

# Conflict situation in a suburban hospital, India: Reasons and measures to minimize

Sadhika Behl, Meenal Kulkarni\*

Symbiosis Institute of Health Sciences, Symbiosis International (Deemed University), Pune, India

\* Corresponding author:  
meenal@sihspune.org

## Abstract

Health care has a prominent place in society and as a setting required to serve and care for its public and stimulate overall physical, psychological, and social health. It has a distinct obligation to generate a healthy workplace. Conflict and diversity are intrinsic in health care, and conflict in interdisciplinary teams is an accepted norm and unescapable. Thus, a study was conducted to understand reasons for the conflict amongst varied levels of healthcare staff in a 150 bedded multispecialty hospital in an Indian city. A Survey of 200 respondents (Healthcare and managerial staff) revealed that lack of appreciation, job stress, and competition within the department (32%) were the major reasons for differences amongst the employees. Concerning approaches adopted, compromising and collaborating methods scored more (38% and 38.6%, respectively). The results have shown that, in general, managers are familiar with conflict resolution techniques and believe in motivating their staff to increase their levels of performance and retain them with the hospital. However, there is a need to make the human resource system more robust and accommodating to ensure varied healthcare professionals from different qualification backgrounds and job roles are treated equitably

## Keywords

Conflict, Hospital, Healthcare, Resolution, Staff, Qualification, Stress, Competition

## Imprint

Sadhika Behl, Meenal Kulkarni. Conflict situation in a suburban hospital, India: Reasons and measures to minimize. *Cardiometry*; Issue 20; November 2021; p. 119-124; DOI: 10.18137/cardiometry.2021.20.119124; Available from: <http://www.cardiometry.net/issues/no20-november-2021/conflict-situation-suburban>

## Introduction

Healthcare is distinctive in numerous ways. On the other hand, it is comparable to other organizations in how individuals conduct themselves, and this is where conflict comes in, where it is one of the most common issues faced by healthcare team members. [1] There are numeral features of the healthcare system that helps to create misunderstandings and differences. These disputes give rise to many conflicting situations.[2] Often, conflicts are inevitable, and given the charged-up nature of activities that go inside any healthcare setup, these instances have been and will arise often. Additionally, the stress element, which is inherent when it is a matter of saving lives everyone, has their own opinions and points to put forward. With many people around, avoiding indifference is not possible.

A healthcare team comprises doctors, nurses, paramedics, administrators, biomedical engineers, dieticians, physiotherapists, and many other as per the need of the patient and as per the specialty services offered by the organization. [3] These members form a very diverse group. This group interacts with the patient and his/her family and friends. This interaction also, at times, leads to disparity on a couple of things resulting in conflict. In many organizations, conflict is being cited as the reason for high employee turnover.

Although any reason is good enough to initiate such negative encounters, major sources that lead to conflicting situations include- personality differences- this center around dissimilarities observed around team members' attitudes, [4] principles, cultural background, education, emotional wellbeing. Other being not agreeing based on ethical or moral considerations. Discrepancies with professional job roles and responsibilities. Common resources and improper distribution of the same. Constrained decision-making process as lead consultants of the healthcare team still take many decisions. [5] Apart from these, many studies have pointed out that the single most reason for conflict is miscommunication or no communication amongst the team members, like the use of harsh words, language, believing in rumors, criticism, etc., are part of communication that can offend many in the system. Further gender diversity, performance-related issues, financial restraints are other reasons leading to conflict.

Inside healthcare, misinterpretations, and conflict typically comprise several different parties and occur at several levels. [6] The healthcare system involves the extensive inconsistency about knowledge, control, and influence experienced by its many performers. The ethnic diversity at the workplace, too, can lead to the building up of possible hurdles to helping parties come up with the solutions.[7] Hospitals usually have a tight hierarchical structure formed based on specialization and qualifications; this again leads to conflicts amongst the various levels in an organizational structure.[8] Failure to address these persistent encounters can lead to health errors, staff exhaustion, and many medico-legal issues. As health care highly depends on unified linkages of multiple players, thus making it more important to have a very cordial relationship amongst each other.

