Study Conflict That Facing the Nurses in Al-Sadder Educational Hospital in Amara City

دراسة الصراعات التي تواجه الممرضين في مستشفى الصدر التعليمي في مدينة العمارة

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الخلاصة

الهدف: تهدف الدراسة إلى معرفة نوع الصراع الذي يواجه الملاك التمريضي إثناء تقديم الرعاية التمريضية داخل المستشفى وكذلك العلاقة بين الصفات الديموغرافية وأنواع الصراعات.

المنهجية: أجريت دراسة وصفية في مدينة العمارة خلال الفترة من تشرين ثاني ٢٠١٦ إلى أيار ٢٠١٧. و قد تم استخدام أسلوب العينة العشوائية في مستشفى الصدر التعليمي في العمارة لجمع عينة مؤلفة من ٢٠٠ من أصل ٤٠٠ ممرض وممرضة. جمعت البيانات عن طريق أسلوب المقابلة بعد تصميم استمارة الاستبيان، والتي تتكون من جزئيين الجزء الأول يحتوى على الصفات الديموغرافية - الاجتماعية والجزء الثاني يتكون من (٥) محاور هي: الصراع مع زملاء العمل و الصراع مع الأطباء والصراع مع المرضى ، والصراع مع الرؤساء ، و الصراع مع الظروف البيئية والخدمات المقدمة للممرضين. وتم وصف وتحليل البيانات باستخدام أساليب الإحصاء الوصفي (التكرارات والنسب المئوية والمتوسط الحسابي ومربع كاي).

النتائج: أظهرت النتائج بأن الصراعات ما بين الممرضين والأطباء حققت اعلى وسط حسابي كان بمعدل (١.٦٠) بمستوى متوسط. وعلاوة على ذلك، كان هنالك ارتباطات معنوية ذات دلالة إحصائية بين الصفات الديموغرافية - الاجتماعية ماعدا الحالة الزوجية مع أنواع الصراعات بدلالة معنوية ($P< 0.05$).

الاستنتاج : بينت النتائج أن غالبية الصراعات بمستوى متوسط من نمط الحياة الصحي. اضافة إلى ذلك، فإن النتائج أشارت إلى وجود علاقة ذات دلالة إحصائية بدرجة عالية بين بعض المتغيرات، باستثناء الحالة الزوجية، والظروف البيئية والخدمات المقدمة للممرضين حيث كانت علاقة الارتباط غير معنوي.

التوصيات: توصي الدراسة بان على مسؤولي الكادر الطبي والملاك التمريضي وأساتذة التعليم تولي مزيداً من الاهتمام بالعاملين في الملاك التمريضي، من خلال وصف الإجراءات ألإدارية بين أعضاء الملاك التمريضي وتقسيم العمل ، وتحديد الصلاحيات والمسؤوليات بين الملاك التمريضي والأطباء لتجنب حدوث الصراعات وأقامه الدورات التدريبية للكادر التمريضي الجدد لغرض وكذلك إخضاع جميع الممرضين بمختلف الأعمار إلى دورات ميدانية.

ABSTRACT

Aim of study: The study aims to identify the type of conflict that nursing staff may face during provide nursing care in the hospital and to know the relationship between demographic characteristics and types of conflicts.

Methodology: A descriptive study was conducted in the city of Amara during the period from November 2016 to May 2017. The simple random sampling method was used in Al-Sadr Teaching Hospital in Amara. A random sample was used to collect data of 200 out of 400 nurses. The data were collected by interview method after designing the questionnaire, which consists of two parts: the first part contains demographic and social characteristics, and the second part consists of (5) axes: conflict with colleagues, conflict with doctors, conflict with the presidents, Conflict with environmental conditions and services provided to nurses. Data were described and analyzed using statistical descriptive methods (frequencies, percentages, arithmetic mean and kai box)

Results: The results of the study showed that the conflicts between nurses and doctors achieved a higher average mean (1.60) at an average level. Moreover, there was statistically significant association between demographic characteristics except marital status with conflict types with a significant significance ($P < 0.05$).

Conclusion: The majority of conflicts are at an average level of healthy lifestyle. In addition, the results indicated that the statistically significant relationship between some variables, except marital status, environmental conditions and services provided to nurses where the correlation relationship was not significant.

