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## CONFLICT MANAGEMENT IN HEALTH CARE INSTITUTIONS

**Abstract.** Conflicts negatively affect the teamwork atmosphere. They lead to a deterioration of the psychological microclimate and reduce employability and deteriorate workers' health. The authors noted that conflicts arise from different points of view, interests, manners, and management styles of conflict parties. Thus, an essential skill of any health care leader is the ability to prevent conflicts, reduce their negative consequences, resolve disputes, and create an atmosphere of mutual intelligibility. This study is devoted to conducting theoretical and practical research on conflict management in healthcare to form proposals for reducing the conflict level in healthcare institutions. The research uses methods of a systematic approach, sociological survey, testing, questionnaires, systematization, comparison, and logical generalization. The practical analysis of the conflict management process was carried out in the municipal non-profit enterprise of the Sumy Regional Council «Regional Diagnostic Center in Shostka». The study sample consists of ten doctors and ten nurses. This study conducted the following questionnaires: «Are you a conflicted person?»; «Assessment of patients' conflict personality»; «Assessment of personality conflict»; «Assessment of balance in conflicts and propensity to nervous breakdowns», K. Thomas' test «Identification of behaviors in conflict situations», A. Asinger's methods of diagnosing aggression in the relationship. The findings showed that nurses are characterized by a higher level of personal conflict than doctors. Besides, in most conflict situations, health professionals prefer cooperation as a tactic of negotiation in conflicts. However, a third of conflict situations are characterized by the parties' «opposition». The results showed that the most common conflict situations are the doctor-doctor and nurse-nurse. Conflicts between doctor-patient and nurse-patient occurred approximately equally. 75% of respondents indicated an average level of aggression. Based on the obtained results, to prevent and reduce the number of conflicts in health care institutions, the authors emphasized the importance of counseling and psychological work to resolve disputes, creating conditions for positive psychological relations between health professionals and patients, active use of information, communication, social-psychological, organizational technologies of conflict management.

**Keywords:** health, management system, conflict, conflict situation, healthcare institution.

**Introduction.** Nowadays, the healthcare authorities implement significant reforms to make new adjustments to medical procedures (Health Index, 2021; Law of Ukraine, 2021; Fundamentals of Ukrainian legislation on health care, 2021). There are essential changes in healthcare delivery to patients. It impacts the professional relations in teams and relations with patients.

Indeed, the medical staff must integrate different activities and adequately respond to all external and internal environmental changes. People have long dreamed of living without contradictions and conflicts. However, they find themselves in a conflict state since the conflicts have existed for as long as humanity has existed. Everyone has their own daily goals, strives to achieve something, or tries to do something in

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their own way. Joint business activity often binds people to collide in their interests and then conflict. As a result, team disorganization puts everyone in a state where emotions, not the mind, control everyone. Prolonged exposure to stress threatens mental disorders and serious diseases. Therefore, to avoid conflicts, it is necessary to be able to prevent conflict situations, paper over their consequences, resolve disputes peacefully, and bring people out of hostile stances to cooperation and mutual intelligibility.

Along the same line, there is a cross-coupling relationship between medical staff and their relationship with patients in healthcare. Therefore, to improve the institution's image, create group culture, positively motivate staff, and restore an atmosphere of understanding, it is necessary to be able to prevent conflicts.

**Literature Review.** Sigmund Freud is one of the first foreign researchers in conflict studies who considered conflict a general trigger of mental problems (Orlyansky, 2007). Freud defined conflict as the psychotic breakdown caused not by a congenital insufficiency of the synthesis of the mental apparatus but as a conflict of opposing mental forces. Petyukh et al. (2009) have noted that the psychotic breakdown resulted from the active contradictions of two mental groups.

In this line, it's worth mentioning Lewis Coser, who studied social conflict. The scientist believed that conflict is a negative factor leading to more than disintegration or rupture. On the contrary, it could perform several defining functions in interpersonal relationships (Coser, 1975).

The American sociologist Kenneth E. Boulding believed conflict is inseparable from public life. Besides, he argued that social conflicts must be regulated (Boulding, 1992). Boulding explained that conflict is parties' belief in the incompatibility of their positions and seeking to overtake the opponent.

The American theorist Lewis A. Coser understood conflicts as a struggle between values and the desire to achieve a certain power status to neutralize, injure, and eliminate the opponent (Coser, 1975). Domestic researchers mostly define the conflict from the social point of view (Didenko, 2008; Dudar et al., 2013). Zdravomyslov (1986) considered the conflict as a necessary aspect of human interaction and a cell of social life. Fedoseev et al. (2004) noted that conflict is a form of relationship between the social actors, motivated by negative values, norms, interests, and needs. Rummel (1976) understood social conflict as a form of confrontation where the parties want to seize territory or resources, threatening with an attack or defense.

