The Effects of Different Conflict Management Styles on Job Satisfaction in Rural Healthcare Settings

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Abstract: In this paper we present and discuss the basics of conflict and the four types of conflict that appear in organizations. Research shows that employees fit into five different modes when faced with conflict in a workplace setting. Evidence provided in this study supports the practice of training managers how to respond to conflict in order to manage organizational conflict. Managers can use one of many different styles when attempting to resolve conflict; however, it is important to note that there is not one style that fits all situations. The style that mangers choose does have a direct impact on job satisfaction; and this can be observed by comparing employee satisfaction surveys at two rural, Midwestern hospitals.

Key Words: Conflict Management, Job Satisfaction, Healthcare, Human Resources

Introduction

Conflict in some organizations is not a matter of life or death. If conflict arises it can either be dealt with or avoided, and life goes on. People who work in healthcare know differently. Poorly managed workplace conflict can alienate patients, demoralize staff, increase turnover, damage relationships with valued referral sources and third party carriers concerned about patient satisfaction, and lead medical practices to costly corporate divorces (Sotile, 1999).

Conflict management classes are not bountiful at colleges across the nation, and it not generally something that gets brought up in new hire orientation. According to Mr. Lee Elliott (2008), Vice President of Human Resources at St. Francis Medical

Center, "I know of no job orientation that teaches conflict management, and if it was discussed, it is not something that can be learned in a couple of minutes. It takes a lot of time." To be a successful advocate of conflict resolution, human resource professionals must understand conflict, recognize how employees deal with conflict, and educate front line managers and supervisors on the types of conflict management techniques that can be used. It is also crucial to take a look at what top HR organizations are doing to both encourage and control conflict.

Literature Review

The Basics of Conflict

In order for supervisors and managers to understand how to manage conflict, they first must thoroughly understand what conflict is. Conflict can be defined as the behavior by a person or group intended to inhibit the attainment of goals by another person or group (Gray & Starke, 1984). Past research on conflict behavior has been one dimensional: competition vs. cooperation. More current research, however, indicates that conflict in organizations is much more than that. Introduced in 1964, Blake and Mouton developed a two-dimensional conflict behavior model that is still referenced today. The two dimensional model of conflict includes: assertiveness, defined as a party's attempt to satisfy his own concerns, and cooperativeness, defined as attempts to satisfy the concerns of another person (Ruble & Thomas, 1976).

According to Riggio (2003), there are four main types of conflict in organizations. The first is intraindividual conflict. This occurs when a person is faced with two different decisions. An example of this could be a manager faced with the decision of ignoring a star performer's late arrival to work because he or she *is* a star performer, or disciplining that person like any other subordinate. The conflict occurs *within* the mind of the manager. The second type is interindividual conflict. This is what most people associate as "conflict" in an organization, and it can be defined as differences that occur between two people. For example, two managers may disagree over the best marketing plan for their top client.

On the third level is intragroup conflict, which surfaces when a person in a group works towards a different goal than the rest of the group. This is conflict at the organizational level of analysis. If a group of Registered Nurses' (RN's) is working on completing patient assessments for the entire floor, and one RN is doing unrelated paperwork, this will create intragroup conflict. Doing paperwork is not helping to accomplish the group goal, and in the perspective of group members, may impede goal attainment. The last type of conflict that Riggio mentions is intergroup conflict.

Another common example of conflict is the existence of the fourth type, or intergroup conflict. This is also very common because intergroup conflict occurs between two groups, each working to achieve their respective goals. Purchasing and accounting departments in organizations try to keep costs down, while others, such as marketing, may attempt to differentiate their product offerings through top of the line goods. Intergroup conflict sometimes manifests itself in the form of "turf battles" between work groups or functional departments. Relevant to healthcare organizations, which is the contextual focus of this study, a common

turf battle exists between registered nurses (RN's) and licensed practical nurses (LPN's). Both groups of nurses are critical to the success of rural hospitals, yet there an inevitable, and constant power struggle. RN's feel that LPN's serve a role similar to Certified Nursing Assistants (CNA's) in that they need to be told what to do, and need to be closely monitored. LPN's tend to believe that their professional degree gives them some authority and autonomy in an organization, and for most tasks, should be treated as equals. It is easy to see how that situation could easily and quickly get out of hand due to conflict.