Recommendation: The study recommended that medical staff, nursing staff and teachers pay more attention to nursing staff by describing the administrative procedures between nursing staff members and the division of labor, and defining the powers and responsibilities between nursing staff and doctors to avoid conflicts and conducting trainings for new nursing staff for the purpose of subjugation. All nurses of all ages to field training.

Key words: Conflict, Nursing staff, Patient, Coworker.

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INTRODUCTION

Conflict is one of the issues that takes place in any organization specially hospitals where continuous human interactions occur. Nurses play different roles such as care provider, educator, and manager. These roles lead to various types of interactions among nurses and other health care team members, which significantly increase the probability for conflict to arise in hospital settings among nurses[(1)] .

Conflict is a dynamic process that can be positive or negative, healthy or dysfunctional, within work environment. Conflict is the consequences of experienced or perceived variations in common goals, values, ideas, attitudes, beliefs, feelings, or actions [(2)].

Conflicts arise for many reasons: it can originate because of competition among professionals and variations in economic and professional values. Scarce resources, reform, poorly defined roles and expectations, the ability to work as a team, interpersonal communication skills, and expectations about level of performance in various nurses' roles are all sources of conflict in health care organizations [(3).]

Nursing is a profession that is based on collaborative relationships with clients and colleagues. When two or more people view issues or situations from different perspectives, these relationships can be compromised by conflict. In this document, conflict refers to a power struggle in which a person intends to harass, neutralize, injure or eliminate a rival [(4).]

Nurses and physicians especially in the Middle East region continue to be educated with misunderstanding of their roles. Both professions do not cultivate the concept of health care team members among the graduates. Physicians always are considered the dominating profession in the hospital setting. This misunderstanding of roles creates identity conflict between nurses and physicians. Physicians are taught to be the leaders responsible for patients and must handle all situations. Value based disagreements occur between nurses and physicians when one party attempt to force own set of values on another [(5)].

AIMS OF STUDY:

1. The current study aimed to identify types of conflict experienced by nurses that work in Al-sadder hospital

2. To determine the association between demographic characteristics of the study sample and type of conflict experienced by nurses.

METHODOLOGY

Design of the study: It was a descriptive study design that aimed to study conflict facing the nursing staff in al-sadder educational hospital .It was carried out during the period from November 2016 to May 2017. Oral consent obtained from each nurses involving in the study. A random sampling was used to select (200) nurse in Al-Amara city. A random sampling was used to draw a sample of 200 nurse out of (400) nurse. The data was collected through the use of constructed questionnaires, which consist of two parts. Part one socio-demographic characteristic. Part two which consist of (27) items that include (5) sections including: Conflict with colleagues, conflict with doctors, conflict with patients, conflict with presidents, conflict with environmental conditions and services provided to nurses. The healthy lifestyle for preconception parts were applied by using mean of score, through intervals (1-1.33)low,

(1.34-1.66);moderate, and ; (1.67-2.00)high. These items were rated according to the liker scale as (2) for agree, (1) for disagree.

Statistical Analysis: The data were analyzed through the application of two statistical approaches. **(1)** Descriptive statistical approach that includes frequency, Percentage, Mean of Score. **(2)** Inferential statistical approach that includes correlation coefficient. Results were determined as significant at (P<0.05) and not significant at (P>0.05).

(Total number of observations = Number of the questionnaire × Sample size)

RESULTS:

Table (1): Distribution of the Study Sample by their Demographic characteristics for nurses at AL – Sadder educational hospital in Amara city

No.	Variables	Characteristics	Frequency	Percent
1-	Age (year)	19-25	59	29.5
		26-32	64	32.0
		33-39	40	20.0
		40-46	23	11.0
		47-54	14	7.0
		Total	**200**	**100.0**
2-	Gender	Male	102	51.0
		Female	98	49.0
		Total	**200**	**100.0**
	Marital Status	Single	60	30.0
		Married	140	70.0
		Total	**200**	**100.0**
3-	Level of education	Medium graduate	96	48.0
		Institute graduate	79	39.5
		College graduate	25	12.5
		Total	**200**	**100.0**
٤	Years of Experience	1-5 years	94	47.0
		6-10 years	44	22.0
		11- 20 years	29	14.5
		≥ 21 years	33	16.5
		Total	**200**	**100.0**

No. = number of Variable. n = number of sample. ≥ = more than and equal.

