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A study on conflict management of hospital staff at tertiary level hospital in Dhaka City

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Abstract
A descriptive cross-sectional study was conducted to examine conflict management among hospital staff at a tertiary-level hospital in Dhaka city from November 2023 to May 2024. The study included 125 respondents, selected through a convenient sampling technique with data collected using a structured questionnaire. The primary focus was to explore the causes of workplace conflicts and identify potential solutions among hospital staff while also assessing the socio-demographic characteristics of the respondents. Data were entered and analyzed using SPSS version 29. The findings revealed that healthcare professionals identified key causes of workplace conflict in descending order: heavy workload, inadequate pay, and inconsistent instructions from different leaders. Additionally, 41.6% of conflicts were reported to occur in administrative support departments, while 31.2% of respondents highlighted storage shortages as a major source of conflict. Furthermore, 33.6% of participants emphasized the importance of beneficial training programs, particularly in communication skills, as an essential tool for conflict resolution. In conclusion, effective conflict management strategies contribute to organizational efficiency and enhance service quality. High levels of conflict in healthcare settings are linked to increased errors, decreased employee satisfaction, and reduced performance. Given the daily challenges associated with conflict resolution in hospital environments, it is crucial for management to implement structured conflict-management strategies to ensure a harmonious and productive workplace.

Keywords: Conflict, conflict management, interpersonal conflict, interprofessional conflict, organizational conflict, complex medical needs, inefficiency of communication system

Introduction

Hospitals are essential institutions within the healthcare system, distinct from other health-related organizations due to their critical role in delivering medical services. Over the past few decades, changes in social dynamics have necessitated a shift from a physician-centered model to a collaborative, team-based approach involving various healthcare professionals, including physicians, nurses, paramedics, and administrative staff. As a result, modern healthcare teams consist of individuals with diverse backgrounds, spanning differences in age, gender, socioeconomic status, education, and professional expertise.

Despite these variations, successful healthcare delivery depends on seamless collaboration among team members. However, when teamwork is disrupted, conflicts may emerge, which can affect the quality of care provided (Brinkert, 2010) [2]. Conflict is a dynamic interaction that arises when interdependent individuals experience negative emotions due to perceived disagreements or obstacles to achieving their goals. Brinker (2010) [2] highlights that conflict is inherently a communication process, meaning it is unlikely to occur in the absence of interaction. Like other organizations, hospitals frequently encounter conflicts stemming from differences in goals and responsibilities,

resource competition, interdependence, value discrepancies, ineffective performance evaluations, poor reward systems, organizational role confusion, lack of teamwork, educational disparities, economic and social inequalities, and gender diversity (Rahim, 2011) [10]. Such conflicts can have significant repercussions, leading to high staff turnover, reduced efficiency, increased workplace tension, and, in severe cases, negative effects on patient care and staff morale. Given the critical role hospitals play in healthcare delivery and patient satisfaction, effective conflict resolution is essential. Furthermore, inefficient communication systems hinder goal attainment, exacerbating workplace disputes (Almost *et al.*, 2016) [1]. A study on conflict management among hospital staff at a tertiary-level hospital in Dhaka is particularly relevant due to the high-pressure environment in which healthcare professionals operate. Prolonged working hours, high patient volumes, and critical decision-making scenarios make conflicts nearly inevitable. Understanding conflict management strategies in this setting can provide insights into underlying issues affecting staff performance, patient outcomes, and overall hospital efficiency. Poor conflict resolution may contribute to low morale, increased staff turnover, and diminished service quality (Jehn & Bendersky, 2003) [5].

Tertiary hospitals, which provide specialized and advanced medical care, face distinct challenges due to their complex organizational structures, diverse professional roles, and high patient loads. These hospitals handle intricate medical procedures and house various specialists, making them prone to conflicts that can arise from resource limitations, hierarchical structures, and communication breakdowns (Almost *et al.*, 2016) [1]. In Dhaka, a rapidly growing urban center with a dense population, tertiary hospitals struggle with resource constraints, overcrowding, and administrative inefficiencies, which can intensify workplace conflicts (Khalid & Ahmed, 2016) [6]. Interpersonal conflicts among staff members, interprofessional conflicts between different healthcare professions, and systemic organizational conflicts are commonly observed in hospitals. For instance, disputes may arise between physicians and nurses over patient care decisions or between medical and administrative personnel regarding resource allocation and policy implementation. Addressing these conflicts effectively is vital for several reasons: unresolved disputes can lower staff morale, increase burnout, and reduce productivity, all of which negatively impact patient care. Moreover, a conflict-ridden work environment fosters stress and dissatisfaction, whereas constructive conflict resolution promotes teamwork, enhances communication, and cultivates a more collaborative workplace culture (Rahim, 2011) [10]. Given the increasing demand for quality healthcare, particularly in urban settings like Dhaka, understanding and managing workplace conflicts is crucial for improving hospital performance and patient care outcomes. Effective conflict resolution strategies not only enhance professional relationships among healthcare workers but also contribute to better organizational functioning and improved healthcare delivery (Jehn & Bendersky, 2003) [5].