The above researchers highlighted the various and necessary types of conflicts represented by multiple forms of confrontation between the parties to achieve particular interests and goals. However, it stands to mention that social conflict does not include intrapersonal conflict.

**Methodology and research methods.** This study involved a systematic approach, sociological survey, testing, questionnaires, the methods of systematization, comparison, and logical generalization. This study presents the assessment of the conflict level between medical workers carried out on the example of the municipal non-profit enterprise of the Sumy Regional Council «Regional Diagnostic Center in Shostka». The study used K. Thoma's test «Identification of types of behavior in conflict situations» to explore the people's behavior types in conflict situations.

**Results.** One person may have several colliding needs, goals, motives, and interests. The above is considered to be an intra-personal conflict that is social (Moshek, 2007). These conflicts involve the interaction of two or more parties (Aliyeva, 2020). There must be an object for conflict to occur (Vinogradsky et al., 2006). If group members cannot concede to each other, there is a clash between individuals or social groups. As a result, it leads to a conflict situation. The conflict subject is all that causes a conflict of interest between the warring parties. The conflict subject is the contradictions arising between the interacting parties, which they try to resolve by confrontation. The evident and hidden features of the conflict object differ it from the conflict subject.

The main economic factors of any conflict situation in a healthcare institution could be disputes over salary, unstable budgeting, no connection between salary and performance, dissatisfaction with working conditions, redundancy dismissal, and logistics problems. The main conflict participants in healthcare are

the following employees: nurse and patient, nurse and doctor, nurse and medical director, nurse and medical subordinates, junior medical staff, and doctor-director.

The consequences of conflict situations are as follows:

- deterioration of the patient's health, which can lead to conflict litigation and the compensation payment (Mrabet et al., 2022, Salmanov, 2021);
- damage to the business reputation of healthcare institutions; information disclosure about the conflict in the media;
- reducing the number of patients and the income of the healthcare institution;
- additional material rewards reduction (e.g., bonuses);
- interpersonal relation deterioration, lowering the level of trust;
- the likelihood of quality control check on the fulfillment of professional duties by management;
- creating unacceptable working conditions and the probability of personnel changes;
- deterioration of the healthcare institution work in general or its units;
- medical staff performance degradation;
- reducing the quality of medical care/ medical services.

The ongoing process of healthcare reform creates the social interaction between medical subjects and changes the working conditions of medical staff and their relationships (Mirzoyan et al., 2022; Kadar et al., 2020). There are emerging new contradiction causes in healthcare, and later selecting the ways to resolute conflict situations.

This study involved the quantitative contingent: 10 doctors and 10 nurses aged 28 to 55 (Table 1). The assessment of the conflict level applied several methods (questionnaires and tests) as follows: K. Thomas's test «Identification of behavior types in conflict situations»; questionnaire «Assessment of negotiation tactics in conflicts»; questionnaire «Are you a conflicted person?»; questionnaire «Assessment of balance in conflicts and propensity to nervous breakdowns»; questionnaire «Assessment of personality conflict»; questionnaire «Assessment of patients' conflict personality»; A. Asinger's methods of diagnosing aggression in the relationship.

**Table 1. List of study participants**

<b>№</b>	<b>Full name of doctors</b>	<b>Score</b>	<b>№</b>	<b>Full name of nurse</b>	<b>Score</b>
1	General practitioner	15	1	General practice nurse	14
2	Otolaryngologist	19	2	Otorhinolaryngology Nurse	20
3	Anesthesiologist	23	3	Cardiac Nurse	22
4	Functional Medicine practitioner	29	4	Trauma Nurse	30
5	Surgeon	37	5	Laboratorian	37
6	Neuropathist	44	6	Surgical Nurse	43
7	Traumatologist	49	7	Functional medicine nurse practitioner	48
8	Gynaecologist	56	8	Radiographer (CAT)	56
9	Roentgenologist	63	9	Radiographer (X-ray)	63
10	Roentgenologist	63	10	Gynecology nurses	63
	Total	389		Total	396

Sources: developed the authors.

Fig. 1 shows the answers' coincidences with K. Thomas' table.

