. This shows that the items are proven valid. The results of the validity test of empathetic leadership B obtained results between 0.82 and 0.89 which are also proven valid.

b. Validity Test of Conflict Management Instruments

The ROCI-II has undergone various tests to ensure its validity. In a study conducted by Rahim and Magner (1995), confirmatory factor analysis showed that each item in the ROCI-II had a significant factor loading on the conflict management style measured, with values ranging from 0,73 to 0,92. This indicates that the items consistently measure the intended construct.

3.7.2 Reliability Test

Reliability testing aims to measure the extent of the consistency of the measuring instrument, namely whether the measuring instrument used is reliable and provides stable results if the measurement is carried

out repeatedly. A measuring instrument is considered reliable if it produces consistent results even though it is measured several times (Sanaky et al., 2021).

a. Reliability Test of Empathetic Leadership Instrument

This instrument was developed by the researcher herself and tested using the Cronbach's Alpha method. In the Cronbach's Alpha method, the high and low reliability is expressed by a value called the reliability coefficient, ranging from 0-1. Reliability testing uses the Cronbach's Alpha formula. The smaller the alpha value indicates that the more items are unreliable. A research instrument is said to be reliable if the Cronbach's Alpha value is greater than 0,60 (Ghozali, 2016).

The results of the reliability test obtained the average value of the Cronbach's Alpha reliability coefficient for empathetic leadership A is 0.913 and for empathetic leadership B is 0,915, so both instruments have a high level of reliability.

b. Reliability Test of Conflict Management Instrument

The results of the reliability test of the ROCI II instrument that was carried out by previous researchers explained that this instrument was reliable enough to be used as a research instrument, which obtained an average value of the Cronbach's Alpha reliability coefficient is 0,77 then the ROCI II instrument has a high level of reliability (Ben, 1992).

3.8 Variables

3.8.1 Dependent Variable

The dependent variable is a variable that is affected or impacted by another variable, namely the independent variable (Sugiyono, 2019). In this research, the dependent variable is conflict management.

3.8.2 Independent Variables

Independent variables are factors that have the ability to influence and cause changes in other variables, which can be referred to as dependent or bound variables (Sugiyono, 2019). In this research, independent variables is empathetic leadership.

3.9 Operational definition

Operational definition of a variable refers to the understanding of a variable in practice, namely the way in which the variable is measured or observed in the context of the research object environment being analyzed. In this study, variables are divided into two categories: independent variables and dependent variables. Conclusions will be drawn based on the results of the analysis of these variables.

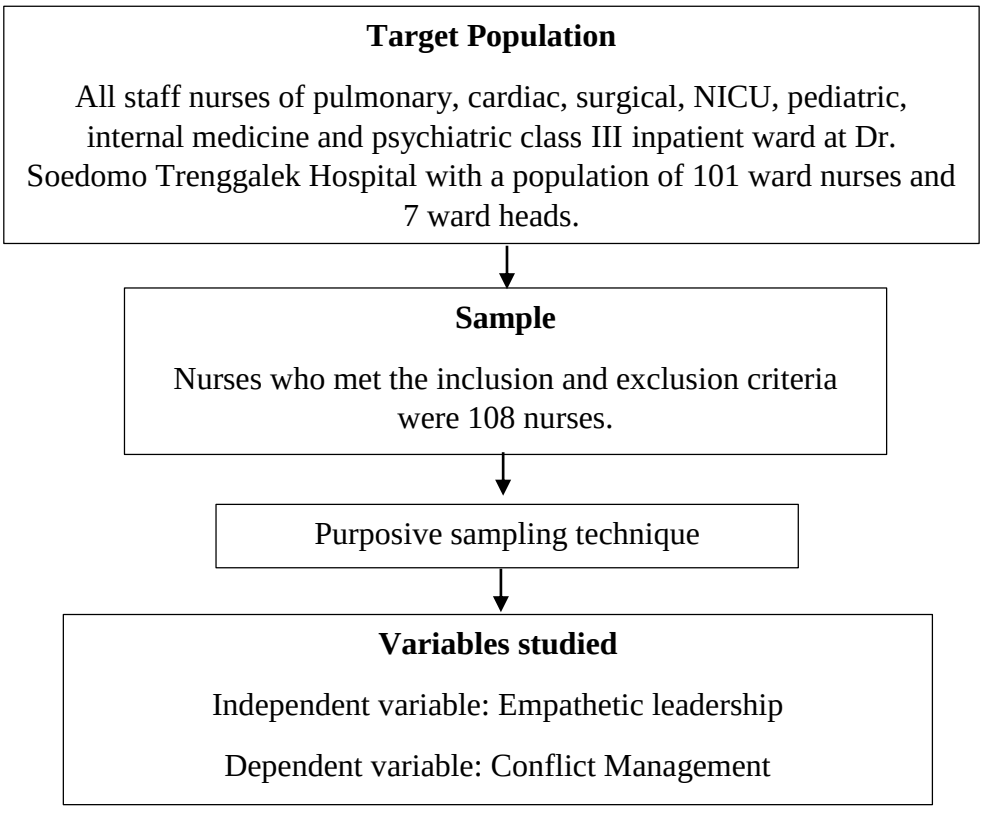
Table 3.5 Operational Definition of The Relationship of Empathetic Leadership with Conflict Management Among Nursing Team at Dr. Soedomo Trenggalek Hospital

