O R I G I N A L   P A P E R

Conflict Management in a Greek Public Hospital: Collaboration or Avoidance?

Ioannis Moisoglou, RN, MSc, PhD (c)
Hemodialysis Unit, General Hospital of Lamia, Greece

Prezerakos Panagiotis, RN, MSc, PhD
Assistant Professor, Faculty of Nursing, University of Peloponnese, Sparta, Greece. E-mail: panprez@otenet.gr

Peter Galanis, RN, MSc, PhD.
Center for Health Services Management and Evaluation, National and Kapodistrian University of Athens, Greece

Olga Siskou, RN, MSc, PhD
Senior Researcher, Center for Health Services Management and Evaluation. National and Kapodistrian University of Athens, Greece

Nikolaos Maniadakis, PhD
Professor, National School of Public Health, Greece

Dafni Kaitelidou, PhD
Assistant Professor, Faculty of Nursing, National and Kapodistrian University of Athens, Greece

Correspondence: Moisoglou Ioannis, Hemodialysis Unit, General Hospital of Lamia, Greece. Postal address: 10 Strogylakou Street, 35100, Lamia, Greece. E-mail: giannismois@gmail.com.

Abstract

Background Conflict, as an inherent phenomenon in humans' life, arises as a daily challenge in healthcare organizations.

Objective To investigate major sources of conflict and strategies that healthcare professionals choose when they confront the particular situation.

Methodology Physicians, Nurses and assistant Nurses invited to participate in this cross sectional study. The period during which the study was conducted was June 1st to July 10th 2011. The study was conducted in a Greek General Provincial Public Hospital. One hundred sixty three physicians, registered nurses and assistant nurses participated.

Results Avoidance (62%) found the first choice and negotiation for mutual benefits with opposite side (38.7%) was the second most frequent choice towards conflict. The majority (65.6%) of participants answered that they haven't any training towards conflict management, while 34.4% stated that they have received such theoretical knowledge during their graduate studies. Physicians are more often (74.3%) in conflict with their colleagues than nurses (40.4%) and assistant nurses (51.7%) (x² =11.9, p 0.001). Workload (83.4%), lack of clear job description (63.2%), unfair resources allocation (59.5%) and low recognition (68.1%) consist some of the major sources that create conflict accordance to our findings. Registered nurses together with assistant nurses, compared to physicians, believed that if they had chosen a different profession than their current one, they would feel "much/very much" happy, peaceful and efficient (x^2=17.1, p<0.001).

Conclusions Nurses are challenged with conflict daily. Healthcare organizations must improve the work environment of health caregivers and create the organizational culture that promotes collaboration between staff. Education programs that help nurses to understand the nature of conflict and provide skills and competencies to resolve conflict constructively, considered essential. Education in conflict management must begin during graduate studies and continue with ongoing training programs in work life.

Keywords: conflict, conflict management, healthcare organization, nurse/physician relationships.

Introduction

Healthcare organizations constitute complex workplaces, where healthcare professionals coming from different disciplines, educational status and under a stressful environment, have to work side by side aiming to provide quality health services. Collaboration among multi-discipline groups is difficult enough, with conflict arising as a daily challenge.

Background

Conflict, as an inherent phenomenon in humans' life, has been a subject of research by multiple scientific fields. However, a commonly accepted definition doesn't seem to prevail even until nowadays. Marquis and Huston (2006) define conflict as the internal or external discord that results from differences in ideas, values or feelings between two or more people. The science of health services management has published a great number of articles in an attempt to analyze every aspect of conflict (Almost et al., 2010; Hendel et al., 2007; Sportsman & Hamilton, 2007).

Different values, inadequate or poor communication, interdependence accompanied by alteration have become some of the major sources of conflict (Almost, 2006). The consequences affect the organization and nursing staff. Studies have shown that conflict positively correlates with psychological distress, high levels of emotional exhaustion (Opie et al., 2011; Spooner-Lane & Patton, 2007; McVicar, 2003), low levels of job satisfaction and decreased effectiveness of team performance (Cox, 2003), absenteeism and intention to quit a job (Almost, 2006). Financial damage can also be a result which may in turn lead an organization even to dissolution (Gerardi, 2004).

