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Article

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MIBES transactions

Provided in Cooperation with:
Technological Educational Institute (TEI), Thessaly

Reference: Polyzou, Maria/Kilindri, Stamatia et. al. (2017). Analyzing the main characteristics of conflicts in Greek hospitals. In: MIBES transactions 11 (1), S. 143 - 156.

Analyzing the main characteristics of Conflicts in Greek Hospitals

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Abstract
Conflicts in hospitals and any organization occur when people take on antagonistic positions in some issues concerning everyday work. The main characteristics of these conflicts are analyzed in this article. Specifically, after a description of categories of conflicts in hospitals, the groups participated in them are identified and the statistical data obtained from a search taken place in three hospitals in Greece are analyzed. The results concern the frequency of conflicts, the conflict management, positive and negative influence of conflict to hospitals operation. Moreover, they concern the groups that are participated in conflicts, the stages where conflict management takes place and techniques used to deal with conflicts. Finally the conclusions derived from the analysis carried out are formulated.

Keywords: Conflict in Hospital, Hospital management, Greek hospitals

JEL classification: I12, I18, M12, M54

Introduction

Conflicts are a common phenomenon in hospitals due to the complexity of their day-to-day operations, the co-operation of a large number of workers of different specialties, and the coexistence of patients and companions or relatives within the workplace. The high requirements for co-operation and co-ordination between the various professionals for providing high-quality health services and making difficult decisions lead to the view that conflict is inevitable. This is due to the diversity of goals, needs, desires, responsibilities and beliefs, as well as the inability to successfully collaborate hospital staff (medical, nursing and management) with patients and their escorts (Ashworth, 2000; Patton, 2014).

Conflicts in hospitals occur more frequently in places where work pressure and stress are high, such as intensive care units, emergency department, and surgery. An important distinction between hospitals and other workplaces is the nature of the services provided, the daily responsibility and the role of the staff, the contact with the human element, the intense emotional burden of patients and their escorts, workload, etc. (Studdert et al., 2003: Brown et al., 2011, Todorova and Mihaylova-Alakidi 2010). These particularities make hospital staff vulnerable to conflicts and unpleasant emotional states (Brown et al., 2011; Patton, 2014).

Each healthcare unit and much more each hospital are organizations with specific characteristics, structure, principles and functions in relation to other enterprises or "organizations" defined in the management literature. The differences between hospitals and other organizations are related to the purpose and role they are required to

perform, as well as to how they operate. The "product" is health, a product of theoretically "invaluable value", which often implies the cooperation and interdependence of many specialties of medical and nursing staff, the creation of tensions and the provocation of conflicts between the parties involved (Skjørshammer, 2001; Studdert et al., 2003).

The special work done in hospitals and the overall social sensitivity of their services contribute to the easier emergence of conflicts in relation to other organizations (Johnson, 2009). The nature of these conflicts and their outcome in functional or dysfunctional form influence the overall performance of the hospital. The magnitude and the "sign" of the effects of conflicts on the operation of the hospital depend on the style of applied management (Skjørshammer, 2001, Johnson, 2009).

In this article, the basic categories of conflicts in hospitals are described, the groups that are participated in them and the results of a search taken place in three hospitals in Greece are analyzed. The results of this search concern the frequency of conflicts in hospitals, the personnel that has the responsibility for conflict management, the positive and negative influence of conflict to hospitals operation. Moreover, the groups that are participated in conflicts, the stages where conflict management takes place and techniques used to deal with conflicts in hospitals. Finally, conclusions derived from this analysis are formulated.

Categories of conflicts in Hospitals

The main categories of conflict in hospitals are as follows:

(a) Conflicts between the cooperating departments or clinics
These conflicts usually result from inadequate information being provided to the patient or family environment about the treatments followed and their possible outcomes. Also, when unrealistic expectations about the expected results from the patient's stay and hospitalization in a closed and segregated segment, such as e.g. the intensive care unit (Studdert et al, 2003).

(b) Conflicts between members of a clinic
Generally speaking, an interpersonal conflict is a disagreement between two persons or subgroups of an organization involving significant bitterness and dissatisfaction. Interpersonal conflict usually develops due to altered interpersonal relationship among coworkers or unequal distribution of tasks or lack of understanding of situation by employees (Römer et al., 2012).