Variables	Operational Definition	Parameter	Tool Measuring	Scale	Score
Empathetic Leadership	Head nurse's empathetic leadership in leading the team as assessed by the staff nurses in	1. Head nurse's sensitivity to its employees' workload 2. Head nurse's	Empathetic leadership questionnaire	Ordinal	1. Low: 16-63 2. Moderate: 64-74 3. High: 75-85

Variables	Operational Definition	Parameter	Tool Measuring	Scale	Score
	class III inpatient ward	interest in the needs, hopes and dreams of its employees 3. Head nurse's willingness to help its employees with their personal problems 4. Head nurse's ability to convey compassion to employees when expressing personal loss			
Empathetic Leadership	Head nurse's empathetic leadership in leading nursing teams as assessed by themself in class III inpatient ward	1. Head nurse's sensitivity to its employees ' workload 2. Head nurse's interest in the needs, hopes and dreams of its employees 3. Head nurse's willingness to help its employees with their personal problems 4. Head nurse's ability to convey compassion	Empathetic leadership questionnaire	Ordinal	1. Low: 16-63 2. Moderate: 64-74 3. High: 75-85

Variables	Operational Definition	Parameter	Tool Measuring	Scale	Score
		to employees when expressing personal loss			
Conflict Management	Head nurse's conflict management assessed by staff nurses in class III inpatient ward	1. Integrating 2. Obligating 3. Dominating 4. Avoiding, 5. Compromising	ROCI II Questionnaire	Ordinal	1. Poor: 28-90 2. Fair: 91-113 3. Good: 114-140
Conflict Management	Head nurse's conflict management assessed by themself in class III inpatient ward	1. Integrating 2. Obligating 3. Dominating 4. Avoiding, 5. Compromising	ROCI II Questionnaire	Ordinal	1. Poor: 28-90 2. Fair: 91-113 3. Good: 114-140

3.10 Operational Framework



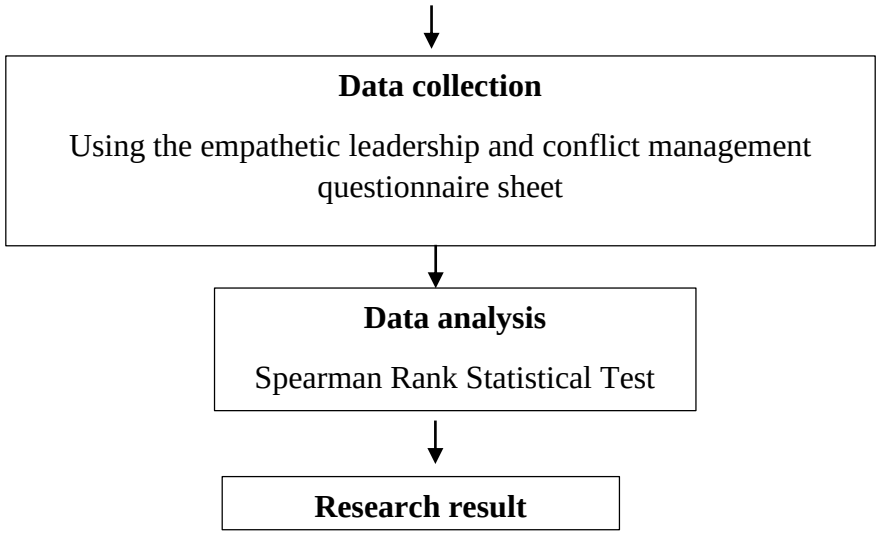


Figure 3.1 Operational Framework The Relationshipof Empathetic Leadership with Conflict Management among Nursing Team at Dr. Soedomo Trenggalek Hospital

3.11 Data Processing and Analysis Methods

3.11.1 Data Processing Method

The data processing process carried out by researchers is divided into several steps, including (Notoatmodjo, 2018):

1. Editing

   Results collected through questionnaire sheets need to go through an editing process first. At this stage, the researcher checks the questionnaire sheet to ensure whether there is any incorrect or incomplete data.

2. Coding

   Coding is the process of assigning codes to variable attributes to facilitate further analysis. This process changes data in the form of sentences or letters into numbers or figures.

3. Entry

   This stage is done by entering the data filled in by respondents into computer software. In this study, researchers conducted the data entry process using the IBM SPSS computer program.

4. Cleaning

   The process of rechecking the data that has been entered is carried out to ensure whether there are any errors or inconsistencies in the data.

5. Tabulation

   At this stage, researchers create data tables that are arranged according to the research objectives or according to the needs desired by the researcher.

3.11.2 Data analysis

The data analysis techniques applied in this study include univariate and bivariate analyses, which aim to explain and describe the characteristics of each variable under investigation (Notoatmodjo, 2018).

