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Causes of Conflict, Proposed Strategy and Mediation: The Case Study of TOMY of the 3rd Health District, Greece

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Abstract

Aim of the research was to study the causes of conflicts in the TOMY (Primary Health Care Centers) of the 3rd Health District, the proposed strategy to deal with conflicts and the effect of demographic and professional profile on employee's views. A primary, quantitative, descriptive, cross-sectional, and comparative between subjects was conducted using the reliable and valid questionnaire of Tengilimoglu & Kisa for the causes of conflicts ($\alpha=0.777$). The research involved 143 employees of the TOMY of the 3rd Health District. Data analysis was performed at a significance level of 5% using independent samples t-test and one-way ANOVA. Taking orders from more than one manager and not clearly defined duties by statutory regulations would affect negatively the employee's production. Inadequate rewards according to job performance and differences in education level would lead to communication problems between different professional groups. The causes of conflicts were recognized more by health professionals, with longer experience. Cooperation and mediation emerged as the most appropriate strategies for dealing with conflicts. The improvement of organization via the meritocratic management of personnel, the division of tasks and the immediate recruitment of personnel of all specialties in all departments, is expected to reduce the phenomena of conflicts.

Keywords: Causes of Conflicts Human Resources, Mediation, 3rd Health District of Greece

1. Introduction

The goal of every organization is to create an environment where employees will be satisfied and work effectively. Nevertheless, conflicts in the workplace are an inevitable event (John-Eke & Akintokunbo, 2020). Contributing factors that lead to conflict include a) Structural factors such as specialization, common resources, goal differences, roles and expectations, authority relationships and jurisdictional ambiguities and b) Personal factors (Abiodun, 2014; Carment & James, 2000; Whitlam & Cameron, 2012).

In particular, in the health sector, since administrative staff should engage in interaction with people from different professions, including doctors, nurses and medical technicians, in the process of providing differentiated and complex medical services to patients, conflicts will arise, thus exacerbating work stress and reducing emotional intelligence (Han et al., 2022). Regarding the causes of these conflicts, they often stem from poor staff management, inadequate planning, execution and inspection of key aspects of hospital management. Therefore, the roles of the staff are not sufficiently recognized in relation to the problems presented in the various departments. Health professionals are required to make various decisions through coordination and management of conflicting interests between various departments in a health organization (Pitsilidou et al., 2018).

Collaboration is one of the most important factors for the effective functioning of an organization (Fountouki et al., 2009). However, the need for interdisciplinary collaboration in a hospital also increases the level of interaction between healthcare professionals and the level of interdependence between departments. It is therefore natural that, with the increase of such interactions, the possibility of conflicts also increases (Papadopoulou, 2014). Establishing communication and collaboration (17.7%), respecting individual rights and clearly dividing responsibilities (13.4%) were the most common recommendations made by participants for conflict resolution in the Cyprus hospital environment (Pitsilidou et al., 2018).

In addition, mediation is preferred by the employees, as they can address specific needs of healthcare disputants in a number of ways (Thrope, 2011):

- Mediation is more confidential and private than courts and is reviewed in private proceedings. Of course, it is preferable to confrontations in courtrooms.
- Any form of mediation that takes place much more quickly should be done more quickly than recourse to the court system.
- Mediation procedures allow for the use of dispute resolution professionals with applicable dispute resolution expertise, plus relevant regulatory, health care science knowledge.
- Mediation processes provide an opportunity for thoughtful resolution of emotional and charged disputes.
- Mediation can provide a forum for re-resolution of disputes between multiple parties-individuals, who may not always be parties to the same litigation (Thrope, 2011).

As Triantari (2018) points out, two key advantages of mediation are the conciliatory nature of the process and cost savings. Privacy is another very important feature in mediation. Mediation is preferred by professionals as a solution to dispute resolution as it minimizes the threat of unwanted publicity.

Units with assertive employees are expected to have more conflict. People who are assertive are expected to recognize problems more effectively and result in goal achievement, increasing organizational outcomes in handling conflict (Ma & Jaeger, 2010). In organizational settings, assertive individuals are seen as more powerful and can adopt more favorable situations. High levels of assertiveness can bring significant rewards and short-term achievements; however, they can be costly when considering long-term relationships, leading to conflict (Ames & Flynn, 2007).

In research on the use of mediation/conflict resolution in social work practice, it is reasonable to assume that both social work and conflict resolution are linked in that “the employees regularly take on the role of interventionist in almost all aspects of social work” (Mayer, 2013, p. 419). Mayer (2000) indicates that there are five general types of services that social workers provide related to mediation/conflict, such as, “prevention, conciliation, decision-making, procedural assistance, and substantive assistance” (p. 312).

