

Conflict management styles in Medical Health Managers

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Summary: 1. Introduction– 2. Theoretical framework– 3. Methodology – 3.1. The profile of the Respondents - 4. Results and Discussion - 5. Limitations and future step – References.

Abstract

Health care delivery occurs within a complex organization which have different professional figures. Competing priorities within this structure of health care often result in conflicts between the work teams. In order to better understand the conflict among Medical Health Manager and subordinates the approach requires a general comprehension of the context and the different impacting variables. Infact the workers are becoming more and more interdependent in their actions and responsible for more decision-making processes. These changes mean new types of conflicts may arise among different groups of workers than were experienced in bureaucratically structured organizations (Janssen, Van de Vliert & Veenstra, 1999). On this basis, the research question and the hypotheses that address this study arise from analysis of the literature. The first purpose is to know how conflict styles are defined in academic literature; the second purpose is to understand the conflict style in a sample of Medical Health Manager.

Key words: Conflict Management, Health Organization, Medical Health Conflict

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1. Introduction

The conflicts in healthcare settings are very common, as a result of the continuous changes and transformations occurring in modern healthcare organizations and the vigorous interaction among medical doctors (Raykova, 2015). However, the research on conflict focus on determinants and factors of conflict. Capozilli (1999) and Darling and Fogliasso (1999) found that the presence of conflict does not always produce negative results, and in fact in some instances, it can enrich outcomes.

When conflict is recognized and managed in a proper manner, personal and organizational benefits will result (Silverthorne, 2005). This study explored conflict management in health context (Rosenbaum et al, 2004), because the health care performance depends on the contributions of multiple professionals, such as Medical Health Manager, that work in complex context. (Dopson et al., 2002; Fitzgerald & Dufour, 1998; Fitzgerald & Ferlie, 2000; Rees, 1996; Forbes & Prime, 1999; Lopopolo et al., 2004; Iedema et al., 2003). Literature suggests that a deeper understanding of factors that underlie conflict resolution styles may result in better management strategies.

So, Medical Health Manager needs to develop strategies for dealing with their conflict situations and promote positive employment relationships, therefore understanding how conflict is handled in this dynamic environment appears of utmost importance (Hillhouse & Adler, 1997).

The research question and the hypotheses that address this study arise from analysis of the literature. In particular, the first purpose is to know how conflict styles are defined in academic literature; the second purpose is to set the conflict style in a sample of Medical Health Manager. We observed a sample of 29 medical health managers from public and private hospitals in Calabria's region.

The measuring instruments included a general questionnaire and Rahim's Organizational Conflict Inventory (ROCI).

We present the study as follows. After the introduction, section 2 we propose our theoretical framework, based on review of literature, on handling conflict style in health organizations; section 3, shows the methodology used; section 4 describes the results and discussion; Finally, in the last section we give the managerial implications and limits and future research perspectives.

2. Theoretical framework

The context of Health Care sector are very complex. Some elements such as pressures of time, life and death decisions, and heavy workloads contribute to the contextual causes of conflict (Almost et al., 2010; Bishop & Molzahn, 2004; Chipps et al., 2013; Haraway & Haraway, 2005; Rowe & Sherlock, 2005; Warner, 2001). For these reasons, the workplace in health care is unpredictable, complex and involves job ambiguity, which creates stress and high rate of macro-level conflict (Haraway

and Haraway, 2005). Cox (2001) notes that change is “likely to increase conflict in organizations”. Kreitner and Kinicki (2010) and Patton (2014) define conflict like a complex behaviour where one party perceives that its interests are being opposed or negatively affected by another party. Sarit (2009) mentioned that troubleshooting is not the only solution however there is no best method that is available for all conflict situations. In order to resolve the conflict, it requires knowledge, planning, timing, and finding the right opportunity.

Depending on the type of conflict, type of task, task interdependence, and group norms, conflict in task groups can be of great benefit in helping group members in many ways, such as reducing groupthink, generating creative alternatives, and maintaining a balance of power (Jehn, 1995). Therefore, the exchange of experiences and point of views with other colleagues in order to search for a resolving method that is acceptable to the society is a necessity (Muangman, 1997).

