

PUBLIC HEALTH CARE

DYSFUNCTIONAL EFFECTS OF A CONFLICT IN A HEALTHCARE ORGANIZATION

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ДИСФУНКЦИОНАЛЬНЫЙ АСПЕКТ КОНФЛИКТА В ОРГАНИЗАЦИИ ЗДРАВООХРАНЕНИЯ

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ABSTRACT

Conflicts in healthcare settings are quite common events because of the continuous changes and transformations today's healthcare organizations are undergoing and the vigorous interaction between the medical professionals working in them. AIM: To survey the opinions of medical professionals about the possible destructive effects of conflicts on them in the workplace. MATERIALS AND METHODS: We conducted a direct individual survey of 279 medical employees at four general hospitals. We used a set of questions that reflect the negative effects and consequences of conflict on healthcare professionals as direct or indirect participants. All data were analysed using the descriptive statistics and non-parametric analysis at a significance level for the null hypothesis of p < 0.05. Results: Workplace conflicts contribute a lot to the stress, psychological tension and emotional exhaustion medical professionals are exposed to. The confrontation the conflict brings the participants into acts as a catalyst of the conflict and enhances the manifestation of hostile actions. A conflict generates a situation which has an impact on the behaviour of all participants involved in it giving rise to emotional states such as anger, aggression and reproaches. The destructive consequences resulting from a conflict are seen in the reduced work satisfaction and demotivation to perform the work activity. The contradictions that arise as a result affect negatively the team cooperation and obstruct the collaborative efforts in solving the problems in the healthcare setting. Conclusion: A conflict in a healthcare setting exerts a considerable destructive effect on an employee, therefore it requires prompt identification and effective intervention to minimise its unfavourable outcomes.

Key words: conflict, healthcare, destructive effect

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РЕЗЮМЕ

Конфликты на рабочем месте становятся часто встречаемым явлением вследствие постоянных изменений и трансформаций в системе современных лечебных заведений больничной помощи и динамического взаимодействия между медицинскими специалистами. Цель: Целью настоящей работы является исследование мнения медицинских работников в отношении воздействия на них потенциальных деструктивных последствий конфликта во время работы. Материалы и методы: Был проведён непосредственный индивидуальный анкетный опрос среди 279 медицинских работников в 4 многопрофильных больницах. В целях исследования была использована группа вопросов, отражающих негативные реакции и последствия конфликта в отношении медицинских работников, выступающих в роли прямых или косвеных участников в нём. Данные анализированы при помощи дескриптивной статистики и непараметрического анализа при уровне значимости нулевой гипотезы р < 0.05. Результаты: Конфликты на рабочем месте усугубляют в значительной степени стресс, психологическое напряжение и эмоциональное истощение медицинских специалистов. Конфронтация между участниками конфликтного взаимодействия проявляется как катализатор конфликта и усиливает проявление враждебных действий, гнева и агрессии. Деструктивные последствия вследствие конфликта выражаются в пониженной удовлетворённости и в демотивации трудовой деятельности. Возникшие противоречия ухудшают сотрудничество в коллективе и препятствуют совместному решению проблем в соответствующей структуре здравоохранения. Заключение: Конфликт в больницах оказывает в значительной степени деструктивное воздействие на отдельного работника, что в свою очередь требует современной идентификации,

Article's history: Received: 16 Oct 2014; Received in a revised form: 27 Nov 2014; Accepted: 18 Dec 2014

оперативного и эффективного вмешательства с целью свести к минимуму его неблагоприятные последствия.

Ключовые слова: конфликт, здравоохранение, деструктивный аспект

Folia Medica 2015; 57(2): 133-137

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INTRODUCTION

Workplace conflicts in healthcare settings are very common now as a result of the continuous changes and transformations occurring in modern healthcare organizations and the vigorous interaction between the medical professionals.

Most often these conflicts result as a consequence of the contradictions caused by the discrepancy gap of information, interests, norms of conduct, and human values.¹

A conflict may be functional under certain circumstances^{2,3}, but, as many studies have demonstrated, it can still have a negative impact on the teamwork^{4,5} and potentially can affect the entire hospital organisation⁶.

AIM

The aim of this study was to survey the opinions of medical professionals on the potential destructive effects of conflict on them at work.

MATERIALS AND METHODS

The study was conducted at four regional referral hospitals for the regions of Plovdiv, Asenovgrad and Kardzhali.

