

CONFLICT TYPES AND CONFLICT MANAGEMENT STYLES IN PUBLIC AND PRIVATE HOSPITALS

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ABSTRACT

Objective: To determine the conflict management styles and the relationship of conflict types and management from both the public and private hospitals.

Study Design: Cross-sectional research design.

Place and Duration of study: Data were collected from public and private hospitals in Lahore from June 2014 to January 2015.

Methodology: The sample comprised of 160 doctors working in private (n=64) and public (n=96) sector hospitals, with Mean age=30.03 (SD=5.63). Rahim Organizational Conflict Inventory-II and Rahim Organizational Conflict Inventory-III were used.

Results: Results revealed that the two sectors differed in the use of conflict management styles after controlling for the conflict types. Obliging, integrating, compromising and avoiding conflict management style were used more by doctors in public sector hospitals than those in private hospitals. However, none of the conflict types predicted conflict management styles and the pattern of prediction was similar for doctors working in private and public sector hospitals.

Conclusion: Affecting, transforming and substantive conflict types were more experienced in private sector and obliging, integrating, avoiding and compromising conflict management styles were used more by public sector hospitals conflict.

Keywords: Conflict management styles, Doctors, Private sector, Public sector.

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INTRODUCTION

Conflict is considered to be the normal and inevitable consequence of social and organizational life and is viewed as an indication of dysfunction¹. Health care professionals are also vulnerable to conflict as they are faced with pressures while they strive to provide quality care to patients².

Shin³ suggests that in order to resolve the conflict it is important to understand the source of conflict. Rahim⁴⁻⁶ suggested two broad types of conflicts with reference to their sources as affective and substantive. Substantive conflicts arise from discrepancies over group goals and affective conflict is likely to occur when members are focused on their individual satisfaction. He further added two other types of conflicts namely transforming and masquerading. Transforming conflict occurs

when substantive conflict degenerates to affective conflict. Whereas, masquerading conflict refers to disagreements when members have emotional conflicts but disguise them as substantive conflicts.

As posited by McNamara⁷ conflict is not the problem, however, poor management of the conflict is the problem. As a result, conflict management styles has become a major subfield of organizational behavior^{8,9,4-6}.

Rahim⁴⁻⁶ gave five styles of handling interpersonal conflict i.e. (1) Integrating: Focuses on problem-solving in a collaborative fashion (2) Obliging: Involves low concern for self and other party; (3) Dominating: High concern for self and low for opposing party; (4) Compromising: Moderate concern for self and other party (5) Avoiding: Inaction, withdrawal or ignoring.

In the light of above this study aims to investigate how conflict types and conflict management styles differ in public and private

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sector hospitals. Further how the conflict styles predict conflict management styles in private and public sector hospitals.

MATERIAL AND METHODS

Cross-sectional research design was used to carry out this research study. Study took place in public and private sector hospitals of Lahore from June 2014 to January 2015. Doctors

Doctors were provided with these questionnaires along with consent form and written instructions to fill in their leisure time and the questionnaires were collected after two days. Data was entered into IBM SPSS Statistic 20 and was analyzed using means, standard deviations, correlations, t-tests and regression analyses.

Table-1: Independent sample t-test to find out differences between private and public sector on conflict types and conflict management styles.

Variables	Private		Public		T	p	95% CI	
	M	SD	M	SD			LL	UL
Conflict Type								
Affecting	3.87	1.13	3.35	1.16	2.81	.01	0.15	0.89
Transforming	4.12	1.20	3.35	1.37	3.67	<.001	0.36	1.19
Substantive	4.12	0.99	3.70	1.30	2.19	.03	0.0419	0.7987
Masquerading	3.88	1.02	3.53	1.37	1.87	.08	-0.0460	0.7460
Conflict management Style								
Obliging	3.51	0.56	3.76	0.47	-3.03	<.001	-0.41	-0.09
Integrating	3.49	0.67	3.95	0.60	-4.51	<.001	-0.66	-0.26
Avoiding	3.43	0.59	3.68	0.59	-2.68	.01	-0.44	-0.07
Compromising	3.46	0.69	3.69	0.56	-2.26	.02	-0.43	-0.03
Dominating	3.13	0.70	2.84	0.82	2.33	.02	0.04	0.54

Note. N = 160; Private = 64, Public = 96

Table-2: Correlations between study variables of private (n=64) and public (n=96) sector doctors.

