

# Research of Conflict Situation Management in Medical Organizations

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## Abstract

**Introduction:** Conflicts are as natural a phenomenon in society as the seasons. It is difficult for a person to avoid them, but he can choose to take part in them or not. In any organization, including medical, this is a normal phenomenon inherent in the work of the workforce. The objective of the study was conflicts in the field of healthcare in the system “medical personnel of a healthcare institution, patients and relatives of patients”. **Materials and Methods:** The study of conflict in the team was conducted by medical and sociological methods using an anonymous questionnaire developed by us. **Results:** A study was conducted aimed at identifying the socio-psychological causes of conflicts and methods for their resolution in the organization of health care using the example of medical personnel. **Conclusions:** Conflict is an integral part of the functioning of any organization. The study confirmed the hypothesis that the conflict management process will be more effective when changing organizational processes as a whole.

## Keywords

Conflict, Conflict of Interest in Medicine, Conflict Management, Healthcare Teams

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## 1. Introduction

Conflict is an integral part work of both a doctor and a medical organization in general. The heterogeneity of the structure of the conflict makes its recognition and settlement by a complex highly precise skill necessary in the work of any organization health care provider. All activities of health care institutions are strictly regulated by normative documents and acts, which forces the management to strictly adhere to them and subordinate activities to certain rules, to comply with job descriptions. In today’s competitive work environment, organ-

izations need to retain people who are able and willing to go beyond their contractual obligations, thereby providing additional benefits that contribute to the operational efficiency and viability of the market [1]. But the desire of employees to stay in their organizations largely depends on the level of their commitment to work [2]. Rasdi and Tangaraja (2020) [2] argue that a dedicated workforce is also a motivated workforce; they feel obliged to remain in their organizations and contribute to their success [3].

The problematic situation for a healthcare institution is the difficulty in choosing methods for managing conflicts, and coordinating the entire complex structure. Conflicts of any kind can affect the decline in the services provided, the prestige of the individual and the institution as a whole, cause staff turnover, and reduce efficiency [4]. By the nature of their work, each employee is forced to communicate with both colleagues and patients. The chosen style of behavior in conflict situations depends on individual behavioral characteristics, such as temperament, communication and organizational skills, and the level of aggressiveness in relationships. The ability to understand the nature of conflicts, differentiate their components and carry out work to resolve them, is an important component in the professional profile of heads of medical organizations and health authorities [5] [6].

People working in organizations are different from each other, since the labor collective is a formal community of united people. Accordingly, they perceive the situation in which they find themselves differently. Differences in perception often lead to people disagreeing with each other. This disagreement leads to conflict. The emergence of conflicts in the organization is natural and inevitable, since with a variety of goals and tasks facing people, with different levels of awareness of employees, a controversial situation often arises, which subsequently turns into a conflict. According to Linh *et al.* [7], dissatisfaction with work is associated with a variety of unproductive behavior of employees; employees who are dissatisfied with their work are less committed and more likely to look for other ways to get fired. As a result, Liu and Aunguroch [8] found that employee satisfaction is a key factor in determining patient satisfaction and the level of services provided by a healthcare organization. Similarly, Liu *et al.* [7] argue that job satisfaction for health care workers is described as the positive feelings they receive from their working conditions that meet their desired needs.

As well as many concepts and definitions in management theory, the term “conflict” has a certain set of definitions and interpretations. A conflict is defined as a lack of agreement between two or more parties, which may be specific individuals or groups. Each side does everything to get its point of view or goal accepted, and prevents the other side from doing the same [9].

When people think about conflict, they tend to compare it more to aggression and arguments. As a result, that the conflict is inherently undesirable, that it must be avoided if possible, or that it must be resolved as soon as it arises. These approaches to the effectiveness of the organization, to a certain extent, relied on

the definition of tasks, procedures, rules, interactions between officials and the development of a rational organizational structure.

Based on this, the most accurate definition of a conflict (from the Latin conflicts, collision) is a simultaneous collision of differently directed goals, interests, positions, opinions or views of the subjects of interaction, fixed by them in a rigid form [10].

The conflict, as a social action, gives a brightly colored negative effect, but at the same time performs an important positive function. The conflict serves as an expression of dissatisfaction or protest, informing the conflicting parties about their interests and needs. In certain situations, when negative relationships between people are controlled, and at least one of the parties defends not only personal, but also organizational interests in general, conflicts help to unite others, mobilize the will, mind to solve fundamentally important issues, improve morale and morale psychological climate in the team. Moreover, there are situations when a clash between members of the team, an open and principled dispute is more desirable: it is better to warn, condemn and prevent the wrong behavior of a work colleague in time, than to condone him, not to react, fearing to spoil the relationship [11]. Thus, the conflict can lead to an increase in the efficiency of the organization, improve relations within the team, resolve disputes.

