HOSPITALS OR PALESTRAE? STUDY ON CYPRUS REALITY

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Abstract

Introduction: Hospitals as well as other Health Organizations are stressful work environments with a heavy workload. This is the main reason why conflicts between the workers come to fruition in this environment. Employees express their dissatisfaction with the confrontational environment, their harmonious cooperation is disturbed, which ultimately has a negative impact on the provision and degree of quality of health care. Purpose: The purpose of this study is to investigate the management of conflicts between medical staff in state hospitals. It was examined which individuals' doctors usually argue with, how and why do they react to the conflict, what are the main causes of conflicts and how they are resolved. It will be examined also whether or not there are any differences between hospitals or between medical specialties or between professional levels. Methodology: A cross-sectional study was carried out at February 2023 among the members of State Health Services Organization and Pancyprian Union of Government Physicians. A single two-part questionnaire was used for sampling. The first part consists of demographic and professional characteristics of the participants medical workers and the second part deals with the management of conflicts. The analysis of the data was done using the statistical package IBM SPSS Statistics version 29.0.0.0 (241). Statistical significance was defined as $p < 0.05$. Results: The survey involved 103 people, the majority were men (53.4%), with more than 15 years of work experience (43.7%) and with open-ended job position (55.3%). 79.6% of the sample was found to be likely to collide with a colleague, 52.3% with a doctor of the same specialty and 23.3% with the same and another specialty, of the same and another hospital. As a way to react to the conflict, 31.1% chose to collaborate and only 4 people to use mediator, of which 75% said that for mediation they would choose their supervisor. Conclusions: The development of an environment of justice and cooperation in the health areas is necessary and presupposes the optimal settlement of conflicts. In a working environment such as that of hospitals, it is necessary to transmit the culture of team spirit and cooperation. Thus, managers play a primary role through their attitude and their actions. Educational actions should therefore be organised regarding the improvement of communication, the expansion of emotional intelligence and conflict management techniques.

Introduction

Hospitals are the most complex Organizations that man has put into operation. Advances in technology and other sciences make them the fastest growing Organizations in all developed countries. A medium-sized hospital with about 300 beds employs many times that number of workers, while a hospital with 500 or 600 beds may employ thousands of workers. The workers are not a homogeneous group, but come from various specialties and specializations, such as doctors, nurses, administrators, technical service employees, physiotherapists, psychologists, social workers, dieticians, biochemists, bankers, ward assistants, cleaners, gardeners and others. Each specialty has its own background, regulations, perspective, educational needs, and certification processes, and belongs to one or more informal subgroups in addition to being part of the hospital’s human resources. Although the overall goal of health facilities is to provide quality and cost-effective health care services, the heterogeneity of staff creates tensions that pose a challenge to hospital management.

Another element causing pressure and tension in hospitals is the general demand for quality improvement in an environment where time is a suffocating factor and resources are limited. The issues arising from this environment are many. The complexity of hierarchical structures and the strong informal hierarchy are
perhaps the most basic. There is also a need for high reliability in a hazardous environment in which many things can go wrong through no fault of the worker. In addition, to produce the health care product requires multidisciplinary participation and collaboration. Communication is necessary, while it is not certain that it is always successful. In case of misunderstandings there is a risk of tensions.

Hospitals are also open 24/7. This means that many workers do not work a fixed five-day morning schedule with which they can have a smooth family and social life, but have to work under stressful conditions, afternoons, nights and holidays. The lack of a fixed work schedule disrupts the circadian rhythm, creating problems with sleep, increasing stress and limiting social and family interactions. Chronic fatigue from this situation leads to burnout and stress that increase tensions and create problems with staff collaboration.

A problem that is not found in any other Organization so intensively, is the fact that the formal hierarchy in hospitals cannot effectively exercise its role. This happens because, while the organizational charts are clear, the professional value and responsibility of the medical branch is very high and often contradicts the laws and regulations that have been established. Apart from the issue of hierarchy and organizational chart, the complexity of hospitals is directly due to the fact of the existence of two different groups in the same field, the medical and the non-medical group. Medical professionals are more familiar with biomedical terms and knowledge than non-medical professionals. On the other hand, the non-medical staff are well-qualified—just like the medical professionals—they are trained to manage different functions of the Organization and work with a broader perspective. Because of this two-sided nature, Drucker describes the difficulties in health care management as a "two-headed beast".

Methodology

This is a cross-sectional study for February 2023 between the members of the Pancyprian Union of Government Physicians and the State Health Services Organization.

A single two-part questionnaire was used for sampling. The first part consisted of demographic and professional characteristics of the participating medical professionals, while the second dealt with conflict management. The data was analyzed using the statistical package IBM SPSS Statistics version 29.0.0.0 (241). Statistical significance was defined as $p < 0.05$. 103 people answered, a rate of 17.17%. The results were automatically entered into a program, so participants felt free to complete the questionnaire as they pleased. All necessary approvals have been previously obtained. All subjects gave their informed consent for inclusion before they participated in the study. Study limitations include the small number of participants, which limits the ability to draw generalizable conclusions. In addition, the population is specific which indicates the impossibility of using the results on a wider scale. In addition, it should be mentioned that the results are based on the mood, free time and honesty, during the completion of the questionnaire, of the participants.