The presence of conflicts is desirable and indispensable both for personal and organizational creativity. Modern management considers that constructive conflict management helps improve decision quality, stimulates creativity and encourages interest (Huber, 2006). Positive effects on the morale and psychology side of individuals and the team are certainly undoubted, while conflict resolution makes them feel more integrated, adjusted and competent (Almost, 2006).

According to behavioral scientists (Kilmann & Thomas, 1975) and management theory (Vivar, 2006; Valentine, 2001), when individuals confront conflict, they manifest one of the following five different conflict-handling modes: competing, collaborating, compromising, avoiding and accommodating. These five choices are defined by two behavioral dimensions: assertiveness (attempt to satisfy one's own concerns) and cooperativeness (attempt to satisfy the other person's concerns).

- *Competing* (assertive and uncooperative) is a win-lose approach, while every party tries to force its own interest. This strategy is only effective in emergency situations where time for discussion is limited and a prompt decision is needed.

- *Collaborating* (assertive and cooperative) is a win-win strategy. Each party shows respect to the ideas and values of the opposite side, in order to find a solution that satisfies both parties. Although collaboration is a time-consuming process, it's an integrated approach and a long-term resolution of conflict.

- *Compromising* (moderate in both assertiveness and cooperativeness) is a lose-lose orientation. Each side has to sacrifice a significant part of its interests. It can be chosen as a temporary resolution for a complicated issue.

- *Avoiding* (unassertive and uncooperative) is a lose-lose approach. Both opposite sides prefer to withdraw and leave conflict unresolved. Avoidance can be useful, when more information and analysis of the problem is needed or in case one party is more powerful.

- *Accommodating* (unassertive and cooperative) is a lose-win strategy. The individual neglects his/her own concerns for the other persons' satisfaction.

Methodology

Population and Sample

A cross-sectional study was conducted in a Greek Provincial Public General Hospital in 2011. The period during which the study was conducted was June 1st to July 10th 2011. A convenience sample of 163 physicians, registered nurses and assistant nurses from

surgical and medical sectors of the hospital participated in it. All the professional staff in the hospital was considered as the source population for our study, i.e. the source population consisted of all the physicians, registered nurses and assistant nurses that worked in the hospital during the study period. Unfortunately, we were not able to achieve a random sample since personal information of the total source population was not available. Response rate was 74% (163 out of 220).

The instrument of data collection

The questionnaire of Tengilimoglu and Kisa (2005), specifically designed for conflicts in healthcare organizations, was administered to participants. For the questionnaires' use in Greek, permission was granted by Kaitelidou and colleagues (2012). The questionnaire consisted of five parts. The first part presents the demographic characteristics of the participants. The main part (parts 2-4) explores the participants' concerns about the factors causing conflict, the participants' concerns about organizational factors that cause conflict, the strategy participants choose against conflict and the kind of conflicts that healthcare professionals confront (intra-, inter-group, vertical, horizontal). In the fifth part of the questionnaire, participants are requested to choose one of the 11 possible proposals for conflict resolution in their hospital. A five-point Likert scale (not at all, little, moderately, much, very much) was used to measure responses about factors causing conflict. Demographic characteristics included gender, profession, educational level, administrative position, years of work experience in hospital and information about conflict management.

The internal reliability of the questionnaire, part about factors causing conflict, was tested and Cronbachs' alpha coefficient was 0.70. Categorical data are presented as frequency (percentage), while continuous data are presented as mean (standard deviation). The normality assumption was evaluated both using the Kolmogorov-Smirnov criterion (p>0.05 for all variables) and normal probability plots. Continuous variables appeared reasonably normally distributed. Relations between categorical variables were estimated by chi-square test, Fisher's exact test and chi-square trend test. A t-test was used in order to explore

the relation between a continuous and a dichotomous variable. Due to multiple significance tests, we used Bonferroni's correction for a Type I error. As a result, a two-tailed P-value less than 0.001 was considered to demonstrate statistical significance.

Data Analysis

The Statistical Package for Social Sciences 19.0 (SPSS Inc., Chicago, IL, USA) was used for the statistical analysis.