The study of conflict began at the field’s inception with Dubin (1957) observing power conflicts between labor unions and managers within organizations. Thompson (1960) brought the study of conflict to the forefront when he observed that conflict is something ever-present in organizations and is to be avoided and controlled. Pondy (1967), Walton and McKersie (1965) and Thomas (1976) contributed to the changing view of conflict in fact, is no longer seen as dysfunctional, but as a healthy process needing to be managed. In fact, in an organizational setting conflict consumes “up to 20 percent of employees time” (Song, Dryer, & Thieme, 2006, p. 341). Putnam and Poole (1992, pp. 549-99) categorize organizational conflict into four types: interpersonal (e.g. between co-workers or superiors and subordinates), bargaining and negotiation (e.g. between labor and management), intergroup (e.g. between departments), and interorganizational (e.g. between companies). Kreitner and Kinicki (2010) list the following circumstances as tending to create conflict: personality and/or value differences, blurred job boundaries, battle for limited resources, democratic decision-making, collective decision-making, poor communication, competition amongst departments, unreasonable work expectations (policies, rules, deadlines, time restriction), unmet and/or unrealistic expectations (regarding salary, advancement, or workload), more complex organizations, and unsettled or repressed conflicts. Most conflict research reveals that the majority of health care conflict arises from “interpersonal or professional communication difficulties” (Shin, 2009).

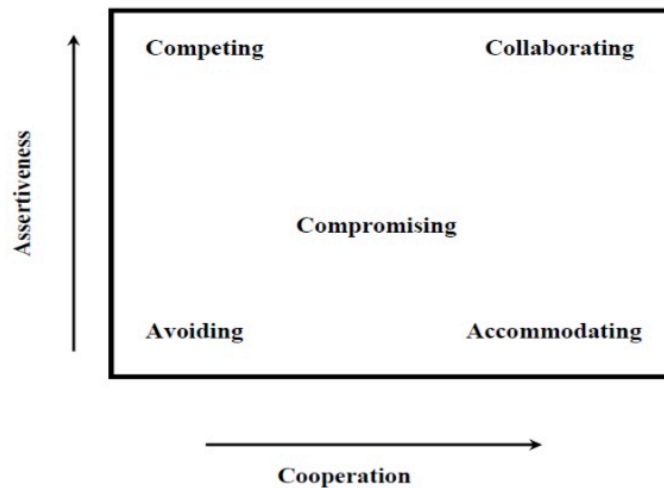
Conflict occurs through the communication of a variety of issues including differences of opinion, procedural problems, and disagreements over approaches to work oriented tasks (Friedman, Tidd, Currall, & Tsai, 2000). Independent of the source, conflict has a value in promoting organizational change and conflict resolution is essential to the efficiency of any organization (Putnam, 1988; Putnam & Poole, 1987). In order to understand conflict in workplace, a lot of previous explored research showed sex differences in relation to conflict management in organizations. Some studies found that males and females employ different conflict management strategies, whereas other studies found no measurable differences between men and women’s in conflict management (Brewer, Mitchell, & Weber, 2002; Gayle,

1991; Orbe & Warren, 2000; Putnam & Poole, 1987; Sorenson, Hawkins, & Sorenson, 1995).

So, when exploring conflict in a workplace, one's gender role may not be the only determinant of conflict management strategies. When team members publicly oppose the beliefs, attitudes, ideas, procedures, or policies assumed by the majority (De Dreu & West, 2001; McLeod, Baron, Marti, & Yoon, 1997), a degree of cognitive conflict is introduced into the minds of team members, thereby increasing divergent thinking and reducing premature consensus (De Dreu & West, 2001). Disagreements about the task may be especially beneficial because such conflict leads team members to re-evaluate the status quo and adapt their objectives, strategies, or processes more appropriately to the task (Nemeth & Staw, 1989; West & Richter, 2008). However, as De Dreu (2006) and others suggested, too much task conflict may lead to a reduced capacity to perceive, process, and evaluate information. Team members may be unable to incorporate multiple lines of thinking into a cohesive solution and may subsequently lose sight of the collective goal or become frustrated by the lack of progress. Nicotera (1997), however, suggests that conflict in itself is neutral. The way used by people to manage conflict, instead, is indicative of the probable outcome. The studies of Friedman, Tidd, Currall and Tsai (2000) suggest there is constant deliberation whether a 'style' of truly handling conflict exists. Styles of conflict management are characterized by the general tendency for an individual to display a certain type of conflict behavior repeatedly and across situations (Cupach & Canary, 1997). "Conflict-handling styles are viewed as relatively stable personal dispositions or individual differences" (Ruble & Schneer, 1994, p. 157). Hocker and Wilmot (2010) define conflict handling styles as "a patterned response or cluster of behaviors that individuals use in conflict situations".