The results (table 1) show that the more of the age group to the study sample were within (26-32) years was (32.0%) of sample. The above table also shows that the majority of participants were Male (51.0%).In regarding to the marital status, shows that the majority of participants were married (70.0%). Also in regarding to the subjects level of education, the results show that majority of them were Medium graduate (48.0%). In addition, majority of them have (1-5) for years of experience in nursing were presented for (47.0%).

Domains	N	Mean	Std. Deviation
Conflict with Coworker	٢0٠	١.٣٩	٠.٢٣٨
Conflict with physician	٢0٠	١.٦٠	٠.٢٠٨
Conflict with patient	٢0٠	١.٥٥	٠.٢٢١
Conflict with headmasters	٢0٠	١.٥٦	٠.٢٦٦
Conflict with environmental conditions and services provided to nurses	٢٠٠	١.٥٣	٠.١٢8

Table (2): Nurses Responses according to Domains for Study conflict with nursing

The finding of this table reveals that there are high level of conflict was between nurses and their physician total for all items which determine the level of conflict with average mean of scores (1.60).and there are low levels of Conflict with environmental conditions and services provided to nurses total for all items which determine the level of conflict with average mean of scores (1.53).

Table (3): Association between the Conflicts and demographic characteristics

Variables		Conflicts				Total		DF	χ^2obs.	P .value
		Disagree		Agree						
		f	%	F	%	F	%			
Age	١٩-٢٢	٧٣٠	١٣.٥	٧٨٢	١٤.٥	١٥١٢	٢٨.٠	٤	٤٨.٢٥٣	٠.٠٠٠ HS
	26-32	٧٠١	١٣.٠	١٠٢٧	%١٩.٠	١٧٢٨	٣٢.٠			
	33-39	٥٢٥	%٩.٧	٥٥٥	%١٠.٣	١٠٨٠	%٢٠.٠			
	40-46	٣٠٤	%٥.٦	٣٤٤	%٦.٤	٦٤٨	%١٢.٠			
	47-54	٢٢٦	%٤.٢	٢٠٦	%٣.٨	٤٣٢	%٨.٠			
Gender	male	١٣١٨	%٢٤.٤	١٦٣٤	٣٠.٣%	٢٩٥٢	%٥٤.٧	١	١٤.٤٦٥	٠.000 HS
	female	١٢٢٠	%٢٢.٦	١٢٢٨	%٢٢.٧	٢٤٤٨	%٤٥.٣			
Marital Status	single	٧٥٩	%١٤.١	٨٩٧	%١٦.٦	١٦٥٦	%٣٠.٧	١	١.٣٠٥	٠ . ٢٥٣ NS
	married	١٧٧٩	%٣٢.٩	١٩٦٥	%٣٦.٤	٣٧٤٤	%٦٩.٣			
Level of	Intermediate graduate	١٢٥٣	%٢٣.٢	١١٩٥	%٢٢.١	٢٤٤٨	%٤٥.٣			

education	**Institute graduate**	١٠١١	%١٨.٧	١٢٩٣	%٢٣.٩	٢٣٠٤	%٤٢.٧	٢	٣١.٩٩٧	**.000 HS**
	College graduate	٢٧٤	%٥.١	٣٧٤	%٦.٩	٦٤٨	%١٢.٠			
years Experience	**From 1 to 5 years**	١١٧٢	%٢١.٧	١٢٧٦	%٢٣.٦	٢٤٤٨	%٤٥.٣	٣	٩.٢٣٧	**.026 NS**
	From 6 to 10	٥٣٧	%٩.٩	٦٨٧	%١٢.٧	١٢٢٤	%٢٢.٧			
	From 11 years	٣٦٢	%٦.٧	٤٣٠	%٨.٠	٧٩٢	%١٤.٧			
	More than 21 years	٤٦٧	%٨.٦	٤٦٩	%٨.٧	٩٣٦	%١٧.٣			

The findings in table (3) indicate that there was highly a significant relationship between socio-demographic characteristics and total conflict at ($P < 0.05$) except the variables (marital status and years' experience show that there was not a significant relationship with total conflict at ($P > 0.05$).

