

CONFLICTS AT WORK IN HOSPITALS

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Abstract

Conflicts at work often occur in organizations, even if it is not admitted by organizations or by people. People's behavior has changed lately. The rapid changes in technology affect our comportment: everyone wants and asks for something quickly, without efforts. We are changing faster than organizations, an aspect that is also noticeable in workplace relationship, but workplace conflicts will remain in the field. There are conflicts even in the health-care system, therefore, conflict management is important to be analyzed here as well. This action becomes more important, as it does not have to affect the beneficiaries of the health-care system, especially patients. The process of organizational development requires bases to discover the needs of the health-care system and methods of fulfilling these needs.

Keywords: *Work conflicts, stress, interpersonal conflict, counter-productivity*

1. Introduction

Organizations have been set up by people with different characters or morale. That is why conflicts can burst out quite easily. If leaders fail to maintain an open professional environment at the workplace, a friendly atmosphere, able to trigger the development of relationships based on trust and respect among the workers, stress level can be very high. If the leader or one of the colleagues is keen on hunting for the mistakes of the others, stress level will increase. Faced with this embarrassing situation, the employees crack, and many a time, they will change their place of work.

Starting from conflicts theory, we will try to present the typology of workplace conflicts in a hospital.

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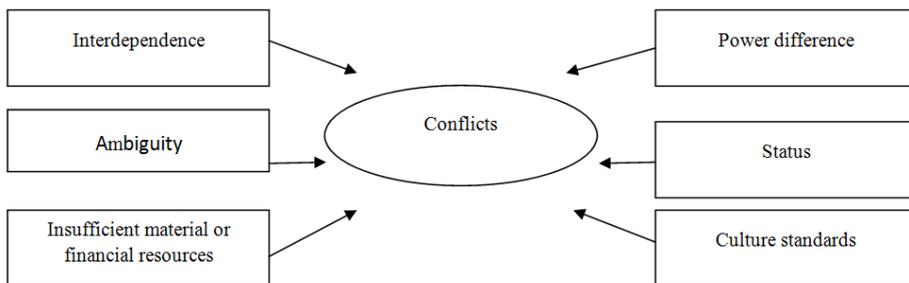
2. Content

Conflicts at work display two types of manifestation: interpersonal conflicts and counter-productive ones.

Interpersonal conflicts appear when individual persons or groups from a department of an organization frustrate one another, to achieve the proposed goal. In its classical form, a conflict involves antagonistic attitudes and behaviors. In terms of attitudes of parties in conflict, they cultivate their mutual disliking or rejection; they consider their opponents to be unreasonable and develop negative stereotypes about them. Hostile behaviors include insulting nicknames, sabotage, sometimes even physical aggression. In some companies, conflicts seem to be mastered by communication and a collaborating attitude that bring antagonisms to a minimum level. In others, conflicts are concealed or repressed, and therefore they seem less obvious, so that an untrained eye may fail to notice them.

The factors that can create a conflict at work are: interdependence, power difference, status, culture standards, ambiguity, insufficient material or financial resources.

Figure 1: The factors that can create a conflict



In time, studies have proved that between working colleagues or departments dependent on each other in fulfilling their own goals there is potential for conflict. Mutual dependence prepares the ground for conflicts in two ways. First, the two parts need to interact, so that they can coordinate their interests. Conflicts do not arise if everyone achieves their goals, are independent of each other, but, if the parts have some power on each other, they are not equal, the differences between them may occur. Hospitals often meet such cases

between the wards and intensive care unit. Differences of approach between them seem quite high. Intensive care unit offer patients a much more laborious medical experience than their own. The attention paid to patients is much higher and continues. On the medical ward, the degree of dependence of the patients is lower, and they do not need continuous medical monitoring. This may become the cause of misunderstanding between the two medical departments, although both have the common good of the patient.