The concept of conflict management styles has its roots in organizational research (Ul-Haque, 2004) and social psychology (Rahim, 2001). Follet (1940) is the first researcher who discussed conflict management styles model in the book "Dynamic Administration". In according, there are three primary styles to handle the conflict: domination, compromise and integration; and two secondary styles: avoidance and suppression. Thomas (1976) redesigned the two-dimensional model by adopting new redefined dimensions (Figure 1).

Figure 1: Thomas Model of Conflict-handling modes



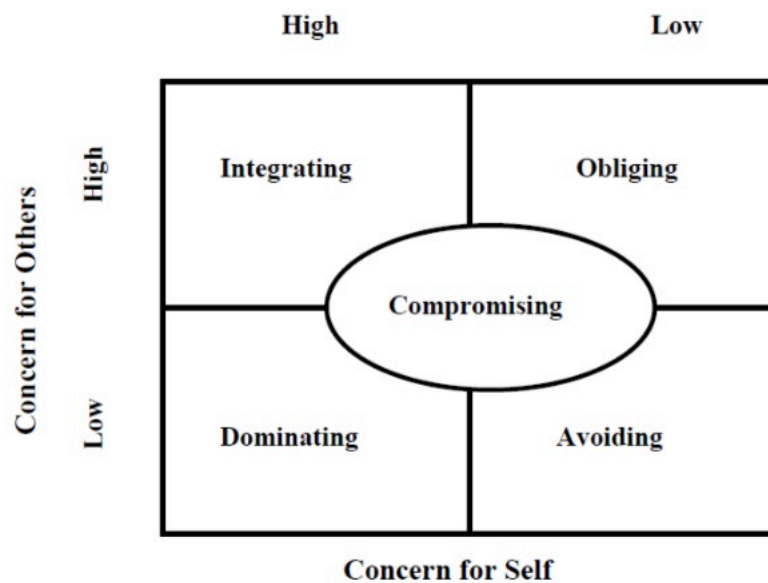
Source: Thomas, 1976;

In the figure, the five conflict-handling modes of competing, collaborating, compromising, avoiding, and accommodating, are plotted along the dimensions of assertiveness and cooperativeness. Researchers have often been unaware of this distinction, using these casual models as if they were only taxonomies or buying into the causal assumptions without being aware of them. In particular, the causal models have emphasized the casual role of a party's valence for different conflict outcomes (Thomas,1988). Blake & Mouton (1964) plotted the modes along the dimension of "concern for people and concern for production", but later, Black and Mouton (1970) argues that these two dimensions can explain the conflict behaviors of all conflicting parties irrespective of the fact that they are holding managerial positions or not; and all social conflicts rather than managerial conflicts, the interaction of these two dimensions gives rise to five conflict management styles: forcing, withdrawing, smoothing, compromising, and confrontation. Hall (1969) used "concern for relationship and concern for personal goal"; Rahim and Bonoma (1979) used "concern for others and concern for self "; and Pruitt (1983) used "concern about other party's outcomes and concern about one own's outcome"; Hocker and Wilmot (1991) in their review argued that there are three distinct conflict styles: avoidance, competition and collaboration. Styles of conflict management are characterized by the general tendency for an individual to display a certain type of conflict behavior repeatedly and across situations (Cupach & Canary, 1997). "Conflict-handling styles are viewed as relatively stable personal dispositions or individual differences" (Ruble & Schneer, 1994, p. 157).

