Conflict situation management in nursing clinical practice

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Abstract

Introduction: Conflicts are a social phenomenon and occur in all organizations where people work. So, they are inevitable even among nurses, because the work they do is very responsible and stressful. Conflicts of a personal nature are not uncommon, and they are produced by intimacy in the workplace.

Methodology: The study was conducted among 146 nurses employed at the Clinical Center of the University of Sarajevo. The study is descriptive, analytical and comparative. The original author's questionnaire created on the basis of professional and scientific literature was used as a study instrument. The goal of thestudyis to determine if the conflict situations in nursing clinical practice are related to the dissatisfaction of nurses with working conditions, lack of motivational techniques,

poor communication in the team and superior-subordinate relations.

Results: Most respondents state that conflict situations are short-lived and do not affect work. Respondents pointed out that the most commoncauses of conflict are poorcommunicationand personal contempt of colleagues (71 or 48.6%), violations of labor regulations and non-performance of work obligations (68 or 46.6%), differences in education (39 or 26.7%), etc. The most common manner that nurses use to resolve conflicts is to exchange information in order to reach a joint decision, to negotiate and seek compromises.

Conclusions: Conflicts are manifested in the form of negative emotions, so in this regard, they can have significant negative consequences, and contribute less to improvement or have a positive effect on the work environment. Communication conflicts between nurses are detrimental to teamwork - negative confrontation between two sides, often revealing anger, not talking for a longer period, or personally standing out at the expense of the other side.

Keywords: management, conflict situations, nurses, clinical practice

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INTRODUCTION

Conflicts are a very important social phenomenon. They occur not only in organizations but also in other social systems: in society, family, social strata, etc. Their influence on the behavior of people in organizations has long brought them to the center of studyby management theorists and practitioners.¹

Conflicts can be different. They can be productive, functional conflicts, which arise as a confrontation of different attitudes and solutions to problems and that lead to better solutions. They, on the other hand, can also be dysfunctional, negative conflicts that block actions, cause quarrels and interrupt communications. What kind of conflicts will arise as a result of interactions in the organization and what consequences they will produce for the organization, depends mostly on the ability of managers to manage these conflicts. That is why it is most important that managers know the sources, effects of the type and methods of conflict management.² Conflicts in organization can arise for several reasons.

Conflicts differ on several grounds, so they can be classified in several ways. Depending on the level at which they occur, conflicts can be: intrapersonal, role conflicts, interpersonal, intergroup and interorganizational conflicts. Organizational sources of conflict are certain characteristics of the organizational structure and system that create favorable conditions for conflicts between employees. Intrapersonal conflicts are caused by the conflict of motives, goals and possibilities of their satisfaction, i.e.,, when an individual faces a certain obstacle on the way to achieving the goal. These conflicts are related to the psychological being and its internal processes in which emotions, experiences and perceptions are formed. The occurrence of intrapersonal conflict is manifested in the form of psychological consequences such as: apathy, frustration, anxiety, confinement, and physical consequences, such as: fatigue, aggression, alienation, etc. Interpersonal conflicts occur between individuals within the same or different groups that interact. According to the modern attitude about conflicts, they have both positive and negative effects on the organization.^{2,3}

The negative effects of the conflict disrupt the normal functioning of the company. They emphasize emotions instead of reason when making decisions, divert attention from organizational to personal goals, and cause psychological problems. Positive conflicts stimulate critical analysis, motivate people and are often a sign of organizational change. How an individual will behave in a conflict depends on the extent to which he seeks to respect the interests of others (integration) and the extent to which he seeks to respect his interests (distribution). There are several methods for resolving conflicts, such as: imposing a common goal, compromisingnegotiating, smoothing, avoiding, coercion, votingandinteractive problem solving. There are also methods for inciting conflict: introducing a new member of the organization, reducing formalization, competition, restructuring, andmanipulation of information.^{4,5}

In situations of stress and conflict, a person's reaction, behavior and overall functioning are significantly changed. If the manager cannot successfully respond to the demands of the job, conflicts will make him/her dissatisfied, and there will be difficulties in making decisions, in concentration, decreased motivation, and loss of enthusiasm.⁶

Conflicts are not only inevitable in organizations, but they are also a need of every organization, one of the most important issues that arises in connection with conflicts is related to the way of conflict management. The effectiveness of the organization will depend on the way conflicts are managed and the success of conflict management.