How Do Employees Deal with Conflict?

According to the Ruble and Thomas (1976) model of conflict behavior, employees have the ability to deal with conflict five different ways. Managers in today's workplace have ample opportunities to observe this model. Depending on the attitude and behavior of the employee, it is possible to be managing a department that has traits of all five conflict modes. Some employees may *avoid* conflict all together (uncooperative and unassertive), while others may find themselves making too many *exceptions* (cooperative and unassertive). On the complete other end of the spectrum are those employees who constantly feel the need to *compete* when a conflict arises (assertive and uncooperative). The fourth mode is *collaborating* (assertive and cooperative). Research has shown that this is a successful way to combat conflict and can generally be satisfactory for all parties involved. Thomas' model also has a fifth mode, *compromising*, which serves as a middle ground for both assertiveness and cooperativeness. A brief chart details this idea below.

Figure 1.
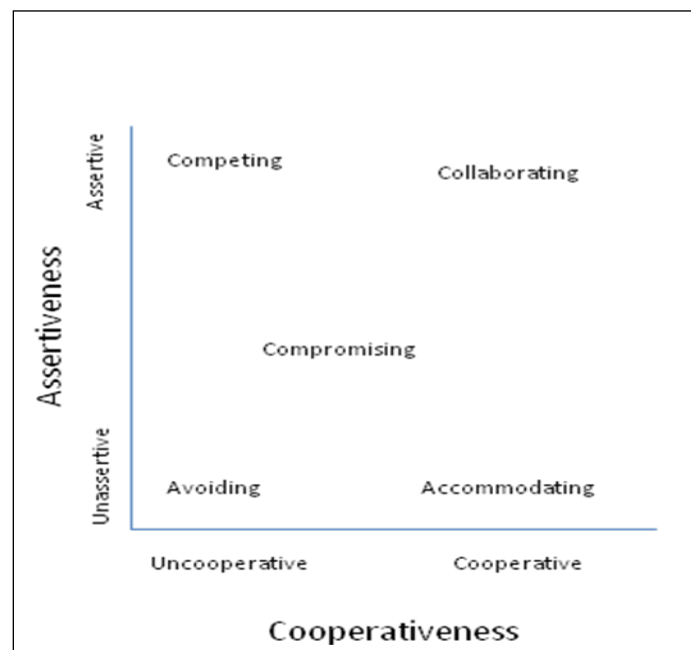
In the health services environment, conflict is extremely prevalent. According to a survey of over 2,000 nurses, 75% indicated that they "eat their young" (Baltimore, 2006). Essentially this means that experienced and veteran nurses are setting up their inexperienced counterparts to fail. Whether it is not telling them where certain equipment is at, not keeping them up-to-date as to when department meetings are, or just not orientating them to the level that they should be at, this phenomenon is happening everywhere. The United States is in the midst of a nursing shortage that is expected to intensify as baby boomers age, and the need for healthcare grows (AACN, 2008). Retaining nursing staff is difficult, but it is more so when one's own employees are sabotaging the situation. The same study indicates that this type of horizontal violence is becoming more and more prevalent in nursing. Horizontal violence can range from gossiping, unnecessary criticism, intimidation, passive aggression, withholding information, insubordination, and bullying, among others (Baltimore, 2006).

So what is the predominant way that health care professionals deal with conflict? In accordance with Ruble and Thomas' (1976) model, it can be noted that a significant number of nurses deal with conflict through avoidance. Nurses deal with conflict through avoidance in attempt to maintain the status quo and prevent the disruption of relationships (Baltimore, 2006). Ironically, this has an extremely damaging impact on relationships and, consequently, the organization. Allowing conflict to go unaddressed in a health care situation can also be detrimental to patients. What happens, when two nurses, who do not get along, but are the only two on the shift in a small hospital, have a question about patient care? Will they ask their equal counterpart? Or will each make the decision based on what they *think* is right? In this environment each nurse will go along with what they presume to be right, and that will be that. Making a mistake in nursing has an extremely different impact than making a mistake in other industries. Patient's lives are on the line.