The most frequent conflicts between employees of individual departments or clinics of a hospital are created between medical and nursing staff and mostly relate to the type of treatment followed. This is due to the inability of a common target for treatment by doctors and nurses, and the possibility for doctors to impose their opinion often causes the reaction of nursing staff. In addition, often the possible differentiation of the type of care and treatment in the event of a doctor change may cause conflicts mainly due to poor nurse information (Jehn 1995;, Danjoux et al, 2009, Breen et al., 2001).

(c) Conflicts between staff and the patient's family environment

Interventions by the patient's escorts about the type and quality of the treatment provided, especially when they estimate that the results of the treatment provided are not expected, are frequent, causing conflicts between the patient's relatives and the medical staff. Other causes of conflict are related to: (i) the necessity of or not introducing the patient to a clinic or leaving the clinic; (ii) challenging the skills, training and experience of the medical and nursing staff, in cases of negative development of the health status of patients, (iii) in the case of informing relatives about the course of the patient's disease by different doctors at different times, (iv) in cases of incompatible health outcomes of patients with the predictions of doctors and when these outcomes are not expected (Jehn, 1997;, Danjoux et al, 2009).

The ultimate outcome of the conflicts between medical and nursing staff and patient's relatives is to transform the group's collective effort for the patient's sake into a sterile, confusing confrontation. This has several times led to the creation of a feeling for doctors and nurses that the complete trust of relatives in their faces and the questioning of their scientific proficiency and intentions is eliminated. On the side of relatives, doubts about the attachment of hospital staff to the purpose of healing lead to feelings of loneliness, oppression or abandonment. It should be noted that in several cases this conflict can be constructive, helping to reveal differences in values and problems that have not been sufficiently discussed before.

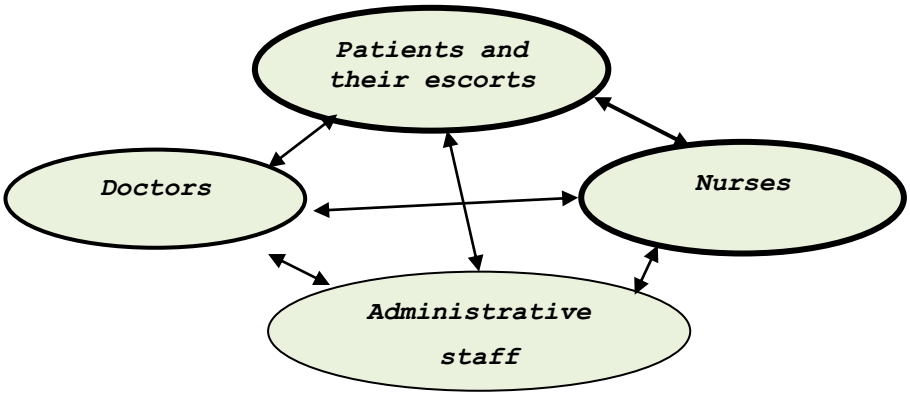

Figure 1: The groups participated in conflict in hospitals

So, we can distinguish four main groups involved in conflicts in hospitals that may be formulated as follows: (a) group of doctors, (b) group of nurses, (c) group of administrative and other staff and (d) group of patients and their escorts. These groups work in interdependence and conflicts occur mainly between the groups, but in some cases within the same group.

Empirical research

The results of a survey carried out in 3 major hospitals in Greece, AHEPA in Thessaloniki, the University Hospital of Larissa and the Prefecture of Karditsa will be presented in the following sections. The survey sought to capture the characteristics of the conflicts that take place in these hospitals and the implemented management techniques. In particular, among the objectives of the research are:

- The emergence of differences that arise in conflict-of-sight issues from occupational classes serving in hospitals, as will indirectly arise from the answers given and the consequences of conflicts on the operation of the organizations.
- Identification of people who manage most of the conflicts that arise in hospitals and the groups they belong to (doctors, nurses, administration), as well as recording responsibility for managing conflicts between groups and managing effectiveness.
- Identification of existence or not of differences in the way of conflict management, that depends of the characteristics of the manager, as well as determination of the most common way or style of management that each of them adopts both in the individual and in organizational conflicts.
- Identification of relationship between the conflict management style and the individual characteristics of people who manage it and determination of other possible factors that affect management style and effectiveness of way for conflict resolving.