Variables	Private								Public							
	Affecting		Transforming		Substantive		Masquerading		Affecting		Transforming		Substantive		Masquerading	
	r	p	r	p	r	p	r	p	r	p	r	p	r	p	r	p
Obliging	.11	.39	.24	.06	.11	.40	.22	.08	-.04	.67	-.04	.73	-.02	.84	-.11	.29
Integrating	.10	.45	.22	.08	.06	.63	.19	.14	-.07	.52	-.06	.58	-.01	.91	-.09	.38
Avoiding	.31**	.01	.33*	.01	.31*	.01	.30*	.02	-.00	.97	-.01	.92	.02	.83	.01	.96
Compromising	.20	.12	.33*	.01	.20	.11	.23	.06	-.09	.37	-.07	.47	-.03	.75	-.03	.76
Dominating	.20	.11	.06	.67	.15	.23	.17	.19	.22*	.03	.24*	.02	.20*	.05	.12	.23

who were permanent employees of the hospitals with work experience minimum of two years were included. Both married unmarried doctors were included. Medical trainees/housejob doctors were excluded from the study. One hundred and sixty doctors were included in the study which were selected through purposive sampling technique.

Doctors were contacted in their respective hospital settings to fill the questionnaire consisting of a) Demographic Sheet (b) The Rahim Organizational Conflict Inventory-II, 21 consisting of 28 items to measure five conflict management styles. (c) The Rahim Organizational Conflict Inventory-III (ROCI-III) 6 to measure the types of conflict in organizational settings consisting of 24 items.

RESULTS

Sample consisted of 160 doctors including 98 men and 61 Women from private (n=64, men=46 (71.9%) and women=18 (28.1%)) and public sector hospitals (n=96, men=52 (54.2%) & women=43 (44.8%)) who were full time employees of the respective hospitals with mean age of 29.56 (SD=6.47) of private sector and mean age of 30.34 (SD=5.01) of public sector hospital doctors. Results revealed significant differences on all the study variables except for masquerading (table-1). Affecting, transforming and substantive conflict types were more experienced in private sector and obliging, integrating, avoiding and compromising conflict management styles were used more by public sector hospitals whereas

dominating conflict management style was used more by private sector hospitals.

Zero order correlations revealed that in private sector, affecting, transforming, substantive and masquerading conflict types were positively related to avoiding conflict management style whereas, transforming conflict type had positive relationship with compromising conflict management style. Furthermore, in public sector affecting,

types. Interactions were not found significant for any of the conflict management styles.

DISCUSSION

Although, several studies discuss conflicts as precursors of their management¹⁰⁻¹³, very few discuss how conflict types relate with conflict management styles¹⁴. In a study conducted in Pakistan¹⁴ it was observed that affective conflict type was negatively related to integrating, avoiding, compromising and obliging conflict

Table-3: Regressions from conflict management styles on sector, conflict types and their interactions (unstandardized regression weights B).

Predictor	Obliging			Integrating			Avoiding			Compromising			Dominating		
	Step1	Step2	Step3	Step1	Step2	Step3	Step1	Step2	Step3	Step1	Step2	Step3	Step1	Step2	Step3
Constant	3.78	3.76	3.71	3.63	3.61	3.52	3.59	3.56	3.48	3.74	3.71	3.59	3.49	3.41	3.51
Sector	.27***	.30***	.31***	.48***	.51***	.53***	.27**	.30**	.33**	.24**	.27**	.31**	-.27*	-.17	-.21
Affecting		-.02	-.11		-.04	-.08		.03	.05		-.09	-.05		.18	.14
Transforming		.07	.14		.08	.22		.02	.08		.07	.21		.02	-.18
Substantive		-.03	-.10		-.02	-.21		.02	.05		-.00	-.05		.02	-.11
Masquerading		-.02	.16		-.00	.16		-.01	.02		.04	.05		-.08	.05
Sector x Affecting			.17			.07			-.07			-.09			.01
Sector x Transforming			-.14			-.23			-.10			-.21			.31
Sector x Substantive			.10			.29			-.01			.10			-.13
Sector x Masquerading			-.25			-.23			-.01			.00			-.17
ΔR2	.08**	.01	.04	.12***	.00	.04	.05*	.01	.03	.06*	.01	.04	.06*	.05	.02