Using direct individual survey we studied the opinions of 279 medical employees between December 2011 and February 2012. A specially designed questionnaire was prepared for the study based on the relevant reference literature we surveyed before the study. The questionnaire covered five basic domains: socio-demographic characteristics of respondents; satisfaction of medical professionals of the organization and conditions of work environment; causes and frequency of conflicts in medical work teams; impact of conflict on medical professionals and the quality of healthcare provided; skills of medical professionals to deal with conflicts. The questionnaire was pilot tested and validated on a sub-sample of 30 medical professionals. The set of questions we used addressed the negative

Table 1. Socio-demographic and work-related characteristics of respondents

Variables		n	% ± Sp
Sex	Men	37	13.2 ± 2.03
	Women	242	86.74 ± 2.03
Type of employees	Physicians	74	26.52 ± 2.64
	Nurses	173	62.01 ± 2.91
	Other medical professionals	32	11.47 ± 1.91
	Hospital management staff	50	17.92 ± 2.30
	Full time employees	229	82.08 ± 2.30
Age (years)	< 30	26	9.5 ± 1.76
	31-40	80	29.2 ± 2.72
	41-50	81	29.6 ± 2.73
	> 51	87	31.8 ± 2.78
	mean \pm SEM	279	44.23 ± 0.64
Length of service (years)	< 10	43	16.2 ± 2.21
	11-20	87	32.8 ± 2.81
	21-30	67	25.3 ± 2.60
	> 31	68	25.7 ± 2.62
	mean \pm SEM	279	21.54 ± 0.66

effects and consequences of conflict on healthcare professionals as direct or indirect participants. The data were analysed using descriptive statistics and non-parametric analysis at a significance level for the null hypothesis p < 0.05. The statistical analysis was performed using SPSS v. 16.

RESULTS

The characteristics of respondents are presented in Table 1.

It is noteworthy that 84.1% of healthcare workers indicated that conflict was a negative time wasting phenomenon at work. Only 15.3% of the respondents were unanimously of the opinion that conflicts could also have a positive influence.

As to the negative consequences of conflicts we found that most of the medical specialists (55.17 \pm 3.08%) rated diminished work satisfaction as the most significant negative outcome.

Workplace conflicts lead in some cases to disruption of relationships between members of the organization. A great number of medical workers $(40.0 \pm 3.04\%)$ associated the negative consequences of conflicts with exchange of personal insults and offenses.

Some respondents $(35.25 \pm 2.96\%)$ rated the disruption of cooperation in the team as a dysfunctional effect resulting from the conflict.

These problems are not the only negative results from conflicts at work. We also found some consequences related to administration. According to $10.38 \pm 1.89\%$ of respondents some of their colleagues quit work because of a conflict at work while $6.54 \pm 1.53\%$ of them report of obstructions that prevent them from making innovations. Some of the participants in the conflict were transferred to other wards $(2.31 \pm 0.93\%)$, or were fired $(2.69 \pm 1.0\%)$ or were refused the opportunity of having a continuing post-graduation education (1.54%).

Of some interest are the responses to the question addressing the consequences induced by direct involvement of an employee in a conflict.

The relationships in a conflict are closely associated with the generated negative emotional reactions. Most of the healthcare workers (54.6 \pm 3.9%) reported that they walked away of a conflict situation feeling angry, frustrated or aggressive.

Many respondents (72.47%) reported that their mood changed negatively as a result of the conflict which exerted a disruptive effect on their presence of mind, working capacity and communicative skills.

The results show that $57.8 \pm 3.61\%$ of the surveyed respondents experienced an increase of the

psychological stress, which quite often was concomitant with insomnia and other neuro-psychological disorders. The data obtained are strongly correlated with the age of the employees. Older employees (over 51 years of age) were more vulnerable with respect to the negative stress effect of conflict as opposed to the ones aged no more than 30 years, p < 0.05 ($\chi^2 = 18.73$).

We should also take into account the effect, not particularly a favourable effect, of increase of tension associated with increase of anxiety and stomach pains in 36.37% of the respondents.

It is disturbing that conflict causes 58.1% of the respondents to feel exhausted (burnt-out), and 63.8% to be demotivated. Analysing the effect the main characteristics of the respondents have on their opinions, we found that they correlated with only the employment status and position of respondents (Table 1). Quite a large percentage of full time employees (41.9%) were demotivated in conflicts, while their management officers reported rather a low percentage (24.1%) that were demotivated p < 0.05 ($\chi^2 = 9.68$).

DISCUSSION

A conflict in a healthcare organization is an open opposition event resulting from mutually exclusive interests and positions. The hypothesis of the dysfunctional effect of conflict on the healthcare teams and on the activity of the organization as a whole has been investigated in a number of studies. A,6,8 Conflict has been, on the other hand, considered in a number of studies to be a necessary incentive for functional development of the workteams. Taking into consideration the complexity of the social phenomenon in question the researchers emphasize the fact that the consequences of a conflict differ depending on the outcome of the conflict.