Conflict is most often associated with aggression, threats, hostility, war, etc. As a result, there is an opinion that conflict is always undesirable, that it should be avoided if possible, and that it should be resolved immediately as soon as it arises (but not conflict resolution is also a solution).

Conflicts occur in organizations due to the fact that their members do not agree with their position, authority, and responsibilities and have different attitudes toward the same organizational goals and objectives. Some types of conflicts are harmful, while others are beneficial both personally for the employee and for the organization as a whole [12]. It is believed that it is not the conflict itself that is dangerous in the organization, but its erroneous, incorrect regulation.

If the conflict helps to reveal a variety of points of view, provides additional information, helps to find more options, makes the decision-making process of the group more effective, and provides an opportunity for self-realization of the individual, then this is a creative (functional) conflict in its consequences. In workplace research, there is a strong focus on job satisfaction and organizational commitment: overall job satisfaction refers to a good attitude toward a job resulting from an assessment of job characteristics, including the nature of the job, management style, relationships with colleagues, remuneration, working conditions, and job security [13], organizational commitment refers to whether an employee is willing to stay with or leave the organization [14]. This is due to the widespread realization that these variables can be key predictors of organizational productivity and performance [15] [16].

If, as a result of the conflict, the goals of the organization as a whole and the satisfaction of the needs of the individual do not occur, then it is destructive

(dysfunctional) and leads to a decrease in personal satisfaction, group cooperation and the effectiveness of the organization [17].

*Two positive elements of the conflict need to be emphasized.*

1) Conflict as a way to identify problems. The emergence of almost any conflict situation indicates that there is a problem (or a set of problems) in relations between people, groups of people, organizations.

2) The stimulating function of the conflict. We live in a world of change. Their speed is constantly increasing, and with it, our psychological resistance to change is growing. Indeed, the possibilities of the human psyche, which determine the ability of the latter to adapt to the ongoing changes, are limited.

That is why individuals and large groups of people resist change even when it would seem that it should bring them a clear benefit [18].

Most often in the public health system, there are conflicts between medical organizations and patients that are associated with violation of the rights of citizens in the field of medical care, poor quality medical care and harm in the process of its provision.

The essence of conflicts in the system “medical staff of a healthcare institution, patients and relatives of patients” lies in the clash of opinions, interests, points of view and expectations of the two sides of this interaction.

The problem of conflicts between doctors or other medical personnel of health care institutions and patients is very relevant today [19]. As a rule, a conflict situation between participants in the process of providing medical care arises due to mutual rudeness, poor-quality treatment, excessive patient requirements, arrogance of doctors, and many other factors.

## **2. The Objective of the Study**

THE OBJECTIVE OF THE STUDY was to identify the socio-psychological causes of conflicts and ways to resolve them in healthcare organizations.

## **3. Materials and Methods**

422 doctors and paramedics of Chernivtsi region took part in the study. The survey was conducted in 2021 in an individual anonymous form in the form of a questionnaire in order to determine the relationship between conflict situations and the effectiveness of medical institutions. Age composition of team members: from 18 to 54 years. Education: secondary, secondary, special and higher.

Used methods: medical-sociological, medical-statistical.

The interviews were conducted during the 12 months of 2021. We conducted anonymous one-on-one interviews with physicians, management and paramedics, focusing on in-depth study of conflict situations in medical teams, allowing participants to express their views freely, without pressure. We developed open-ended interview questionnaires based on our research questions. The interviews began with gathering general information about the participant and his/her work experience. After that, we considered more specific points, such as feasibility (“Are

you satisfied with the results of medical care?”), practicality (“If conflicts arise, please indicate the main reasons?”) and professionalism (“What style of behavior in a conflict situation you do you prefer?”).