Conflicts are inevitable but, with effective management they can be used as a springboard for dialogue. Such conflicts can also promote changes in practices and situations enhancing the optimal functioning of the organization (Pitsilidou et al., 2018).

In the national health system, there is a strong need for interdisciplinary collaboration (Liaropoulos, 2010), which was a key component of the establishment of Local Health Teams in 2017. The collaboration of teams consisting of different specialties increases the risk of conflicts (Stathopoulou, 2006). Human emotions, such as anger, stress,

apathy, depression, nervousness, questioning, are the result of conflicts and make it difficult for services to function properly (Papadopoulou, 2009).

It is the first time to conduct research in TOMY in the field of Human Resources Management and specifically on the causes of conflicts and in mediation, as the most appropriate strategy for dealing with them.

The findings can inform employees about conflict management issues and induce management to develop special staff training programs. This research will form a basis for future research contributing to the enhancement of knowledge.

The aim of this research is to study the causes of conflicts in the TOMY (acronym for Local Health Team) of the 3rd Health District, the proposed strategy to deal with conflicts and the effect of demographic and professional profile on employee's views. The research questions are formulated below:

- 1) To what extent are the causes of the conflicts organizational and related to the expectations of the employees in the TOMY of the 3rd Health District?
- 2) What is the best strategy for dealing with conflicts in the TOMY of the 3rd Health District?
- 3) How do the views of the employees in the TOMY of the 3rd Health District differ regarding the causes of conflicts depending on their demographic and professional profile?

2. Method

2.1 Research Design

The present research is primary, quantitative, descriptive, cross-sectional, and comparative between subjects. Primary, cross-sectional research is suitable for assessing the opinions of research participants in a specific period of time (Cohen, Manion & Morrison, 2007), i.e., in the present research for the assessment of the opinions of employees in the TOMY of the 3rd Health District, at 2020 regarding the causes of conflicts. Quantitative research was used as the concepts under study (causes of conflict) are measurable (Creswell, 2013). The research is comparative as the views of different groups defined by the demographic-occupational profile on the causes of conflict were compared. Comparative analyzes are used in quantitative research using statistical techniques on numerical data, in order to generalize the results to the research population through the inductive approach (Fowler, 2014).

2.2 Procedure

The research began after the approval of the corresponding proposal by the University of the researcher. The proposal was characterized as interesting, useful and beneficial for the scientific community. Then, permission to conduct the research was requested from the administrations at the TOMY of the 3rd Health District and as soon as the request was accepted, data collection began. The questionnaires were completed in paper form at an agreed time at the TOMY of the 3rd Health District. Employees were informed about the aim of the research, to answer honestly and that their participation is anonymous and voluntary. The researcher observed the necessary ethical issues related to scientific research but also to the psychology of the participants participating in it (APA, 2010). The research was conducted in March 2020.

2.3 Questionnaire

At the 16/02-09-2021 meeting of the Research Ethics Committee of the University of Western Macedonia in Greece, the approval to conduct the research with protocol number 5/2022 was recommended. A questionnaire of demographic and professional characteristics was used with 9 closed-ended questions regarding gender, age, marital status, duration of work, education level, if they hold a coordinator position, if they have ever been

informed about conflict management issues during the studies, the specialty and what kind of approach the coordinator uses to resolve conflicts.

The causes of conflicts were measured with the questionnaire used in the research of Tengilimoglu&Kisa (2005) which includes 1 closed-ended question about what behavior they display when in conflict (claim, compromise, avoidance, acceptance, cooperation, mediation) 8 five-point Likert scale questions (1=Not at all, 2=A little, 3=Moderate, 4=A lot, 5=Absolutely), about organizational causes of conflict, 5 five-point Likert scale questions about causes related to employee expectations and 1 open-ended question on future proposals for conflict resolution.

The reliability of the conflict causes was high with a value of $\alpha=0.777$ using the Cronbach Alpha coefficient (McLeod, 2007). The validity of the tool results from the validity of the content, that is, that the questions cover the possible causes of conflicts (McLeod, 2013).

2.4 Population-Sample

The population of the research is considered to be all the employees in the TOMY of the 3rd Health District in the period 2021-2022. Regarding this sample, it consists of 143 employees of the TOMY of the 3rd Health District, which was collected using opportunity sampling (Creswell, 2013).

