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The Management Strategies used for Conflicts Resolution: A Study on the Chief Physician and the Directors of Health Care Services

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ABSTRACT

Background: *This study was performed using a descriptive concept to state reasons for conflict viewed from the perspective of head physicians and health care services directors who work within hospitals.* ***Aims:*** *This study was conducted to determine whether there were differences between the chief physician's and health care services director's strategies of conflict resolutions in terms of diverse variables.* ***Methods and Material:*** *The population of the study consists of head physicians and health care service directors who manage 56 hospitals and 6 affiliated Public Hospital Associations in Istanbul. The study sample comprised 41 head physicians and 43 health care services directors, giving a total of 84 hospital administrators who accepted to participate in the research. During the data analysis of the study, descriptive statistics, comparison analysis, and correlation analysis were used.* ***Results:*** *The results of the study determined that hospital managers prefer to use integrating strategies the most and dominating strategies the least among conflict resolution methods. Additionally, it was determined that there was no relationship between conflict resolution methods of the administrators and their age, the tenure of their task and occupation, and also there was no variance across their management education status and their job tasks.* ***Conclusions:*** *The results of the study suggest that hospital administrators should be given training for conflict resolution, which is seen as an effective factor in the success of achieving institutional objectives.*

Keywords: Conflict, Conflict management, Head physician, Health care director, Hospital

INTRODUCTION

Conflict is an inevitable phenomenon in any environment where people interact. Although individuals, groups, and organizations work to accomplish their goals, there is always a continuous interaction between them during this process that can give rise to conflicts, disagreements, and inconsistencies between the parties [1]. Within health care organizations there are employees with different expertise and experience status who must work together to provide safe, effective, and efficient health care. For this reason, conflicts can occur between occupational groups with different roles and also within occupational groups themselves [2].

Conflict can be defined as the emotional structure and behaviour within an individual who is faced with undesired situations and who is being forced to provide a result within the social environment and a given time period [3]. Conflict within an organization can be defined as events that cause problems for individuals and groups that work

together and complicates or stops their normal activities. As long as individuals/parties have different requests, preferences, values, beliefs, and interests, conflicts are inevitable [2]. There are too many factors that cause conflict in the organizations to mention them all; however, some can be listed as administrator's management styles, control formats, lack of communication, lack of knowledge and skills of the employees, lack of mutual commitment, resources and common uses in the activity schedules, lack of mutual commitment in the organizational tasks and responsibilities, lack of competitive rewards, career system, shared vision and values, staff shortage, workload, organizational and/or individual differences of the objectives, differences in providing and sending of information, adaptation to innovations and changes, and external factors. When it is considered that conflict is inevitable within the organizations, it is important for administrators to be able to predict factors that may cause conflict so they can use the changes that may arise towards providing new ideas and optimal solutions [4].

To be able to use the benefits from conflict in the hospital and as well as preventing the negative effects of conflict such as job dissatisfaction/performance decrease, adverse effects in patient care, increased costs, the resulting conflicts must be managed effectively [2]. The negative aspects of organizational conflicts arise from poor conflict management or not intervening with conflicts that have arisen [5]. It is said that when conflicts are not managed well, it causes intense stress, resentment, distrust, feelings of apprehension, communication problems, a breakdown of collaboration and team work within groups, and reduced effectiveness and efficiency by lowering motivation and job satisfaction employees within an organization, but when conflicts are managed well through suitable solutions a safe organizational environment is provided [6].

In this context, administrators in particular must spend significant time on managing potential or existing conflicts within their business life. In order to succeed with individual and organizational objectives as a whole, conflicts must be managed and evaluated by considering them natural and also the constructive aspects of conflicts must be revealed in every kind of environment [7].

This study was conducted to determine whether there were differences between the chief physician's and health care services director's strategies of conflict resolutions in terms of diverse variables (sex, occupation, professional and management experiences, and management training) by revealing these strategies.