DISCUSSION

Distribution of the study samples by their demographic characteristics for nurses at AL – Sadder educational hospital in Al-Amara city. In the distribution of samples, the results show that the highest age group between nurses is (26-32) that reach (32.0%) and lowest in age group (47-54) up to (7.0%). It also shows that the proportion of men is higher than women that reach (51.0%). Married persons show the highest proportion of single persons, up to (70.0%). The results show that medium graduate were more than others and reach (48.0%). The results show that the years of experience were highest in experience group (1-5) years, where they reach (47.0%).

The researcher finds from the above results show that the youth group is the highest among the sample of the study and this indicates that most of the workers are active in work, which makes them more prone to conflict. A study which applied by Higazee which showed disagree with our findings by the majority of participant are between ages of (18-25) year's old male holding a bachelorette degree [(6)].

The results show conflicts between nursing staff was moderate with average mean of scores (1.39). The reason for this is the roles and the field of work and the work that is on their shoulders causes' psychological pressure leading to conflicts with the surrounding nursing community .A study was done in two teaching hospitals where are these two hospitals also agreed with our study found do not organize work schedules as the source of conflicts among the nursing staff. This managerial instrument exposes process that occur within the organizational environment, which at times reveal interests, desires and authoritarian behaviors, related to the micro policies of the healthcare services, triggering several situations of conflict within the team [(7)]. Regarding conflict between nurse and physician, The results showed that there was a conflict between nurses and doctors a very high with average mean of scores(1.60) due to the job description in health institutions and the dominance of doctors on nursing staff in terms of work, management and professional differentiation. A previous study that demonstrate agreed with our result in that these results may attribute to the fact that

doctors conflict with nurses are due to the changing, more advanced roles and the rejection of the traditional paradigm of doctor dominance [8].

While conflict between nurse and patient as moderate as mean (1.55), which is a good indicator of their dedication to their work .Another previous study agree with our result, it found that nurses have high concern for patients, attends very closely to their needs and ignores her or his own needs, while collaboration is the most conflict strategy preferred, while not sacrificing one's own concerns. By using these strategies, nurses may try to avoid stress, tension, which may arise from conflict situation in order to decrease the intensity of conflict [9].

The result of conflict between nurse and mangers show that conflicts between nursing staff and managers at moderate .This shows administrative domination and monopolization of nursing rights. These result also supported by the result of another study which of [10].When the mangers do not want to face or have difficulties to deal with conflicting situations at work, they use punitive measures on the nursing staff members. Concerning conflict with environmental conditions and services provided to nurses, the results show that the rate of conflicts in this field is as moderate this indicates that the health buildings are satisfactory for the nursing staff [11].

In the collected responses, The researcher noticed that the personal characteristics of the nurses are fundamental to address conflicts at the workplace .Association between the conflicts that facing the nursing staff and their ages, the relationship between age and conflict shows that there were highly significant at ($P < 0.05$), which indicates that this age group (26-32) most active in the hospital, therefore, is exposed to those races and conflicts. The results show that conflicts is very high .That result also found that old age people prefer collaboration with both patients and doctors, while that young nurses seek other people, tend to have good or at least tolerable interpersonal relations with their patients, and disfavor having enemies in their working environment [12].

The present study shows highly significant relationship between the conflicts that nursing staff are facing and their gender at ($P < 0.05$) ,the results show that male are more prone to conflict than female, and are more likely than women to reach ,This is because male work in critical places in hospitals , Mentioned that the reason for women being more accommodating can be due to their inborn higher concern for others as a consequence of their inherited and historical roles may be several explanations for the findings of this study. This goes in agreement with the social cognitive theory proposes that behavior is affected by environmental influences, personal factors, and attributes of the behavior itself [13].

This study also revealed that there were no significant relationship between the Conflicts that facing by the nursing staff and their marital status at ($P > 0.05$) , the results show that married couples are more prone to conflicts than single nurse but not in high rate. This is due to marital pressures that are reflected in the work environment. These result agreed with the result of another study which concluded that the marital status is one of the most important factors affecting conflicts within institutions [14].