There cannot be any workplace where an ideal conflict-free environment exists. While a sensible extent of disagreement in the form of competition sometimes leads to a greater level of performance.[9] Conflict inside any workplace is a predictable and unavoidable event and negatively affects both individuals and at an organizational level unless appropriately managed. This result in manager is spending their precious time in settling the issues. It has been perceived that most executives devote roughly around 25% of their time dealing with conflict-related issues and their settlement. In hospital administration, this time can be as much as 50% given the various types of human resources involved.[10] Thus, conflict resolution in hospitals is as important as any other managerial function like planning, organizing, directing, etc. [11] Further, another study states that conflict distracts from immediate tasks and wastes resources on conflict resolution. Although helpful, it is clear that several occurrences of conflict are risky and impact smooth conduct of activities.

But conflict is not all a negative thing. There are proposed benefits too, as highlighted by researchers in other studies. They include a better understanding of the task, team development, and enhanced quality of group decision-making.

Probability of conflict increases in healthcare organizations when rules and regulations are not followed, and instructions are ignored. [12] Especially in the hospital where many activities are followed as per the protocols, and standard operating procedures, un-following them is a huge issue leading to chaos, confusion, and conflict.

Healthcare professionals face conflict situations almost every week. The number may vary depending on high-stress job factors, team size, management functioning, and others.

As a result, it is significant for healthcare experts and administrators/ managerial executives to comprehend the origins of conflict and improve approaches to accomplish the settlement. [13] Accordingly, with this background, a study was conducted to explore the diversity of roles and responsibilities of the employees and their perspective towards the tasks assigned, group work, their professional values and morals, and the way the hospital treats them for the work done. Thereby analyze how conflicts manifest in different dimensions at the hospital.

This descriptive study was conducted with the following objectives:

- Examining a variety of different perspectives of the employees and the managers and identifying underlying work stress, disputes, and dilemmas
- To find the source of conflicts
- To understand approaches used to mitigate the conflicting situation.
- To suggest certain measures to overcome the issues leading to conflicts and improve the hospital's working environment.

## Materials and methodology

This study was conducted at a 200 bedded super specialty hospital in Bengaluru, a metro city in the South of India, for one month.[14] The management of the hospital initiated the study to understand the current situation prevailing in their setup related to the conflict.

An informal interaction was done with the employees and managers at the hospital to understand their perspective. A structured questionnaire was designed and distributed to 200 employees, including medical, paramedical, and managerial staff. An informal interaction followed this to collect data from the participants. [15] The participants were informed about the type and objective behind the collection of the data. The instrument developed consisted of questions pertaining to employment, level of job position, the expanse of job role, issues encountered, and reasons for conflict situations and approaches to minimize was asked to the respondents. The content was approved and validated by senior hospital staff before its implementation.

Responses were collected by interviewer-based survey. This ensured a 100 percent response rate and avoided the chances of incomplete survey forms.[16] Data entry and statistical analysis were performed using the Statistical Package for Social Sciences (SPSS) version 23. The data are presented using descriptive statistics in the form of frequencies and percentages for the qualitative variables.

## Results

Interdepartmental and intragroup conflicts are the most common source for conflict situations at the hospital. This was a simple study to understand why conflicts occur and an approach to minimize, inferential statistics were not performed.

Out of 200 respondents, 53.6 % were male, and 46.4% were female employees. These employees belonged to the mean age group of 31-40 years, having work experience of an average of 8 years and above. 36% of employees were working on a contractual basis whereas 64% were permanent employees. It was important to understand the hospital employee mix and the various job roles and hierarchical patterns that lead to conflict. Figure 1 depicts the employee mix of 200 responders.

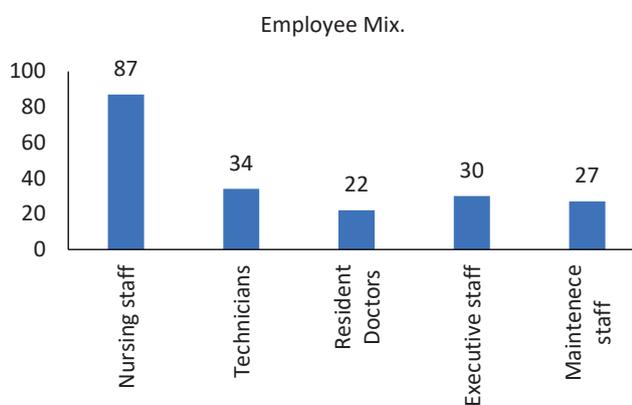


Figure 1. Employee mix in numbers.