For the research, 210 questionnaires were given to the personnel for completing in the hospitals. The sampling was random since the people interviewed were selected randomly. The participation in the survey was voluntary and the questionnaires were distributed proportionally to the number of the workers in the 3 hospitals.

An introduction letter was attached to the questionnaire to explain the study purpose. The questionnaire was anonymous, and the respondents were reassured that all information would be kept confidential. 156 questionnaires were returned completed, while 54 questionnaires did not return belonged to people who were late to return them, or were people in our assessment showed a reluctance to complete them.

The main demographic characteristics of the respondents were as follows: 31% were men and 69% were women. In terms of age, 13% were younger than 30, 19% were between 30-40 years of age, 29% were between 41-50 years, 37% were between 51-60 years old and 2% were older 60 years of age. 12% have a secondary education degree, 21% have a degree in technology education, 48% have a university degree, 15% have a postgraduate degree and 4% have a doctorate. Depending on the respondents' job position, 48% were doctors, 19% were nursing staff, 21% were administrative staff, and 12% held another position. From the participants in the survey doctors have an equal distribution of the permanent and the skilled. With regard to years of service, 34% of respondents have less than 10 years of service, 10% have 11 to 15 years of service, 11% have from 16 to 20 years, 11% are 21 to 25 years old and 35% have more than 25 years of service.

Results and evaluation

(α) Frequency of conflicts in hospitals

The frequency with which conflicts occur in the hospitals in which the research participants work is shown in Figure 2, which suggests that 67% of the hospital workers surveyed believe they are often and often conflicted.

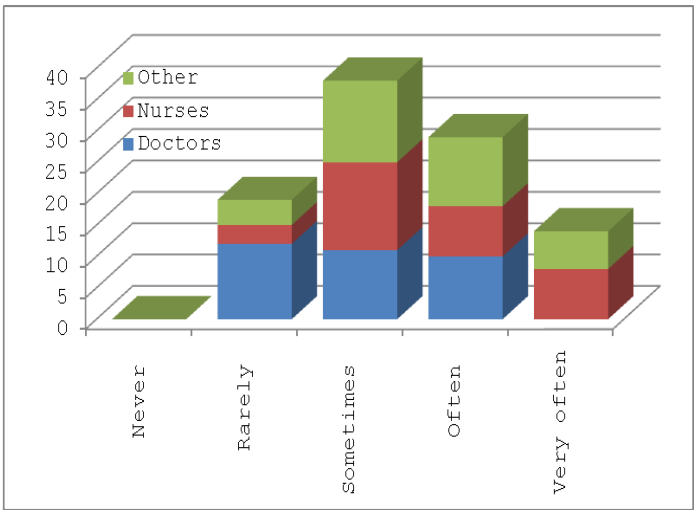

Figure 2: Frequency of conflicts in hospitals

However, it is worth noting that none doctor thinks that hospital conflicts are often caused or at least not interpreted as conflicts. Of particular interest is the differentiation between the percentages that employee classes perceive the frequency of conflicts. Thus, doctors perceive conflicts less frequently than other categories of workers.

(b) Managing Conflict in Hospitals

Conflict management in Hospitals in which the survey was conducted according to Figure 2 is in most cases done by the clinic director in the opinion of about 46% of the respondents.

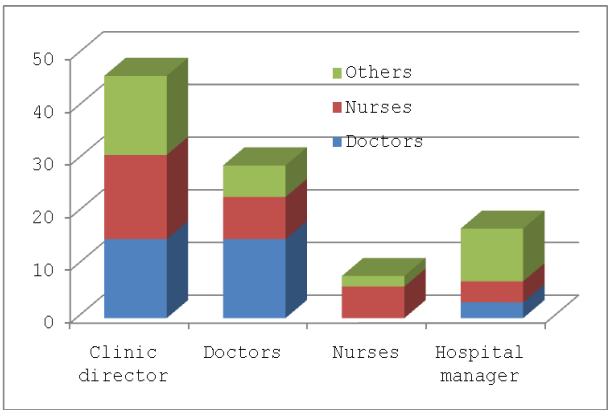

Figure 3: Conflict management

A percentage of 29% thinks that conflict management is the subject of doctors, a percentage of 17% chose hospital manager and only a percentage of 8% chose nurses as managers of hospital conflicts. These results lead to the conclusion that clinic directors dominate on conflict management, which shows that conflicts are an internal issue for every clinic.