However, if the manager manages to find constructive ways to deal with conflicts at work, he can in these situations achieve emotional growth and strengthening, increase motivation and interest, and achieve greater performance, shift and results at work.⁷

Authors Žugaj, Šehanović and Cingula see three possible types of conflicts in the organization. Three types of conflicts in an organization are: intrapersonal or internal conflicts, interpersonal conflicts, and intergroup conflicts.⁸

Interpersonal conflict is the most common type of conflict. It is a conflict between two or more participants in the same organization. People interact to achieve certain results or achieve goals, which can cause conflict. The most common causes of this type of conflict are: competition for scarce resources, embedded conflicts, and differences in values and goals. The allocation of limited resources causes conflict because one party or person will not get everything they want because of limited resources. The values and goals of the people in the organization may be different, but if people belittle the values and goals of other people it leads to many conflicts.

By organizational conflicts, we mean "disagreement between two or more members of an organization or group that arises due to the fact that they share rare resources, work tasks, have different goals, attitudes or perceptions." Conflict refers to a situation in which an individual or organizational units work against each other instead of with each other. Another definition of conflict says that it is "a process that begins when one party perceives that the other is taking or intends to take action that end angers its interests".^{9,10} using the IBM Statistics SPSS v 23.0 sociological study package.

The goal of the study is to determine whether the conflict situations in nursing clinical practice are related to the dissatisfaction of nurses with working conditions, lack of motivational techniques, poor communication in the team and superior-subordinate relations.

RESULTS

METHODOLOGY

The study was conducted among 146 nurses employed at the Clinical Center of the University of Sarajevo. The study process was attended by nurses who deal withtheorganization of nursing care and management of nurses in work processes, and nurses who exclusively implement the process of nursing care. The selection of respondents was done by random selection. The study was conducted in the period between 1 September 2020 and 1 October 2020.

The study is descriptive, analytical and comparative. Methods of induction, deduction, and compilation were used as study methods. The original author's questionnaire was used as a study instrument, which was created on the basis of a review of scientific and professional literature, as well as evidence from practice. The survey questionnaire was anonymous and it is not possible to determine the identity of the respondents from the answers received. The questionnaire was created in the electronic program Google forms and was distributed to respondents electronically, to their personal e-mail address or the e-mail address of their Organizational Unit.

Theresults are presented usingtables and graphs and descriptive statistics. To test possible differences between the examined groups of institutions, the chi-square test, Fisher's exact test, and Student's t- test were used, and to test the influence of all parameters on the variable indicators of leadership styles, Spearman's correlation rank test was used. The level of statistical significance was set at 95% or p <0.05. The analysis was conducted The study was conducted among 146 nurses employed at the Clinical Center of the University of Sarajevo. The study process was attended by nurses who deal with the organization of nursing care and management of nurses in work processes, and nurses who exclusively implement the process of nursing care. The selection of respondents was done by random selection. The study was conducted in the period between 1 September 2020 and 1 October 2020.

Table 1. Sociodemographic characteristics					
Variable		Ν	%		
Gender	Male	23	15,8		
	Female	123	84,2		
Age	18-25 years	1	0,7		
	26-36 years	19	13,0		
	37-45 years	69	47,3		
	46-55 years	35	24,0		
	56-65 years	22	15,1		
Living conditions	I live alone	10	6,8		
	I live with parents	14	9,6		
	I live with my spouse	26	17,8		
	I live with my spouse and children	87	59,6		
	Single parent	9	6,2		
Education	High school education	68	46,6		
	University degree	11	7,5		
	Higher education	51	34,9		
	Master, Doctor of Science	16	11,0		
Nursing position	Chief nurse of the institution	14	9,6		
	Chief nurseof the Department	44	30,1		
	Nurse	88	60,3		

The sample of 146 female nurses shows that there are more female respondents in the sample, 84.2%, compared to 15.8% of male respondents.

When it comes to age most respondents were between 37-45 years of age, then between 46-55 years, and respondents between 56-65 years. A smaller number of respondents were between 26-36 years of age, and only one respondent was aged 18-25 years.

When we talk about family status and the number of children, the largest number of respondents live with a spouse and two children.

According to the results of the analysis of education, most respondents have a high school diploma, a total of 68 or 46.6%, followed by respondents with higher education, 51 or 34.9%, followed by masters and doctors of science, 16 or 11.0%, and the least respondents had a university degree, 11 or 7.5%.

According to the analysis of functions in the workplace, most of therespondentsworked as a nurse, as many as 88 of them, and the least of them worked as head nurses of the institution, 14 of them.

Considering the years of work experience, most respondents have been working for over 20 years, even 30 years.

The analysis of the results showed that the majority of respondents are satisfied with their jobs, others are partially satisfied, and 10 of them are not satisfied with their jobs. Half of the respondents, 50% of the abovementioned 146, works effectively 8 hours a day, while 2 respondents stated that they work 4 hours a day.

