



REVIEW ARTICLE

HEALTHCARE CONFLICTS: RESOLUTION MODE CHOICES OF DOCTORS AND NURSES  
IN A TERTIARY CARE TEACHING INSTITUTE

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ABSTRACT

Conflict begins when one party perceives that another party has negatively affected, or is about to affect negatively, something that the first party cares about. For decades hospitals and other healthcare providers and organizations have recognized the need for managing conflict within the healthcare workplace in order to assure that conflict does not impede quality care and patient safety. The purpose of this study was to identify and compare conflict mode choices of doctors and nurses in a tertiary care teaching institute and examine the relationship of conflict mode choices with their background characteristics. 120 doctors & 120 nurses were surveyed, using the Thomas-Kilmann Conflict Instrument. A similarity was found doctors and nurses in choice of the most frequently used mode in conflict management. The avoiding mode was found to be the significantly most commonly chosen mode ( $P = <0.05$ ) by both.

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INTRODUCTION

The health care organizations are a matrix organization where numerous healthcare workers come together to work as a team to deliver care to the consumers. The members of the team have to work together in an efficient and effective manner. This interdependence and interrelation between various facets of the organization coupled with increasing strains due to demands for broader access to care, greater accountability to consumers, and improved quality of care, while facing more work for less pay, staffing shortages, stiffer regulatory enforcement, and decreased reimbursement often leads to a stress and conflict. Conflict begins when one party perceives that another party has negatively affected, or is about to affect negatively, something that the first party cares about (Robbins and Judge, 2007). Conflict can occur in any setting where two or more people work together. The initial personal response to a disagreement manifests as an emotional reaction, while conflict behavior is the action that is initiated by an individual in order to express emotion or interfere with another individual's needs (Harolds and Wood, 2006).

The Joint Commission has also expressed increased concern that disruptive or intimidating behavior can threaten patient safety and quality of care. Indeed, The Joint Commission issued a Sentinel Event Alert on July 9, 2008, "Behaviors That Undermine a Culture of Safety," describing such behaviors and urging organizations to address unprofessional behaviors through formal systems. Notably, the Alert identified the lack of conflict management skills as a root cause of disruptive behavior. (The Joint Commission, 2008) Conflict in the health care setting may not only impact the productivity and morale of the disagreeing individuals (e.g., physicians, nurses, technicians, and administrative staff members) (Levin, 2010) but also negatively affect patients and their family members if they interact with a demoralized or disenfranchised team member. As a result, it is imperative for health care professionals to identify and manage conflict when it arises in order to ameliorate its potential impact on patient care and safety. Conversely, well-managed conflict can actually have a positive benefit when workers realize that there are systems in place to properly handle disputes and conflicts (ASIS Health Security Council). Conflict management consists of the use of strategies and tactics to move all disagreeing parties toward resolution, or at least containment of the dispute.

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There are five fundamental approaches to conflict management: 1. Competition, 2. Avoidance, 3. Compromise, 4. Accommodation, 5. Collaborating. Managing conflicts in the health care setting are often incredibly challenging, and most physicians and other health care providers have little or no training in conflict management. In a busy health care work environment, many individuals may choose to “deal with it” by avoidance rather than expend the resources necessary to collaborate or compromise (American Health Lawyers Association). Individuals in the health care profession often employ more than one conflict management style. This is an important skill, as constructive conflict management requires selecting the appropriate style based on the characteristics of the conflict. Although collaboration is usually the ideal method of conflict management in the health care workplace, compromise also can be an important component. Negotiation is integral to compromise and collaboration, and consists of efforts to manage the give and take between two conflicting parties to either a partially satisfying (i.e., compromising) or fully satisfying (i.e., collaborative) solution (Hendel *et al.*, 2007).

**Inclusion & Exclusion Criteria.** Two category of health care workers were studied (Doctors & Nurses). Other categories like paramedical staff, housekeeping staff, support services (technicians etc.) were excluded from the study. Only completely filled questionnaire forms were analysed, incomplete questionnaires were excluded.

**Sample Size & Technique.** A simple random sample of total of 120 physicians and 120 nursing staff were given questionnaires. Therefore a total of 240 healthcare workers were studied.