Results

Table 1: Socio-demographic information of the Hospital Staff (N=125)

Age (in year)	Number	Percentage
21-30 years	62	49.6
31-40 years	47	37.6
41-50 years	10	8.0
51-60 years	6	4.8
Total	125	100
Gender		
Male	46	36.8
Female	79	63.2
Educational qualification		
PhD	2	1.6
MSN/MPH/MSc	30	24.0
Bachelor/ MBBS	43	34.4
Diploma	41	32.8
Paramedic	5	4.0
Working Experience		
<5 years	55	44.0
<10 years	56	44.8
<20 years	12	9.6
>20 years	2	1.6

Table 2: Distribution of the respondents by common causes of conflicts in organization (N=125)

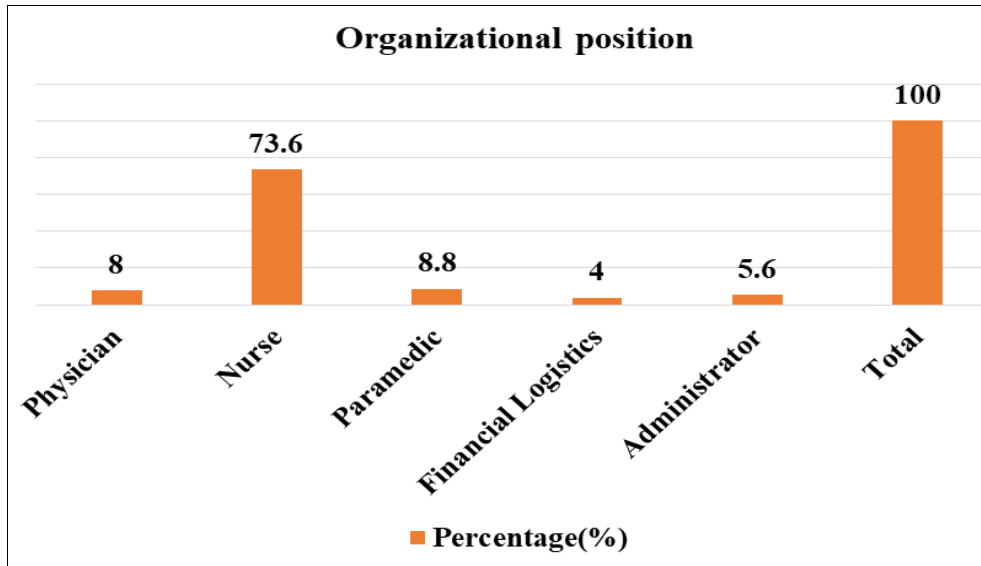| Common causes of conflicts in organization	Frequency	Percentage (%)
High workload	35	28.0
Resources shortage	17	13.6
Shortage of storage	39	31.2
Lack of Knowledge capabilities and skills	20	16.0
Interpersonal relationship	14	11.2
Total	125	100.0

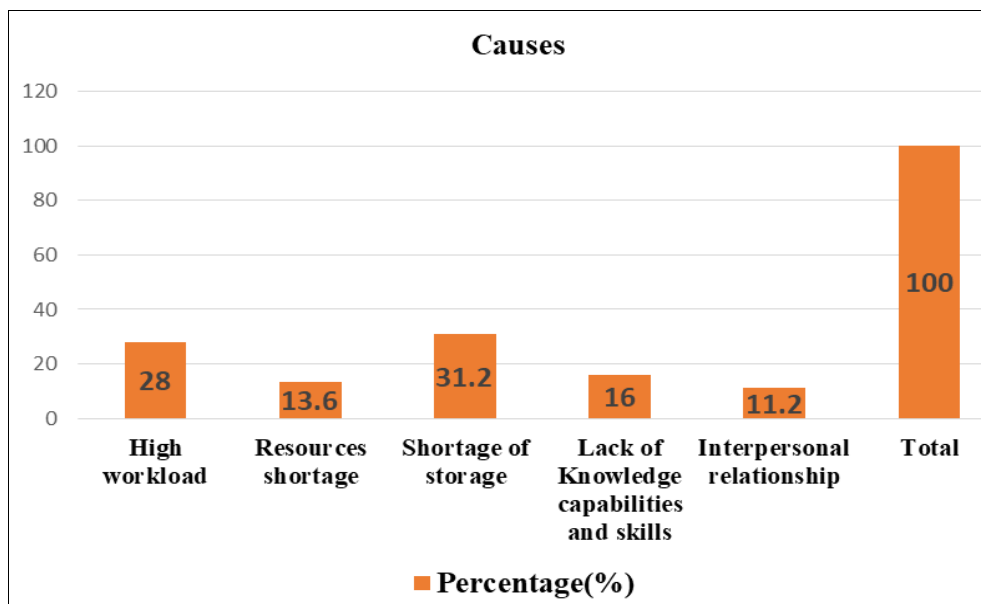**Fig 1:** Distribution of the respondents by organizational position (N=125)