The employee distribution has 43.5 % nursing staff, which forms the largest proportion, followed by technicians at 17%, managerial staff (also referred to as executive staff in hospital) forms 15%, maintenance staff is 13.5%, and resident doctors are 11% of the entire sample size taken for the study purpose. Depending on the employee mix, it was assessed what type of employee group attributed to the rise of conflict situations at the workplace. It was found out that conflicts were most often attributed to resident doctors (59%), followed by nurses (over 19%),

technicians (10%), executive staff (8.2%), and maintenance staff (3.8%).

Health care is a multi-faceted organization that necessitates effective collaboration and cooperation within the varied teams working for patient care and delivery of services. Frequent causes of conflict include lack of clarity with expectations, improper communication, lack of clear authority, behavior differences. These are some of the main reasons why differences are created amongst the members of the same team-leading to misunderstandings and a range of disagreements. Following these major reasons for conflicts were asked to the participants, which are depicted in Figure 2.

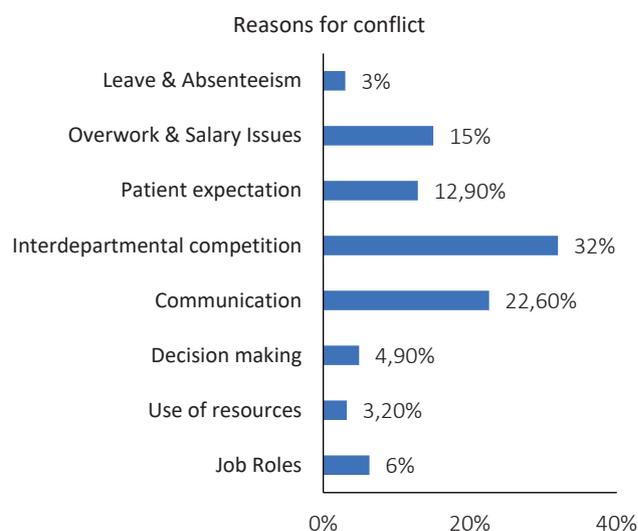


Figure 2. Reasons of conflict

Most employees are dissatisfied with their workload, timing, and salary issues (15%). In addition, (3%) of them showed dissatisfaction and disagreement towards the leave policy and health assistance provided to them. Further, it was also noted that there is a lack of enough experienced staff and a lack of training for the new and old employees. The majority of the employees also face a lack of appreciation and opportunity to grow and develop, which adds to their job stress and dissatisfaction, resulting in competition within the same department or between departments (32%). When given a group task, they were mostly not satisfied with individual roles (6%) as some felt that menial jobs but labor-intensive are always given to nurses. At the same time, resident doctors and other executive staff do not contribute more. They are also asked to work on very limited resources, which doesn't aid in fulfilling their work requirement as it should be, resulting in many displeasure interactions with each

other, petty fights, etc. (3.2%). On the other side, few managers also show dissatisfaction towards work productivity of their employees due to which patient expectations are affected (12.9%). Communication should be transparent and comprehensive enough to develop a clear understanding for any work to be successful. If communication is not proper, it creates a lot of misunderstanding and thus giving rise to the conflicting situation, which in this case too as reported by (22.6%). However, conflict resolution is important for all the managers for which they mentioned discussing and resolving the situation and motivating their employees as much as possible by verbal appreciation.

### Approaches took to resolve the conflict

It is reported that resolving and managing conflicts takes away 25 % to 40% of the time of managers and senior officials. Many studies and literature available on conflict management suggest five approaches to deal with the same. It includes:

- Accommodating: The objective of this strategy is to yield – to protect amicability and connections no matter what.
- Compromising alludes to a dealing interaction that regularly results in a not so great arrangement as concessions are made
- Collaborating: The objective is to track down a shared arrangement when the two arrangements of interests are too imperative to even think about being compromised.
- Avoiding: This strategy can be utilized deliberately, for instance, to make a defer that permits individuals to chill off or accumulate more data.
- Competing is, for the most part, a negative method to oversee struggle. The objective is to “win” no matter what, and high emphatics and low collaboration portray the style.