**Study instrument.** The compliance to hand hygiene practices among health care workers in the intensive care unit was assessed using:

**Thomas-Kilmann Conflict Mode Instrument.** The Thomas-Kilmann Conflict Mode Instrument (MODE) was used to measure the 5 conflict management modes. The MODE instrument consists of 30 pairs of forced-choice statements requiring respondents to identify the one they consider most characteristic of their behavior in times of conflict.

Table 1.

Demographics	Doctors	Nurses	Demographics	Doctors	Nurses
Gender			Departments		
Female	42	119	Medicine	24	31
Male	78	01	Surgery	21	38
Age			Anaesthesia	18	23
20-30	35	66	Orthopedics	8	Nil
31-40	67	43	Paediatrics	8	3
>41	18	11	Obs & Gynae	16	19
Professional Experience			Laboratory Sciences (Path /Micro/Biochem	15	5
<10 years	56	71	Radiology	10	1
10-20 years	54	42			
>21 years	10	07			

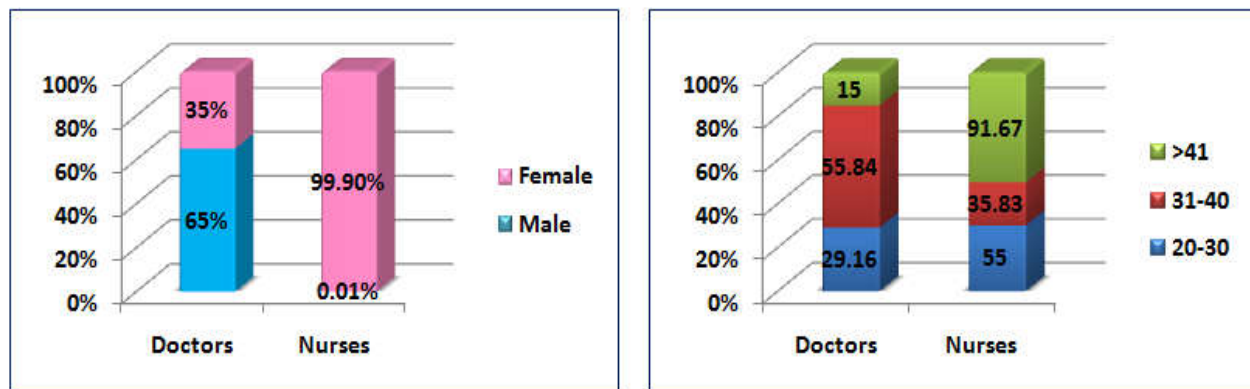


Figure 1. Sex and Age Distribution

## MATERIALS AND METHODS

**Study Design.** This is a cross-sectional descriptive study.

**Place.** Tertiary care teaching institute.

**Time Period.** The study was conducted over a period of three months as per following schedule:-

**Study Population.** Doctors & Nurses belonging to different age groups and department at the tertiary care teaching institute.

Within the MODE, there are 5 subscales representing each of the conflict management modes. The maximum possible score of any scale is 12 (for very high use). The instrument has been reported to have satisfactory test-retest and internal consistency reliabilities.

**Data Analysis.** The Information was compiled in an Excel sheet and analyzed using Epi Info 7 using the following statistical tools: percentage, mean, median, mode, standard deviation, chi square

## RESULTS AND DISCUSSION

### Demographic Characteristics

Out of a total of 240 health care workers, 120 were doctors, with 78 males (65%) and 42 females (35%). There were 120 nurses, out of which 119 were female nurses (99.90%), while only one male nurse was a part of the study (0.01%). Out of a total of 120 doctors, 35 doctors were in the 20-30 years of age, 67 were in the 31-40 age group while only 18 were above 41 years of age. On the other hand out of a total of 120 nurses, 66 nurses were in the 20-30 years of age, 43 were in the 31-40 age group while only 11 were above 41 years of age.

Out of a total of 120 doctors maximum (17.5%) were from the department of surgery, while the least were from the department of Orthopedics and paediatrics (6.67% each). Out of a total of 120 nurses maximum (25.83%) were from the department of medicine, while the least were from the department of Radiology (0.83%), and no nurse from the department of orthopedics was included in the study. .

### Conflict management modes

The means, median, mode and standard deviation scores of health care workers in the study of the conflict management modes are shown in Table 2.