Although one may think that more education would encourage employees to be more direct when dealing with conflict, that assumption is not always true. One might believe that higher education would result in different choices of modes for resolving conflict. Possibly, however, physicians are notorious for using the avoidance mode as well. Nearly every health care administrator, and almost all hospital staff can recall delays or inadequacies in patient care caused by a provider refusing to consult the 'on call' physician or group for a problem outside of their expertise because of some unresolved past conflict (Andrew, 1999).

Types of Conflict Management Styles

Again, in most organizations, managers will find themselves in a situation where they are supervising employees that do not all fall in the same conflict mode. Determining at which point in time conflict needs to be stimulated as opposed to being left alone is also something many theorists have researched. According to research by Robbins (1978), historic conflict philosophies by managers can be grouped in three distinct categories: traditionalist, behavioralist, and interactionist. The

management technique behind the traditionalist approach is to either get rid of or resolve conflict. Conflict was generally looked at as a plague for organizations, and the thought was that great managers would somehow find a way to ensure that there was no conflict in their department, whether that meant dealing with the issue or not.

Behavioralist was the next category of conflict philosophies. This method was very similar to the traditionalists method; however, behavioralists did not always look at conflict as damaging to an organization. Managers using this philosophy knew that conflict was inevitable, yet they still felt strongly about solving the conflict, rather than stimulating it. Managers using this method believe that there is a right answer, and that once that answer is reached, all parties need to comply.

The third historically used philosophy was that of an interactionist. The interactionist approach takes a very different look at conflict from the previous two methods. It proposes that "managers should continue to resolve those conflicts that hinder the organization, but stimulate conflict intensity when the level is below that which is necessary to maintain a responsive and innovative unit (Robbins, 1978). Effective and efficient managers realize that if they manage a department where there is absolutely no conflict, there is also no real potential for growth or innovation. Procedures and ideas need to be challenged if organizations want to see continuous quality improvement. As Robbins (1978) states: "adaptation is possible only through change, and change is stimulated by conflict" (pg. 69).

Although there are some positive aspects to the above three mentioned methods of dealing with conflict, choosing only one of the methods would not be sufficient for front line managers. A more effective use of the methods might be to employ each as appropriate to the situation. Therefore, Robbins suggested a contingency approach of managing conflict, which in his words if used successfully, "gives the right tools for the right job" (pg. 74).

Fundamentally, Robbins (1978) believes that conflict can be condensed into three general categories: communication issues, structure problems, and personal behavior factors. For managers to be able to successfully stimulate and combat conflict, they must to be able to classify where the conflict arose from, and what their roles need to be in the conflict resolution process. The contingency approach to conflict resolution, builds on Ruble & Thomas' (1976) model of how employees deal with conflict, but it also adds several different factors.

The first conflict management style deals with problem-solving. This is a very common method that is currently used in many work environments, and has strengths and weaknesses. If someone is confused, misunderstood, or under-trained, this is a style that could produce results; however, if the situation is any deeper than that, managers may quickly feel discouraged if this is the only technique that is brought to the table.

Learning how to align super ordinate goals is the next piece to the contingency puzzle. The likelihood of this type of conflict occurring in an organization is high. Tying back to Riggio (2003), this technique could be used for intergroup conflict. Managers and department directors in larger hospitals are commonly in charge of overseeing the basic functions of several different types of employees. Take the

Business Office of a hospital for example. The manager usually oversees patient accounts, admissions, billing, insurance, and communications operators. At some point in time, these different groups will reach a point where their goals are not in alignment. When possible, it is crucial for department directors to step in and align goals. When it is not possible, managers must do their best to explain why. As a result, this points to a clear weakness in this particular conflict management style.

Expanding resources also fits into the conflict management tool bag. If conflict is arising because two departments always need the same computer, workstation, etc., is it possible to purchase more of the currently limited resource? The easy answer to that could be *yes*, but what if, architecturally, there is not room? In this instance, managers need to find a way that diffuses the situation in a way that is acceptable to both parties.

