



ASPECTS OF BEHAVIOUR OF HEALTHCARE SPETIALISTS IN CONFLICT SITUATIONS

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ABSTRACT

Conflicts represent inevitable part of organizational everyday life in healthcare structures. Its constructive management by the rules of effective communication takes significant place in the work of healthcare managers.

THE PURPOSE of the present study was to investigate the preferred models of behaviour in conflict situations by the healthcare managers and the influence of their approval motivation on the team.

CONCLUSION Successful management of conflicts in healthcare organizations suggests alteration of the attitude towards them and interpreting them as manifestation of different initial views. Solving the conflicts should be directed towards accepting the opponents needs, realizing of one's own interests and contribution to the conflict, reaching mutual goals and accepting alternative opinions.

Key words: conflicts, medical specialists, organizational approach, strategies for behavior

INTRODUCTION

In the second half of twentieth century integrative concept for conflict was accepted in the organizational psychology, interpreting it as a normal event in the life of social systems, a form of human relationships, which shouldn't be accepted only negatively. Besides negative aspects, important positive results could be detected like preserving the enterity, vitality and stability of individual and social systems.

Leading aspect in the contemporary beliefs is that rivalry and confrontation lead to productivity, development, adaptation and survival. Conflict is not interpreted only as a threat, but as an indicator for alteration in the system. This results in destroying status quo and gives field for introducing creativity and innovativeness (1).

As psychosociological phenomenon, conflict is subject investigated by many sciences:

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psychology, sociology, political science, philosophy, pedagogy, history etc. Because of its interdisciplinary investigation, its definition is wide-ranging and could not be limited in accurate frame. In specialized literature different variants for defining this term exist according to the statement of the certain discipline and the included phenomenology. Research approaches could be classified into three groups: intrapsychic, interpsychic and cognitive (Ivanov, S). One of the first definitions (1931) belongs to Kurt Levin, who defines conflicts as "situation, in which every individual is influenced simultaneously by forces with contrary direction but equal quantity". Contribution for exploring the problem have a lot of scientists as: G. Simmel, R. Dahrendorf, L. Causer, S. Freud, A. Adler, K. Horney, D. Dolard, A. Bandura etc. (2).

When generalizing the scientific statements for conflict N. Grishina interprets it as a bipolar event expressed by disagreement or difference between two subjects or side, which creates activity towards neutralizing the conflicts. In this definition three key words which define the accurate characteristic of conflict are distinguished:

√ *Bipolarity* is determined not only as mutual antagonism of the sides involved in the conflict but also as correlation between them. The members of an organization are interrelated while performing their mutual work and this causes the occurrence of collision, conflict.

√ *Presence of two subjects* – they could be two individuals in a certain group, two groups in an organization or social groups, societies in two organizations.

√ *Activity for solving the contradictions* (3, 4).

Significant part of this problem represents the creation of practical approaches for managing conflict situations. This means minimizing the eventual destructive consequences and a quest for productive results. Besides the accompanying negative psychological experiences during conflict (anxiety, uncertainty, aggression, apathy, depression etc.) , positive aspects of this phenomenon could be placed in first line. Conflict could be:

- Alert for crisis;
- Alert for alteration;
- Overcoming apathy, conservatism and status quo;
- Overcoming intra- and interpsychic tension between subjects;
- Relating positions, opinions, personalities;
- Source for development of abilities, relationships etc. (2).

Despite the natural tendency for accepting conflict as a threat for team decision, the presence of a conflict could be interpreted as beneficial because various alternatives are proposed, personal problems are restricted and conflict serves as a means for development (5).

In specialized psychological literature certain aspects of the studied conflicts are emphasized, such as: types of behaviour in conflict situation of different essence; strategies for managing this behaviour and factors affecting its choice; individual characteristics; temperament; socialization; damage rate; possible consequences; significance of the problems solved ; characteristics of the psychosocial climate in the team; specificity of management; organizational culture etc.

