ISSN: 2576-0319

Conflicts in the Health Context

Monteiro AP*

University of Trás-os-Montes and Alto Douro, Portugal

*Corresponding author: Ana Paula Monteiro, University of Trás-os-Montes and Alto Douro, Portugal; Email: apmonteiro@utad.pt

Keywords: Health; Health Organizations; Skills

Editorial

Health, as an area of enormous complexity and great human, social and political importance, is subject to constant challenges [1]. With globalization, the work environment has undergone profound changes with the latest technological advances, putting professionals in constant tension between their responsibilities, increasing, and increased competitiveness of the job market. Health professionals have constant challenges that incite them to overcome their own limits, an aspect that translates into ruptures and tensions, putting pressure on labor relations [2].

Conflicts in the health sector are very common, mainly as a consequence of the constant changes and transformations that occur in modern health organizations and the interaction between employees [3]. The conflict in this sector is always present due also to factors such as, among others, high intra and interpersonal tension, excessive professional competitiveness, shift work schedules, intrinsic nature of work, complexity of the personalities involved in the tasks and constant vulnerability between patient and health professional [4].

However, Mosadeghrad, et al. [5] report that in organizations where there are few conflicts or where there are no conflicts, innovation and creativity can disappear over time and the development of personal skills can decrease, just as organizational efficiency can decrease, so conflicts must be managed for the benefit of organizations.

In the case of public health organizations, conflict of tasks has no negative effects on worker satisfaction when this is combined with high-support guidance in work teams; in other words, when the relationship between the members of the organization is based on collaboration and mutual assistance, and when group members have high levels of

Editorial

Volume 8 Issue 2

Received Date: April 05, 2023

Published Date: April 18, 2023

DOI: 10.23880/pprij-16000329

trust and participate and collaborate with their peers in work tasks [5].

It has been suggested in the literature that the lack of conflict resolution skills has caused anxiety and distrust in work environments [6,7], and also the interference with work that affects the quality of care and the provision of care to patients [8].

Conflict and its management are part of labor relations and the field of forces in which they are included, whether at the personal, group and/or organizational level [2]. Conflict management is a key element in providing safe, high-quality health care [8]. Thus, looking at the conflict in a constructive way contributes to a proactive resolution before the conflict has a negative impact on health professionals and users [1,8]. This will be done by promoting a collaborative work environment and offering conflict management training to employees [2].

The constructive management of conflicts can be contemplated in training, basic and postgraduate actions for health professionals, which would constitute an added value for them. For Kaitelidou, et al. [9] the learning and training of competencies (communicational, ethical and relational) could focus on subjects such as negotiation, mediation, arbitration and other techniques of conflict management in a basic way, but also oriented to the prevention of problems. Morreim [10] considers that training in this area should be continuous and can include *online* resources and use conflict resolution platforms, seeking to prepare health professionals so that, in hospital environments, they develop mediation roles with patients and their families.

References

1. Cunha P, Meneses R, de Oliveira MC (2013) Gestão de conflitos na área da saúde: Uma proposta de reflexão. Arquivos de Medicina 27(3): 132-134.

Conflicts in the Health Context Psychol Psychology Res Int J

- 2. Leon Perez JM, Notelaers G, Leon-Rubio JM (2016) Assessing the effectiveness of conflict management training in a health sector organization: evidence from subjective and objective indicators. European Journal of Work and Organizational Psychology 25(1): 1-12.
- Raykova EL, Semerjieva MA, Yordanov GY, Cherkezov TD (2015) Dysfunctional Effects of a Conflict in a Healthcare Organization. Folia Med (Plovdiv) 57(2): 133-137.
- 4. Cunha P, Miguelote S (2015) O impacto do conflito na área da saúde: Uma visão para a pacificação das relações entre profissionais. In M. Cardoso de Oliveira (Coord.), Sobre Saúde, Edições UFP, pp: 167-173.
- 5. Mosadeghrad AM, Mojbafan A (2019) Conflict and conflict management in hospitals. Int J Health Care Qual Assur 32(3): 550-561.
- Marshall P, Robson R (2005) Preventing and managing conflict: Vital pieces in the patient safety puzzle. Healthc

- Q 8: 39-44.
- 7. McKenzie DM (2015) The role of mediation in resolving workplace relationship conflict. Int J Law Psychiatry 39: 52-59.
- 8. Scott C, Gerardi D (2011) A strategic approach for managing conflict in hospitals: responding to the joint commission leadership standard, part 1. Jt Comm J Qual Patient Saf 37(2): 59-69.
- 9. Kaitelidou D, Kontogianni A, Galanis P, Siskou O, Mallidou A, et al. (2012) Conflict management and job satisfaction in paediatric hospitals in Greece J Nurs Manag 20(4): 571-578.
- 10. Morreim H (2018) Educating for conflict resolution. In C. Delany, & Molloy, E. Learning and Teaching in Clinical Contexts: A Practical Guide, Elsevier Health Sciences, pp: 72-82.

