



CONFLICT MANAGEMENT STYLE IN THE WORK OF MEDICAL SPECIALISTS IN HOSPITALS

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SUMMARY

Purpose: This research aims to determine the prevalent conflict management styles of medical specialists.

Material and methods: By means the direct individual poll was studied the opinion of 302 medical employees at four general hospitals on the territory of the town of Plovdiv and town of Asenovgrad, Bulgaria. Of all respondents, 223 (73.8±2.53%) were healthcare specialists, and 79 (26.2±2.53%) were physicians. Thomas-Kilmann conflict instrument (TKI) was used to assess the person's predisposition to the preferred behavioural style of conflict resolution. The data were analysed using descriptive statistics. The statistical analysis was performed using SPSS v. 16.

Results: In a conflict situation, preferred behavioural strategies among investigated medical professionals are compromise (7.65±0.10) and avoidance (7.44±0.11), less competing (4.01±0.13). Physicians are more likely to express collaboration and competing while healthcare professionals prefer avoidance as a strategy of behaviour in a conflict situation.

Conclusions: The behaviour of medical practitioners in conflict situations has a complex determinant. This puts forth the necessity to take into account the complex conditions of the individual personal qualities, the type of working relationships, the specifics of the working environment which influence the occurrence of the conflicts in the hospital and the measures for their solution.

Keywords: conflict management styles, medical specialists, hospital

INTRODUCTION

Conflict in its nature is an extremely complex and varied social phenomenon and exists at different levels in the process of co-operation of individuals within the group or organization [1, 2, 3]. In the hospital as a social organization are included various professional groups with a complex set of values and orientations. Social interactions in these groups may contain a hidden or obvious conflict [4, 5, 6]. In conflict situations, the behaviour of the individual is specific to each situation and is defined as an individual strategy (style) of behaviour [7,

8]. It is related to the individual's orientation towards the conflict and the establishment of a particular model of reaction to the opponent. The choice of the participants in the contradiction and the implementation of the respective strategy have an impact on its course, size and consequences, which may be constructive or destructive [1, 2, 9, 10, 11, 12].

MATERIAL AND METHODS

Via direct individual survey was studied the opinion of 302 medical employees at four public hospitals on the territory of the town of Plovdiv and town of Asenovgrad, Bulgaria in the period January 2014 - April 2014. We used the Thomas-Kilmann conflict mode instrument (TKI) that determines the behaviour of medical practitioners to resolve conflicts. The questionnaire consists of 30 pairs of statements on possible alternative forms of behaviour in a situation of interpersonal conflict. The dimensions that differentiate and characterize the different styles of behaviour are: Assertiveness – extent to which a person tries to satisfy their own interests and co-operation - satisfying the interests of others. In line with these two main dimensions, five possible behavioural patterns in a conflict situation are identified - rivalry, co-operation, compromise, avoidance and adaptation. The assessment of the conflict parameters on the model is done through quality measures, which are expressed by their high, medium and low level of interest determining. The data are interpreted, taking into account the basic meanings of each scale:

Competing - assertive and non-cooperating, in which there are found individual attempts to satisfy his or her own interests without taking into account the position of the other side.

Collaborating - assertive and cooperative. It has an attempt to develop a solution to meet the interests of both sides.

Compromising – Exchange of allowances between opponents in order to reach an acceptable agreement that only partially satisfies them.

Avoiding - lack of willingness to co-operate and lack of a desire to satisfy one's own interests, which is expressed in a passive withdrawal or active suppression of the problem in a conflict situation.

Accommodating - non-assertive but collaborative. Ignoring your own interests to meet the wishes of the other side.

STATISTICAL METHODS

Statistical evaluation was performed by descriptive statistics to describe the results. The results for the degree of manifestation of the behavior styles are represented in arithmetic mean and a standard error (mean and Std Error). The statistical analysis was performed using SPSS statistical software package ver.16.0.

RESULTS

In the study are included medical employees divided into categories personnel as follows: healthcare specialists (HCS) – 73.8±2.53%, physicians 26.2±2.53%. The main part of the interviewed are executive medical specialists – 82.1±2.21%, and 17.9±2.21% are managing personnel. As a whole, in the researched contingent dominate women (86.8±1.95%) versus men (13.2±1.95%). The average age of the contingent observed is 44.3±0.62 years. The average duration of the work experience is 21.7±0.65 years.

The assessment of the applied style of conflict resolution behaviour was determined for each person under study, with the summary data presented in Table 1.

Table 1. Conflict behaviour of medical specialists

Conflict management style	n	Points		mean±SE	SD	Percentile	Level
		Max.	Min.				
Competing	302	0	12	4.01±0.13	2.63	46	50%
Collaborating	302	0	10	5.54±0.12	1.86	37	50%
Compromising	302	3	12	7.65±0.10	1.78	48	50%
Avoiding	302	1	11	7.44±0.11	2.01	70	50%
Accommodating	302	0	11	5.36±0.15	2.18	57	50%

The distribution of the degree of expression in all respondent behavioural styles is within the defined range for the percentile limit at the average level (25-75%).