Because of the complexity of life and management of healthcare structures and the specificity of activities for maintaining people's health, it could be stated that the three types of conflicts (intrapersonal, interpersonal and inter-group) are essential part of the existence of this system. Causes for a conflict

could be of diverse character: financial, jurisprudential, according to the model of healthcare system, organizational etc. For healthcare specialists, mutual activity between colleagues with different specialties and status and patients is prerequisite for occurrence of conflicts. Some of the distinguished factors are:

- ☒ Difference in social perceptions, roles, motives of the team members;
- ☒ Restriction of resources for performing adequate medical care;
- ☒ Dependence and asymmetry of different parts of the mutual medical activity, different specializations and differentiation;
- ☒ Difference in the manager's evaluation criteria;
- ☒ Difficulties in communication on different levels;
- ☒ Differences in skills, abilities, individual and psychological qualities of the professionals;
- ☒ Dissatisfaction from the fulfilled professional roles, etc. (6).

Chakarova-Gateva describes the preconditions for occurrence of conflicts among medical staff and between specialists and patients regarding medical ethics and gives the following reasons: differences in values; violation of the ethical standards or reasons of moral essence (7).

According to M. Goodyear recognizing the normative role of the conflict is the first step for its management (2006). As an element for creating favourable psychosocial climate, the inevitable conflicts and collisions in medical teams should be accepted and discussed. Thus they could be source for development as well as a means for destruction, which requires introduction of various tactics and conflict management strategies (8).

Because of this reason conflictive competence of the managers to solve conflict situations is extremely important before conflict's dysfunctional consequences have deteriorated the psychosocial climate and effectivity of the team. Porter-O'Grady supports the opinion for the importance of the following paradigm in conflict management: well-maintained and directed conflict is the key to make effective strategic decisions (9).

The actuality of this problem originates from the needs of healthcare practice, caused by the collective character of human activities and the

actual problems for the effectivity of the management, regulation of relationships between specialists in medical teams and acquiring specific competences for team work.

THE AIM of the present study was to define and to analyze behavioral strategies, which healthcare management specialist use when solving conflicts at work place and their self-assessment for approval motivation in the team.

Hypothesis for presence of connection between the need of acknowledgement and approval and the behavioral strategy in conflict of the investigated people was formed.

MATERIALS AND METHODS

Forty healthcare specialists were included in the research - healthcare management students in the Faculty of Public Health, MU-Plovdiv.

organization and people resources
The following instrumentarium was used:

1. Questionnaire of K. Thomas and R. Killman for diagnosing the inclination of individuals for conflict behaviour, consisting of 30 statements, from which everyone decides according to their reaction pattern.

For describing the types of people’s behavior in conflict situations, the authors created bi-factor model for regulating the conflicts with two main dimensions of behavior:

- ☒ Cooperation (partnership) – characterized by taking into consideration the interests of other participants in the conflict
- ☒ Pressure (persevering personal interests)

When combining the different expression rates of these strategies, five unequally preferred tactics for behavior in conflict situations are formed (**Tabl. 1**):

Tabl 1. Tactics for behaviour in conflict situation.

	Level of partnership	Level of perseverance	Focus
1.Competition	Low	High	Persevering personal position without considering the opponents’ position
2.Adaptation	High	Low	Giving away one’s own interests in order to maintain harmonic relationship
3.Compromise	Average	Average	Every part is willing to make certain compromises for the quick resolution of the conflict
4.Avoidance	Low	Low	Confrontation is interpreted as negative feature, because it causes tension
5.Cooperation	High	high	Mutual efforts are made in order to find a solution satisfying both sides

Grading of preferred behavior styles is according to the number of answers matching the key for processing data.

The established concept states that best behaviour strategy, which could be applied in all conflict situations, doesn’t exist. It is considered that an individual is effective if all types of behavior strategies are applied and especially in their average variants from 5 to 7 points, (max 12). The undoubtedly preference of one of the strategies could be interpreted as person’s predominant behavior when interacting with partners.