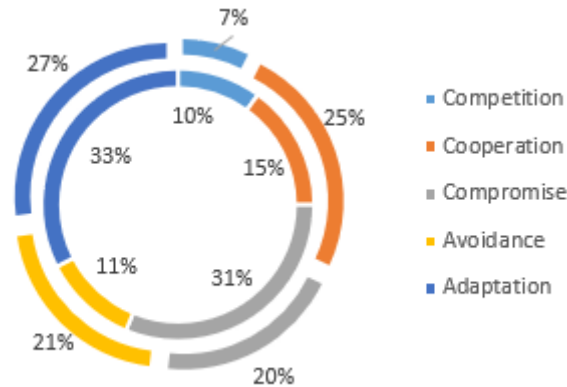


Figure 1. Type of conflict behavior

Sources: developed the authors.

The external circle of Fig.1 shows the nurses' behavior in overcoming the conflict (percentage of the total number of interviewed nurses) and the internal – doctors' responses (out of 10 respondents).

The human behavior pattern in conflict situations arises depending on the type of temperament, communication, level of aggression, and organizational skills. In assessing conflict situations in teams of medical professionals, it is necessary to determine the type of conflict situation. In the survey context, 20 employees of the Regional Diagnostic Center in Shostka took part. The survey was conducted from March to August 2021.

According to the key and formulation of Table 2 (concerning doctors' behavior definition in negotiation tactics of emerging conflicts) and Table 3 (developed for nurses), the processing and interpretation of results are determined by quantitative coincidental occurrence.

Table 2. The conflict negotiation tactics of doctors

Resistive action	1A	2B	3A	4A	5B	6B	7B	8A	9A	10A
Number of coincidences	3	2	4	3	3	4	5	4	5	2
Collaboration	1B	2A	3B	4B	5A	6A	7A	8B	9B	10B
Number of coincidences	7	8	6	7	7	6	5	6	5	8

Sources: developed the authors.

Table 3. The conflict negotiation tactics of medical nurses

Resistive action	1A	2B	3A	4A	5B	6B	7B	8A	9A	10A
Number of coincidences	2	2	3	3	3	3	4	4	5	1
Collaboration	1B	2A	3B	4B	5A	6A	7A	8B	9B	10B
Number of coincidences	8	8	7	7	7	7	6	6	5	9

Sources: developed the authors.

Tables 2-3 present the findings as follows:

- RA (Resistive action): 1A, 2B, 3A, 5B, 6B, 7B, 8A, 9A, 10A.
- C (Collaboration): 1B, 2A, 3B, 4B, 5A, 6A, 7A, 8B, 9B, 10B.

Doctors have 35:65 (RA:C) points, and nurses – 30:70 (RA:C). Therefore, the obtained results showed that medical staff prefers cooperation as a conflict negotiation tactic in most conflict situations. However, a third of conflict situations are characterized by the parties' «opposition».

Poll «Are you a conflicted person?» allowed to form the following results: 7 respondents are tactful, they do not like conflict and easily avoid critical situations; 3 respondents are conflicted persons, persistently defend their opinion, regardless of how it could affect their work or personal relationships, they are respected for it; 6 respondents (primarily nurses) are mainly characterized as non-conflicting; 2 respondents are described as meanie people, those who are looking for clues to disputes, most of which are superfluous. This behavior allows them to hide the complexes.

In terms of assessing the conflict of patients, the following characteristics were obtained: three belong to the category of «consumer»; six – «inattentive patient»; two – «the center of the universe»; one – «ignorant»; two – «unprepared».

According to the survey «Assessment of balance in conflict and propensity to nervous breakdowns», only three doctors and two nurses said they managed to stay calm and balanced. They ignore little things and undramatically take any failures. The rest of the respondents indicate restlessness in life and an inability to relax internally and relieve stress.

A questionnaire on aggression in relationships found that 75% of respondents have an average level of aggression.

It should also be emphasized that counseling and psychological work are essential to resolve conflicts and ensure the resilience of medical staff (Kolomiiets and Petrushenko, 2017). The basic rules recommended by counseling and psychological services in terms of counteracting conflict situations are as follows: maintaining inner peace, emotional maturity and resilience, the desire to go beyond the problem situation (no hopeless situations), the desire to understand others (in some cases it means to come to terms with them, in others – to define their course of action correctly), the ability to gain and enrich experience from any situation. Inner peace is a principle that allows becoming even more active without losing self-control, even in critical moments. Inner peace is a kind of protection from all unpleasant life situations. It would enable a person to choose the right behavior style. In turn, emotional maturity and resilience are the ability and willingness to act worthily in any life situation (Lahourich et al., 2022; Kaya, 2020).

It stands to note that some conflicts are possible and even desirable in well-run organizations. Indeed, conflict is not always positive, but conflicts are new life knowledge in any case.