Doctors in each clinic are ranked second, and a percentage of 75% of conflict management only employs doctors without the involvement of other hospital staff. From Figure 3, we see some variations in the response rates for the conflict manager. Thus, doctors attach greater importance to their role as managers than to other categories of workers.

(c) Frequency of positive influence of conflicts

The frequency with which the conflicts positively affect the operation of the hospital is as follows: a percentage 15.38% chose "Never", a percentage 42.30% chose "Rarely" and a percentage 37.17% chose "Sometimes". The choice "Often" was recorded from a percentage1.92% and the choice "Very Frequently" from a percentage 3.23%. From the above quantitative analysis of the data, it is concluded that only a percentage 5.15% chose "Frequently" and "Very Frequently".

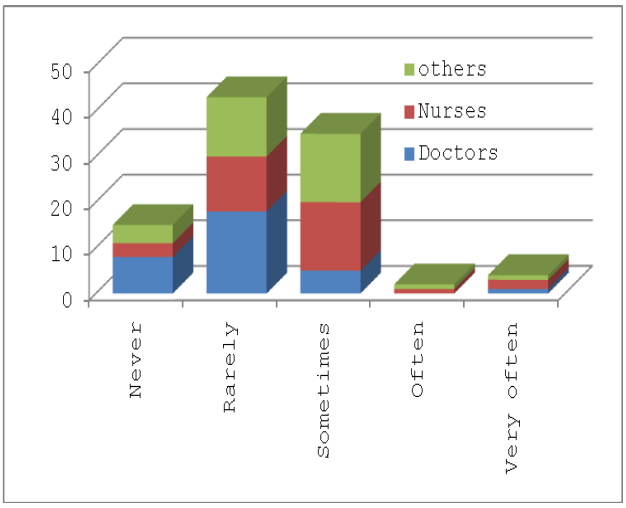

Figure 4: Conflict management

This finding confirms the part of the literature that states that under certain circumstances conflict may have positive effects on organizations as it can lead to their renewal and to improvement of their efficiency. A view on Figure 4 leads to the conclusion that there is a significant differentiation between the categories of workers in terms of the positive impact of conflicts on their daily work and on efficiency of organization.

We notice that doctors accept as less the positive impact of conflicts, unlike other categories of workers. This finding shows that doctors are less affected than other workers from conflicts. This conclusion is considered to be reasonable and expected since the percentage of doctors' participation is lower than that of other categories of workers, and the greater power they have in managing conflicts makes them less vulnerable or affected by them.

(d) Frequency of negative impact of conflicts

Participants identified the frequency of negative impact of conflicts on hospital operation as follows: none of the participants chose "Never", a percentage of 3.70% chose "Rarely", a percentage of 28% chose "Sometimes", while the choice "Often" was recorded by 35,18% and the choice "Very Frequently" by 33,33%. Of particular interest is the differentiation in line with the sector to which the workers belong, with regard to the frequency of negative influence of conflicts.

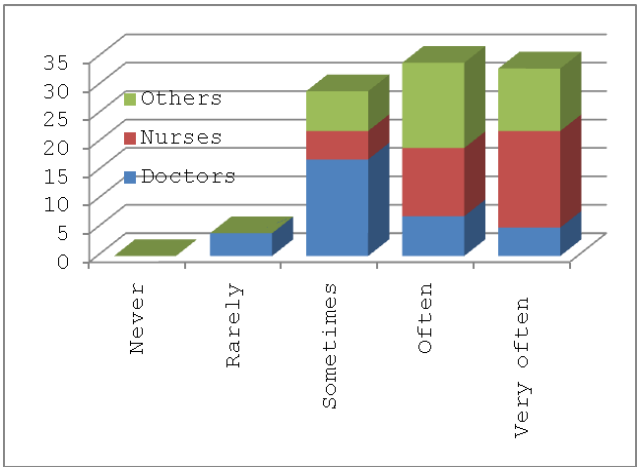

Figure 5: Frequency of negative impact of conflicts

We notice that doctors appear to be less affected than other categories of workers in their work from conflicts, while the majority of the negative impact is received by nurses. In conclusion, we can say that in total a percentage of 68.51% of hospital workers believe that conflicts arise between human resources have a negative influence on the operation of organizations.