As previously discussed, conflict is sometimes managed through avoidance. In healthcare organizations, this is used quite frequently, however, it is minimally effective. Avoiding conflict often results only in a short-term fix and is generally never an answer to long term situations. When managers handle conflict through avoidance, they will tend to inadvertently give employees more power because employees will try to take matters into their own hands, and come up with solutions. Whether managers want to admit it or not, when they permit conflict, they give the impression of promoting it.

The fifth technique in the contingency approach model is smoothing. This technique is essentially how it sounds. Managers using this technique will try to highlight the similarities while not placing a huge impact on the differences. In using this technique, a manager could try to highlight that employees are both working towards common goals, and that they both do a great job. The sandwich technique would be commonly used in this situation. Department directors will start off by highlighting something positive, followed by the "meat" of the situation which is the conflict or difference, and end with another compliment. Although this may work in the present and short-term future until a manager can determine a longer term solution to the problem, it is not a permanent fix. Eventually, if not dealt with the same problem could potentially surface again, perhaps in as soon as a week or a month.

Compromise is the next technique in the contingency approach model. When managers attempt to use this method, they are essentially asking that each employee give up part of what they want so that each goal can be successfully attained. As Robbins (1978) pointed out, there is not a clear loser when a compromise is made, but the flip side of that is there is not really a clear winner. If a manager is trying to use compromise between two employees who strongly dislike each other, the compromising solution may only be temporary because neither employee will feel like their solutions were really used to solve the problem.

Authoritative command is also a common approach to conflict management. Authoritative command occurs when a supervisor commands the resolution of the conflict to subordinates. For minor issues such as who takes the mail to the post office or who gets time off, a task-directive decision is the most effective approach. If a situation; however, is a large one, multiple techniques must be employed to ensure that the situation gets resolved. If

managers unilaterally make decisions without allowing the conflict resolution process to take place, they may be solving the cause of the problem, but not the root of it. Managers may also have the issue of not having enough buy-in from their employees, which means that the issue may resurface later.

The last two conflict management techniques center around altering the human and structural variables of the situation. Altering the human variable of conflict would be truly amazing, if it is really able to be implemented. As later stated in the methods section of this study, a large hospital in the Midwest actively sought to implement this type of management. Classes that are taught on company time have subjects including: conflict resolution, stress busters, life planning, financial planning, and anger management. The thought behind this style is that a happy employee is a productive employee. A significant portion of the time, conflict at work really has nothing to really do with work. Employees can be frustrated with a situation at home, or stressed out about finances, etc. If companies can discover a way to educate employees on how to deal with those issues in a positive way, it may lead to increased productivity in the workplace.

Altering the structural variables is another tool effective in managing conflict. This method includes transferring and exchanging group members, creating coordination positions, developing an appeals system, and expanding the group or organizations boundaries (Robbins, 1978). Exchanging group members, allowing them to do different jobs, or creating different coordinator positions in an area are all ways that managers can empower their staff. Decisions like this will generally be made at

the managerial level, and are fairly straightforward in terms of implementation.

Although both altering methods have several benefits, there are also several limitations that should be addressed prior to attempting to implement either one. In terms of 'mixing up' the structural side of things, this can be very difficult to implement and keep in a hospital or healthcare setting. Turnover is high, and attendance in some locations is barely at par levels. Employees in these situations may not have the time or energy to take on additional roles. Secondly, when coordinator positions are implemented, it can be confusing to staff in terms of who actually has the authority to make decisions. Lastly, this option is costly. The education and training that has to take place in order for the transition to be effective in the first place, may be viewed unnecessary and a waste of resources.

When is Conflict Good?

Not only should managers find and/or use appropriate conflict management techniques, but they need to be able to distinguish between functional and dysfunctional conflict. Making this distinction is easier said than done. Some researchers believe that conflict is either functional or dysfunctional based on the welfare of the individual, and the subsequent effects it has on specific employees. Robbins (1978), however, suggested that conflict can be classified as functional or dysfunctional based on how the conflict affects an organization's performance: "I believe that organizations exist to attain a set of goals which are developed and validated by senior management…the impact that conflict has

on the organization, not the individual, is what defines functionality" (pg. 4).