#### 4. Results

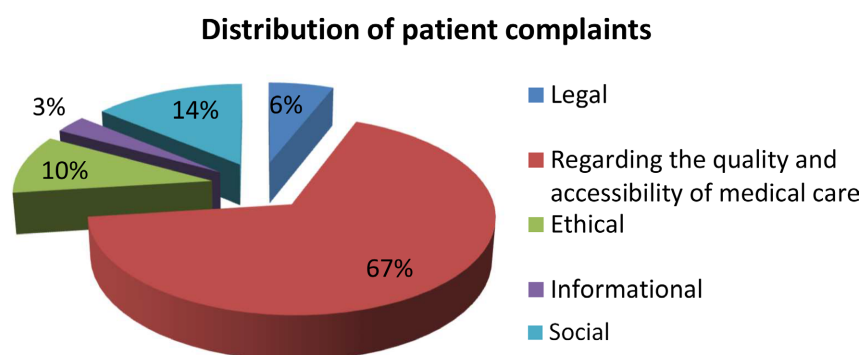
After analyzing 348 complaints from patients admitted to the Health Department of the Chernivtsi region for 2019–2021, it shows the following distribution according to the leading reason for filing a complaint (Figure 1).

To develop conflict resolution skills, we developed a scheme that highlights various aspects of conflict in medicine between a doctor and a patient:

- **Legal**—alleged violations of legislation (general civil, medical) in the field of citizens’ rights, refusals to receive benefits or vouchers, refusal to hospitalize, preferential drug provision, violation of medical confidentiality, etc.;
- **Regarding the quality and accessibility of medical care**—patient dissatisfaction with the quality and availability of medical care, incomplete medical care, untimely provision of it, the presence of complications and other consequences;
- **Ethical**—alleged violation of ethical standards, rudeness and lack of attention of staff, unacceptable statements and comments;
- **Informational**—violations in the field of interaction between the individual and the healthcare system (medical organization) in the field of informing the patient, making an appointment, obtaining information, clarifications and consultations;
- **Social**—alleged violations of the rights of persons with disabilities and other privileged categories of citizens.

Thus, the analysis of the results shows that the predominant complaints (and conflict situations) related to the quality and availability of medical care (67%), in second place, by a wide margin, are social complaints (14%), in third place, ethical complaints (10%), the next place is occupied by legal complaints (6%) and in the last place are complaints of an informational nature (3%).

Based on our study (Table 1, on the example of medical personnel of medical organizations in the Chernivtsi region) we have developed a program of questioning



**Figure 1.** Distribution of patient complaints to regulatory organizations according to the leading aspect.

**Table 1.** Distribution of respondents by gender, age and location.

Age	Sex				Locality			
	men		women		city		village	
	Abs. n.	%	Abs. n.	%	Abs. n.	%	Abs. n.	%
18 - 35 years	61	14.5	51	12.1	74	17.5	38	9
36 - 55 years	100	23.7	116	27.5	158	37.4	58	13.7
56 and older	48	11.4	46	10.9	60	14.2	34	8.1
Total (422 people)	209	49.5	213	50.5	292	69.2	130	30.8

the participants, aimed at identifying the specifics of conflict in the team. The questionnaire contained a series of questions to which each member of the team had to choose an answer.

As can be seen from the table, according to age indicators, the most numerous group of respondents was aged 36 - 55 years, and their work experience in the medical institutions surveyed by us in most cases was 10 - 15 years. In terms of educational status, among the respondents, there is a predominance of employees with higher professional education, *i.e.* Physicians predominate in the workforce. More than half of the respondents have the highest and first qualification categories. By gender, the number of studied men and women is approximately the same.

The analysis of respondents' answers on determining the levels of conflicts and attitudes towards conflicts is analyzed and presented in the form of diagrams.

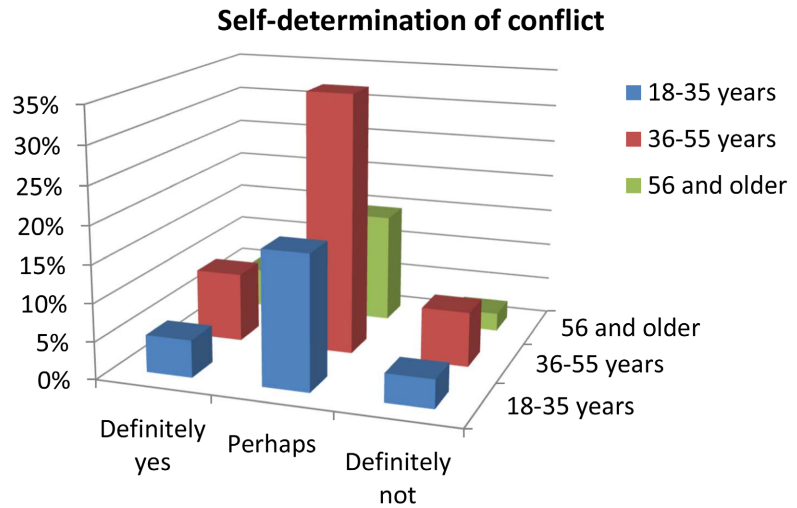
To the question "Do you consider yourself a conflicted person?" 13.5% answered with an unconditional denial, 67.1% allow the possibility of being called conflicted persons in some situations and 19.4% in most cases find the opportunity to start a conflict for some reason (**Figure 2**).