This conclusion complies with part of literature, in which a dysfunctional conflict prevents individual or group organizational goals from being achieved.

(e) Positive effects of conflicts

Then, it will be estimated the significance of some factors concerned conflicts by using the answers and the scores given by respondents to the aforementioned survey in the 3 hospitals. The participants in the

survey were asked to score on the scale from 1 to 20 some factors or characteristics of the conflicts. If w_i is the rating or the "weight" of each factor or characteristic j in the scale i=1÷20, x_{ij} the number of answers that corresponds to w_i for the j, we can create the product $w_i.x_{ij}$ corresponding to each factor and each weight. The summation of products gives the overall rating that takes each factor and simultaneously achieves the hierarchy of factors included in each query (Mosmans et al, 2002). Thus, the total score received by each factor is estimated as follows:

$$W_i = \sum_{i=1}^{n} w_i x_{ij} \quad (1)$$

When:

W_i = the total result for the factor j.
w_i = the rating or weight for each factor.
x_{ij} = the number of responses or the performance of the factor j in the standings.

Table 1: Positive effects of conflicts

Effect	Search for solutions in problems	Improvement of solutions quality	Assessment of teams capabilities	Recognition of problems	Improvement of interpersonal relationships
Score W_i	***10,14***	***9,28***	***9,13***	***9,051***	***8,78***

Effect	Attenuation of a more serious conflict	Avoidance of stagnation and apathy	Better allocation of resources	Personal development	Acceptance of authoritarian leadership	Creation of coherence in clinic
Score W_i	***8,538***	***8,086***	***8,019***	***7,942***	***7,23***	***5,66***

The values of sums give us the possibility for a prioritization of survey factors and conflict characteristics according to their importance.

Initially, we estimate the significance of the factors affecting positive effects of conflicts according to respondents' answers and using equation (1). The final results of this classification are shown in Table 1.

We can see that the most significant positive effects in operation of hospitals are "*Search for solutions in problems*" and "*Improvement of solutions quality*", while the less significant positive effects are "*Creation of coherence in clinic*" and "*Acceptance of authoritarian leadership*".

(f) Groups between which conflicts occur

Regarding the groups between which conflicts occur in hospitals, the results of the hierarchy by using equation (1) are shown in Table 2.

Table 2: Groups between which conflicts occur

Effect	Between a doctor or a nurse and a patient attendant	Among nurses	Between a doctor and a nurse	Between manager and nurses	Between a nurse and a patient
Score W_i	***11,679***	***10,522***	***10,358***	***9,584***	***9,482***

Effect	Between a doctor or a nurse and an administrative officer	Between doctor and patient	Between doctors	Between doctors and manager	Among patients

Score W_i	***9,377***	***9,339***	***9,264***	***9,092***	***7,830***

These results show that the most frequent conflicts with a major influence on hospital operations occur between doctors and nurses with patients' escorts, between nurses and between doctors and nurses with administrative staff. On the contrary, conflicts with little impact on the operation of hospital conflicts are between doctors and patients, between doctors and finally between patients.

(z) Stage where conflict management takes place at Hospitals

We can distinguish 5 escalating levels of seriousness in which conflict typically occurs. In two first stages conflict management is easier and solutions are more quickly found. Two or more conflicted persons or groups can often solve their differences with little difficulty at the early stages. At the other end of the spectrum, once conflicts have degenerated to a deeply hostile and serious level, their management is difficult.

In the first stage, Stage I or "***Latent Stage***", the people who are in conflict are not yet aware that a conflict may exist. Conflict is not noticeable but creeping or latent, and differences in employee and management goals are identified (Amason, 1996). Nothing specifically may have happened but there may have been some tensions or awareness that something is "not right" in a relationship. Generally, little is said or done about the problem at this stage as it is not recognized that any problem actually exists. Although the recognition of the pre-conflict conditions characterizing this stage is considered to be extremely important for the management of a possible conflict, the results of the investigation have shown that conflict management is not only at this stage but also last choice of respondents.