Technology can be a cause of great conflict in many health care organizations. Many rural Nebraska hospitals have only had online documentation integrated within the past decade, and many nursing homes still do not have computers that allow such documentation. A significant number of veteran nurses who have little experience on the computer have the "why fix it if it is not broken" mentality, while many nurses who have recently graduated from RN programs express that they would be extremely happy if they never had to pick up a pen to paper chart again. Conflict with administrators over when and why new online systems should be implemented are happening at hospitals in this region. Stimulating conflict so that eventually all involved will see and reap the benefits is what great managers do. Many managers in the conflict resolution process know just where they want their employees to end up; however, they know that forcing them toward a goal will not have the same impact if they are to get there on their own.

The Effect of Conflict Management Styles on Employee Attitudes

Work load, unethical behavior by colleagues, social exclusion, time pressure, downsizing, and organizational change programs can all be easily identified as things that cause stress at work and accordingly bring out some type of stressor response (Bright & Jones, 2001). Ample research has been done that will signify that the longer stressors go on, the more unhappy the employee will become. For example, if a nurse has a patient-to-nurse ratio of 8:1, only a few shifts would have to pass before manager might notice

frustration and potentially exhaustion. Once the nurse becomes burned out, patient care will suffer, bedside manner will decline, and common interactions will co-workers will be rough. Research has indicated that burnout refers to the draining of energy, that is, more energy is lost than replenished, analogous to a car battery which will run empty if not enough energy is generated from the dynamo (Enzmann, et al. 1998).

Managing employees is a challenge because of the variety of individual differences in personalities and important contextual factors that shape human development. In most situations, people do not share worldviews and thus do not see things the same way, which is a function of their perceptual learning. Accordingly, it is not possible for managers to have the exact answer every time a problem arises. Being able to determine which problems need action and which do not is the art of managing. If a manager is to let a key problem linger on, which is similar to the avoidance model, they will most likely see the result of that in the productivity and attitude of their employees. Psychosomatic complaints and stress negatively affect the individual's problem solving capacity, his or her task focus, and his or her ability to make sound and thorough decisions (Dijkstra et al., 2004, pg 11). For jobs that are fairly repetitive, managers may not see this shine through. Most jobs, however, require that employees demonstrate some type of problem solving ability. If we are talking nurses and doctors, not only are they making decisions, they are essentially completing tasks that can save a person's life.

Extensive research has been done on job satisfaction, and the different ways an organization can affect it. One theory

that attempts to explain job satisfaction is the Job Characteristics Model. Hackman and Oldham (1976) developed this model, and believed that five specific areas had huge impacts on job satisfaction. Those five areas included: skill variety, task identity, task significance, autonomy, and feedback. The basics of skill variety deal with the idea that a worker will be able to use a wide range of skills in his or her job. Having the primary job function center around putting the same three bolts on the same piece of metal on a daily basis would definitely not be considered skill variety. Task identity is the idea that the worker is involved in the complete process from beginning to end. The first two factors in the Job Characteristics Model are generally not influenced by managers or supervisors. Employees are made aware of the job functions prior to starting, and they can make an educated decision as to whether or not this is a job they want to do.

The last three factors; however, are definitely influenced by managers and/or supervisors in an organization. Task significance is the idea that the task that is being completed is an important one in the organization. Employees need to feel valued and needed by their managers and company in order for them to value themselves. In a hospital, every department has an impact on the customer or patient. Although doctors are important, and are needed in order for a healthcare facility to remain solvent, housekeepers are needed to keep the rooms cleaned, maintenance is needed to keep the machines running, and dietary is needed to make sure that patients get food that is safe for their particular situation. If managers belittle departments, a domino, or contagion effect will occur that could ultimately lead to low job satisfaction.

The autonomy factor is also fairly straightforward. Employees, in order to be satisfied, need to be able to make some decisions on their own. The amount of experience and education a person has will have a positive correlation to the amount of autonomy an employee will want. Being able to come up with a plan, and carry it out, definitely brings a sense of accomplishment to employees, and again is positively correlated with job satisfaction. Not many people enjoy to be micromanaged, and oftentimes employees will try their best when their boss gives them the opportunity to show what they are made of.