The calculated average values and their ranking show that in a conflict situation, the leading form of behaviour for the medical specialists is *compromise* (7.65±0.10). A passive *avoidance* strategy (7.44±0.12), in which the desire to cooperate and the achievement of own goals was chosen as the second most frequent technique for resolving conflicts. *Collaboration* (5.54±0.11) is ranked third. The *competing* style (4.01±0.13) is the least favoured as a pattern of behaviour in a conflict situation among respondents.

The parallel comparison of the assessments of the responses in a conflict situation between the two profes-

sional groups reveals dynamics in the ranking of the different strategies of behaviour in conflict situations. *Compromise* is the most preferred style of conflict behaviour (physicians - 7.58±0.21 and medical health care professionals - 7.68±0.11), followed by *avoidance* style (physicians - 6.81±0.26 and medical health care specialists - 7.66±0.13). The least commonly used strategy in conflict by the two professional groups is *competing* (physicians - 4.57±0.31 and medical health care specialists - 3.82±0.17).

The statistical analysis performed between the two groups of medical specialists revealed the existence of significant differences in three of the strategies used: *avoidance* - P<0.01 (u=3.00), *collaborating* - P<0.05 (u=2.18) and *competing* - P<0.05 (u=2.21) (Table 2).

Table 2. Influence of the professional membership of the medical specialists in the styles of dealing with interpersonal conflicts

Conflict management style	Category medical staff	n	mean±SE	SD	u	P
	Healthcare specialists	223	3.82±0.17	2.56		
Collaborating	Physicians	79	5.92±0.20	1.74	2.18	<0.05
	Healthcare specialists	223	5.40±0.13	1.92		
Compromising	Physicians	79	7.58±0.21	1.91	0.42	>0.05
	Healthcare specialists	223	7.68±0.11	1.68		

Avoiding	Physicians	79	6.81±0.26	2.27	3.00	<0.01
	Healthcare specialists	223	7.66±0.13	1.87		
Accommodating	Physicians	79	5.10±0.22	1.98	1.25	>0.05
	Healthcare specialists	223	5.46±0.15	2.24		

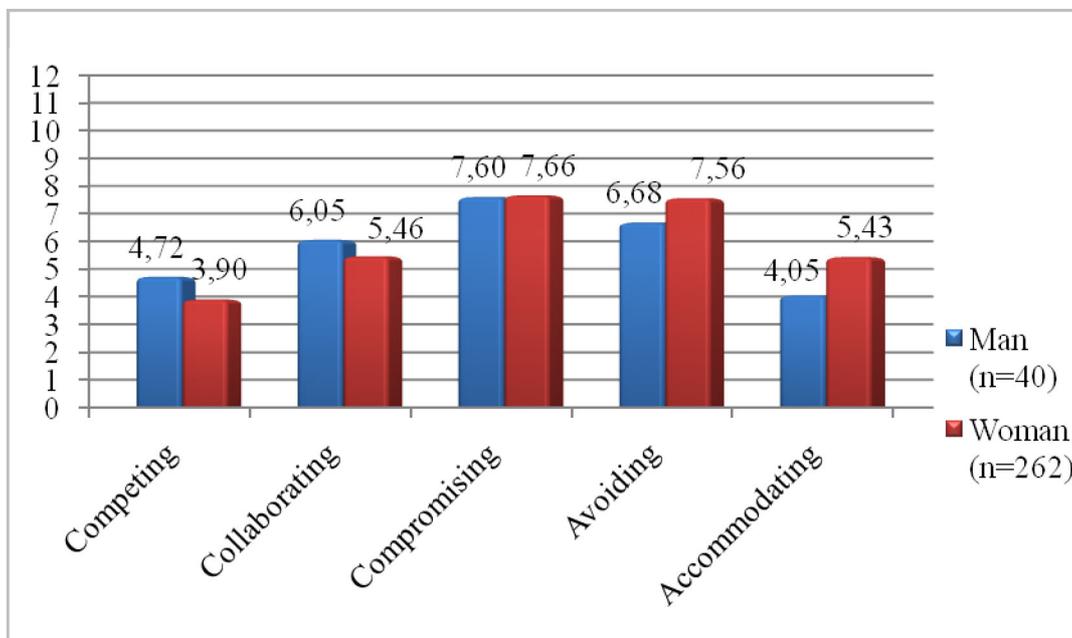
In conflict situations, healthcare specialists (7.66±0.13) more often choose to avoid, ignore, and in fact, more often deny the conflict in comparison to doctors (6.81±0.26).