Ethical Issues

Permission was granted by the Ethics Committee and Administration Board of the Hospital to implement the study. Each questionnaire was given in an envelope, accompanied by a letter in which the personal data of researchers, the aim of study and ethical aspects (anonymity and voluntary participation) were cited. The questionnaire was self-administrated, without the presence of researchers. Participants returned the questionnaire to the nurse manager of the ward in a sealed envelope, from whom the researchers made the collection.

Results

Demographics

The vast majority (60.7%) of participants was nurses, 21.5% were physicians and 17.8% were assistant nurses. Mean age of the participants was 40.5 years. The majority (82.2%) of the surveyed population is in possession of a university and postgraduate diploma. Demographic characteristics of the participants are shown in Table 1.

Causes of conflict

Taking into consideration the fact that healthcare organizations are multi-disciplinary workplaces with a varied education level for different professional groups, participants' point of view about the factor which causes conflict is the education level diversity "much/very much" (55.2%). Respondents reported (68.7%) that they receive "little/not at all" recognition and reward for their performance, while at the same time hospital administration recognizes their contribution to health services production "little/not at all" (68.1%).

Table 1. Demographic characteristics of the participants

	N	%
Gender		
Male	32	19.6
Female	131	80.4
Years of work experience in hospital		
0-10	73	44.8
>10	90	55.2
Profession		
Physician	35	21.5
Registered nurse	99	60.7
Assistant nurse	29	17.8
Administration Position		
Yes	23	14.1
No	140	85.9
Educational Level		
Higher School	29	17.8
University Diploma	121	74.2
Master/PhD degree	13	8.0
Training in conflict management		
Yes	56	34.4
No	107	65.6

According to participants' concerns about the organizational factors that cause conflict, 83% of them estimated that workload is "much/very much", compared to the rest of the professional groups. Working experience seems to correlate with high workload, as 79% of well-experienced staff (more than 10 years of experience) had the belief of a profession which demands highly increased workload (x^2 trend=15.8, p<0.001). The majority (85.9%) of respondents agreed that they are not well-paid or even paid well enough so that their wage can become a sufficient motivation in their profession.

Registered nurses together with assistant nurses, compared to physicians, believed that if they had chosen a different profession than their current one, they would feel "much/very much" happy, peaceful and efficient (x^2=17.1, p<0.001). Also, this attitude is associated with those who belong to well-experienced staff (x^2 trend test=13, p<0.001).

The inability of healthcare organizations to provide a specific task and job description for every professional group is a potential cause of conflict. Sixty-three per cent of the participants agreed that legal regulations do not clearly define their duties. Furthermore, 59.5% of respondents said that resources are not fairly allocated among hospital wards. Major conflict factors are shown in Table 2.

Table 2. Factors that create conflicts according to the respondents

	Not at all to little	Moderately	Much to very much
Is your workload heavier, compared with the workload of other professional groups?	12 (7,4)	15 (9,2)	136 (83,4)
How much do legal regulations define your duties and help you accomplish them efficiently?	103 (63,2)	46 (28,2)	14 (8,6)
How much do you think resources' distribution is done fairly between departments?	97 (59,5)	53 (32,5)	13 (7,9)
Do the rewards from work correspond with performance?	112 (68,7)	37 (22,7)	14 (8,5)
Hospital management recognizes your contribution to health services production	111 (68,1)	40 (24,5)	12 (7,4)

Values are expressed as n (%).

Conflict management

In case healthcare professionals were asked concerning their training status in conflict management, the majority answered none (65.6%) while 34.4% stated that they have received such theoretical knowledge during their graduate studies.

According to our findings, physicians are more often (74.3%) in conflict with their colleagues than nurses (40.4%) and assistant nurses (51.7%) (x^2 =11.9, p 0.001).
Avoidance was the strategy that the majority (62%) chose when they have to face conflict. Negotiation for mutual benefit towards the opposite side was reported as the second most frequent strategy (38.7%). Staff without managerial position tried to avoid conflict in a much greater degree than those who possessed one (x^2=10, p<0.001). Respondents' strategies for conflict management are shown in Table 3.
Participants had to indicate opinions about conflict management and resolution referring to their healthcare organization. They were limited to choose only one of the eleven proposals cited in the final part of questionnaire. Five prominent suggestions were made, which are: Clear job description (16.6%), less workplace politics (15.3%), fair approach to reward and punishment (14.1%), no discrimination, management should be neutral (11%) and

communication and coordination should be established (11%).