Since the above approaches are very commonly adopted practices in many organizations, this study also considers the same.

Depending on the above, the response is being obtained from the participants to highlight generally which approach is usually used by them for conflict management situations in the hospital. Table1 lists the approaches adopted by the responders.

That compromising and collaborating are the two most sought-after approaches with almost equal responses of (38.6%) and (38%) respectively. (11%) of the respondents felt that a most accommodating ap-

Table 1  
Approaches for conflict resolution

S.No	Approaches	No. of Response (n=200)	Percentage Responses
1	Accommodating	23	11.4%
2	Compromising	76	38%
3	Collaborating	77	38.6%
4	Avoiding	24	12%
5	Competing	0	0%

proach is adopted by seniors to settle the issue and (12%) think that in some instances, avoiding is also adopted as moderating measure. It is a good sign that none of the respondents has agreed on the competing approach being adopted. This shows that the hospital management takes care of the negative situations and resorts to adopting other positive approaches rather than competing amongst themselves, which may rein in a more cruel experience.

### Discussion

The study’s findings and informal interaction have revealed that variables such as the opportunity to develop, levels of job satisfaction, job stress, ability to perform well with team and staff relations were seen to have a substantial effect on overall job satisfaction. Ignoring any kind of grievances could lead to possible conflict. This situation at any given time is not suitable as it can directly affect the patient care routine. Since the amount of human interaction is maximum in hospitals, reducing such circumstances is desirable.

Conflict arises anywhere where more than one person is involved. The causes of conflict range from rational dissimilarities and divergent goals to power inequalities, especially in medicine with varying levels of the workforce involved in inpatient care. Unmanaged or poorly managed conflicts cause an interruption in normal workflow, causing mistrust and lost efficiency. This is clear from the results where the majority of the conflicts are attributed to clinical staff than non-clinical staff. This is also because the job responsibility of clinical staff is more demanding as they are in a straight line involved with patients, their management, and it affects the outcome of treatment. Many such conditions push them into a skirmish environment.

An accurate supervision of such conflicts gives an opportunity for the manager to surge the output of its

employees, thereby increasing the organizational efficiency. The results have shown that, broadly, managers are acquainted with conflict resolution methods and rely upon encouraging their staff to improve their levels of performance and retain them with the hospital. However, it is essential to make the human resource system stronger and more conducive. There are also suggestions given in many similar studies that efforts to avoid unhealthy and personal conflicts arising should be avoided.

The results also suggest that underlying factors like working conditions at the hospital are unable to meet the beliefs and ambitions of the employees on certain occasions. While the circumstances under which work is achieved can have as much influence on employee's efficiency, comfort also safety as the intricate particulars of the task itself. Since job satisfaction has a strong relationship with work performance, conflicts, and disputes, it is important to highlight relevant human resources policies, improving working conditions, to review, compensation, and motivation to improve it.

Furthermore, conflict does not remain unresolved, as when evading, there are no obvious winners at the expenditure of others. At the same time, accommodation strategies with clinicians might be suitable for the nurses if they did not feel that their goals were so significant. This sensation might be due to low self-confidence amongst few cadres of employees or a sensation that the other party of the conflict is more solid than them as the responses to approaches used in conflict resolution suggests.

From informal interaction, many of the executive staff said, "In any of the given situations of difference or disagreement, the morale and success of the organization should not be compromised." Empowering employees to make decisions about their work and a strong emphasis on the participatory approach between Clinical and Non-clinical staff should be the primary focus which management should initiate. Continuous service evaluations and monitoring of job fulfillment along with surprise audits. On-job and Off-job training and appointment of training managers and conduct of specific area related training and generic training on organizational behavior, team dynamics, developing comradeship should be part of the hospital management routine. Reducing the number of shifts and extended working hours can go a long way to bring the job-related stress factors down.

However, the study presented with few limitations as the information obtained is based upon the subjective perspective. Even due to the high level of contribution overall, there is an opportunity that responses of managers who did not contribute may have varied in some manner from those who did participate.