Results

The questionnaire was completed by 103 people of which 48 were women and 55 were men (46.6% and 53.4% respectively). Most participants had work experience of more than twenty years or between 11 and 15 years, while 71.9% have more than 10 years in the public sector. This also reflects the general understaffing situation of the health system. Most work at the Limassol General Hospital (53.4%) and had a permanent job (55.3%). 40.8% had a bachelor’s degree, 37.9% a master’s degree and 21.4% a doctorate. The majority of participants refrained from declaring a specialty to ensure their anonymity (54/103). Of the respondents, most belonged to pathological specialties (53.06%). Demographic characteristics are presented in the tables below (table 1).

To the question whether the participants have been informed about conflict management issues, only 21 people answered affirmatively (20.4%). In relation to what was updated, it seems that the postgraduate options, work seminars and training programs are equal in the answers. Four out of five respondents have had a conflict in the workplace (79.6%). Participants could give more than one answer to the question “Which rank colleague have you clashed with?” 23.3% have clashed with all ranks, while 52.4% have clashed with their boss. Most have clashed with colleagues from any specialty and hospital (Table 2).
Regarding the way participants react to the conflict, 31.1% choose negotiation. 24.3% chose the assertion. So, we have a highly confident population (>50%) with low rates of compromise and use of mediation and reluctance to cooperate. (table 2). In case of mediation, the participants mainly choose the supervisor (75%).

Concerning the type of approach management uses to resolve conflicts at the personal or group level. most believe that the administration uses solutions according to rules and instructions, but there are not a few who believe in the authoritarianism of the administration.

Regarding the factors that cause conflicts, the participants express their degree of agreement or disagreement with values. Interestingly, 71.9% believe quite or a lot that their workload is greater compared to the workload of other professional groups. In addition, more than 70% believe that multiple orders cause confusion resulting in reduced productivity and conflicts. For most, there are no clear rules of authority and no equal distribution of resources. Different education has for many an impact on communication and the perception of messages. Unfortunately, 4 out of 5 believe that management does not know who they are and what they can do.

Regarding the suggestions for resolving conflicts in the hospital, the majority believe that by identifying the causes, communication and cooperation between the members involved, a solution can be provided with mutual satisfaction and acceptance.

Demographic characteristics such as gender, position, experience and hospital do not seem to be related to the way conflicts are resolved in the present research, nor to their triggering factors. Using the Chi-square and Cramer’s V method, it was found that as the years of work experience increase, so the individuals choose communication and cooperation that can provide a solution to the issues that arise with conflicts (p<0.05). Also, statistically significant (p<0.009) are the years of work and tenure with the level of the conflict colleague given that there is a conflict. More specifically, people with many years of service clash with everyone, while people with fewer years of service clash with superiors and coequals. This makes sense because people with many years of service are usually permanent in the service and high-ranking, so they have all the other ranks available for conflict. Correlating the mode of reaction with the possible ways of resolution, in the present study it was found that people who believed in professional management preferred assertiveness while those who did not believed preferred avoidance. Individuals who believe that workload causes conflicts choose negotiation, while individuals who believe that remuneration is not enough choose assertiveness (p<0.05). Those who do not feel autonomous and independent in their decisions compromise (p<0.05), while those who believe in the unequal distribution of resources claim and do not negotiate (p<0.05). In addition, the degree of job satisfaction is positively related to expectations from the organization, the extent to which the current job resembles the individual’s impression of the ideal job, the extent to which the individual believes he would be happy elsewhere, the extent to which how much he has been given sufficient authority to carry out his duties, and whether management is aware of the contribution to health service delivery.

Discussion

This study examined key issues of conflict management in health units. In the government hospitals of the Republic of Cyprus, medical officers were invited and answered questions about how they deal with conflicts, who they conflict with, when necessary, who they call to mediate to settle a dispute, whether they are satisfied with their work, whether their expectations for work are related to the reality they experience and many other issues which help to make correlations that will clarify the issue of conflicts in health units.

Investigated who medical professionals commonly clash with. In the present work, in order, doctors clash more with all levels of service regardless of gender, position, studies, specialty or hospital. Studies with a sample of only medical personnel do not exist. Compared to other studies with a mixed population sample, the results of the present research are in agreement regarding the variety and magnitude of conflicts. In Cyprus, in a study of nurses, it was found that they clash most often with supervisors (56.2%) followed by peers (50.8%). In the present work it was shown that the higher the person is and the more years he works, the more he conflicts with all the service ranks.

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Mediation was not preferred by the participants. In the rare cases where it was deemed necessary to resolve a conflict, the participants in this research overwhelmingly chose a supervisor as the mediator. On the contrary, in a work in which the sample consisted of doctors and nurses from two paediatric hospitals in Athens, the first choice was the colleagues and then the superiors followed as mediators.