The last factor in the Job Characteristics model is feedback. Feedback is any direct communication that an employee gets back during or after the job is completed. Feedback can come from the customer, co-workers, or most importantly, managers. Feedback, whether positive or negative, needs to be communicated to the employee in a timely manner. Most driven employees want to know what they can do better for the next project. Critical conversations are tough to communicate at times, but great mangers find a way to have successful ones. A "pat on the back," or positive recognition for work well done, is also something that managers should not forget to do. Managers should not take for granted that an employee has done an exceptional job.

Methods

Archival data on employee satisfaction for two Midwestern U.S. healthcare facilities was analyzed to assess differences between the facilities that might be attributable to the conflict management culture in each. Descriptions of the participants, and the procedures

used to analyze the data, are presented in this section.

Method

Participants

The participants in the study were employees from two Midwestern hospitals who participated in each respective site's employee satisfaction survey within the past two years. Both hospitals varied greatly in size, as one hospital employed approximately 1,100 employees, while the other employed about 150. For the sake of discussion, the larger hospital will be referred to as Hospital A, while the smaller hospital will be referred to as Hospital B.

Hospital A had a participation rate for their employee survey at 97%, while Hospital B had a participation rate of just over 50%. The large variance in participation across facilities was partly due to incentives in place at Hospital A for 100% completion. At the time of the survey, there were no department level incentives at Hospital B. Hospital A's employee survey was taken in 2007, while Hospital B's survey was from 2006. Hospital A's survey was conducted by an independent third party, and was comprised of 31 questions. Hospital B's survey was administered and tabulated internally and consisted of 39 questions. It is the belief of the author that having an internal employee calculate scores also had an impact on the 50% participation rate. In other words, potential participants may have been more likely to respond of a third party had administered the survey because of their perceptions of confidentiality may have been violated.

Hospital A's employee survey broke down the demographics of employees surveyed. Of the employees who

participated in Hospital A's survey, 87% were female and 96% were Caucasian. In terms of hours worked and experience, 60% have been employed a minimum of five years, and 77% were fulltime. Lastly, 74% of respondents were age 25-54. Hospital B does not break down the demographics of the respondents that took their survey; however, after speaking with Hospital B's human resource department, the overall demographics were found to be very similar to Hospital A in the fact that most respondents were middle-aged, White, full-time, female employees.

Procedure

The instrument used to measure the impact that conflict management has on an organization for the sake of this paper was each organization's employee satisfaction survey. For some employees, this was thought to be the one chance they had each year to express their thoughts into words and on paper. Surveys at both facilities were confidential as survey results could not be tracked back to particular employees. Hospital A releases these surveys every four years, while Hospital B's last full official survey was released in 2006. Data was collected by contacting and subsequently receiving approval from the Chief Executive Officer (CEO) or Vice President of Human Resources of each respective hospital. Both organizations agreed to let their results be used for research as long as the final written reports did not publicly identify either facility. Table 1, below, details sample questions from both surveys. Although the questions are not exactly the same, and the format of the survey is different from hospital to hospital, both surveys attempt to extract similar results.

Table 1.
Sample Questions from the Employee Surveys

HOSPITAL A	HOSPITAL B
1) I can trust my immediate manager	1) My director keeps information I share confidential
2) My opinions seems to matter to my manager	2) My director asks for my input to help make decision
3) My manager holds everyone in the department accountable for their work	3) My Director tells me when my work needs improvement
4) I am given the opportunity to participate in training or education programs to advance my career	4) The Hospital provides as much ongoing training as I need.

Results

Both hospitals positioned their respective questions into different groups. Although the questions were not a direct match, the main headings were: 1) relations with immediate supervisors, 2) leadership, planning & education, 3) overall job satisfaction, and 4) longevity of employment. One benefit of Hospital A's survey is that the survey is broken down further so that the organization can see the results for specifically the nursing department. In addition, they can also see how they compare to hospitals in their network. Hospital B does not have either option. Lastly, employees for both organizations have the ability to answer the survey on a Likert scale that ranges from one (strongly disagree) to five (strongly agree).