At the same time, considering the attitude of health workers to ongoing conflicts, the following data were obtained: 65% have a negative attitude towards conflicts, 26% are more negative than positive, and 9% are positive.

Analyzing the answers to the question: "How often in your team there are conflict situations?" 18.5% of respondents noted that very often, 54.2%, periodically, 21.2%, sometimes and 6.1% have never been involved in conflicts in the workplace (**Figure 3**). Moreover, the hypothesis that, with all the negative attitude towards conflicts in the team of medical workers, conflicts most often arise between managers and subordinates, which was not fully confirmed among colleagues.

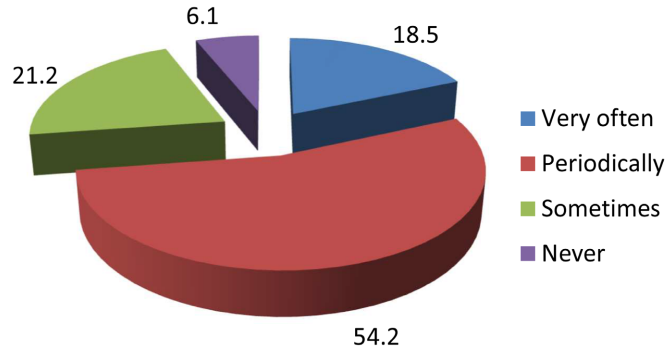
When considering all the conflicts that arise within the team, the main share was the conflicts "employee-employee". These conflicts are mainly industrial in nature, among them we can single out horizontal, vertical and mixed directions.

Based on the data obtained, an analysis of the causes of conflicts was carried out. Indicators of answers to the question: "Indicate the causes of conflicts in your team?" look as follows (**Figure 4**): the largest number of respondents (55.7%)



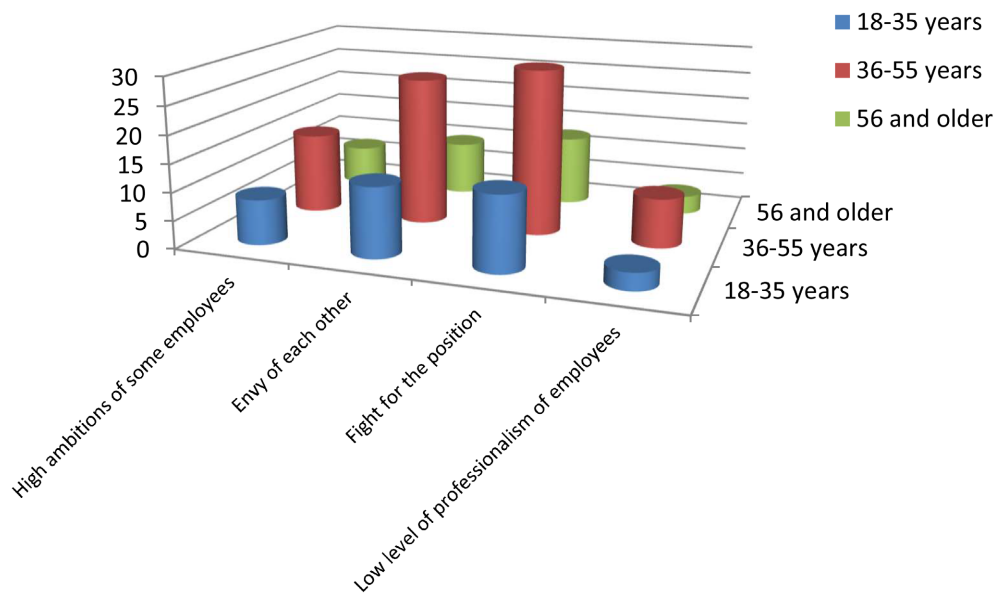
**Figure 2.** Determining the level of conflict in relation to yourself.