In the present survey, 20.4% of employees had received training on conflict management. Percentage almost as low as other studies. An important issue addressed in this research is what is the predominant conflict resolution style for medical government officials in the Republic of Cyprus. About 1/3 of the participants (31.1%) choose to negotiate, while 1/4 (24.3%) prefer to claim. In contrast to other studies that used mixed nursing and medical staff, more than half of the participants choose to avoid the conflict (60.1%), while then several choose negotiation (46.2%) Avoidance was the first choice (62%) and in a sample of 163 doctors and nurses in another Greek study in which mediation was again followed (38.7%). The results were similar in Attica hospitals (64.7% avoidance and 55.4% negotiation), and in Thessaloniki Health Centres (67.3% avoidance and 43.6% negotiation). The issue of how to resolve conflicts was also explored in studies that used other questionnaires outside of the Greek walls. In research done in Pakistan, health professionals used methods such as engagement, integration, compromise and finally avoidance.

In the present research, it was additionally found that individuals who believe that professional management can resolve disputes among employees choose assertiveness as a conflict response method.

Survey participants stated that management uses multiple approaches to conflict resolution but usually conforms to rules and laws. Similarly, in other studies, the administration more often uses compliance with the law and peaceful resolution. On the contrary, in a more recent study in the Greek area, the participants stated that their administration is mainly authoritarian and is then interested in solving any problem, which probably happens because the participants belonged to a specific hospital.

One of the major factors that trigger conflicts in hospitals is workload. Many participants in this research believe that their own work carries a greater workload (psychological and time) than others. This finding is confirmed in almost all research, whether they included a mixed or pure nursing population.

Recently in Cyprus a study showed that the main cause of conflicts in hospitals was multiple orders from more than one person, which in the present research the participants similarly believe in 73%. Low pay is a reason for dissatisfaction that breeds conflict and a reason for not motivating employees to work with zeal and harmony. The government doctors did not seem sure in their answers that their salary is a negative or a positive factor for the overall image they have of their work.

How satisfied participants are with their work is related to many organizational and other factors that are individually or in combination causes of conflict in hospitals. Some of these factors are the physician’s expectations of the healthcare organization they work for, whether the current job is similar to their ideal job, whether the individual feels they have been given sufficient authority to carry out their duties, whether they function autonomously when making decisions and whether management is aware of his contribution to the provision of health services. Sureda et al recently investigated and documented in structural equation modelling research the relationship between job satisfaction and organizational conflict. This study involved 270 health professionals of a public hospital in Spain.

The three dominant suggestions for conflict resolution based on the participants’ responses are harmonious communication and cooperation, identifying the causes and resolving them with the aim of mutual satisfaction and respect for the employee’s rights. In another study in a nursing population, it was shown respectively that the clear distribution of responsibilities, the improvement of communication and cooperation and the identification and resolution of conflicts are the most important conflict resolution suggestions. The value of communication for reducing conflicts has also been highlighted in related research in the United States of America.

Conclusion

Health care is provided in complex settings by interdisciplinary professionals: doctors, nurses, social workers,
pharmacists, administrators, and others. The combination of legal and regulatory pressures, healthcare funding, and demands and obligations placed on multidisciplinary teams have turned hospitals into high-pressure workplaces. The nature of the work similarly creates tension as health professionals seek to meet the needs of patients and their families, as well as the sometimes-competitive demands of the system itself. Differences in perspectives based on educational socialization in their professions, status, and power often lead to conflicts in the health care setting.

Sources of conflict stem from insufficient interpersonal and interprofessional respect and recognition, differences of opinion about optimal treatment protocols, and professional and personal competition. There are also ethical dilemmas whereby protocols may conflict with individual values. While individuals can, and do, actively resolve conflict without intervention, there is often avoidance of dealing with conflict. The result often leads to additional problems. Conflicts between physicians occur when communication fails to achieve a mutually satisfactory outcome.

Conflict can be constructive if it is enacted in a positive way to stimulate goal attainment, synthesize different viewpoints, and promote critical thinking. As a result, conflict management and resolution is critical to the effective functioning of the organization. Active steps should be taken to promote interdisciplinary team building rather than expecting dynamic teams to develop autonomously in the same work environment. Health care organizations should monitor the development of interdisciplinary teams from the beginning of employment and should consider preparing internal mediators to facilitate dispute resolution. Mentoring new doctors will provide further advice on choosing means of conflict resolution, as well as building a valuable professional and, why not, multi-professional network.

As shortages increase in the medical profession and labour unrest swells, conflict resolution will be a priority to build a strong health care system and a quality environment for patient care. Even more valuable will be the regular assessment of the organizational climate and the implementation of measures that will serve to prevent conflict or facilitate individuals to resolve it on an interpersonal level. Future research can examine the issue through interviews, or focus groups with a qualitative approach, to potentially highlight issues that are not present in a closed-ended questionnaire, such as what are the health care implications when the work environment is conflictual.

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