Through the course of the data analysis, that there was highly significant relation between the conflicts that nursing staff are facing and their level of education at ($P < 0.05$) .The relationship between conflicts and educational level The results showed that when higher the level of education, decrease the conflicts with the nursing staff, where the percentage of highs reached a peak in the intermediate graduates and the lowest value in the graduates of the college. The current study indicated a significant relationship between nurses' use of conflict resolution strategies and qualification. It was found that nurses holding diploma degree used compromising with doctors, while the bachelor's degree nurses used collaborative strategy. There is a study are with such results with higher level of education associated with nurse's

age and experience which leads to higher expectations for managing conflict constructively [15].

This study also revealed that there were no significant relationship between the Conflicts that facing the nursing staff and the years of experience at ($P > 0.05$) .The relationship between conflicts and years of experience, the results showed that the more years of experience the less conflicts, the highest in the category of (1-5) years up to (45.3%) and the lowest proportion in the category of (11-20) years or more up to (8.0 %) ,A Previous study agree with this result by concluding that when years of experience increased, the use of conflict is decreased [1].

CONCLUSION

Studying factors that cause conflicts for nurses' helps reduce conflict between nurses and doctors, the study showed a significant relationship between demography and conflict types.

RECOMMENDATIONS:

1. Implementation an intervention program aimed to create positive condition involving all nurses and administrative team who are working at AL-Sadder hospital and general medical units.
2. Clarity limits the power and responsibility to avoid conflicts within the medical team.

REFERENCES:

1. Khanaki H, Hassanzadeh N Conflict Management Styles: The Iranian General Preference Compared to *the Swedish International Journal* of Innovation Management Technology 2010, Vol-1, and p: 46-53.
2. Marquis BL and Huston CJ: Leadership roles and management functions in nursing: Theory and application. (7eds) Lippincott Williams and Wilkins, Philadelphia, 2012, p: 187.
3. Klein man CS: Leadership strategies in reducing staff nurse role conflict. *Journal of nursing administration*, 2004, Vol-34, No: 7, p: 322-324.
4. Sportsman, S: Build a framework for conflict assessment. *Nursing Management journal*, 2005, Vol-36, No: 4, p: 32-40.
5. Gardner D: Expanding scope of practice: inter-professional collaboration or conflict? , *nurse economic jour*, 2010, Vol-28, No 4, p: 264-266.
6. Higazee, M. Z. A: Types and Levels of Conflicts Experienced by Nurses in the Hospital Settings, *Health Science Journal*, 2015, Vol-9, No: 6, p: 7.
7. Espanol California, Conflict conspiracy by experienced nursing staff in the context of the hospital How to explain the Campinas from: Campinas State University. 2006, p: 871.
8. Kaitelidou D, Kontogianni A, Galan is: Conflict management and job satisfaction in pediatric hospitals in Greece. *Journal of Nursing Management*, 2012, Vol-20, No: 3, p: 571-578.
9. Valentine P: Gender perspective on conflict management strategies of nurses. *Journal of Nursing Scholarship*, 2001, Vol-33, No: 1, p: 69-74.
10. Boccato SBG: Conceptions and typology of conflicts between workers and managers in the context of primary healthcare in the Brazilian Unified National Health System (SUS), *Cadernos de SaudePublica jour*, 2009, Vol-30, N: 7, p: 85-100.
11. Prochnow AG, Leite JL, Erdmann AL, and Trevizan MA: The conflict as a reality and cultural challenge in the management of *the nurse.scielo analytics jour*, 2007, vol-41, No: 4, p: 542-550.
12. Elliot J. strategies for Managing Conflict Workshop. Wellesley Institute, 2010, p: 132-145.

13. Whitworth BS: Conflict-handling Strategies? An exploratory Study of Registered Nurses in Southern Mississippi. Ph. dissertation, Capella University. 2005, p: 657-701.
14. Kim , Soy a ,*Journal of Korean Academy of Nursing* (2002) Vol-32, No,7
15. Hendel T, Fish M, Berger O. Nurse physician conflict management model choices, implication for improved collaborative practice. *Nurse Adminstration Quality jour*, 2007, vol-31, No: 3, p: 244-253.