Relations with Immediate Supervisor

Hospital A had high, positive scores in the category of questions related to attitudes about the relations with the immediate supervisor. Overall, supervisors

received a rating of 4.11 when employees were asked the question: "I believe my manager cares about me as a person", and an average score of 3.91 for the statement: "I trust my manager". Employees also responded positively when asked if they felt their opinions mattered to their immediate supervisor (3.77) and if they felt completely free to express views to their manager (3.85). One of the responses that received a lower, yet still relatively high score was a question relating to managers being fair with all employees (3.65). The one unexpected response was to the question that conflicts are managed in a way that results positive solutions (3.48). Furthermore, it is important to mention that out of the 31 questions asked, 22 were scored at the 80th percentile or above. This percentile is how Hospital A is compared to hospitals in its respective network of several hundred facilities.

Hospital B also scored significantly high in this area. Employees expressed the belief that their respective director treated them fairly (3.96), and that their directors treated them with respect (4.01). Interestingly, employees indicated that

their directors handle personal issues more satisfactory (3.89) than work related issues (3.80). Although Hospital B scored high in some areas, they are weaker in areas centered on communication. The question: "My director tells me when I do my work well" received only a 3.47, while other questions regarding asking for input in decision making (3.55) and keeping information confidential (3.43) also scored lower.

Leadership, Planning & Education

One of the single most important questions in relation to overall leadership is centered around whether or not employees feel top leadership is productive and have the best interests of the Hospital in mind. Hospital A scored a 4.04 when employees were asked if top leadership had a clear and concise vision for the Hospital. Employees at Hospital A also feel that they are given ample opportunity to participate in training or education programs that further advance their career (4.23), and managers encourage and support learning and growth (4.15). In the planning aspect of Hospital A, they also fared well when asked if the work team reflects on how to make things better (3.81).

Hospital B's responses in this area were considerably lower. Employees have some confidence in the leadership of the Hospital (3.51), yet the numbers continue to decrease when employees are asked whether or not there is adequate planning of departmental objectives (3.38). The scores hit a low point when employees were asked about whether they see themselves as part of the planning process (2.93). The planning question was the only question on the survey that produced a score below 3. On a positive note,

employees believe that they receive the training and education that they need when they initially start their job at Hospital B (3.72), and employees also indicated that they are supported in continuing education once employed (3.79).

Overall Job Satisfaction & Job Longevity

An interesting finding is that while Hospital A scored positively in most of the sections on their survey, employees did not rank the hospital as highly on questions that pertained to whether or not their organization was viewed positively by members of the community (49th percentile), and on a question that related to positive things being said about the hospital by friends, patients, visitors, and neighbors (67th percentile). Those figures can be puzzling when most employees surveyed (4.38) answered that they will still be working at the hospital one year from now. Additionally, most of the 1,065 employee respondents feel satisfied in their jobs (3.95).

Although Hospital B scored lower than Hospital A in some areas, most employees are satisfied with Hospital B as an employer (4.33). One area that scored extremely high which inevitably has an impact on job satisfaction is enjoying the job that one does (4.48). Lastly, most employees of Hospital B recommended it as a place to work (4.23).

Nursing Respondents

In addition to analyzing numbers that are reported for the hospital as a whole, for the purpose of this paper, it is also important to take a look at nursing percentages in relation to the employee survey. Hospital A did break this down, but

Hospital B did not. As expected, the nursing department has much lower overall percentiles as compared to the hospital as a whole. Only 10 of the possible 31 questions rated in the 80th percentile or higher compared with 22 questions that ranked in the 80th percentile or higher hospital wide. One of the lower statistics explored whether or not team members support each other in times of change and life transitions (45th percentile). Overall employee job satisfaction was also lower (3.62) as compared with the overall hospital results (3.95).