Table 3. Conflict management strategies

	n	%
Competition	29	17.8
Compromise	28	17.2
Avoidance	101	62.0
Accommodation	5	3.1
Collaboration	63	38.7
Mediation	15	9.2

Limitations

A number of limitations must be considered when interpreting the results of our study. First, it took place in a provincial general hospital and consequently our findings cannot be generalized. Second, the small sample size and the low response rate of physicians and assistant nurses do not allow researchers to categorize the conflict management strategies by professional group. Third, random sampling could not be achieved since accurate census of professional staff in the hospitals' study was not feasible.

Discussion

Healthcare professionals deal with conflict every day. Nurses have to spend 19% of their working time to resolve (Pavlakis et al., 2011). A large proportion (62%) of respondents chooses avoidance as a strategy to handle conflict. This finding is consistent with another study in Greece (Kaitelidou et al., 2012) as well as with similar studies conducted in other countries worldwide (Pavlakis et al., 2011; Mahon & Nicoreta, 2011; Cavanagh, 1991). Avoidance is a lose-lose approach against conflict. Opposite parties have low concern for both the relationship and the conflicts' outcome. Certainly, it does not lead to conflict resolution or its causes. It tends to be the most probable cause of the emergence of a new conflict in the future. Furthermore, it negatively impacts on relationship, creates anger, anxiety, stress or bad communication, a mixture of elements which may be a bad influence on team effectiveness, patient quality care and safety.

Thus, avoidance can become useful only under certain circumstances, i.e., when high hostility and flashed nerves exist. Otherwise, in case of having chosen a different approach, the results will be destructive. Under these conditions, it would be better for both sides to withdraw, spend more time to calm down, and return later having the mood to resolve conflict (Jones et al., 1990). On the other hand, when conflict comes between more than two people or a group, any delay or avoidance may contribute to its escalation. When reaching that point, resolution becomes more difficult. The time of reaction to conflict is an essential variable for the progress and the outcome (constructive or destructive). Conflict diagnosis should be made at an early stage and confrontation shall be immediate. Resolution should take place in low administrative levels, so as to minimize the possibility of an extended and more formal conflict involving other parties, such as managers and unions (Skjorshammer, 2001).

Negotiation with the opposite side for mutual benefits was found as the second most frequent (38.7%) conflict management strategy. This is a win–win approach, providing a mutually accepted resolution. Both opposite sides walk out of the problem-solving process feeling satisfaction and not having sacrificed their desires, ideas or values. In healthcare

organizations where there is a high level of interdependence, collaboration is an essential prerequisite for individuals and groups to achieve their goals. Studies have shown the positive correlation of collaboration and teamwork with nurses' job satisfaction, retention, low level of turnover and burnout (Rafferty et al., 2001), with better patient outcomes (Baggs et al., 1992), error reduction and performance improvement (Morey et al., 2002). The American association of Critical-Care Nurses (2005) included true collaboration among the six essential standards for establishing and sustaining a healthy work environment.

A percentage of 65.6% of respondents having taken no training in conflict management, highlights the educational gap in conflict management. Conflict resolution is a key role of managers and a skill which every nurse manager needs to posses to retain staff (Anthony et al., 2005). Studies (Brinkert, 2011; Deans, 2004) about the effectiveness of educational and mediation training programs in conflict and violence management in the workplace for healthcare professionals and managers, simply revealed the positive correlation with the acquisition of skills and competencies as important means for handling these kinds of situations.

According to literature, one of the main findings of our research remains to be, with a percentage of 63%, the lack of job description together with the undefined duty regulations, which tend to create a misty scenery in the work environment.

The nature and conditions of job assignment were recognized as the most probable causes of conflict (Nayeri & Negarandeh, 2009). Another significant finding of our study was that clear job description, which took the highest percentage (16.6%), is the proposal made by respondents for conflict resolution.

Shortage of healthcare professionals, mainly nurses, is a major concern for hospital managers worldwide and increases workload. According to Ogbimi and Adebamowo (2006), staff shortage is a significant factor that has a negative effect on nurse-physician relationships. Also, heavy workload and working hours have been recognized as causes of conflict and the main reason for a registered nurse to leave or

change employment status (Nayeri & Negarandeh, 2009; Strachota et al., 2003).

