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Postponing the Poison

Conflict Resolution Patterns in Hospital

Introduction

Workplace conflicts are part of work reality. Research shows that conflicts at work have a negative effect on the employee's job satisfaction and constitute an important source of stress. However, in recent years it was argued that it might not be the conflict per se that is detrimental to health and health consequences but the way in which conflicts are resolved. Three different ways of conflict solving may be distinguished:

- i) discussion style,
- ii) using authority, and
- iii) postponing (= "not solving").

Which method of conflict resolution is the best? Current research finds that unresolved conflicts (here: "postponing") have the most negative impact on the worker. Is this also the case in nursing in hospitals, where team work prevails?

The European NEXT-Study has shown that European countries differ to a high degree with respect to work organisational factors and their consequences on nursing staff. NEXT has also found that leadership quality is essential for numerous relevant outcomes such as nurses' health, attitudes and behaviour. Not surprisingly, promotion of leadership quality is called a key target of sustainable and successful workplace health promotion in healthcare. Little attention, however, has been put so far on conflict resolution style and their consequences in healthcare.

In this contribution NEXT follow up data is used to investigate the impact of different conflict resolution styles on hospital nurses in 7 European countries. Outcomes of interest are organisational factors, namely sickness absence, the "intent to leave the current institution" and burnout.

Results:

Conflict Resolution Style by Country

On average, almost one in four nurses (24%) reported frequent 'postponing CR style'. About one in five nurses (21%) stated that 'authoritarian CR style' was frequently used (Table 1). Rare 'discussion CR style' was less frequent: one out of 6 nurses (16%) reported this. However, differences between the countries were striking. Most participative and active CR patterns were reported from the Netherlands, whereas in Poland and especially in Slovakia the least participative conflict resolution was reported. Interestingly, 'postponing' was similarly frequent (ranging from 27 to 31%) in all countries except the Netherlands and Poland. In Poland the very frequent authoritarian style (34%) conflict resolution may have prevented a higher frequency of postponing.

Impact of Conflict Resolution Style by Country

From a hospital administration view, not only the frequency of adverse CR style is of interest but also its impact on staff and relevant outcomes such as burnout. For example, we find that Polish and Slovakian nurses were to a very high degree exposed to adverse CR styles, but interestingly, this was only moderately associated with effects such as burnout or the intent to leave the institution.

Sickness Absence: Slovakian nurses reported the lowest (3) and German nurses the highest (10) number of sickness absences days in the past 12 months. Differentiated analysis revealed that that in NEXT leadership style did not have a strong influence on sickness absence.

Intent to Leave the Institution:

Between 12% (Slovakia) and 27% (France) of all respondents considered frequently (= "several times a month or more") to leave their current institution. Here, our analyses indicate a considerable influence of the conflict resolution style, especially of the postponing CR style. If – theoretically - leaders of nurses who often, always or sometimes postponed conflict decisions would only rarely do so, the proportion of nurses considering leaving the institution would be clearly reduced in most of the countries, in Germany for example from 19% to 8%. Authoritarian CR style showed a similar effect.

Burnout: The CR styles were clearly associated with the proportion of burned out nurses, especially in Germany, Italy, Poland and Slovakia. Whereas in Germany and Italy postponing seemed to have the highest impact on burnout, it was the authoritarian CR style in Poland and Slovakia where, for example, our calculations imply that the rate of 32% burned out nurses could - in theory - be reduced to 25% if all nurses were rarely or never exposed to authoritarian CR style.

Conclusions

Our results indicate that the conflict resolution style may have a substantial effect on nurses in hospitals, however the effect size of negative conflict resolution differs substantially between CR style, country and outcome.

Clearly, postponing conflict resolution has the strongest impact on nurses' psychological well being (burnout) and especially on their institutional and professional withdrawal attitudes. Healthcare requires frequent immediate decision making and then postponing can be poison. High degree of authoritarian conflict resolution has about the same negative effect as a low degree of discussion conflict resolution.

The outcomes intent to leave the institution and also intent to leave the profession showed the highest sensitivity to CR style. This is not surprising as it reflects the nurses' own coping with adverse work organisational aspects, namely by developing withdrawal intentions.

Burnout is a rather unspecific reaction and many factors besides CR style contribute to this, therefore the association with CR style is less pronounced. The consistent absence of association with self reported sickness absence days was surprising as it contradicts previous findings.

We have found pronounced differences between the countries with respect to degree of exposure and theoretical impact. The example of the Netherlands indicates that a widespread participatory CR style is possible (see table). Germany and Belgium showed the highest potential for improvement. There, exposure to adverse CR style was medium high and it was highly associated with intent to leave the institution and with burnout.

Results from Poland and Slovakia showed a very high exposure to non-participatory CR style, however, the association with the outcomes was low. Obviously, other reasons explain the very high rate of burnout in these countries and the high rate of those who want to leave the institution in Poland.

Conflict resolution is one among several aspects of a comprehensive leadership culture. This culture is composed by attitudes and expectations of the workers, by individual characteristics of the leader, by the leadership culture of the institution and – as we clearly can show – by a societal culture. Societal leadership culture reflects long lasting processes during which certain behaviours and strategies have shown to be more likely to fit better with the dominant norms and values of a society and therefore to be more successful. In consequence, a German solution may not fit Poland and vice versa. But both countries have one aspect in common: the change. The question is whether the consistency of norms and values still prevails in times of rapidly changing nurses' work environment, economic downsizing in healthcare and consequently a decreasing skill mix at many hospitals. Change always implies high demands for decision making among all involved. Our findings imply that this issue might be worth addressing in organisations. Change may be regarded as an opportunity for improvement. The findings presented in this article may stimulate organisational awareness for CR style.

Can CR style in hospitals be improved? Conflict resolution requires the leaders' authority, empathy, decision latitude and not least qualification and competence. Consequently, CR style is no isolated part which can be improved by targeted measures alone. Instead, the personal development of nurse leaders in hospitals is the key target. Within this personal development process, our findings may help to visualise and to quantify a daily and highly relevant, yet widely neglected aspect of work in hospitals: conflict resolution.

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The NEXT-Study

The NEXT-Study investigated work, health and professional prospects of nursing staff in ten European countries. It was conducted between 2002 and 2006 and financed by the European Commission (QLK6-CT-2001-00475). In the follow up questionnaire circulated in 2004-2005 the following questions about the conflict resolution (CR) were asked:

"If there are problems in your working team: How are they being dealt with in general?"

- a) by discussing them among those involved.
- b) by postponing them.
- c) by using authority.

The response categories were "hardly ever", "seldom", "sometimes", "often", and "always". We have limited the analysis to in total 12386 registered hospital nurses in 7 countries. Ward sisters (the leading nurse on the ward) were excluded, since they would have rated their own leadership style in the questionnaire.

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