In the main part of the paper, which deals with the presence of conflicts between nurses in the workplace, we conclude that most respondents believe that conflicts of any kind are extremely rare or occasional, while a smaller number say that conflicts are frequent. The most common sources of these conflicts are the personal interests of employees, unclear division of labor and poor organization, as well as disagreements in work processes and conflicts between new and old employees. Slightly rarer sources of conflict are arrogant leadership, unjustified waste, and lack of communication.

The most common reasons for the conflict are:

- Poor communication and personal contempt of colleagues (71 or 48.6%),
- ▶ Violation of labor regulations and non-performance of work obligations (68 or 46.6%),

- Difference in the level of education (39 or 26.7%),
- Personal progress in the profession (26 or 17.8%),
- Privileged position in the organization (25 or 17.1%).

Table 2. Conflicts and solutions					
Variable		N	%		
Frequency of conflicts	Extremely rare	78	53,4		
	They occur occasionally	62	42,5		
	They are very frequent and affect working relationships	6	4,1		
Source of conflict	Unclear division of labor and poor organization	46	31,5		
	Unjustified waste	8	5,5		
	Disagreements in work processes	39	26,7		
	Arrogant leadership	6	4,1		
	Insufficient control in work	8	5,5		
	Interpersonal conflicts between old and new employees	30	20,5		
	Personal interests of employees	61	41,8		
The most common ways to resolve conflict	I have my own position and I do not deviate from that	27	18,5		
	I act according to other people's expectations and give in to desires	2	1,4		
	I keep the conflict to myself to avoid problems	15	10,3		
	I exchange information to come to a joint decision	58	39,7		
	I negotiate and seek a compromise	44	30,1		

The most common way nurses resolve conflicts is to share information in order to reach a joint decision and to negotiate and seek compromises. Somewhat less often they act authoritatively and do not deviate from their position, and much less often they act according to other people's expectations.

The degree of satisfaction with certain aspects of equipment and working conditions was rated on a scale of 1-5 where 1 indicates complete dissatisfaction, and 5 indicates complete satisfaction with a particular aspect.

The analysis was performed by calculating the average grade and comparing it based on the frequency of conflict situations in the workplace. The negative correlation with the prevalence of conflict is shown by the degree of satisfaction with technical equipment, the relationship between superiors and subordinates, teamwork, the quality of the working environment, and the monthly income.

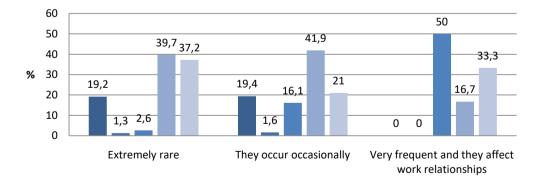
Table 3. Comparison of satisfaction					
Variable	Frequency of conflicts	M±SD	r	р	
Equipment of the orga- nizational unit	Extremely rare	3,9±1,1	-0,272	0,003	
	They occur occasionally	3,3±1,2			
	Very frequent	3,3±1,0			
The relati- onship of subordi- nates and superiors	Extremely rare	4,18±1,00	-0,404	0,001	
	They occur occasionally	3,40±1,26			
	Very frequent	2,00±1,10			
Quality of the wor- king envi- ronment	Extremely rare	4,29±0,85	-0,529	0,0001	
	They occur occasionally	3,27±1,09			
	Very frequent	2,50±1,22			
Monthly income	Extremely rare	3,74±1,16	-0,305	0,001	
	They occur occasionally	3,18±1,23			
	Very frequent	2,17±1,47			

When analyzing the assessment of the prevalence of conflict in relation to ways of resolving conflict, there is a statistically significant impact on the frequency of conflicts in the sense that positive ways of resolving conflict and negotiating compromises contribute to reducing their frequency. There was also a statistically significant difference in assessing the prevalence of conflict compared to assessing the effect of conflict at work, in the sense that respondents who rate the frequency of conflict as rare, or as occasional, consider conflicts short-lived and not long lasting.

Jurić, M. (2018) in his paper "Interpersonal relationships in the nursing profession", states that good communication is the foundation of interpersonal relationships both between nurses and in anyotherbusiness profession.¹¹

Authors Brestovački, Milutinović, Cigić, Grujić and Simin (2011) studied the topic of conflicting styles of doctorsandnursesinhealth care organizations. The dominant style of conflict management, especially among nurses, is the style of adjustment. It should be emphasized that no one has an exclusive style of behavior in conflict situations. What style of behavior we have in a conflict depends on the current situation, life experience, habits, and the previous relationship with that person.¹²

Nurses show a desire to maintain good interpersonal relationships despite their goals and needs. Another style they use to resolve conflict is compromise.