The Stage II or the "***Perceived Stage***" is when the people involved in a conflict become fully aware that there is a conflict and tension and anxiety are observed. In this stage, administration, workers and conflicting members struggle to find the causes of conflict, asking and proposing to each other the revision of their positions in order to come to an agreement.

In Stage III, the conflict is felt or obvious, (***"Felt Stage")***, an emotional dimension is added to the problem, and the conflict is personalized by the participants. During this stage, stress and anxiety are felt by one or more of the participants due to the conflict.

In Stage IV, the "***Manifest Stage***," conflict can be observed. The Manifest Stage follows very quickly as the situation deteriorates, and as a result of the groups viewing each other with deep suspicion, while there is a tension to their dealings with each other. At this stage, all behaviors and groups relationships are characterized by distrust. There may be entrenched negative attitudes toward each other and the groups tend to have fixed positions. At this level personnel fear that the grounds for a common solution are lost. In other words, they lose hope for a reasonable outcome and interaction becomes hostile.

Finally, Stage V, the "***Stage of aftermath***" or outcomes of conflict follows, in which the situation develops into the Crisis Level as the groups reach a stage of outright hostility and it is clear by this

time that events have reached a serious stage indeed. This stage is characterized by poor interactions and extreme gestures are contemplated. At this level, stereotyping is applied as negative identification of the opponent. When this level is reached, it is unlikely the parties will be able to resolve the conflict without external, objective and professional assistance.

The sequence and key features of the five stages of conflict are seen in the chart below. Moreover, in Figure 6 the relationship between the stage of conflicts and their effects in the organization's operation is appeared.

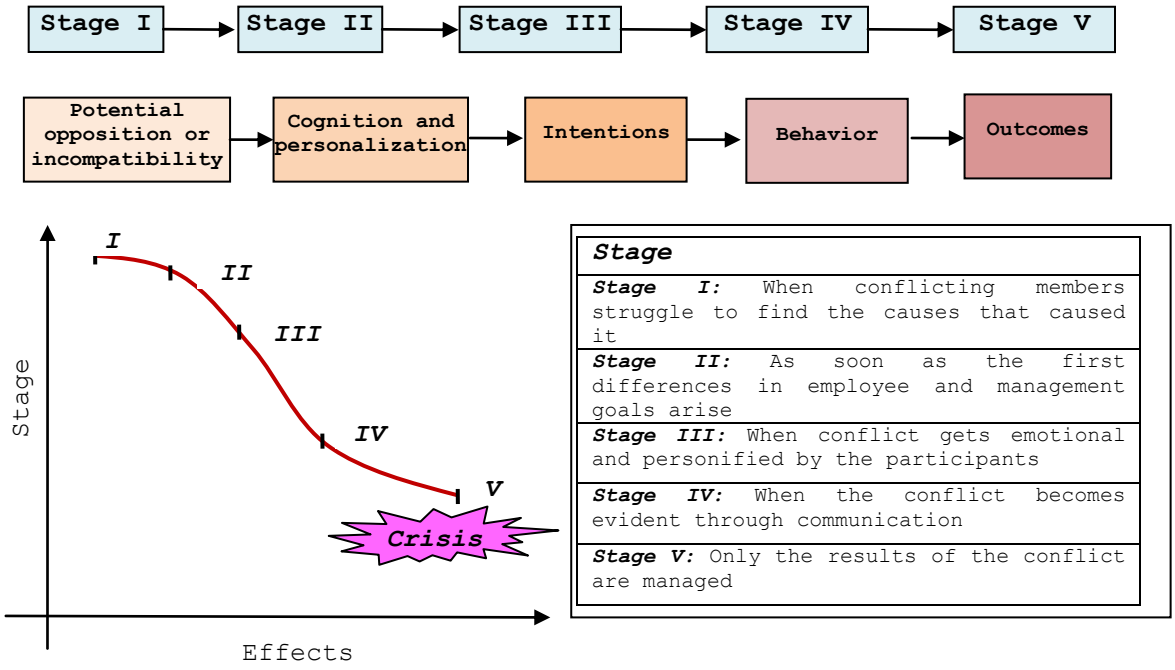

Figure 6: Stages of Conflict Development

Regarding the stage at which hospital conflicts are managed, the quantitative analysis of the survey data showed the following results as they are displayed in Table 3:

The greatest weight was given in the penultimate stage of the conflict, or stage IV, when the conflict became evident through communication. The next choice was the V stage, whereby the conflict is not managed but its results are managed. It is evident that this is the worst choice, since the consequences and the effects of the conflict on individuals, their relationships and the organization already appear. The next choice was Stage III. Finally, the next choices were Stage I (Latent Conflict) and Stage II (Perceived Conflict).

Table 3: Stage where conflict management takes place in Hospitals

Stage	**IV** When the conflict becomes evident through communication	**V** Only the results of the conflict are managed	**III** When the conflict gets emotional and personified by the participants	**I** When conflicting members struggle to find the causes that caused it	**II** As soon as the first differences in employee and management goals arise

Score W_i	**24,857**	**22,756**	**22,43**	**17,521**	**16,061**

Using the results obtained from the question concerning the management stage, it is then investigated whether or not there is a difference depending on the gender of the participants. It is noted that, from the above results it has been shown that doctors manage most of the hospital conflicts. The results of the survey, depicted on Table 4, are analyzed as follows:

Of men, 37.50% of the respondents replied that hospital conflicts are managed at Stage V (Stage of aftermath or Conflict outcomes), a 31.25% rate at Stage IV (*Manifest Stage)* and a 12.5% % selected Stages I (Latent Conflict) and II (Perceived Conflict). Only 6.25% chose Stage III (*Felt Stage*).

The views were reported by the women interviewed are similar, which are as follows: 47.22% of respondents chose Stage IV (Manifest Stage), 25.00% opted for Stage III (Felt Stage) and a rate of 16.66% opted for Stage of Aftermath or Conflict Outcomes. A smaller percentage of 8.34% chose Stage I (Latent Conflict) and only 2.78% chose Stage II (Perceived Conflict).

Table 4: Stages where the conflicts are managed

Stages	Description	Men %	Women %
Stage I	Latent Conflict	12,5	8,34
Stage II	Perceptible conflict	12,5	2,78
Stage III	Sensible conflict	6,25	25,00
Stage IV	Obvious - Exact conflict	31,25	47,22
Stage V	Effects of conflict	37,50	16,66
Total		**100**	**100**

The largest difference between sexes concern stage III. This stage was chosen by men with the lowest rate of 6.25% and by women with the rate of 25.00%. However, both men and women agree that Stages V and IV are those in which hospital conflicts are mainly managed.

(h) Techniques used to deal with conflicts

One of the most challenging roles of an effective manager is the conflict resolution. Resolving conflicts in the workplace takes negotiation skills, patience, and a healthy dose of emotional intelligence. Concerning the importance of conflict resolution, Abraham Lincoln once stated the following: "*Discourage litigation, persuade your neighbor to compromise where you can. Point out to them how the nominal winner is often the loser... in expenses and waste of time"* (Carneiro et al. 2014).

A wide variety of techniques and methods have been proposed throughout the years on conflicts management. The techniques commonly used and included in the survey questionnaire are as follows:

- A peaceful coexistence of the parties is maintained.
- Cooperation is chosen and alternative ways of action are proposed.
- Power is being used.
- Compromise is sought.
- Conflict management is avoided.

In the survey, the corresponding questions were asked about the techniques used for conflict management in hospitals. The answers are summarized as follows:

As a first choice of respondents, the technique of "Use of power" was recorded. This option shows that conflict managers maintain a competitive climate between individuals and groups within organization, to the dominance of stronger, who impose their aspect by using their positioning power (Dove, 1998; Gerardi, 2004).

The next choice is the "compromise" technique, which shows that the conflicting groups are moving in a "middle road" and satisfaction of each side is sought by the manager. So, that there is no total winner and loser between the two. The "compromise" agrees that the conflict manager seeks to find a solution that satisfactorily resolves the conflict, as it will include the common points of the two groups in an effort to counterbalance opposing views.