Healthcare professionals' perception that they will be happier in case of exercising a different profession, combined with them receiving little rewards and recognition according to their performance and contribution, join with the idea of them experiencing low job satisfaction. These findings are consistent with others studies (Kaitelidou et al., 2012; Pozoukidou et al., 2007; Urlich et al., 2005). The study of Pozoukidou et al., (2007) found high levels (51.1%) of job dissatisfaction among nursing staff. It was evidenced that the main reasons were lack of recognition, workload and wage level. Leaders' support to nurses is an essential component of a professional environment, such that nurses can manage conflicts, use open communication and collaboration in problem-solving and equally share the organization's resources, therefore increasing the productivity of the team as well as the organization (Siu et al., 2008).

Implications for nursing management

Early training, especially during undergraduate studies, is absolutely essential for an integrated knowledge of all aspects of conflict and a constructive resolution process. Physicians' and nurses' university studies mainly focus on disease (prevention, treatment, rehabilitation, nursing care). Although leadership skills, problem-solving techniques, collaboration and communication competencies and conflict management are the most important supplies for effective and efficient teamwork, either the educational curriculum lacks these studies or the respective teaching hours are few. Conflict management skills are essential for nursing managers too, because they, occasionally, have to act as mediators between conflict parties.

Hospital administration and nurse managers' efforts must move in two different directions: a) take into account and remove all organizational factors that generate conflict and thus create a healthy work environment and culture that promotes collaboration and team work, b) initiate ongoing educational programs and training for the staff and draw up a conflict resolution program available to all workforces and managers. Porter-O'Grady (2004), recognizing the importance of a conflict based on the educational process, states: «*just as*

cardiopulmonary resuscitation is a basic skill expectation for every health care worker, conflict resolution processes should also be a basic skill and work expectation for every employee».

Conclusions

The complex hospital work environment demands both scientific and management skills and competencies. Healthcare organization administrators, nurse managers and educators must realize that the scientific knowledge by itself does not ensure collaboration and effective team work. Human resource issues and relations among the workforce must be equally evaluated and respectively taken into consideration in the same way as planning, organizing, financial outcome and decision-making.

References

Almost J. (2006). Conflict within nursing work environments: concept analysis. Journal of Advanced Nursing, 53:444-453.

Almost J, Doran DM, Macgillis Hall L, Spence Laschinger HK. (2010). Antecedents and consequences of intra-group conflict among nurses. Journal of Nursing Management, 18:981-992.

American Association of Critical-Care Nurses. (2005). AACN standards for establishing and sustaining healthy work environments: a journey to excellence. http://www.aacn.org/WD/HWE/Docs/HWEStandards.pdf. (Accessed 30.12.2011).

Anthony MK, Standing TS, Glick J, Duffy M, Paschall F, Sauer MR, Sweeney DK, Modic MB, Dumpe ML. (2005). Leadership and nurse retention: The pivotal role of nurse managers. Journal of Nursing Administration, 35:146-155.

Baggs JG, Ryan SA, Phelps CE, Richeson JF, Johnson JE. (1992). The association between interdisciplinary collaboration and patient outcomes in a medical intensive care unit. Heart and Lung: the Journal of Critical Care, 21:18-24.

Brinkert R. (2011). Conflict coaching training for nurse managers: a case study of a two-hospital health system. Journal of Nursing Management, 19:80-91.

Cavanagh SJ. (1991). The conflict management style of staff nurses and nurses' managers. Journal of Advanced Nursing, 16:1254-1260.

Cox KB. (2003). The effects of intrapersonal, intragroup and intergroup conflict on team performance effectiveness and work satisfaction. Nursing Administration Quarterly, 27:153-163.

Deans C. (2004). The effectiveness of a training program for emergency department nurses in managing violent situations. Australian Journal of Advanced Nursing, 21:17-22.

Gerardi D. (2004). Using mediation techniques to manage conflict and create healthy work environments. AACN Advanced Critical Care, 15:182-195.

Hendel T, Fish M, Berger O. (2007). Nurse/Physician conflict management mode choices: implications for improved collaborative practice. Nursing Administration Quarterly, 31:244-253.