## Conclusion

Conflicts, in general, have many downfalls affecting one's job, motivation at work, and career decisions. It also has an impact on relationships with others and personal health. Conflict management minimizes the negative outcomes of a conflict and endorses the optimistic outcomes with the goal of improving the learning and culture of the organization. People working in a job that is very challenging also sometimes changeable as healthcare can be prone to feelings of ambiguity and reduced job fulfillment. Certain the crucial role that healthcare professionals play in determining the sustainability, efficiency, and effectiveness of health care systems, it is authoritative to understand what causes conflicts, what keeps them motivated, and understanding the extent to which contextual variables and the organization satisfy them. Everyone in the system has a responsibility towards understanding the causes of conflict also ways to mitigate it for the larger good. Conflict resolution should not just be left for management. Every cadre and senior-most person in each team has an equal responsibility to establish a good working partnership to make the work environment more favorable.

## Conflict of interest

None declared.

## Author contributions

The authors read the ICMJE criteria for authorship and approved the final manuscript.

## References

1. Baddar F, Salem OA, Villagrancia HN. Conflict resolution strategies of nurses in a selected government tertiary hospital in the Kingdom of Saudi Arabia. *Journal of Nursing Education and Practice*. 2016;6(5). doi:10.5430/jeep.v6n5p91.
2. Çınar F, Kaban A. Conflict Management and Visionary Leadership: An Application in Hospital Organizations. *Procedia - Social and Behavioral Sciences*. 2012;58:197-206. doi:10.1016/j.sbspro.2012.09.993.

3. Conflict In Nursing: Types, Strategies, and Resolutions - Trusted Health. (2020, May 26). Retrieved from <https://www.trustedhealth.com/blog/conflict-resolution-in-nursing>.
4. Higgins, L. W. (1999). Nurses' perceptions of collaborative nurse-physician transfer decision making as a predictor of patient outcomes in a medical intensive care unit. *Journal of Advanced Nursing*, 29(6), 1434-1443. doi:10.1046/j.1365-2648.1999.01031.x
5. Janss R, Rispens S, Segers M, Jehn KA. What is happening under the surface? Power, conflict, and the performance of medical teams. *Medical Education*. 2012; 46(9): 838-49. doi:10.1111/j.1365-2923.2012.04322.x.
6. Kaitelidou D, et al. Conflict management and job satisfaction in pediatric hospitals in Greece. *Journal of Nursing Management*. 2011; 20(4): 571-8. doi:10.1111/j.1365-2834.2011.01196.x.
7. Lalegani Z, Isfahani AN, Shahin A, Safari A. Developing a model for analyzing the factors influencing interpersonal conflict. *Management Decision*. 2019; 57(5):1127-44. doi:10.1108/MD-08-2018-0857.
8. Nayeri ND, Negarandeh R. Conflict among Iranian hospital nurses: A qualitative study. *Human Resources for Health*. 2009; 7(1). doi:10.1186/1478-4491-7-25.
9. Overton A, Lowry A. Conflict Management: Difficult Conversations with Difficult People. *Clinics in Colon and Rectal Surgery*. 2013; 26(04):259-64. doi:10.1055/s-0033-1356728.
10. Panahi TM, et al. Causes of conflict between clinical and administrative staff in hospitals. *Journal of education and health promotion*. 2019;8:191. [https://doi.org/10.4103/jehp.jehp\\_54\\_19](https://doi.org/10.4103/jehp.jehp_54_19).
11. Porter-Ogrady T. Constructing a Conflict Resolution Program for Health Care. *Health Care Management Review*. 2004; 29(4): 278-83. doi: 10.1097/00004010-200410000-00003.
12. Saeed T, Almas S, Anis-Ul-Haq M, Niazi G. Leadership styles: Relationship with conflict management styles. *International Journal of Conflict Management*. 2014; 25(3): 214-25. doi:10.1108/ijcma-12-2012-0091.
13. Fahad AAA. Design and implementation of blood bank system using web services in the cloud environment. *International Journal of MC Square Scientific Research*. 2019;11(3):09-16.
14. Osorio-de-Castro CGS, O'Mathúna D, Fernandes Esher MA, Silva ME. Conflicts surrounding individual and collective aspects of ethics in health emergencies. *Ethics & Behavior*. 2021;1-16.
15. Singh J, Debadhikary R. Migration In India: Its Prospects And Problems. 2021. KK Publications.
16. Shroff A. A Systems Thinking Approach to Risk Reduction and Mitigation for Improving Disaster Management (Doctoral dissertation, Harvard University). 2021.