The majority of the sample consisted of women (79.02%, N=113), aged 18-45 years old (84.50%, N=120), married (57.34%, N=82), holders of bachelor degree (63.64%, N=91), general doctors (25.17%, N=36), nurses (25.17%, N=36) or administrative staff (22.38%, N=32), with more than 3 years of work (81.82%, N=118) who do not hold a coordinator position (90.85%, N=129) and have not ever learned about conflict management issues during their studies (60.14%, N=86). Participants stated that TOMY coordinator uses problem solving (52.48%, N=74) or approach compliant with current legislation (24.82%, N=35) to resolve conflicts on a personal or group level. (Table 1).

Table1: Demographic characteristics

Demographics	Category	N	%
Gender	Male	30	20.98%
	Female	113	79.02%
Age	18-35	49	34.50%
	36-45	71	50.00%
	46-67	22	15.50%
Marital Status	Unmarried	47	32.87%
	Married	82	57.34%
	Divorced-Separated-Widower	14	9.79%
Duration of work	0-3	25	17.48%
	4-6	36	25.17%
	7-10	37	25.87%
	>10	45	31.47%
Educational level	Bachelor	91	63.64%
	Master	46	32.17%
	PhD	6	4.20%
Do you hold a Coordinator Position?	No	129	90.85%
	Yes	13	9.15%
Have you ever learned about conflict management issues during your studies?	No	86	60.14%
	Yes	57	39.86%
What specialty do you have in TOMY?	Pediatrician	7	4.90%
	General doctor	36	25.17%
	Social Worker	18	12.59%
	Nurse	36	25.17%
	Visitor	14	9.79%
	Administrative	32	22.38%

What kind of approach does the TOMY coordinator use to resolve conflicts on a personal or group level?	Authoritarian	9	6.38%
	Liberal	14	9.93%
	Problem solving	74	52.48%
	Compliant with current legislation	35	24.82%
	He stands for the majority	9	6.38%

2.5 Data Analysis

Data coding was done in Microsoft Office Excel 2016 software and statistical analysis in IBM SPSS 24 program. Descriptive measures such as percentages, frequencies, means and standard deviations were used. Normality for causes of conflict was checked with the Shapiro Wilk test and it was confirmed ($p=0.065$). The parametric independent samples t-test and One-way ANOVA were used to compare mean values for 2 and 3 or more independent samples correspondingly (Field, 2017).

3. Results

Generally organizational causes of conflict were moderately supported. Employees were a lot or absolutely satisfied personally and professionally with the roles and tasks assigned (44.8%, $M=3.41$), believe that their salary is enough to motivate them satisfactorily according to their workload (49%, $M=3.29$) and would not be happier, calmer and more productive if they worked in a different profession than the one, they have now ($M=2.53$, 44.1%). However, the 47.4% ($M=3.21$) feel negative effect on their productivity when taking orders from more than one manager and 37.8% ($M=2.80$) feel that statutory regulations do not clearly define their duties and help them perform efficiently (Table 2).

Table 2: Organizational causes of conflict

Questions	M	SD	Not at all	A little	Moderate	A lot	Absolutely
1. How satisfied are you personally and professionally with the roles and tasks assigned to you? [R]	3.41	0.83	1.4%	9.8%	44.1%	36.4%	8.4%
3. Do you think your salary is enough to motivate you satisfactorily according to your workload? [R]	3.29	0.95	7.7%	8.4%	35.0%	45.5%	3.5%
6. Is taking orders from more than one manager negatively impacting your productivity?	3.21	1.29	14.0%	15.4%	23.1%	30.8%	16.8%
4. Does your current job look anything like your impression of your ideal job? [R]	3.04	1.04	9.9%	15.5%	43.0%	24.6%	7.0%
8. To what extent is the allocation of resources fairly between departments? [R]	2.88	0.88	7.8%	18.4%	55.3%	14.9%	3.5%
7. To what extent do you feel that statutory regulations clearly define your duties and help you perform them efficiently? [R]	2.80	0.97	9.1%	28.7%	37.8%	21.7%	2.8%
2. Do you think your workload is heavier	2.76	1.23	22.4%	14.0%	37.1%	18.2%	8.4%

compared to the workload of other professional groups?

5. Do you think you would be happier, calmer and more productive if you worked in a different profession than the one you have now?	2.53	1.19	27.3%	16.8%	37.1%	13.3%	5.6%
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Similarly causes related to employee's expectations were moderately supported. The 47.6% (M=3.32) feel that to high degree the promotion and career development relate to their expectations. However, the 53.9% (M=2.47) feel that the management of the 3rd Health District, is not aware about their contribution to the provision of health services, the 42% (M=2.70) do not feel they are getting the rewards according to their job performance and the 40.6% (M=3.11) think that differences in education level lead to communication problems between different professional groups (Table 3).