METHODS

This study used a cross-sectional design. The research population of the study consisted of 112 administrators who work as Chief Physicians and Health Care Services Directors in 56 hospitals that are connected to the Unity of Public Hospitals in Istanbul. No selection methods were used for the sample in the study and the population of the study consisted of 84 administrators including 41 Chief Physicians and 43 Health Care Services Directors who accepted to participate in the study.

Personal and Professional Information Form: The form, which comprised questions relating to age, sex, occupation, the tenure of the professional, and their task and management training status, was designed to determine personal and professional characteristics of the participants.

The Scale of Conflict Management Strategies (SCMS): This 5-point Likert scale was developed by Rahim (1983) and its reliability and validity study was undertaken by Gümüşeli [8]. It consists of 28 articles and is scaled as (1=Never 5=Always). The five sub-dimensions that the scale comprises are stated as follows [9]. Integrating sub-dimension - I exchange information with others to solve problems together), Obliging sub-dimension - I make an effort to meet their expectations), Dominating sub-dimension - I use my knowledge and skills to issue a decision in favour of myself), Avoiding sub-dimension - I avoid discussing my differences of opinion), Compromising sub-dimension - I try to find a compromise to solve a difficult problem).

For grading and interpretation of the average scores obtained in accordance with the five-point scale, interval scores of 1.00-1.79 (never); 1.80-2.59 (rarely); 2.60-3.39 (sometimes); 3.40-4.19 (most of the time); 4.20-5.00 (always) were used.

Approval was obtained for the research from the ethics committee and also the necessary permissions were obtained from the institutions for whom the research was conducted. To use the Conflict Management Scale, permission was obtained from Gümüşeli [8] who transcribed/adapted the scale into Turkish. Permission for the research was obtained from the ethics committee approval board and the Public Hospitals Union. The chief physicians and health care services directors who volunteered to participate in the study were informed and given questionnaires, which were collected upon their completion.

For statistical analysis, the Number Cruncher Statistical System (NCSS 2007) program was used. During evaluation of the study data, the descriptive statistical methods (average, standard deviation, median, and frequency) were used, also for comparisons of the variables between the groups, the Student's t-test, Mann-Whitney U test, Pearson's correlation, and Spearman's correlation analysis were used. The results were evaluated at 95% confidence intervals and at $p<0.05$ significance level.

RESULTS

It was determined out of the hospital administrators who participated that 44% (n=37) were men and 56% (n=47) are women, also 48.8% (n=41) of the participants worked as chief physicians, and 51.2% worked as health care service directors. The average age of the participants was 42.98 ± 7.34 years, the average tenure in management was 3.55 ± 1.03 years, and the average time in the occupation was 21.38 ± 6.54 years. The majority of participants (85.7%) said that they had received training in administration, and almost all participants (93.1%) received a form of graduate education (Table 1).

Table 1 Findings related to personal and professional features of the participants (N=84)

Variables		**Min-Max**	**Avg. ± SD**
Age (years)		27-58	43.0 ± 7.34
Management Tenure (years)		2 months-23 years	3.55 ± 1.03
Occupational Tenure (years)		8-35 years	21.4 ± 6.54
Parameters	**Variables**	n	%
Sex	Male	37	44
	Female	47	56
Task	Chief Physician	41	48.8
	Health Care Manager	43	51.2
Academic Title	Professor Dr.	9	10.7
	Associate Professor Dr.	13	15.5
	Specialist Physician	21	25
	Nurse	27	32.1
	Specialist Nurse	14	16.7
Management Education	Trained	72	85.7
	Not Trained	12	14.3
Type of Management Education	Degree	5	6.9
	Postgraduate	67	93.1