Conflicts often arise from the difference of opinions on power, status or culture, or from contradictory opinions on these issues. If the concession is not reciprocal but unilateral, it increases the potential for conflict.

If we are to analyze status, we find out that status differences do not generate a conflict when those with an inferior status depend on those with a higher status. This is the normal way, in which most organizations work, and people are not dissatisfied with this. There are also cases encountered where, technically speaking, lower-ranking people give orders to, or control those with a superior status. That can happen in a restaurant, where waiters give orders to cooks; this is also the case with secretaries who, under certain circumstances, are forced to teach the directors how to use computers, electronic mail or other computer functions. Paradoxes of this type may appear in Romanian hospitals. Not once were cases where cleaning staff give directions to the nurse, the medical assistant to the resident doctor. These are among the most incompatible status terms. But lately there have been cases where patients are giving the indication of the treatment or investigation that they consider necessary. They are looking for their symptoms on the net and diagnosing their own illness, considering that what they do is correct. Doing so does not recognize the physician's status.

If there are two or more different crops in the workplace, the clash between the two organizational cultures can even manifest openly. A familiar example from our own experience refers to hospital administrators and hospital managers who have a strong cost-oriented culture and therefore may have conflicts with the medical corps that is focused on providing the best treatments and care to their patients, regardless of the costs involved.

The insufficiency of certain resources can turn the masked or slow conflicts into open, even acute ones.

Wage differences have created the biggest conflicts among employees in the health care systems. The fact that only doctors and nurses have increased their salaries has led to dissatisfaction among other professional categories,

capping bonuses has also created other conflicts. (Framework Law). And here we talked about the insufficient financial resources of the employees. On the other hand, the limited resources of the hospitals are seen in the material basis. Many hospitals do not have high-performance devices in particularly important departments such as radiology or medical analysis laboratories. This is sometimes the case of delayed diagnosis of diseases or the transfer of patients in biggest clinics, which have new equipment and specialists in the field. Doctors' requirements can not be fully honored by hospital management due to lack of adequate funding. These issues related to the material basis can lead to tensions and even verbal disputes between medical and administrative staff. Most often misunderstandings arise due to the quality of products brought to use, the price criterion in the face of quality, reason for discontent among health professionals.

Most often, conflicts are related to objectives, facts and procedures. The different views on these issues and their approach may cause discontentment.

Disputes over objectives are very common in organizations. Disputes over the facts are encountered in situations that mostly concern technical issues. Finally, disputes over procedures generally focus on someone's expectations about the partner's behavior. Procedural conflicts are fueled by questions of ethics and honesty, as these concepts are understood by each, but also by respecting the hierarchy and social and organizational status. A conclusive example would be the conflict between bosses and subordinates concerning the legitimacy of the absenteeism of the latter, as well as the honesty of the managers in their answering the questions and demands of an employee.

In hospitals, conflicts appear between departments, as well as between employees on similar functions. Some departments seem not to be in good relationship between them. For example, the poor relationship between the surgeons and the operating-room personnel. Most frequently, discussions occur due to the program: the nurses want to start operations early in the morning, but the surgeons have another program – to see their patients, to check on them, to evaluate their postoperative status, and so on; therefore, they may start the operating program a little late. Other conflicts appear between clinical departments and non-clinical departments, as laboratory, radiology. Clinicians want all the analysis results and imaging results to be finished in a couple of minutes, but sometimes it is not possible. In this way, tensions will come up between the parties involved. Conflicts damage normal workplace situation,

creating an even more stressful environment. Anyway, hospitals are recognized as most stressful places for both patients and staff.

Conflicts are inevitable in an organization, and their management has long become one of the most important activities; that is why the management of conflicts is considered by ever more specialists in the field as being as important as other functions of human resources management.