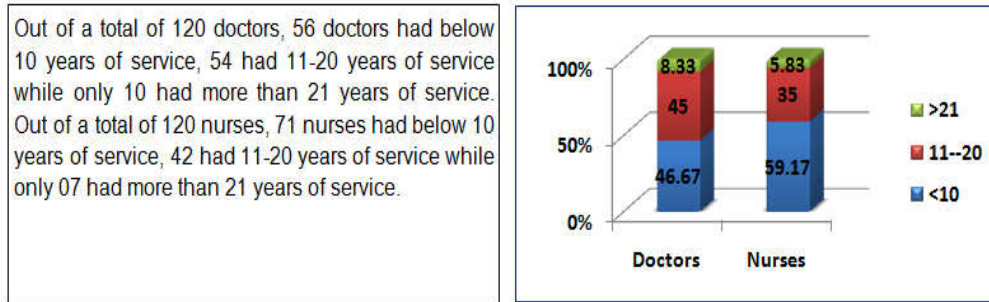


Figure 2. Distribution of Work Experience

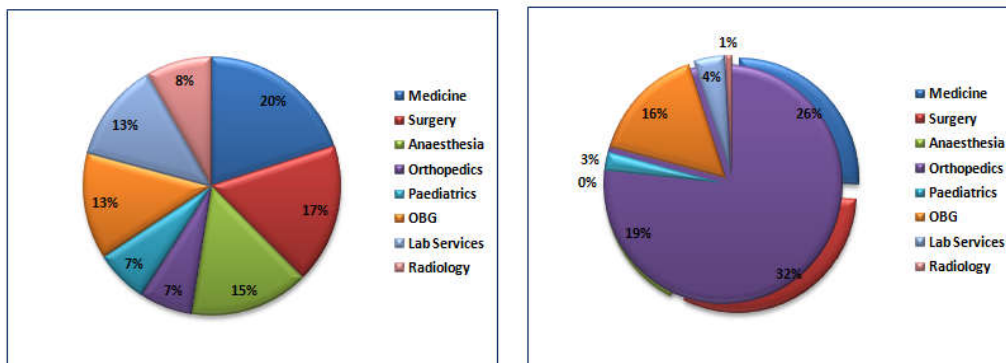


Figure 3. Departmental Distribution of Doctors & Nurses

Table 2. Measures of Central Tendency

DOCTORS	Mean	Median	Mode	SD	NURSES	Mean	Median	Mode	SD
Competing	4.47	5	7	2.06	Competing	3.14	4	6	1.95
Collaborating	5.90	6	6	1.60	Collaborating	6.41	6	6	1.54
Compromising	6.54	6	6	1.77	Compromising	6.44	6	6	1.89
Avoiding	6.83	7	5	1.90	Avoiding	7.01	7	5	1.80
Accommodating	5.92	6	6	1.91	Accommodating	4.92	5	4	2.11