When the Conflict Management Strategies Scale of the participants was sequenced from the highest point to its sub-dimensions, the Integrating Strategy sub-dimension was (4.21 ± 0.34); the Compromising Strategies sub-dimension was (3.70 ± 0.51); the Obliging Strategy sub-dimension was (3.53 ± 0.44), the Avoiding Strategy sub-dimension was (2.86 ± 0.59) and the Dominating Strategy sub-dimension was (2.51 ± 0.53) (Table 2). The administrators used integrating strategies the most and the dominating strategies the least when managing conflict. It said that in conflict management it is important for administrators to use integrating strategies that provide communication between the parties and aim for a win for each conflicting party. The administrators who participated in our study had preferences in this direction. It can be said that the administrators of the hospitals prefer this strategy in terms of providing employees a free discussion environment to solve their problems and as a result of this, positive effects in job satisfaction and motivation result, which increases the quality of health care service. Also, it can be said that the administrators prefer to use dominating strategies the least and use their power of authority as a last resort. It is thought that the reason for dominating strategies being the least preferred by the administrators was because these may lead to greater conflicts by adversely affecting the personal and institutional dynamics in the long term.

Table 2 The Average Scores of the Sub-dimensions of Conflict Management Strategies Scale received by the participants are (N=84)

The Sub-dimensions of Conflict Management Strategies Scale	**Avg. ± SD**
Integrating Strategy	4.21 ± 0.34
Obliging Strategy	3.53 ± 0.44
Dominating Strategy	2.51 ± 0.53

Avoiding Strategy	2.86 ± 0.59
Compromising Strategy	3.70 ± 0.51

Table 3 The comparison of the administrators' average scores of the sub-dimensions of conflict management strategies scale according to their job tasks (N=84)

The Sub-dimensions of Conflict Management Strategies	Task				†p
	Chief Physician (n=41)		Health Care Services Manager (n=43)		
	Avg. ± SD	Min-Max (Med)	Avg. ± SD	Min-Max (Med)	
Integrating Strategy	4.21 ± 0.37	3.43-5.0 (4.1)	4.20 ± 0.30	3.43-4.71 (4.1)	0.921
Obliging Strategy	3.58 ± 0.42	2.33-4.33 (3.6)	3.48 ± 0.45	2,50-4.83 (3.5)	0.299
Dominating Strategy	2.50 ± 0.56	1.60-3.80 (2.6)	2.52 ± 0.50	1.60-3.80 (2.6)	0.877
Avoiding Strategy	2.91 ± 0.53	1.67-4.0 (3.0)	2.81 ± 0.64	1.67-4.0 (3.0)	0.456
Compromising Strategy	3.73 ± 0.51	2.0-4.50 (3.7)	3.68±0.51	2.50-4.75 (3.7)	0.65
†Student's t-test					

After comparing the average scores of the sub-dimensions of Conflict Management Strategies Scale received by the administrators according to their job tasks, there was no significant statistical difference between the groups (p>0.05) (Table 3). There was no statistically significant relationship between age and the administrators' average scores of the Sub-dimensions of Conflict Management Strategies Scale (p>0.05) (Table 4). Finally, in accordance with the management education of the administrators, there was no statistically significant difference after comparing the average scores of the Sub-dimensions of Conflict Management Strategies (p>0.05) (Table 5).

Table 4 The relationship between the administrators' age, tenure of task, tenure of occupation, and the sub-dimensions of conflict management strategies (N=84)

The Sub dimensions of Conflict Management Strategies	Age		The tenure of task		The tenure of occupation	
	‡r	P	‡r	p	‡r	p
Integrating Strategy	0.058	0.602	-0.097	0.378	0.062	0.573
Obliging Strategy	0.073	0.508	-0.148	0.18	-0.112	0.311
Dominating Strategy	0.117	0.291	-0.084	0.448	0.127	0.25
Avoiding Strategy	0.19	0.083	-0.034	0.761	0.047	0.672
Compromising Strategy	0.109	0.325	-0.103	0.353	0.031	0.779
‡Pearson's correlation						

Table 5 Comparison of the administrators' average scores of the sub-dimensions of conflict management strategies scale in accordance with their management training