1. Univariate Analysis

   Univariate analysis is an approach used to provide a detailed description of each research variable by focusing on the frequency distribution of the data (Nursalam, 2017). In this study, univariate analysis includes the general characteristics of the respondents, such as age, level of education, gender, and

position, as well as the variables of empathetic leadership and conflict management.

The criteria for interpreting the calculation results are as follows:

a. 100% : Entirely

b. 76% – 99% : Almost all

c. 51% – 75% : The majority

d. 50% : Half

e. 26% – 49% : Nearly half

f. 1% – 25% : The minority

g. 0% : None

2. Bivariate Analysis

Bivariate analysis is a method of data analysis that involves two variables an independent variable and a dependent variable which are presumed to have a relationship or correlation (Notoatmodjo, 2018). In the context of this research, bivariate analysis was conducted based on two assesment: those of the head nurse and the staff nurses. The bivariate analysis aims to determine the relationship between empathetic leadership and conflict management. The statistical test used in this study is a non-parametric test, specifically the Spearman rank correlation test. The Spearman rank correlation test is used to examine the correlation or relationship between two variables that are

measured on an ordinal scale and come from different data sources (Setyawan, 2022).

This test is conducted by comparing the p-value with the significance level α (0.05). If the p-value < 0.05, then H0 is rejected and H1 is accepted, indicating that there is a relationship between the variables tested. Conversely, if the p-value > 0.05, then H0 is accepted and H1 is rejected, meaning that there is no relationship between the variables tested (Setyawan, 2022). The following guidelines are commonly used for interpreting the output provided by SPSS:

0.00 – 0.25: very weak correlation

0.26 – 0.50: fair correlation

0.51 – 0.75: strong correlation

0.76 – 0.99: very strong correlation

1.00: perfect correlation

3.12 Activity Plan

The following are the activities to be carried out:

1. The researcher submitted a request for permission to conduct a preliminary study to the Bachelor of Applied Nursing Program in Malang, which was issued on January 17, 2025, under letter number PP.06.02/F.XXI.15/112/2025, addressed to Dr. Soedomo Trenggalek Hospital.

2. The researcher submitted a request for a referral letter from the Bachelor of Applied Nursing Program in Malang to be given to the Human Resources Coordinator at Dr. Soedomo Trenggalek Hospital.
3. RSUD Dr. Soedomo issued the preliminary study approval letter on January 21, 2025, under letter number 000.9/12/406.010.001/18.00/2025.
4. The researcher conducted the preliminary study at Dr. Soedomo Trenggalek Hospital on January 22, 2025.
5. The researcher consulted with the academic advisor regarding the results of the preliminary study and the research proposal.
6. The researcher prepared the research proposal.
7. The researcher held the proposal seminar on February 7, 2025, and made revisions based on the seminar feedback.
8. The researcher submitted a request for an Ethical Clearance referral letter from the Bachelor of Applied Nursing Program in Malang, which was addressed to Dr. Soedomo Trenggalek Hospital and issued on April 17, 2025, under letter number PP.06.02/F.XXI.15/596/2025.
9. The researcher submitted an application for Ethical Clearance to the Ethics Committee of Dr. Soedomo Trenggalek Hospital on April 17, 2025.
10. Dr. Soedomo Trenggalek Hospital issued the Ethical Clearance on May 5, 2025, under letter number 000.9/332/406.010.001/18.00/2025.
11. The researcher submitted a request for permission to collect data to Dr. Soedomo Trenggalek Hospital on May 7, 2025.

12. Dr. Soedomo Trenggalek Hospital issued the Data Collection Permit on May 10, 2025, under letter number 009/348/406.010.001/18.00/2025.
13. The researcher conducted the research at Dr. Soedomo Trenggalek Hospital from May 14 to May 17, 2025.
14. The researcher prepared the questionnaire sheets after receiving approval to conduct the research.
15. The researcher selected respondents based on the predetermined inclusion and exclusion criteria.
16. The researcher asked respondents for their willingness to participate in the study.
17. The researcher provided information to the respondents regarding the objectives, purpose, procedures, duration, and location of the study.
18. The researcher arranged a schedule with the respondents.
19. The researcher distributed the empathetic leadership and conflict management questionnaires to the respondents.
20. The researcher collected data from the completed questionnaires.
21. The researcher processed and analyzed the collected data.
22. The researcher drew conclusions based on the data analysis results.
23. The researcher compiled the research report based on the findings.
24. The researcher submitted a request for a letter of research completion from Dr. Soedomo Trenggalek Hospital.

25. Dr. Soedomo Trenggalek Hospital issued the letter of research completion on June 4, 2025, under letter number 400.7.22.1/362/406.010.001/18.00/2025.

3.13 Research Ethics

This research was declared ethically feasible by the Health Research Ethics Committee of Dr. Soedomo Trenggalek Hospital on May 5, 2025, with letter number 000.9/332/406.010.001/18.00/2025. The research was considered ethically acceptable according to the seven WHO 2011 Standards, which refer to the CIOMS 2016 Guidelines, namely: 1) Social value, 2) Scientific validity, 3) Fair Distribution of Benefits and Burdens, 4) Risk Assessment, 5) Undue Influence/Exploitation, 6) Confidentiality and Privacy, 7) Informed Consent