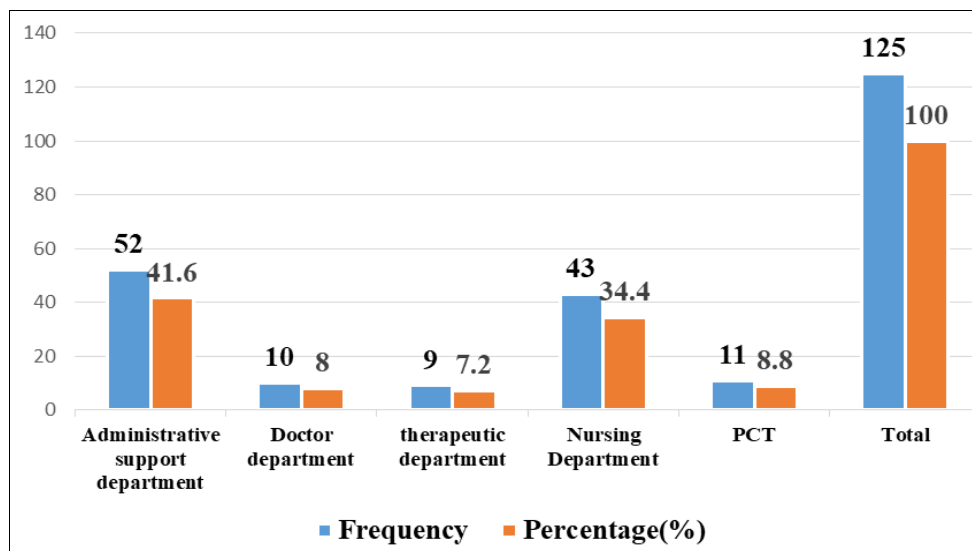**Fig 2:** Distribution of the respondents by causes of conflicts (N=125)

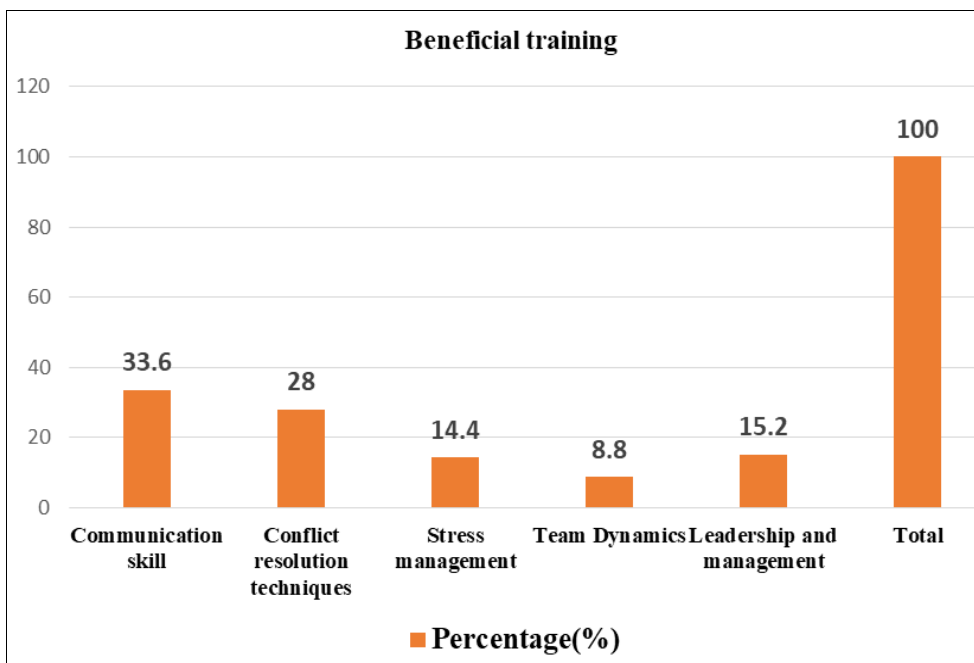**Fig 3:** Distribution of the respondents by which department conflict are observed (N=125)