The Sub-dimensions of Conflict Management Strategies	Management Training				ᶜp
	Trained (n=72)		Not Trained (n=12)		
	Avg. ± SD	Min-Max (Median)	Avg. ± SD	Min-Max (Median)	
Integrating Strategy	4.19 ± 0.33	3.43-5.0 (4.1)	4.33 ± 0.37	3.43-4.71 (4.4)	0.989
Obliging Strategy	3.56 ± 0.43	2.33-4.83 (3.6)	3.34 ± 0.47	2,50-4.33 (3.3)	0.133
Dominating Strategy	2.47 ± 0.53	1.60-3.80 (2.5)	2.75 ± 0.49	2.0-3.40 (2.6)	0.925
Avoiding Strategy	2.90 ± 0.60	1.67-4.0 (3.0)	2.61 ± 0.44	2.0-3.67 (2.5)	0.497
Compromising Strategy	3.71 ± 0.49	2.0-4.75 (3.7)	3.62 ± 0.63	2.25-4.25 (3.8)	0.437
ᶜMann-Whitney U test					

DISCUSSION

In parallel with the findings of this study, Yılmaz and Öztürk [2] determined in their study that administrator nurses first use integrating strategies, second compromising, followed by obliging strategies during conflict resolution and they least prefer less dominating and avoidance strategies. Also, in the study of Iglesias and Vallego [10]. on nurses, the nurses used compromising strategies most in conflict resolution. In contrast to these, in the study of Mohamed and Yousef [11] the authors found that nurses used dominating strategies most when in conflicts with their subordinates. In parallel with the finding of this study, the studies of Baykal and Kovancı [12], Ünlü, et al. [13] showed no statistically

significant relationship. On the contrary, in the study of Başer and Kaya [14] on administrators, the highest average scores were in avoidance strategies in the 20-29 years age group and integrating strategies in those aged 40 years and over. In the study of Kıdak, et al. [15] on hospital administrators, it was determined that the older administrators used more integrating strategies.

There was no significant relationship between the tenure of task and occupation and the participants' average scores of the Sub-dimensions of Conflict Management Strategies Scale. Also in the study of Kıdak, et al. [15], it was determined that the administrators with more management experience and longer tenure in a management position used more integrating strategies. Similar to this study, Baykal and Kovancı [12] reported that the tenure of institution did not affect the process of determining the conflict management strategies during a conflict between superiors and subordinates. Yaman and Türker [16] found that there were differences in the use of obliging strategies; administrators with tenures of 0-10 years used obliging strategies, whereas those in position for 21 years and over used them less often.

Finally, in accordance with the management education of the administrators, there was no statistically significant difference after comparing the average scores of the Sub-dimensions of Conflict Management Strategies. In contrast to this finding, there were significant differences in terms of the average scores of participants in the study of Tunc and Kutanis [17] in terms of dominating and compromising strategies.

CONCLUSION

In today's modern management approach, ignoring conflicts within institutions or abolishing them completely is not seen as a correct approach. The existence of conflicts should be accepted as natural in every environment where different personalities and individuals with completely differing expectations are found. At this point, it advisable for institution administrators to make efforts to collaborate organizational activities, creativity, and high performance by managing existing conflict successfully in accordance with the aims and objectives of the institution. As a result of this study, we determined that the administrators of hospitals prefer to solve existing conflicts first by using integrating strategies, and secondly through obliging (accommodating) strategies.

In this context, regarding the potential or existing conflict management methods and solutions of administrators of institutions, the effective benefits of conflicts are closely related to the methods of conflict management of the administrators. In this context, it is advisable for administrators to avoid using strategies of integration and avoidance, which postpone conflicts and contribute to the organization at a minimum level. Also, conflict management and problem-solving modules should be included in in-service training.

To be attempting to prevent the major organizational issues that may cause conflicts such as the workload, the resource and material shortages, the communication and cooperation problems and making the employees aware of these attempts.

DECLARATIONS

Authors' Contributions

HT, ŞP, NÜ, SAS, & TÖY conceived, designed, and did statistical analysis & editing of manuscript, did data collection, manuscript writing and did review and final approval of manuscript. Authors contributed to the conception, design of this study, statistical analysis, and drafted the manuscript. Authors read and approved the final manuscript

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Conflict of Interest

The authors declare that there is no conflict of interest.

Ethical Approval

This study was approved by the Medipol University Ethical Committee on 12 December 2014 (10840098-339).

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