- I have my own position and I do not deviate from that
- I act according to other people's expectations and give in to desires
- I keep the conflict to myself to avoid problems
- I exchange information to come to a joint decision
- I negotiate and seek a compromise

Figure 1. Frequency of conflicts in relation to solving tactics

The author Kolundžić (2017) in her work "Moral distress of nurses" points out that non-recognition of one's own moral distress can be manifested by blaming younger colleagues for not working effectively enough, which can contribute to the development of conflict.¹³

Therefore, it is important that senior nurses are educated about the importance of the problem, that they recognize it, and take preventative measures.

Also, the author Kolundžić (2008) investigated the techniques for resolving conflicts between nurses. The study came to the conclusion that the most commonly used techniques for resolving nurses' conflicts are cooperation and compromise. Collaboration is the only technique that is significantly related to age and seniority. In comparison with education, cooperation is more common among the more educated, and avoidance among the less educated. Incomparison with a managerial position, cooperation and competition are more common in nurses in managerial positions, and avoidance and adjustment in nurses who are not in managerial positions. Successful conflict management is the identification of initial indicators of conflict and the application of appropriate techniques and conflict resolution depending on the type of conflict situation and circumstances, the time available and the urgency of resolvingthe problem.14

The most common way nurses resolve conflicts is to exchange information in order to reach a joint decision, as well as to negotiate and seek compromises.

The study also pointed out that the frequency of conflict situations in the workplace has a negative impact on the level of satisfaction with certain aspects of equipment and working conditions, such as technical equipment, relationship between superiors and subordinates, teamwork, quality of work environment and monthly income.

Conflicts are manifested in the form of negative emotions, so in this regard, they can have significant negative consequences, and contribute less to improvement or have a positive effect in the work environment. If the conflict is not resolved and if an adequate solution is not found, the conflict will very often be repeated. Communication conflicts between nurses are detrimental to teamwork - confronting one side with the other in a negative way, often revealing anger, having longer silence, or personally standing out at the expense of the other side.

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CONCLUSION

This study showed that nurses know the sources of conflict in the work environment and that these sources are related to poor communication in the team, dissatisfaction with working conditions and lack of motivation. A comparison of opinions and attitudes indicates that most respondents believe that conflicts of any kind are extremely rare, or that they occur occasionally, while a smaller number say that conflicts are frequent.

Nurses cite different sources that lead to conflict, and have different attitudes to resolving conflict situations. It is also important to point out that conflicts in nursing clinical practice are related to nurses' dissatisfaction with working conditions, lack of motivational techniques, and superior-subordinate relationships.

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Upravljanje konfliktima u sestrinskoj kliničkoj praksi

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Sažetak

Cilj: Konflikti su socijalna pojava i javljaju se u svim organizacijama gdje djeluju ljudi. Tako su neizbježni i među medicinskim sestrama - tehničarima, jer je posao koji obavljaju vrlo odgovoran i stresan. Nerijetki su i osobni konflikti, do kojih dolazi uslijed intimiziranja tijekom rada.

Metode: Istraživanje je provedeno među 146 medicinskih sestara -tehničara zaposlenih u Kliničkom centru Univerziteta u Sarajevu. Istraživanje je deskriptivno, analitičko i komparativno. Kao instrument za istraživanje primijenjen je originalni autorski upitnik koji je kreiran na osnoviu pregleda znanstvene i stručne literature te dokaza iz prakse. Cilj je rada utvrditi konfliktne situacije u sestrinskoj kliničkoj praksi koje se odnose na nezadovoljstvo medicinskih sestara uvjetima rada, nedostatkom motivacijskih tehnika, lošom komunikacijom u timu i odnosima nadređenih i podređenih.

Rezultati: Većina ispitanika navodi da su konfliktne situacije kratkotrajne i da ne utjeiču na proces rada. Ispitanici su istaknuli da su najčešći uzroci konflikta: loši komunikacijski odnosi i osobna netrpeljivost, prezir kolega/kolegica (71 ili 48,6%), kršenje radnih propisa i neizvršavanje radnih obaveza (68 ili 46,6%), razlika u stupnju obrazovanja (39 ili 26,7%) i sl. Pri rješavanju konfliktnih situacija medicinske sestre i medicinski tehničari najčešće primjenjuju razmjenu informacija kako bi došli do zajedničke odluke te pregovaranje i traženje kompromisa.

Zaključci: Konflikti se manifestiraju u obliku negativnih emocija, pa u tom smislu mogu ostaviti znatne negativne posljedice, a manje pridonijeti poboljšanju ili pozitivno utjecati na radnu sredinu. Komunikacijski sukobi između medicinskih sestara štetni su za timski rad – sučeljavanje jedne strane s drugom na negativan način, često otkrivanje ljutnje, duža šutnja ili osobno isticanje na račun druge strane.

Ključne riječi: menadžment, konfliktne situacije, medicinske sestre, klinička praksa