Fig 4: Distribution of the respondents by beneficial training (N=125)

Materials and Methods

A descriptive cross-sectional study was conducted to assess conflict management among hospital staff at a tertiary-level hospital in Dhaka city from November 2023 to April 2024. The study population comprised hospital staff working in the selected tertiary hospital, which was considered a representative setting for the study. A convenient sampling technique was used to select participants, with an intended sample size of 240 based on the formula for sample size calculation (N=600, e=0.04); however, 125 samples were purposively selected to fulfill academic requirements. Data collection was carried out using a self-administered structured questionnaire, and descriptive statistics, including frequency distributions and percentages, were computed to assess knowledge levels. Comparative analyses across demographic factors were performed, and Cronbach's alpha was used to evaluate the internal consistency and reliability of the questionnaire. Statistical analysis was conducted using the Statistical Package for Social Sciences (SPSS V29), generating descriptive statistics such as frequency, percentage, mean, and standard deviation. Ethical approval was obtained from the Institutional Review Board (IRB) of United College of Nursing, and permission was granted by the Superintendent of Dhaka Medical College & Hospital. Informed written consent was obtained from each participant before data collection, ensuring their right to withdraw or decline participation at any stage of the study.

Discussion

This descriptive cross-sectional study aimed to assess conflict management among hospital staff at a tertiary-level hospital in Dhaka city. The findings indicate that conflict in healthcare settings arises due to multiple factors, including resource constraints, interpersonal relationships, and administrative challenges. The majority of respondents in this study (38%) identified shortages in storage facilities as the most significant factor contributing to workplace conflict, while only 11.2% reported interpersonal relationships as a source of conflict. These findings align with previous research conducted by Liu *et al*. (2019), which highlighted that structural and administrative factor, rather than interpersonal disputes, are the primary causes of workplace tensions in healthcare settings. Regarding the distribution of conflicts across hospital departments, our study revealed that conflicts were most prevalent in administrative departments (41.6%), whereas the lowest occurrence was in the doctors' department (8.0%). This observation supports the findings of Tian *et al*. (2020) [12], who noted that administrative inefficiencies and hierarchical power structures contribute significantly to workplace conflicts in hospitals. The lower conflict levels reported among doctors may be attributed to their relatively autonomous roles, as suggested by Sun *et al*. (2017) [11], who found that conflicts in healthcare settings predominantly affect nursing staff and administrative personnel rather than physicians. Training for conflict management emerged as a major gap, with 54.4% of the respondents indicating that no formal training was provided. This is consistent with the study by Needham & McKenna (2008) [9], which identified a lack of structured training as a key contributor to workplace violence and conflicts in the healthcare sector. The absence of training programs can lead to ineffective conflict resolution strategies, further exacerbating workplace tensions. Similarly, Kobayashi *et al*. (2020) found that healthcare workers who received conflict resolution training exhibited lower levels of job-related stress and burnout compared to those without such training. Our study also examined conflict resolution preferences among hospital staff, revealing that 38% of respondents expressed a desire for improved conflict resolution techniques. This aligns with the findings of Kumari *et al*. (2020) [8], who emphasized that hospital staff often lack the necessary skills to address workplace conflicts effectively. The literature suggests that structured mediation programs and leadership interventions can significantly reduce

conflicts and improve workplace harmony.

Demographically, our study found that the majority of respondents were female (63.2%), and 68% were married. Additionally, most respondents (34.4%) had completed a bachelor's degree, followed by diploma holders (32.8%) and master's degree holders (24%). The mean service length was 1.68 years, indicating a relatively young workforce. These demographic characteristics are consistent with the study by Kitaneh & Hamdan (2012) [7], which found that young, female healthcare workers were more vulnerable to workplace conflicts due to lower seniority and limited decision-making power. The implications of these findings suggest that healthcare institutions should prioritize structured training programs, establish clear conflict resolution policies, and strengthen administrative support systems to mitigate workplace conflicts. Future research could explore intervention-based strategies to assess the effectiveness of conflict resolution training programs in hospital settings. Overall, the study underscores the importance of proactive conflict management strategies in ensuring a productive and harmonious work environment for healthcare professionals.

Conclusion

The study highlights significant challenges in conflict management among hospital staff in tertiary hospitals in Dhaka city, including staff shortages, insufficient understanding of conflict causes, and inadequate training. Despite these issues, there is a willingness among staff to improve conflict resolution practices. Addressing these gaps through awareness programs, continuous training, and clear guidelines can enhance conflict management. A proactive approach, fostering open communication and investing in staff development, will be essential for creating a cohesive and efficient hospital work environment. Future research should focus on specific conflicts and resolution strategies for more effective management practices.

Acknowledgments

Conflict of Interest

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