Analysis of the results of this study confirms the fact that a conflict affects negatively the sense of work satisfaction of the employees. ¹⁰ In such a context, work dissatisfaction can be a sign for the emergence of social tension.

The studies investigating work satisfaction of physicians and nurses have found a direct correlation between work satisfaction and its quality. Medical professionals that are dissatisfied with their work have a higher risk of committing professional errors and this directly influences the quality of the healthcare service. ¹¹ On the other hand, inadequate work satisfaction has been found to be associated with an increased number of mental ill-health cases among medical professionals. ^{12,13}

Presence of conflicting relationships between the members of the team creates unpleasant experiences, leading to negative attitudes and behaviour.¹⁴

The results of the survey show that in quite a great number of cases (40%) the opponents in a conflict respond with verbal aggression expressed in personal insults and attacks. The dysfunctional consequences from the verbal aggression between medical specialists are poor working relations, work dissatisfaction, reduced feeling of well-being, as well as lack of trust and feeling of support on the working place.^{8,9}

Information is retrieved during a conflict obtained in the clash of the different opinions and decisions. The disrupted communication in such a situation acts as a conflict catalyst hindering the understanding of an individual employee of the situation or of the viewpoints of the others. Specialists in the field suggest that inadequate communication obstructs the effective resolution of conflicts.⁷

The negative character of the conflict at onset prevents the opposing parties from cooperating with one another, erects artificial barriers to mutual understanding and fuels the desire to keep the conflict alive. The communication and collaboration failures among medical professionals result in turn to accidents in the healthcare provision to patients. ^{15,16}

The conflict outcomes have a negative impact on the qualified staff turnover.^{6,17}

The present study found relatively small percentage of employees that quit the job (10.38%). It should be noted here that this information was not obtained from those that quit the job as a result of a conflict, which makes it quite likely that this percentage could be greater.

The destructive impact of conflict becomes quite evident in the medical professionals implicated directly in the conflict.

Conflict is a dynamic process resulting from interpersonal tensions between the members of the team and is accompanied by negative emotional reactions.^{4,8}

Most of the employees (54.6%) walked away from the conflict feeling angry, frustrated or overtly aggressive. The fact that there is discrepancy in the perceptions, values and beliefs, triggers a number of emotional and affective processes which generate emotional states of anger, aggression, resentment, criticism and subsequent frustration. Emotions are an integral part of the conflict dynamics – they determine the way people respond to certain situations. When conflicts are not discussed effectively, emotions escalate. On the other hand, when the

way a conflict is resolved does not satisfy the participants in the conflict, it affects the professional relations and the teamwork efficiency providing quality care to the patient.¹⁵

Analysis of the results in the present study shows that mood changes negatively with clearly manifested animosity and instability in most of the medical employees (72.47%). Anger and the accompanying conflict-related negative emotions cause the attitudes and the cognition of other people to change.¹⁴

Most of the medical professionals (57.8%) reported that conflict appears to be a workplace stressor, a finding that is consistent with the results of other researchers.^{2,13} Being a major source of stress conflict has an impact on the employees' well-being and performance and on the team health.

The intense excitement and greater stress, as well as the interpersonal tension and distrust do not allow the individual to focus on the problems and be ready to generate ideas and implement the adequate solutions of these problems.⁴ Research has shown that continuous exposure to stressors may have negative outcomes for the medical professional – these can manifest themselves as psychosomatic complains, mental strain, burnout syndrome and sleeping disorders.^{2,6,13,17,18} All these influence the quality of healthcare and the satisfaction of the patients.^{6,12,19}

Conflict relationships demotivate 63.8% of the medical professionals while performing their professional duties. This finding is consistent with the results of other researchers regarding the negative impact of conflict on the motivation of employees.¹¹

Work motivation determines the quantity and quality of the performance of a hospital employee; it is an important factor for a healthcare organization to function efficaciously.²⁰ Reduced motivation as a result of tension and stress weakens the concentration of the medical professionals on their job performance.⁴

Thus the negative impact of conflicts on the motivation of employees will affect the optimal functioning of the team and the entire hospital.

The differences we found in analysing the results for the two categories of employees – management and regular employee – suggest that healthcare managers have inadequate information about the factors that demotivate employees to perform their professional duties. Therefore it is necessary that the motivation profile of medical professionals be studied regularly so that the factors having a negative effect on motivation can be effectively eliminated.

The contradictions that arise in a conflict destroy both personal and professional interrelations leading inevitably to creation of poor work environment^{6,9,17}; they also generate expenses with respect to time, energy, increase of stress and decrease of efficiency^{1,2,6,13}.