Conflicts also have a beneficial side: the argument for the functionality of conflicts is based on the idea that they promote the necessary changes in the organization. In some cases, conflicts between employees can correct organizational or decision errors and sometimes reestablish some broken rights or rights wrongfully not granted. In order to have positive effects, conflicts must be treated as follows: their solving must begin at the first signal of divergences; the communication between the two parties must be honest, direct, sincere and as complete as possible; the dialogue between the two parties is to be always possible, so that they can present all their arguments; the purpose of the discussion is to reach a consensus from which both parties have to win. A conclusive example in this respect is the result of the protest actions in the Romanian health system related to the salary law of the staff in the state units. The rights of certain professional categories in the system were recognized only as a result of employees' protest actions.

Managing a conflict is an art, and success in conflict management can be considered a success of everyone involved in mediation.

In the Romanian hospitals there is a dissatisfaction among the employees regarding the staff shortage, therefore, a need to allocate human resources, medical equipment, appliances, medicines, necessary sanitary materials, in other words, the material resources. Hospital managers have a duty to lower these potent conflicts by trying to meet these needs. In this sense, they should find solutions to attract new material funds from sponsorships and own revenues to increase hospital incomes. The hired personnel must be supported, capitalized and appreciated. Achieving an optimal, positive organizational climate leads to providing a workplace highly appreciated by employees. If employees trust the management of the hospital, a pleasant work environment is set up, therefore labor conflicts are rare.

Health care managers need to find solutions to resolve possible tense situations, be mediators between people or departments. For this reason a good knowledge of human psychology is preferable. Organizational sanitary culture is more specific, and is not yet well established in our country.

People are motivated by different things, that is why managers need to be careful about every aspect of their employees. Some motivational programs can be fruitful for some of the employees, but some different ones fit the individual values of other employees. Employees' motivation is difficult to achieve, especially due to the dynamics of their reasons. The factors which motivate individuals are changing, because people must deal with new conditions, mature or regress. For this reason, the conclusion is clear: motivational programs must be based on a continuous and thorough analysis of the employees. Hospital managers will find that for some employees the hospital level, the opportunity for development, the equipment of the hospital, complexity of treated cases, medical team, organizational culture, experience and structure of medical team do matter. Leadership ought to strive to reduce workplace stress, engaging in day-to-day solving of all the work-related issues.

Theoreticians consider that counterproductive behavior could also be included in the workplace conflict.

There are almost 20 years since an increase was manifest in the interest in the research of workplace behaviors, especially as it has been noticed that some are causing losses to employees or organizations, in particular because of the harmful consequences and costs involved. It is about economic costs – declining productivity due to work delays, theft or sabotage; or psychological costs/loss – withdrawal from activity, or high dissatisfaction with work, for those people who are targets of counterproductive behavior, or who have a high degree of stress and insecurity – for those who perceive such behaviors. (Vardi, Y.; Weitz, E.).

Counterproductive behaviors include abusive behavior towards others, physical and verbal aggression, sabotage, intentional misconduct, theft, delays, absences etc. These behaviors represent a set of distinct acts that have common features, namely, they are intentional, not accidental, damage or have the intention of harming the organization or those in the environment of the organization: clients, colleagues or supervisors. (Spector, P.E.; Fox, S).

Counterproductive work behavior has been described, exemplified and analyzed in several conceptual forms. These behaviors are negative either at interpersonal level, for colleagues or potential clients, or at organizational level, and have the potential to produce financial or informational losses in and for organizations.

Counterproductive work behavior is analyzed both in the general way and in its specific, more nuanced forms, such as: impoliteness, emotional abuse,

bullying and mobbing, which emphasize the person who is the target of the respective behavior, as well as in other forms represented by revenge, retaliation, violence and aggression that emphasize the subject of such behavior, its characteristics and motivation to act in this way.

Although it is considered that there is a certain overlap of forms of counterproductive behaviors, they differ according to certain criteria, in Pearson, Andersson and Porath opinions.