2. Questionnaire of D. Crown and D. Marlow for self-assessment of approval motivation. It includes 20 statements, from which are chosen those characteristic of a certain individual. The number of the working items is obtained. The index varies from 0 to 20 and high results imply higher approval motivation, associated with the need for acknowledgement and comparing with the established models and social norms. Low results indicate non-acceptance of conventional norms and rules.
3. Statistical methods: descriptive and correlative analysis

RESULTS AND DISCUSSION

When grading the preferred behavior strategies of the investigated medical specialists, the following models of behaviour were determined (Tabl 2):

The table shows that the preferred model of reaction in a conflict situation among respondents is compromise, followed by strategies of avoidance and cooperation. Only few students gave clear preferences for certain form of behavior, which can be interpreted as a lack of flexibility and adaptivity when interacting with others and insufficient evaluation of the conflict's significance for the individuals themselves. About 2/3 of the students chose different behavior tactics according to the situation and gave more balanced values in range of 5-6 points for every strategy. This suggests stability and effectiveness of their behavior, recognizing positive and negative features of choosing certain type of behavior and the circumstances charactering the conflict situation.

Compromise, as a model of behaviour by concession without violating the significant needs of the participants in the conflict, represents an appropriate strategy for neutralizing negative interpersonal relationships and for occurrence of competences for settlement, based on mutual benefit, respect and justice.

On second place students have chosen the *avoidance* strategy, not interfering in a conflict situation, creating distance from direct collision. Considering the essence of their work (involving patients), this tactic might be a reasonable manifestation of steadiness and desire to preserve their own and the other's needs and feelings.

Cooperation is the third preferred approach against conflicts, which shows the skills of healthcare specialists for reasonable dialogue when solving the problems and persevering positions. The choice of this strategy in certain situations reflects the significance of the acquired social and professional experience for preserving good relations in team.

As a whole, the preferred behaviour strategies for conflict situations by the healthcare specialists are non-competitive and unaggressive.

Results from *self-assessment of approval motivation* indicate that all inquired individuals, which have accepted avoidance as favourable behaviour tactics during conflict have higher results – from 11 to 18 points. These values could be interpreted as distinct need for approval and acknowledgement of these individuals in the social group. Correlation between this need and the type of behaviour to avoid conflict situations was determined ($r=0,52$). Data from various studies show that individuals who prefer this strategy experience internal conflict between the desire to be themselves, to express their feelings and wishes openly, on one hand, and on the other the need to identify themselves with the established by the majority model of behavior. This causes a sense of anxiety, bipolarity, uncertainty, inability to persevere their opinion and to influence the others.

Team conflict reflects not only the different perspectives of the team members but also their interaction with healthcare system and clients. Managed appropriately conflict gives opportunity for medical teams to evaluate their role in relationships with colleagues, providers of medical services, patients, institutions and society.

According to some authors, key prerequisites for creating conflict situations in healthcare are different roles and functions, as well as high levels of stress, which are much more intensive than in other professions. This provokes the rise of serious conflicts (6).

In interdisciplinary teams exists potential opportunity for matching the roles, which could lead to competition. Additional sources of conflict are differences in professional values, socialization, theoretical settings and philosophy of healthcare. They could occur among those specialists who accept their professional roles mainly as a support, opposed to those who rely on evidences from the best practices or care against technically based practices, which minimize the contact with the patients, but are economically favorable for medical staff (10).

The presence of inequalities in the status of some team members create different type of conflicts, which prevent team democratic functioning because demanding high level of cooperation, cohesion, problem resolution and shared responsibility. Specialist with lower status experience greater pressure for conformation and complying with some authoritative concepts than others with legally approved personal rights (11).

Tabl 2. Models of behaviour.

<i>Behavior</i>	<i>grade</i>	<i>%</i>	<i>points</i>
Competition	5	48	156
Adaptation	4	67	238
Compromise	1	78	308
Avoidance	2	71	265
Cooperation	3	62	197

CONCLUSION

Healthcare is a humanitarian sphere requiring high level of sensitivity in the relationships and functional interaction and is prone to conflicts due to complex subjects' relations and correlations.

The results from the study allow us to confirm the hypothesis that there is a connection between approval motivation and the preferred strategy of creating distance and avoidance of conflicts.

Preferred strategies of compromise and cooperation indicate presence of partnership to a great extend, probably due to qualities as team work, good communicative skills, tolerance and capability of solving problems.

Interpersonal relationships in medical teams very often are situated in conflict from different essence – clash of interests, values. Despite this fact the presence of conflict could be accepted as an indicator for development of the organization. Analyses in this field show that part of the conflicts are preferable, because they indicate system problems, give opportunity for hidden negative processes to occur and are generator of ideas and alternatives.

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