The five styles model presented by Follet (1940) was re-interpreted, redesigned and refined by Thomas (1976) and Rahim (1983); this is the most used model of conflict management styles. Rahim's model (1983) and/or its measurements (ROCI-I

and ROCI-II) were used in 225 studies (ROCI- Bibliography, 2002). Rahim styles (1983, 2002) of conflict management fall into five categories (integrating, obliging, dominating, avoiding, and compromising) (Figure 2) but, according to the degree to which a person is concerned about satisfying his or her own goals and the extent to which the person is willing to support the other person's goals.

Figure 2: Rahim Model of conflict Management Styles



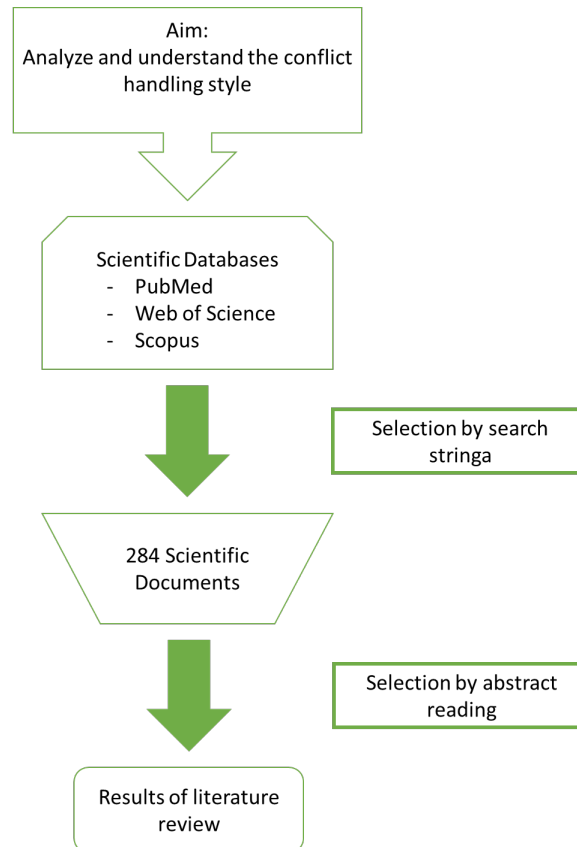
Source: Rahim, 1983

Vivar (2006) suggests that each of the five conflict handling styles by Rahim (1983, 2002), has advantages and disadvantages. Each of the five styles can either be right or wrong related to different situations and different circumstances.

3. Methodology

This study is based on the exploratory and quantitative multistep analysis (Figure 3). In the first step, we focus our research about theoretical framework only on published peer review articles selected in the following three databases: PubMed, Web of Science and Scopus. Subsequently, doctoral dissertations, conference proceedings, and book reviews were excluded (Delgado García et al., 2015, Quarshie et al., 2015).

Figure 3. Review process of academic literature



Source: Our elaboration

At the end of this selection by abstract reading n. 133 scientific documents were totally considered. In the second step, a modified version of the questionnaires of Rahim Organizational Conflict Inventory II was administered (ROCI II - Form B) (Rahim, 1983-2002). This questionnaire was developed by Rahim (1983) for the purpose of determining what styles people use to handling conflict in organizations.

The Rahim's original tool is composed of 28 items. In our version, we have added a personal information section. The inventory takes 15-20 minutes to complete it. The ROCI-II - Form B contains of a series of items having five-point scales in Likert format (5=strongly agree, ..., 1=strongly disagree) that reflect style of handling conflict based on individual dispositions.

The questionnaire returns five styles of conflict handling: collaborating, accommodating, competing, avoiding and compromising. The results show the preference of the five conflict handling styles from the respondent's point of view in the relationship with their subordinates. This study uses a survey questionnaire as a

method to collect quantitative data. So, in order to develop a further understanding of organizational conflict, the following research questions are posed:

QHp₁: the gender influences the conflict style? QHp₂: the age influences the conflict style?; QHp₃: the education influences the conflict style?

The first part of our tool contains questions regarding demographic information and the characteristics of the participants (such as age, gender, job position, education level, attached department, and work experience); the second part uses the survey ROCI-II. Then the questionnaire was submitted to a significant sample of Medical health manager.