These behaviors would be:

- The intention to do harm – may be absent, present or uncertain, unclear;
- The target of the attack – represented by individuals, by the organization, or by both;
- Types of violated rules – of society, organization, working group or none of them;
- Persistence of the act – a single act or repeatedly over time;
- The intensity and depth of the manifest behaviors.

Counterproductive work behavior was initially studied as isolated events (theft, delays, absences), but in time, it has come to fruition that certain behaviors can be grouped by certain criteria, dimensions or categories. Benenett and Robinson have achieved a two-dimensional scale that has been used in many a research.

Table :Typology of deviant behavior (Robinson and Bennett)

Organizational			
Minor	Minor and organizational deviance	Major deviation and harmful to the organization	Major
	DEVIANCE RELATED TO PRODUCTION To leave earlier Take excessive breaks To deliberately work slower Scatter resources	PROPERTY DEVIANCE To sabotage the equipment Accept bribery To lie about the hours worked Steal from the company	
	Minor and interpersonal deviance POLITICAL DEVIANCE To make favors To bargain colleagues To accuse / blame colleagues To be in the wrong competition	Major and interpersonal deviance PERSONAL AGGRESSION To harass sexually To commit verbal abuse To steal from colleagues To endanger colleagues	
Interpersonal			

Interpersonal conflicts at work are a powerful stress factor, especially for those who tend to avoid it by any means. The whole range of conflicts, from personality clashes to quarrels between groups, have high chances of stress, especially if this type of behavior leads to real or just imagined attacks on integrity or good self-esteem.

Within the hospitals in Romania there are both examples, considered as minor and major deviations, both at the personal and organizational level.

Minor and organizational deviance related to production is present in Romanian hospitals, but, because hospitals have non-stop guarding program, even if some employees leave sooner than others, the treatment, care and supervision of the patients remain in the care of their colleagues, which are seen to have to meet these needs. Of course, this may lead to certain frustrations, conflicts between colleagues, but usually they are solved through communication, observation and control, and the deviance can be managed.

With a high impact and a real social problem is the deviance detrimental to the property-related organization.

The sabotage of medical equipment manifested in particular through access to it in a differentiated, unfair manner for both patients and colleagues is extremely damaging. There are cases where only certain doctors can have access to the operating room from the first hour, as they have exclusivity in the use of medical equipment, and this is detrimental to others. In the written and audiovisual media have appeared lately some examples of this type. The notoriety of some names in the medical system that used this type of behavior were subjects of great interest that were on the front pages of the newspapers.

Another problem that does not honor the medical system is bribery acceptance. The many cases presented in the media, as well as the majority of people who think that making presents ("giving something") to the doctor means doing their duty, have drawn a clearly negative picture of the Romanian health system. In mass media were cases in which patients complained that some doctors condition the medical act of receiving money. The result of these disclosures has led to a public concern over doctors and even the entire health care system. To improve this picture, some doctors have tried to present their work results, pro bono operations, to engage in charity.

Generally the Romanian medical system is not viewed positively and its change will definitely take time and will be done with great efforts by the medical organizations.

The gossip between colleagues as well as their blaming are also commonplace in bed nursing homes, especially nursing staff, medical staff or nurses. Workplace discussions can not be stopped, but gossip has negative effects in the community or on the wards. Heavy words can lead to stress, discontent, frustration, elements that lead to a decrease in performance of the gossip.

People who take frequent breaks are detained by colleagues. They feel wronged, and somehow forced to work harder, to fill in the lack of colleagues.

Favoritism is another form of deviant behavior. The person who feels unfavorable will develop in time feelings of frustration, injustice that will cause him to act in a negative way.

Consider as a minor and organizational deviance is to deliberately work slower. Considered as characteristic of newly hired personnel, this typology becomes deviant behavior when deliberately done. This is also meets in hospitals, some people doing so, and their colleagues are thus forced to execute all tasks, aware of the importance of their work.