### The frequency of conflicts in a medical organization



**Figure 3.** Frequency of occurrence of conflict situations in the team.

### Causes of conflicts



**Figure 4.** The main causes of conflicts in the team of a medical organization.

noted the option, the struggle for a position; a slightly smaller number (48.8%) scored the answer, envy of each other; almost 2 times less (29.6%) was the answer, high ambitions of some employees; the smallest number (15.2%) scored the answer low level of professionalism of workers. None of the respondents mentioned any other reasons.

Analyzing the strategy of behavior of the participants in the conflict in relations with the leader, the majority prefers adaptation, and in relation to colleagues, cooperation (Figure 5).

As can be seen from the diagram, when interacting with the leader, 30.6% of the respondents prefer to give in and are ready to get away from the conflict. When interacting with a colleague, 16.8% choose cooperation, 13.7% choose to compromise. However, in conflict resolution cooperation, accommodation, compromise over competition and avoidance prevail.

## 5. Discussion

In principle, conflicts that have already arisen are easier to prevent than to resolve over time. Since the main figures in conflicts in organizations, including health care organizations, are individuals, the prevention of these conflicts must be person-centered, and ethical leadership and job satisfaction are key indicators of commitment to the profession and organization. Providing high quality care is the primary goal of healthcare organizations, and physicians are primary responsible for delivering this care. The literature notes that the effective functioning of HRM processes significantly influences the quality of patient care [20] [21].

Based on our research, it can be stated that in general, negative attitudes towards conflicts in the team are widespread among health professionals. However, some respondents express a positive attitude to conflicts, which is explained by the understanding that the conflict is not always destructive, sometimes it is



**Figure 5.** Subjective assessment of the behavioral strategy of medical workers in a conflict situation.



functional in nature, contributing to the development of the organization. The prevailing opinion is that conflicts in the medical staff most often arise between managers and subordinates; however, our study showed that the bulk of conflicts are between employees. Physician performance encompasses many aspects ranging from adherence to ethical principles and core values, such as helping the sick and avoiding harm, to demonstrating expected skills and competences [22] [23]. Although there is no universally agreed definition of performance that covers all the important domains of professional medical practice, a range of preconditions can be identified in the literature. Competences, defined in the widely used CanMEDS, as well as from experience are regarded as necessary prerequisites of high performance [24] [25]. Relevant knowledge, skills and attitudes include both medical-technical aspects as well as communicative and leadership skills [23] [26].

The predominant factor that leads to conflict directly in our study is the struggle for office. There were three dominant sub factors:

- More than half of the respondents connect the emergence of conflicts with a vague division of responsibilities;
- 20% are not satisfied with the salary;
- 18% consider the level of labor organization insufficient.

Other indicators of the causes of conflicts were distributed approximately evenly, including the personal nature of the causes and the reasons that did not form in a particular group.

To prevent conflicts in medical organizations, it is necessary to draw the attention of institutions to the shortcomings in organizational aspects, *i.e.* to review the real state of affairs and existing job descriptions, to avoid duplication in the distribution of responsibilities, rights and responsibilities; give employees the opportunity to express their opinions and maintain a healthy psychological climate in the team.

Also, if there is a vague division of responsibilities in the team, it is closely intertwined with another cause of conflict, the calculation of wages. Accordingly, the hypothesis that in the workforce, where business relations prevail over socio-emotional, the main cause of conflict situations are differences in views on attitudes to the performance of official duties, in general was fully confirmed, outlining the causes of imperfections in organizational processes of medical institutions and health care in general.

## 6. Conclusion

An organization of any level cannot exist without facing the problem of conflict. Our study showed that the main claims of the population and, consequently, conflict situations in medical organizations are related to the quality and availability of medical care. In the context of reforming the health care system, ways to resolve conflicts in medical organizations include the need for changes in virtually all areas of activity: labor organization, management, and pay system. Therefore, the leader should not avoid conflicts, but constantly work to resolve

them, to address the causes. It is not to be regretted that the conflict arose at all; it is the inevitable companion of progress and change. It is the manager who is responsible for preventing conflicts in the departments entrusted to him and, accordingly, in the organization as a whole.

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### **Authors' Contributions**

All the authors contributed evenly with regards to data collecting, analysis, drafting and proofreading the final draft.

### **Ethical Approval**

The study acquired the ethical approval from the Commission on Biomedical Ethics for compliance with moral and legal rules of medical research of Bukovinian State Medical University of the Ministry of Health of Ukraine (letter number Nr. 2 from 18.02.2021, project number 0120U102625).

### **Data and Materials Availability**

All data associated with this study are present in the paper.

### **Conflicts of Interest**

The authors declare no conflicts of interest regarding the publication of this paper.

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