3.1. The profile of the Respondents

Every respondent gave their agreement to use the information for this academic survey. All questionnaires have been successfully collected after two times of follow up giving a response rate of 100 percent. The observed population consists of n°29 medical health managers. In the sample the first considered variable, that is sex, highlighted (Table 1) the presence of a percentage equal to 76% of male participants.

Table 1: Sex of the participants

	Variables	Number
Sex	Men	22
	Women	7

Source: our elaboration

The average age of the participants is 51.82 (years), but the youngest participant is 35 years old while the oldest participant is 65. This indicates that the majority of the respondents in this study were from the greater age generation (Table 2)

Table 2: Age of the participants

	Age	Number
Age (Years)	<30	0
	31-40	6
	41-50	6
	41-50	10
	>51	7

Source: our elaboration

All participants have obviously a degree. The 90% of the participants have a degree in Medicine and Surgery; 7% in dentistry and dental prosthetics, and only 3 % have a degree in pharmacy (Table 3).

Table 3: Education - Degree of study

Degree of study	Degree	Number
	Degree in medicine and surgery	26
	Degree in dentistry and dental prosthesis	2
	Degree in Pharmacy	1

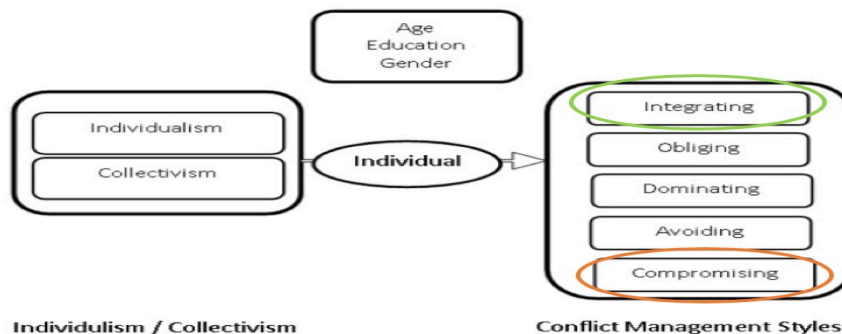
Source: our elaboration

4. Results and Discussion

The results of this study want to offer reflections in theme of conflict handling research, focusing attention on health organizations. The academic debate about conflict style of Medical Health Manager are scarce. For this reason, this study wants to increase the debate about the conflict handling style among Medical health managers. This paper shows different results. In particular, the first step of our methodology - through a brief analysis of literature - found that ROCI II questionnaire is a commonly used tool able to understand the conflict handling style. A large number of studies used ROCI II - Form B - to analyses conflict in nursing groups. Only a few studies focus on Medical health manager.

This paper would like to approach this problem in a practical way by analyzing how conflict is managed by a sample of medical doctors with managerial role in different health organizations in Calabria's region (Figure 4).

Figure 4: Medical health manager: Conflict management styles



Source: our elaboration

The results of this study answered the posed research questions and determined many significant and relationships among different variables and conflict management styles. Though elimination of dysfunctional conflict in the health care field is impossible, proper management of such conflict is feasible. Managers should keep themselves aware of the work dynamics and address negative conflict as soon as it is recognized.

The obtained results indicate that the conflict management style most frequently used among Medical health manager was the integration approach, followed by the compromising approach. The results also indicate that the least style used by Medical Health Manager in this study was the dominant approach, followed closely by the avoidant approach.

5. Limitations and future step

The first limitation of this study is the number of participants, because it was lower than the research team desired; in fact, more significant relationships may have been determined with a larger sample size. In addition, this study was not able to obtain details about the corporate culture and organizational climate of the participants on workplace. These previous results encourage more and deeper analysis on theme; as this study demonstrated in fact, organizational conflict is diverse and it is difficult to conclude what variables are determining factors for preferred conflict management strategies. Future step of this research could enlarge the sample and make a comparison among Medical Health Manager in different health organizations. So, by analyzing the overall impact of conflict on efficacy and efficiency of health organizations, it appears useful and appropriate to understand the nature of conflict and learning to manage conflict as a beneficial and creative process for the betterment of individuals and organizations themselves; the paper has the scope to focus on this phenomenon and support by empirical approach the emerging aspects of conflict in the overall change of health organizations.

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