Note: N = 160; Private = 64, Public = 96; For gender, Male = 1, Female = 2; *p< .05; **p< .01; ***p< .001.

transforming and substantive conflict types had a positive relationship with dominating conflict management style (table-2).

Five hierarchical regression analyses were conducted in which sector was entered in the first block, conflict types were entered in the second block and the four interaction terms were entered in the third block. Results are depicted in table-3. Role of predictors were explained from second block while interactions were explained from third block

Regression explained 13.3% variance in obliging, F (11,148)=2.07, p=.003, 16.7% variance in integrating, F (11,148)= 2.69, p=.003, 9.6% variance in avoidance, F(11,148)=1.43, p=.164; 11.4% variance in compromising, F(11,148)=1.73, p=.073 and 12.3% variance, F (11,148)=1.89, p=.044 in dominating conflict management style. None of the conflicts types predicted obliging, integrating, avoiding, compromising and dominating conflict management style. All conflict management styles were used more by public sector doctors except for dominating controlling for conflict

management styles whereas positively related to dominating conflict management style. Substantive conflict type had positive relationship with integrating, avoiding and compromising.

Further, it has been observed that conflict management differs between public and private sector hospitals. Public sector hospitals are service oriented and they do not compete with other institutions for profit as private sector hospitals do¹⁵. Furthermore, employees in the public sector have a secure job which is why they do not exert much effort in order to achieve objectives due to absence of reward¹⁶⁻¹⁸.

Cetin and Hacifazlioglu¹⁹ found employees in private sectors use dominating style more than those in public sector. While another study¹⁷ concludes that employees in public sector are more inclined to adopt integrating strategy than their counterparts in the private sector. While other studies reveal that employees in both public and private sector use integrating conflict management strategy²⁰.

Overall results show that affecting, transforming and substantive conflict types were more experienced in private sector and obliging, integrating, avoiding and compromising conflict management styles were used more by public sector hospitals. Results were partially in line with studies of Cetin and Hacifazlioglu¹⁹ and Brewer and Lam¹⁷. Reason for more experience of conflicts and less use of conflict management styles by doctors in private sector hospitals seems to lie in the main structural difference of private and public sector.

Private sector hospitals have small well defined structure with well described and well followed rules and regulations as compared to public sector hospitals where rules are set but are not strictly followed thus, public and private sector hospitals greatly differ in their environments^{22,23}. In environment of public sector where people have to handle there conflicts then and there, they are likely to manage their conflicts in variety of ways and their conflicts may not come to forefront as they seem to do in private sector, whereas, in private sector when conflicts arise management is there with well-defined rules and procedures to resolve the issues and thus doctors may not have to use their management styles as the doctors in public sectors hospitals might do.

Findings of the study also showed that none of the conflict types predicted conflict management styles. Although, results from correlational analysis showed that they were related, partially in line with study of Khalid¹⁴ but results of regression analysis showed that conflict types did not predict the conflict management styles may be because people use the conflict management styles because of their certain personality traits^{24,25} rather than on the basis of situational conflicts.

Besides having limitation of cross sectional nature of study which prohibits from drawing cause and effect relationship, findings of the study have important implications for understanding the conflicts and conflict management in private and public hospital settings. Further, findings can be helpful in creating such a supportive environment for the

health care professionals that can reduce the harmful effects of conflicts.

CONCLUSION

In conclusion, affecting, transforming and substantive conflict types were more experienced in private sector and obliging, integrating, avoiding and compromising conflict management styles were used more by public sector hospitals conflict. However, conflict types did not predict conflict management styles in both private and public sector.

CONFLICT OF INTEREST

This study has no conflict of interest to declare by any author.

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