Huber DG. (2006). Leadership and nursing care management (3rd edn). Saunders, Philadelphia, USA.

Jones MA, Bushardt SC, Cadenhead G. (1990). A paradigm for effective resolution of interpersonal conflict. Nursing Management, 21:64B-64L.

Kaitelidou D, Kontogianni A, Galanis P, Siskou O, Mallidou A, Pavlakis A, Kostagiolas P, Theodorou M, Liaropoulos L. (2012). Conflict management and job satisfaction in paediatric hospitals in Greece. Journal of Nursing Management, 20:571-578.

Kilmann RH & Thomas KW. (1975). Interpersonal conflict-handling behavior as reflections of Jungian personality dimensions. Psychological Reports, 37:971-980.

Mahon MM & Nicoreta AM. (2011). Nursing and conflict communication: avoidance as preferred strategy. Nursing Administration Quarterly, 35:152-163.

Marcuis BL & Huston CJ. (2008). Leadership roles and management functions in nursing (6th edn). Lippincott Williams and Wilkins, Philadelphia, USA.

McVicar A. (2003). Workplace stress in nursing: a literature review. Journal of Advanced Nursing, 44:633-642.

Morey JC, Simon R, Jay GD, Wears RL, Salisbury M, Dukes KA, Berns SD. (2002). Error reduction and performance improvement in the emergency department through formal teamwork training: evaluation results of the medteams project. Health Services Research, 37:1553-1581.

Nayeri ND & Negarandeh R. (2009). Conflict among Iranian hospital nurses: a qualitative study. Human Resources for Health, **7**:25.

Ogbimi RI & Adebamowo CA. (2006). Questionnaire survey of working relationships between nurses and doctors in University Teaching Hospitals in Southern Nigeria. BMC Nursing, 5:2.

Opie T, Lenthall S, Wakerman J, Dollard M, MacLeod M, Knight S, Rickard G, Dunn S. .

(2011). Occupational stress in the Australian nursing workforce: a comparison between hospital-based nurses and nurses working in very remote communities. Australian Journal of Advanced Nursing, 28:36-43.

Pavlakis A, Kaitelidou D, Theodorou M, Galanis P, Sourtzi P, Siskou O. (2011). Conflict management in public hospitals: the Cyprus case. International Nursing Review, 58:242-248.

Porter-O'Grady T. (2004). Constructing a conflict resolution program for health care. Health Care Management Review, 29:278-283.

Pozoukidou A, Theodorou MM, Kaitelidou D. (2007). Job satisfaction of nursing and paramedical personnel of a public general hospital. Nosileftiki, 46:537-544. (in Greek).

Rafferty AM, Ball J, Aiken LH. (2001). Are teamwork and professional autonomy compatible, and do they result in improved hospital care? Quality in Health Care, 10(Suppl 2):ii32-ii37.

Siu H, Spence Laschinger HK, Finegan J. (2008). Nursing professional practice environments: setting the stage for constructive conflict resolution and work effectiveness. Journal of Nursing Administration, 38:250-257.

Skjorshammer M. (2001). Conflict management in a hospital: designing processing structures and intervention methods. Journal of Management in Medicine, 15:156-166.

Spooner-Lane R & Patton W. (2007). Determinants of burnout among public hospital nurses. Australian Journal of Advanced Nursing, 25:8-16.

Sportsman S & Hamilton P. (2007). Conflict management styles in the health professions. Journal of Professional Nursing, 23:157-166.

Strachota E, Normandin P, O'Brien N, Clary M, Krukow B. (2003) Reasons registered nurses leave or change employment status. Journal of Nursing Administration, 33:111-117.

Tengilimoglu D & Kisa A. (2005). Conflict management in public university hospitals in Turkey: a pilot study. The Health Care Manager, 24:55-60.

Urlich BT, Buerhaus PI, Donelan K, Norman L, Dittus R. (2005). How RNs view the work environment: results of a national survey of registered nurses. Journal of Nursing Administration, 35:389-396.

Valentine PEB. (2001). A gender perspective on conflict management strategies of nurses. Journal of Nursing Scholarship, 33:69-74.

Vivar CG. (2006). Putting conflict management into practice: a nursing case study. Journal of Nursing Management, 14:201-206