Table 3: Organizational causes of conflict

Questions	M	SD	Not at all	A little	Moderate	A lot	Absolutely
6. How much does promotion and career development relate to your expectations? [R]	3.32	0.99	5.6%	12.6%	34.3%	39.2%	8.4%
2. Are your messages understood and your professional expectations shared with other professional groups? [R]	3.15	0.86	2.1%	19.6%	44.8%	28.7%	4.9%
1. To what extent do differences in education level lead to communication problems between different professional groups?	3.11	1.11	9.8%	18.2%	31.5%	32.2%	8.4%
4. Do you think there are fair rewards between different professional groups? [R]	2.88	1.05	13.3%	18.2%	39.2%	25.9%	3.5%
3. Do you feel you are getting the rewards according with your job performance? [R]	2.70	1.06	14.0%	28.0%	37.8%	14.7%	5.6%
5. How aware is the management of the 3rd Health District, about your contribution to the provision of health services? [R]	2.47	1.11	22.0%	31.9%	27.7%	14.2%	4.3%

Regarding behavior in conflict, employees use cooperation (25.53%) or claim (25.53%), followed by avoidance (16.31%) and compromise (15.60%). Better organization via personnel management, division of tasks and recruitment is proposed to resolve problems of conflict (43.55%, N=54) (Table 4).

Table 4: Behavior in conflict and suggestions for conflict resolution

Question	Category	N	%
What kind of behavior do you exhibit when you are in conflict?	Claim	36	25.53%
	Compromise	22	15.60%
	Avoidance	23	16.31%
	Acceptance	5	3.55%
	Cooperation	36	25.53%
	Mediation	19	13.48%
Suggestions for conflict resolution	Fair distribution of resources	4	3.22%
	Communication and cooperation	12	9.68%
	Both sides should be heard	9	7.26%
	Fair approach	10	8.07%
	Conducting meetings	14	11.29%
	Clear division of responsibilities	10	8.06%
	Less political expediency in the workplace	5	4.03%
	Respect for individual rights	6	4.84%
	Organization (personnel management, division of tasks, recruitment)	54	43.55%

Causes of conflict were higher rated by employees of more than 3 years of work duration ($M=3.03$, $p=0.020$). Coordinator should use problem solving or approach compliant with current legislation to reduce causes of conflict ($M=2.92$, $p=0.010$) than using authoritarian, liberal or standing for majority approach ($M=3.20$). Cooperation or mediation strategy ($M=2.85$) would reduce causes of conflict ($p=0.005$) better than using claim ($M=3.17$) (Table 5)

Table 5: Effect of variables to causes of conflict

Variable	Category	N	M	Statistic	p
Gender	Male	30	3.07	$t(141)=1.048$	0.296
	Female	113	2.95		
Age	18-35	49	2.97	$F(2,139)=0.010$	0.990
	36-45	71	2.97		
	>45	22	2.99		
Marital Status	Unmarried	47	3.07	$F(2,140)=1.436$	0.241
	Married	82	2.91		
	Divorced-Separated-	14	3.05		
	Widower				
Duration of work	0-3	25	2.75	$t(141)=2.344$	0.020
	>3	118	3.03		
Educational level	Bachelor	91	2.95	$F(2,140)=0.304$	0.739
	Master	46	3.03		
	PhD	6	3.01		
Do you hold a Coordinator Position?	No	129	2.98	$t(140)=0.291$	0.771
	Yes	13	2.93		
Have you ever learned about conflict management	No	86	2.99	$t(141)=0.383$	0.702
	Yes	57	2.96		

issues during your studies?						
What specialty do you have in TOMY?	Pediatrician	7	3.32	F(5,137) =1.939	0.092	
	General doctor	36	2.98			
	Social Worker	18	3.05			
	Nurse	36	3.08			
	Visitor	14	2.72			
Kind of coordinator approach	Administrative	32	2.86	t (139) =2.625	0.010	
	Authoritarian-Liberal-Majority	109	2.92			
	Problem solving-Legislation					
	Claim	36	3.17			
Kind of behaviour in conflict	Compromise	22	3.05	F(3,137) =2.935	0.036	
	Avoidance-Acceptance	28	2.93			
	Cooperation-Mediation	55	2.85			

4. Discussion

Aim of the research was to study the causes of conflicts in the TOMY of the 3rd Health District, the proposed strategy to deal with conflicts and the effect of demographic and professional profile on employee's views. The research involved 143 employees of the TOMY of the 3rd Health District, mainly women, married, 26-45 years old, doctors, nurses or administrative staff, holders of bachelor's degree with more than 3 years of work, who do not hold a coordinator position and have not been informed never about conflict management issues during their studies.