Discussion

Both hospitals fared better than average on their employee satisfaction surveys. What is important to analyze; however, is that both organizations have different approaches to conflict management. The amount of training available to supervisors, the size of the organization, and the overall organization approach all have a huge impact on how conflict is handled. Consequently, those approaches have a direct impact on job satisfaction as noted by the employee survey.

Training Available to Supervisors

The amount of training available for supervisors and/or directors may potentially have a significant impact on how they will handle conflict when faced with it on a daily basis. Hospital A takes a very active approach in training supervisors. Extensive training, that is available on company time, is available to educate managers on both conflict management and conflict resolution. Additionally, the Vice President of Human Resources is

available for mediation when needed. Hospital A has a stance of being proactive as opposed to reactive. In addition to having conflict training available for their managers, they also have conflict education classes available for all their employees. Other employee support classes are also available for free, and on work time if employees are interested. Hospital A appears to engage in a holistic approach to job and life satisfaction by realizing that the employee's life, not just their work life, will have an impact on the attitude that they bring to work.

Hospital B does not take as active of an approach as Hospital A in the training and educating of its supervisors. There are no internal classes available on the subject; however, managers are able to go to meetings if they so choose. Conflict management and conflict resolution training are more of an on-the-job learning experience that is learned through trial and error. Although it is not possible to measure the impact without access to employee exit interviews, one would wonder if employees' decisions to leaving the organization for other opportunities are accelerated by the lack of internal conflict management training. Additionally, mediation is a method that is available and used by Hospital B; however, it is not used to the fullest extent like it is at Hospital A.

Organization Size

The size of the organization also plays a role in how conflict is addressed and handled. First, the organizational size has a direct impact on the amount of funds that would be available to dedicate to the education of managers and staff. Hospital A is substantially larger than Hospital B (1100:150), and consequently has more

available funds and opportunities to provide continuing education.

Secondly, if twenty non-manager employees went to an educational class on conflict, during company time, Hospital B would have a hard time staffing the different areas of the Hospital. Not that is could not be done, it would just be much harder to replace approximately 13% of your workforce in a smaller organization, particularly if supervisors in smaller organizations are working supervisors, meaning they perform much of the same work as their subordinates.

Organizational Approach

Organizational approach also has a significant effect on conflict management styles. Being a proactive organization in the conflict management arena is more than just a few classes that are offered every other month. It is a culture. Hospital A has done an impressive job of initiating this culture change in relation to Hospital B. It is not something that can be done overnight, yet something that if instilled in all levels of employees over a long enough period of time, has the potential to have an incredibly positive impact on the organization as a whole.

Although Hospital B's management team recognizes the importance of effective conflict management, it has yet to become an integral part of their organization. Allowing their managers to attend external conflict management classes is a great start, but not all managers are able to attend. Classes that are outside of the Hospital require travel time, and in some cases an entire day of missed work. In-service training that is offered more frequently, could be done in one or two hour increments and would allow more managers to attend on a more regular basis.

Implications for Management and Conclusions

Managing workplace conflict is something that all professionals in healthcare have to deal with on a daily basis. Learning how to deal with conflict effectively is what will make the difference between a good and great manager. It is critical to understand the different methods available when attempting to manage conflict in an organization; and to understand that there is not a "one size fits all" method.

It is also important to recognize that learning these methods is not something that can be done overnight or even in a couple of months. It can, and should take at least a year or more. From a Human Resources standpoint, it is vital to have managers in place that are willing and able to learn in the area of conflict. Administration will not want the Director of Nursing or Chief of Staff to be constantly involved in interpersonal day to day conflict; it is not cost effective for a hospital to do this, nor is it advancing the strategic goals of the organization.

As leaders in an organization, it needs to be realized that conflict management training is something that needs to have priority. It is not something that can simply be checked off in orientation, nor done over a lunch meeting. Allowing continuing education in this area for managers, in addition to allowing employees to get involved will only have a positive impact on the organization or hospital. "Adversity does not give us an excuse for folding our hands and assuming that there is nothing we can do. Instead it

provides us with the enormous opportunity to invest in our people, to help them attain the skills that it will take to truly change the interpersonal environment, and focus our collective energies on the needs of the patient (Forte 1997, pg 122).

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