Physicians (5.92±0.20) in conflict situations more often balance the aggressiveness of their viewpoints and are more concerned with the opinion of the opponent in comparison to the medical practitioners (5.40±0.13) - $P < 0.05$ ($u=2.18$).

Physicians choose the strength strategy of *competing* in conflicts more often (4.57±0.31) compared to medical health care professionals (3.82±0.17) - $P < 0.05$ ($u=2.21$).

It was stated that women's gender predominated in the strategy of *compromise* (7.66±0.10), and the least dominated - *competing* (3.90±0.16). The dominant strategy of conflict behaviour in men is also *compromise* (7.60±0.33), but the weakest is the strategy of *accommodating* (4.95±0.33) (Figure 1).

Fig. 1. Gender influence of the studied individuals in the formation of styles to deal with interpersonal conflicts



The comparative analysis of gender respondent conflict behaviour revealed a significant difference only in the degree of expression in the *avoidance* strategy - $P < 0.05$ ($u=2.16$).

Women are more likely to use avoidance style (7.56±0.12) than men (6.68±0.39).

The assessment of personality behaviour strategies in conflict situations is related to the respondents belonging to a certain level in the hospital hierarchy. In the case of the managers (7.87±0.24) and the executive medical specialists (7.60±0.11) dominates the style of *compromise*, followed by *avoidance* (managers 7.48±0.24, executive medical practitioners 7.43±0.13). Competing is the most rarely used by both categories of staff (managers - 3.76±0.35, executive medical specialists - 4.07±0.17).

DISCUSSION

Conflict situations place individuals in extreme conditions and influence the nature of behavioural responses that are specific to each situation [1, 4, 12]. The results of this study show a high degree of compromise strategy. This shows that a large proportion of respondents show moderate assertiveness and cooperation.

The prevail of compromise is a positive fact, characterizing, in particular, the professional and personal qualities of the medical staff. This resolution strategy requires a greater risk-taking and decision-making capability that is largely dependent on the nature of the medical profession. Similar is the view of other researchers [2, 4].

The results of this study show that healthcare specialists are more likely to avoid conflict than physicians.

The use of this style helps to reduce the intensity and escalation of the conflict, but only in certain circumstances, in order to construct the tactic of interaction in conflict with colleagues or patients. According to some researchers in many cases, patients themselves may be the source of conflict situations between physicians and nurses. With his negative attitude towards health and illness, medical staff, medication, etc. [13, 14].

The findings in the present study are consistent with those of other researchers [4, 6, 12, 15, 16], who note that a high percentage of nurses prefer the avoiding style of behaviour to deal with the conflict. The identified trend may also have a negative interpretation such as reluctance or inability to regulate conflicting situations, and a tendency to leave them unresolved. This conclusion is reached by other researchers, for whom the preference of the participants in the collision towards the avoiding strategy is an indicator of a deficit of conflict competence [12, 17]. Unresolved issues can cause anger, anxiety, stress or communication problems that negatively affect relationships, team effectiveness, quality of care and patient safety [6, 9, 11].

In this study, physicians choose the strength strategy of competing more often than medical healthcare professionals. This is due both to their personal attitude and to the professional obligation to take risks in certain cases. According to some researchers, this approach is useful in emergency situations where there is limited time for discussion, and quick decisions have to be taken [2]. However, according to the characteristics of competing style, physicians who prefer it tend to defend their interests by underestimating those of their rivals.

The results of this study show that women more often prefer to ignore, downplay or conceal conflicting opposition. Similar to the findings in this study, F. Baddar, O. A. Salem & H. N. Villagrancia (2016) found that avoid-

ance strategies were more common among nurses, who were predominantly female. Global surveys show that women in conflict are more patient and seek to compromise on the interests of working together [18].

Narrow values of compromise and avoidance style have been found with executives and medical contractors. This indicates that, in the event of any negotiations, each party will resort to giving up something of value to it. Active suppression of the problem can be expected, a readiness to expel it because of the danger of loss in a final confrontation. They do not pursue immediate satisfaction of their interests and try not to resolve the conflict but try to postpone the problem by avoiding it. Similar results are also observed in the study by L. Jones (2016), according to which health care managers prefer avoidance and compromise as a pattern of contradiction [19]. In the context of these findings, several studies [2, 10, 19] prove that in a conflict situation, executivemedicalspecialists and their managers rarely use the style of competing. It follows to the fact that managers prefer to stick to a more cooperative style of behaviour than to dominate through their position.

CONCLUSION

The style of conduct of medical practitioners in conflict situations has complex determinants. This necessitates the need to take into account the complex conditions of the personality, the type of working relationships, the specifics of the working environment which influence the occurrence of the conflicts in the hospital and the measures for their solution.

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