The ethics committees organized at the hospital level also had to analyze cases of theft from the medical units or the accusation of their colleagues.

There have been cases where managers have been informed that a person was evading sanitation or cleaning products for personal use. All this cases were analyzed and sanctioned in each unit according to the gravity of the facts. The attitude towards this problem is edifying, the power of example being decisive.

To accuse the colleague of certain facts, some real and condemning as the one above is a natural thing. But sometimes accusations are unfounded or willfully exaggerated, leading to deviant behaviors with a negative role in interpersonal relationships.

Even aggressions on people can happen in sanitary units. Verbal abuse is common, especially among relatives of patients and health professionals, rarely between patient- doctors or healthcare professionals. The most exposed are colleagues from the urgent receiving unit (E R). The specificity of urgency is well known to everyone. Emergency I are chained, and every newcomer wishes first. For a good organization, it was decided to share the patients by gravity, giving them color codes. These are codes of procedure, specialized medical intervention. The staff of triage has a particularly important role. Because some people do not understand the role of codes, there may be

misunderstandings and dissatisfactions that can lead to verbal and even physical abuse. Information on such cases has been debated with great interest by the media and public opinion. Sometimes abuses on medical staff have had quite serious consequences, even physical, by leaping with blows and surgical wounds.

In medical units there is a significant number of women. Men are fewer and are usually part of the professional category of doctors. Cases of sexual harassment were sporadically recorded in various units, often being harassed by medical staff by patients.

Cases of theft from colleagues have sometimes been reported to ethics committees. People have ethical values, morals and different philosophies of life, and they are true, as in all hospitals all types of humanities, not only empathic and altruistic.

3. Conclusions

Interpersonal conflicts are also present in sanitary units and they manifest in a multitude of ways. A variety of solutions have been found and measures are being taken to avoid and decrease this number. Recent salary increases have the stated goal of lowering the number of specialists who choose to practice in other countries, as well as to lower frustration and increase productivity in hospitals.

It should be noted that in recent years other measures have been taken to reduce interpersonal conflicts in the health care system. These include organizing communication courses with hospital managers and physicians, as spreading the knowledge on these techniques makes it possible not only to reduce work-related stress, but also to manage possible conflicts more effectively.

4. Bibliography

- Belu, A. E., Papa, A. D., Ilinca E. A. – “*Reflections on conflict management work in public health organizations*” – *Analele Universitații „Constantin Brâncuși” din Târgu Jiu, Seria Litere și Științe Sociale*, Nr. 3/2012
- Bennett, R.J., Robinson, S.L., “*Development of a measure of workplace deviance*”, *Journal of Applied Psychology*, nr.85, 2000, p. 349-360
- Fox, S., Spector, P.E., Miles, D., “*Counterproductive Work Behaviour (CWB) in Response to Job Stressors and Organizational Justice – Some Mediator and Moderator Tests for Autonomy and Emotions*”, *Journal of Vocational Behaviour*, nr.59, 2001, p. 291- 309

- Framework Law 153/2017
- Martinko, M., Gundlach, M., Douglas, S. " *Toward an integrative theory of counterproductive workplace behavior, a causal reasoning perspective*", International Journal of selection and Assessment, nr. 10, 2002, p. 36-50,
- Pearson, C.M., Andersson, L.M., Porath, C.L. – Workplace incivility – from Contraproductive work behavior. Investigations of actors and targets, *Washington American Psychology Association, 2005, p. 177-200*
- Spector, P.E., Fox, S., " *The stressor- emotion model of counterproductive work behavior*", in Contraproductive work behavior investigations of actors and targets, Washington DC; APA, 2005, p. 151-176,
- Vardi, Y., Weitz, E., " *Misbehaviour in organization, Theory, Research & Management*", London, Lawrence Erlbaum Associates, 2004
- Warren, D., " *Constructive and destructive deviance in organizations*", Academy of Management Review, nr. 28, 2003, p. 622-632