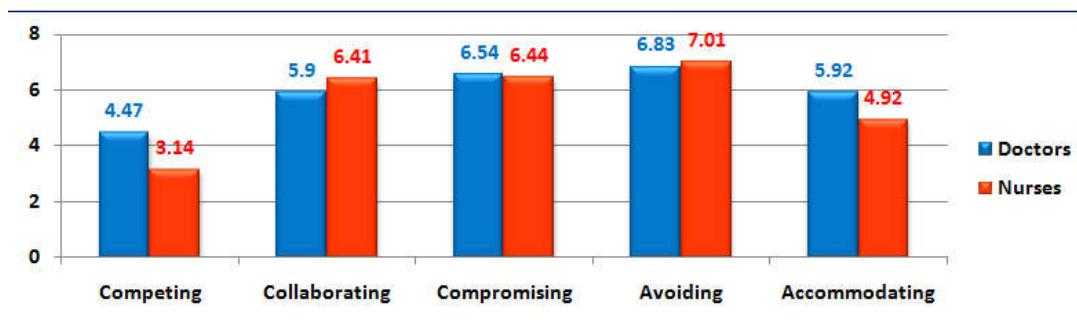


Figure 4. Comparisons of Means of Conflict Mode Choices Between Doctors & Nurses

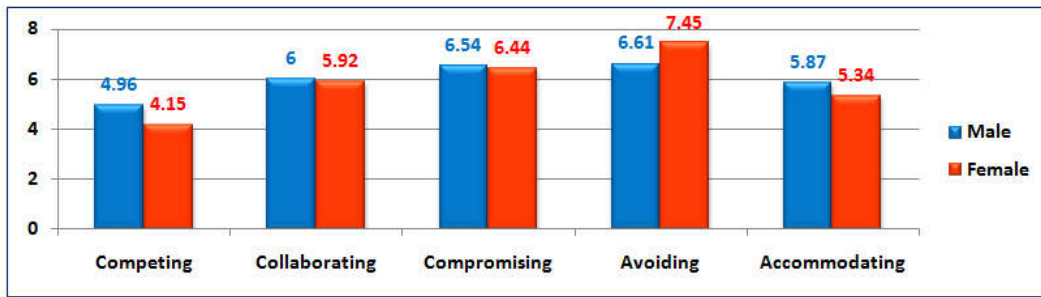


Figure 5. Comparisons of Means of Conflict Mode Choices Between Male & Female Health Care Workers

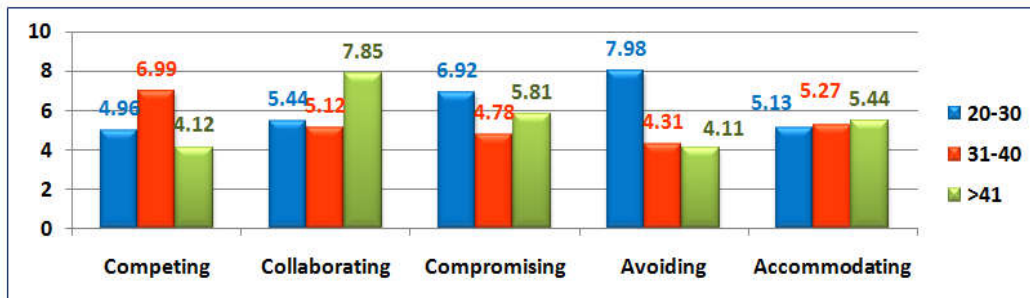


Figure 6. Comparisons of Means of Conflict Mode Choices Between Health Care Workers According to Their Age Groups

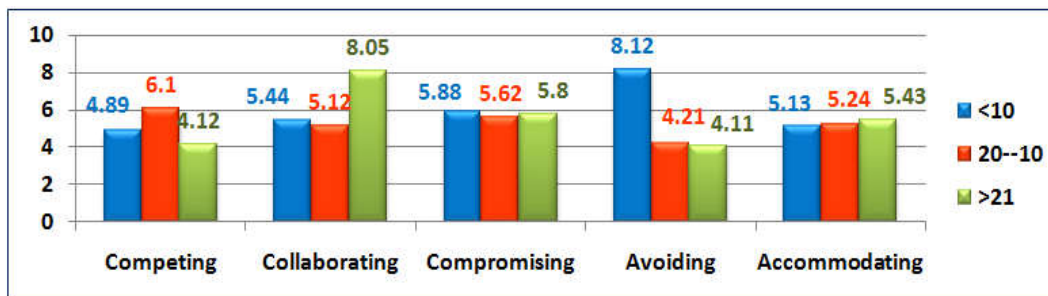


Figure 7. Comparisons of Means of Conflict Mode Choices Between Health Care Workers According to Their Years of Experience

**Physicians :** Avoiding was found to be the most frequently chosen mode in conflict management ( $M = 6.83$ ,  $SD = 1.90$ ), followed by the Compromising ( $M = 6.54$ ,  $SD = 1.77$ ), Accommodating ( $M = 5.92$ ,  $SD = 1.91$ ) and Collaborating ( $M = 5.9$ ,  $SD = 1.60$ ). The significantly least frequently in use was the Competing mode ( $M = 4.47$ ,  $SD = 2.06$ ,  $P < 0.5$ ).

**Head nurses:** A similar trend was observed among the nurses where, Avoiding was found to be the most frequently chosen mode in conflict management ( $M = 7.01$ ,  $SD = 1.80$ ), followed by the Compromising ( $M = 6.44$ ,  $SD = 1.89$ ), Accommodating ( $M = 4.92$ ,  $SD = 2.11$ ) and Collaborating ( $M = 3.14$ ,  $SD = 1.95$ ). The significantly least frequently in use was the Competing mode ( $M = 4.47$ ,  $SD = 2.06$ ,  $P < 0.5$ ).