CONCLUSIONS

- 1. Generally, the conflicts at work have a negative impact on the work satisfaction and motivation of medical professionals during performance of their hospital duties.
- 2. Analysis shows that the conflict outcomes affect negatively the relations and collaboration of medical employees and impede efficient team work.
- 3. The conflict's dysfunctional consequences affect directly the emotional and health state of medical employees.
- 4. We differentiated the major negative responses of medical professionals involved in a conflict these can be used to develop effective methods for conflict management.
- 5. A conflict has an impact on the work efficiency as medical employees divert their attention away from their job to the conflict situation.

Given the considerable destructive effect of conflicts on the individual employee, our findings highlight the necessity of intervening in the work process to prevent their generation at work or reduce their harmful effects on medical professionals and the healthcare organization.

REFERENCES

- 1. Henry O. Organizational Conflict and its effects on Organizational Performance. Research Journal of Business Management 2009;2(1):16-24.
- 2. Dijkstra TM, De Dreu CK W, Evers A, et al. Passive responses to interpersonal conflict at work amplify employee strain. European Journal of Work and Organizational Psychology 2009;18(4):405-23.
- 3. Desivilya HS, Somech A, Lidogoster H. Innovation and conflict management in work teams: the effects of team identification and task and relationship conflict. Negotiation and Conflict Management Research 2010;3(1):28-48.
- 4. Greer LL, Saygi O, Aaldering H, et al. Conflict in medical teams: opportunity or danger? Med Educ 2012;46(10):935-42.
- McCallin A, McCallin M. Factors influencing team working and strategies to facilitate successful collaborative teamwork. N Z J Physiotherapy 2009;37(2):61-7.
- 6. Wayne NH. Dysfunctional health service conflict:

- causes and accelerants. Health Care Manager 2012;31(2):178-91.
- 7. Lukova A. [Perspective on conflicts and abilities for communication in the medical practice]. Bulgarian medical journal 2009;3(2):12-5 (Bulgarian).
- 8. Ilies R, Jonson M D, Judge TA, et al. A withinindividual study of interpersonal conflict as a work stressor: Dispositional and situational moderators. J Organiz Behav 2011;32:44-64.
- 9. Oxenstierna G, Magnuson Hanson LL, Widmark M, et al. Conflicts at work--the relationship with workplace factors, work characteristics and self-rated health. Industrial Health 2011;49:501-10.
- 10. Demir B, Kasapoğlu A. Nurse Physician Relations: A qualitative case study in the Emergency Department of a Hospital in Ankara, Turkey. European Journal of Turkish Studies 2008 March. Available from: http:// ejts.revues.org/1783
- 11. Toncheva S, Pavlova St. [Professional satisfaction in nurses.] Social medicine 2012;1:30-2 (Bulgarian).
- 12. Moustaka E, Constantinidis TC. Sources and effects of work-related stress in nursing. Health Science J 2010;4 (4):210-16.
- 13. Bovier PA, Arigoni F, Schneider M, et al. Relationships between work satisfaction, emotional exhaustion and mental health among Swiss primary care physicians. Eur J Public Health 2009;19(6):611-17.
- 14. Jehn KA, Greer L, Levine S, et al. The effects of conflict types, dimensions, and emergent states on group outcomes. Group Decis Negot 2008;17(6):465-95.
- 15. Martin JS, Ummenhofer W, Manser T, et al. Interprofessional collaboration among nurses and physicians: making a difference in patient outcome. Swiss Med Wkly 2010;140:w13062
- 16. Nagpal K, Arora S, Vats A, at al. Failures in communication and information transfer across the surgical care pathway: interview study. BMJ Qual Saf 2012;21(10):843-9.
- 17. De Raeve L, Jansen NWH, van den Brandt A, et al. Interpersonal conflicts at work as a predictor of self-reported health outcomes and occupational mobility. Occup Environ Med 2009;66:16-22.
- 18. Stoyanov D, Stoikova M, Tornyova B, et al. Burn out syndrome in health care personal: Ethical, psychological and methodological implications. In: Stoyanov D, editor. New Model of Burn Out Syndrome: Towards early diagnosis and prevention. 5th Balkan Congress on the History & Ethics of Medicine. 2011 Oct 11-15, Istanbul, Turkey; 2011:449-62...
- 19. Klein J, Frie KG, Blum K, et al. Psychosocial stress at work and perceived quality of care among clinicians in surgery. BMC Health Serv Res 2011;11:109.
- 20. Bajwa SJ, Virdi SS, Bajwa SK, et al. In depth analysis of motivational factors at work in the health industry. Ind Psychiatry J 2010;19(1):20-9.