**Conclusions.** This paper presents the theoretical analysis of the scientific background regarding the methods of conflict management in healthcare. The practical implementation of research was carried out on the example of the medical staff of the municipal non-profit enterprise of the Sumy Regional Council «Regional Diagnostic Center in Shostka». To assess the conflict intensity, the study involved five survey methods (questionnaires «Are you a conflicted person?»; «Assessment of tactics of conflict negotiations»; «Assessment of patients' conflict personality», «Assessment of personality conflict»; «Assessment of balance in conflicts and propensity to nervous breakdowns»), K.Thomas's test «Identification of behavior types in conflict situations»; Asinger's methods of diagnosing aggression in the relationship.

The findings showed that the team conflict could always be prevented by taking constant care to meet the employees' needs and requests; selecting and placing specialists considering their psychological characteristics; adhering to the principle of social justice in any decisions concerning the team interests; forming a high psychological and pedagogical culture of communication in employees. Furthermore, the main stages of overcoming the conflict in the healthcare institutions' management level are as follows: identifying the conflict cause, monitoring, interviewing conflict participants, working with group leaders to limit the number of conflict participants, organizing surveys with experts, psychologists, and negotiating for more information on the conflict. In addition, to prevent and timely resolve conflict situations in the

healthcare institution, it is proposed to plan and conduct psychological counseling by the psychology specialists. Timely and qualified work to diagnose employees' conditions would help relieve the initial tension and develop proposals for streamlining departments' work to avoid confrontation in the future.

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*Ця стаття присвячена теоретичному та практичному аналізу процесу управління конфліктами в комунальному*

некомерційному підприємстві Сумської обласної ради «Обласний діагностичний центр у місті Шостка». Під час дослідження був підібраний кількісний контингент: 10 лікарів та 10 медичних сестер. В процесі проведення досліджень були використані 5 методів анкетування (анкета «Чи конфліктна Ви особа?»; анкета «Оцінка тактики переговорів у конфліктах», анкета «Оцінка конфліктної особистості пацієнтів», анкета «Оцінка конфліктності особистості»; анкета «Оцінка врівноваженості в конфліктах і схильності до нервових зривів»), тест К.Томаса «Виявлення типів поведінки у конфліктних ситуаціях»; методика діагностики агресивності у відносинах А. Асінгера. Оцінка рівня конфліктності персоналу даного медичного закладу свідчить, що для медичних сестер, у порівнянні з лікарями, характерним є більш високий рівень особистісної конфліктності. При цьому в переважній більшості конфліктних ситуацій медичні працівники віддають перевагу співпраці як тактики переговорів у конфліктах. Разом з тим, третина конфліктних ситуацій характеризується «протидією» сторін. Найчастіше зустрічається конфліктні ситуації лікар-лікар, а в групі медсестер – медсестра-медсестра. Приблизно в рівній мірі зустрічаються конфліктні ситуації по типу лікар-пацієнт і медична сестра-пацієнт. Для 75% респондентів наявний середній рівень агресивності. З метою запобігання та зменшення кількості конфліктів в інституціях охорони здоров'я розроблено проєктно-рекомендаційні пропозиції щодо необхідності проведення консультативно-психологічної роботи для вирішення конфліктів, створення умов для виникнення позитивних психологічних стосунків між медичними працівниками і хворими, активного використання інформаційних, комунікативних, соціально-психологічних, організаційних технологій управління конфліктами. Отримані результати опитування дозволили зробити висновки, що конфлікт в колективі завжди можна попередити, якщо здійснювати постійну турботу про задоволення потреб та запитів співробітників; проводити підбір та розміщення спеціалістів з урахуванням їхніх індивідуально-психологічних особливостей; дотримуватися принципу соціальної справедливості в будь-яких рішеннях, що стосуються інтересів колективу; формувати у співробітників високу психолого-педагогічну культуру спілкування. Для керівної ланки інституції охорони здоров'я основними етапами виходу з конфліктної ситуації є: виявлення причини конфлікту, спостереження, співбесіда з учасниками конфлікту, проведення співпраці з лідерами груп, що призведе до обмеження кількості учасників конфлікту, організація опитувань за допомогою експертів, психологів та здійснення переговорного процесу для отримання додаткової інформації щодо конфлікту. Крім того, для запобігання та вчасного вирішення конфліктних ситуацій в медичному закладі, запропоновано спланувати та провести консультаційно-психологічну роботу, скористувавшись послугами спеціалістів з психології. Своєчасно проведена кваліфікована робота з діагностики стану групи співробітників допоможе зняти первинну напругу, а розроблені пропозиції щодо впорядкування роботи відділів – дозволили б уникнути протистояння в майбутньому.

**Ключові слова:** здоров'я, система управління, конфлікт, конфліктна ситуація, заклад охорони здоров'я