**Male Health Care Workers:** Avoiding was found to be the most frequently chosen mode in conflict management ( $M = 6.61$ ,  $SD = 1.91$ ), followed by the Compromising ( $M = 6.54$ ,  $SD = 1.73$ ), Collaborating ( $M = 5.9$ ,  $SD = 1.60$ ) and

Accommodating ( $M = 5.87$ ,  $SD = 1.43$ ). The least frequently in use was the Competing mode ( $M = 4.96$ ,  $SD = 2.12$ ).

**Female Health Care Workers:** A similar trend was observed among the female health care workers where, Avoiding was found to be the most frequently chosen mode in conflict management ( $M = 7.45$ ,  $SD = 1.94$ ), followed by the Compromising ( $M = 6.44$ ,  $SD = 1.88$ ), Collaborating ( $M = 5.92$ ,  $SD = 1.11$ ) and Accommodating ( $M = 5.34$ ,  $SD = 2.91$ ). The least frequently in use was the Competing mode ( $M = 4.15$ ,  $SD = 2.86$ ).

#### Conflict Mode Choices: Based on Age Group

Avoiding was found to be the most frequently chosen mode in conflict management ( $M = 7.98$ ,  $SD = 1.01$ ) by the health care workers in the age group 20-30 years while competing was the least preferred mode used by them ( $M = 4.96$ ,  $SD = 2.41$ ).

The health care workers in the age group 31-40 years, most frequently used Competing ( $M = 6.99$ ,  $SD = 0.98$ ) as the conflict resolution mode, while Avoiding ( $M = 4.31$ ,  $SD = 3.12$ ) was the least preferred by them. Collaborating ( $M = 7.85$ ,  $SD = 3.11$ ) was the most preferred choice of conflict resolution, while Avoiding ( $M = 4.11$ ,  $SD = 2.21$ ) was the least used by the health care workers who were older than 41 years.

#### **Conflict Mode Choices: Based on Years of Experience**

Avoiding was found to be the most frequently chosen mode in conflict management ( $M = 8.12$ ,  $SD = 1.92$ ) by the health care workers who had less than 10 years of work experience, while Competing was the least preferred mode used by them ( $M = 4.89$ ,  $SD = 2$ ). The health care workers who had worked for 10 – 20 years, most frequently used Competing ( $M = 6.1$ ,  $SD = 1.49$ ) as the conflict resolution mode, while Avoiding ( $M = 4.21$ ,  $SD = 2.38$ ) was the least preferred by them. Collaborating ( $M = 8.05$ ,  $SD = 3.14$ ) was the most preferred choice of conflict resolution, while Avoiding ( $M = 4.11$ ,  $SD = 3.2$ ) was the least used by the health care workers who had worked more than 21 years in the health care setting.

#### **Relationship between physicians and head nurses in choice of modes in conflict management**

No difference was found between the 2 groups in relation to the most frequently used mode in conflict management. Avoiding was found to be the most frequently used mode chosen by both physicians ( $M = 6.83$ ,  $SD = 1.90$ ) and nurses ( $M = 7.01$ ,  $SD = 1.80$ ). This is contradictory to a study by Tova Hendel (21), conducted in Isreal, where compromising was the most frequently chosen mode of conflict resolution by both doctors ( $M = 7.00$ ) and nurses ( $M = 7.00$ ), while avoiding was the least preferred method chosen by doctors ( $M = 5.70$ ), and collaborating was least preferred by nurses ( $M = 4.86$ )

#### **Conclusion**

Conflict in the health care workplace can have significant financial and emotional costs that potentially impact not only the employees, but also the patients and the organization as a whole.

So it is imperative for conflicts to be recognized early and managed appropriately. Collaboration and compromise are essential when working in the health care setting, as institutions and departments within an institution comprise myriad interdependent stakeholders, including administrative and support personnel, nurses, technicians, therapists, assistants, physicians, and management. Strategies for managing conflict in the health care workplace should be reviewed and utilized in order to increase the likelihood of an assertive, cooperative solution to conflicts should they arise.

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