The most important organizational causes of conflict were the negative effect on their productivity when taking orders from more than one manager and that statutory regulations do not clearly define their duties and do not help them perform efficiently, results that are in agreement with Abiodun (2014), regarding authority relationships and uncertain lines of responsibility. Moreover, Carment and James (2000) stated that a) internal sources, those factors inherent within an organization, are a cause of conflict especially when there is a power relationship between them and b) external sources conflicts occur on the part of the government through the policies and legislative frameworks it formulates.

The health professionals stated that the management of the 3rd Health District does not have a high degree of awareness of their contribution to the provision of health services. Healthcare professionals are required to make various decisions through coordination and management of conflicting interests between various departments in a healthcare organization. Conflicts often stem from poor staff management, inadequate planning, execution and inspection of key aspects of hospital management. Therefore, the roles of the staff are not sufficiently recognized in relation to the problems presented in the various departments (Pitsilidou et al., 2018).

In addition, they do not feel they are getting the rewards according to their job performance, as Pitsilidou et al. (2018) highlighted. Furthermore, differences in education level, lead to communication problems between different professional groups. Abiodun (2014) pointed out that conflicts arise in an organization due to the fact that some have specialized knowledge and others have general knowledge.

Assertive and cooperative behavior is usually chosen by half of health professionals to deal with conflicts. Collaboration is one of the most important factors for the effective functioning of an organization (Fountouki et al., 2009; Pitsilidou et al., 2018), but the increase in staff interactions also increases the likelihood of conflicts (Papadopoulou, 2014). Ames and Flynn, (2007) emphasized that high levels of assertiveness lead to conflicts. Collaboration and mediation emerged as the most appropriate strategies for dealing with conflict, a finding that is consistent with the literature (Thrope, 2011).

Regarding the proposals of the employees for the resolution of the conflicts in the TOMY area, the majority of them included the merit-based management of the staff, the division of tasks, the immediate recruitment of staff of all specialties in all departments, the improvement of the organization and the implementation meetings. The training of the staff and the corresponding sensitivity on this matter by the administration is also expected to contribute positively to the creation of a peaceful working environment in the TOMY. Conflicts are inevitable, but, with their effective management, they can promote changes in practices and situations enhancing the optimal functioning of the organization (Pitsilidou et al., 2018).

In addition, the causes of the conflicts which are related to the expectations of the employees as well as the organizational ones were mentioned by health professionals with 4 or more years of service. This is to be expected, as health professionals with more experience usually have a longer career path and increasing experience increases employees' expectations of the organization (Panahi Tosanloo et al., 2019).

The TOMY coordinator for conflict resolution at the personal or group level must use the problem-solving approach as well as the one that is in accordance with the applicable legislation and regulations for health professionals. In research on the use of mediation/conflict resolution in social work practice, it is reasonable to assume that both social work and conflict resolution are linked in that the employees regularly take on the role of interventionist in almost all aspects of social work (Mayer, 2013, p. 419).

5. Conclusion

Taking orders from more than one manager and not clearly defined duties by statutory regulations would affect negatively the employee's production. Few awareness of the contribution of employees to the provision of health services was observed. Inadequate rewards according to job performance and differences in education level would lead to communication problems between different professional groups. The causes of conflicts were recognized more by health professionals, with longer experience. Cooperation and mediation emerged as the most appropriate strategies for dealing with conflicts. The TOMY coordinator for conflict resolution at the personal or group level must use the problem-solving approach as well as the one that is in accordance with the applicable legislation and regulations for health professionals. The improvement of organization via the meritocratic management of personnel, the division of tasks and the immediate recruitment of personnel of all specialties in all departments, is expected to reduce the phenomena of conflicts.

The generalization of the results is limited to the employees of the TOMY of the 3rd Health District, mainly for doctors, nurses, social workers or administrative staff, women, aged 26-45 years, in married family status, with more than 3 years of work, who do not hold a coordinator position and they have never been informed about conflict management issues during their studies. The causes of conflicts were studied as a single factor as moderate reliability was shown in the individual ones.

Future quantitative comparative research using stratified sampling across different structures is suggested for greater representativeness. The sample size should be limited according to the population size (Creswell, 2013). The use of Factor Analysis consists of a sample of at least 300 people to confirm the validity of concepts. It is suggested to use a different multidimensional tool for the causes of conflicts or to pilot test the existing one. The use of qualitative research using semi-structured interviews is expected to provide more information on the causes of conflict (Willig, 2014) and increase the validity of the results (McLeod, 2013).

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