At this point, we can note that the first and second choice of respondents show that in managing hospital conflicts their managers do not emphasize the goals of the group but their personal goals. Thus, they seek to address the causes of the conflicts by trying not to have total victors and losers.

The technique of "Avoidance" has been chosen in the next position, indicating that in hospitals conflict management is avoided and the causes are ignored. This finding shows that the use of conflicts does not take place in hospitals and systematic avoidance of any rupture weakens decision-making.

Table 5: Techniques used to deal with conflicts

Technique	Power is being used	Compromise is sought	A peaceful coexistence of the parties is maintained	Conflict management is avoided	Cooperation is choose and alternative ways of action are proposed
Score	***13,020***	***11,95***	***10,72***	***9,722***	***9,1628***

The technique of "Elimination or Concession" follows. According to this technique, the conflict solution is sought by managers through non-harmonious and peaceful relations in the organization, emphasizing the differences of dissenters rather than their uniformities and common features, delaying the solving the problem (Milton, 1981).

As a last choice, the technique of "Cooperation" was recorded. Thus, respondents with their choice state that, in addressing conflicts in hospitals, the technique that address the causes of the conflict through the understanding and the achievement of the organizational goals of the positions of each side is not used.

(i) Techniques used to deal with conflicts

Utilizing the results of respondents' answers to the techniques used to deal with conflicts we investigate how men and women manage conflicts in hospitals. The results are summarized in Table 6.3, according to which "Use of power" is used by men in 50% and women by 38.88%. This leads us to the conclusion that both male and female

managers use their power to manage the conflicts that arise in hospitals.

Men and women also use the "Compromise" technique at 31.25% and 16.67% respectively. Also in the same degree men and women use the "Avoidance" technique, since men avoid managing conflicts at 12.5% and women at 13.89%.

Table 6: Techniques used to deal with conflicts

Techniques	**Men (%)**	**Women (%)**
Avoidance	12,5	13,89
Elimination or Concession	0	13,89
Compromise	31,25	16,67
Use of power	50	38,88
Cooperation	6,25	16,67
Total	**100**	**100**

Differences are found between male and female managers as far as the "Elimination or Concession" technique is concerned. Male managers do not choose it at all, unlike female administrators who use this technique at 13.89%. The "Cooperation" technique is used by female administrators at 16.67%, while male managers use it in a small percentage of 6.25%.

Conclusions

Conflict is an inevitable phenomenon. It is a significant issue within hospitals or health care organizations all over the world. To overcome interpersonal conflict in the health care setting requires accurate knowledge and skills for health care professionals to reduce the occurrence of conflict. From the above quantitative analysis it results that conflicts in hospitals are a frequent event, with a significant impact on the operation and effectiveness of these organizations. Concerning conflict management, this is mainly subject of clinical managers, while the participation of other doctors, nurses and hospital managers is relatively limited.

Regarding the positive or negative impact of conflicts in hospitals, the search has shown that negative impacts outweigh the positive effects, while positive effects are rather limited. Positive effects are many, without much difference in the significance of each effect that has been estimated. The most frequent conflicts with a major impact on the operating results of hospitals occur between doctors and nurses with patient escorts, between nurses and between doctors and nurses with administrative staff. On the opposite side, conflicts with little impact on the operation of hospitals occur between doctors with patients, between doctors and finally between patients.

It should be noted that the above considerations are different among the three basic groups of hospital workers, ie doctors, nurses and other workers. The team of doctors gives less importance to conflicts or it underestimates them as a phenomenon that significantly affects the operation of hospitals, unlike the other groups.

The research also showed that conflict management is most likely to occur when they are perceived, ie in the third stage, which results in increased adverse effects on the operation of hospitals. Regarding the techniques applied, the majority of the use of power is associated with the finding that usually conflicts are managed by clinic managers. Also, the survey reveals significant differences in responses to the above questions between women and men in hospitals.

In conclusion, conflicts are a real problem for the operation of hospitals, and their management can minimize negative and maximize positive effects. Conflict management is a complex process, which demands time and energy. The management and the subordinates must be concerned and devoted to resolving conflict among individuals or groups by being willing to listen and to find accurate solutions

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