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ORGANIZATIONAL AND FUNCTIONAL MODEL OF IMPROVEMENT OF THE SYSTEM OF PREVENTION OF CONFLICT SITUATIONS IN THE FIELD OF HEALTHCARE

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Abstract.

In order for any organization, including a medical one, to function effectively in modern conditions, the entire management system, including the human resources management system, needs constant development and improvement. The staff of health care institutions is a community of people with different levels of conflict. The ability to build constructive relationships, use the most effective strategies of behavior in conflict situations and resolve conflict contradictions is an important indicator of the effectiveness of the work of managers at all levels.

The aim: To substantiate, develop and implement in the health care system a functional and organizational model of conflict prevention in medical organizations.

Materials and methods: 582 medical workers of primary care centers and hospitals of the Chernivtsi region were involved in the study, who passed an individual survey about conflict situations in medical institutions and, applying a systemic analysis, developed a functional and organizational model for the prevention of conflict situations in the field of medicine.

Results and discussion: One of the most important functions of medical managers, doctors and secondary medical personnel in medical institutions is to ensure a balance between rights and obligations in the triad «administration – medical worker – patient». This function is implemented thanks to control over the creation of regulatory documents and analysis of the work of direct performers. To resolve conflict situations and disagreements that arise directly between the manager and medical workers regarding «acute» issues, we suggest using a general conflict management algorithm in a medical organization. Directly to improve the system of prevention of conflict situations in the field of health care, an organizational and functional model has been developed, the basis of which is the correction of pre-conflict situations and their exacerbation.

Conclusion: The functional-organizational model of prevention of conflict situations in medical organizations developed in the course of the study reflects modern trends in health care and allows a medical worker to predict the further aggravation of conflict situations or resolve an existing conflict in a non-conflict way.

Key words. Conflict in medicine, prevention model, patient, head of a medical institution.

Introduction.

Problems of conflicts between patients and doctors have arisen since the birth of medicine as a science. But in modern medical organizations, in addition to these problems, there are a number of other factors that shape the conflict management system. However, not every contradiction can be called a conflict. Contradictions lead to conflicts when they affect the social status of a group or individual, material or spiritual interests of people, their prestige, and moral dignity. There are different definitions

of conflict, but they all emphasize the presence of contradiction, which takes the form of disagreement, when it comes to human interaction.

A conflict related to the provision of a medical service should be understood as a conscious or unconscious violation by a party (parties), as a result of action or inaction, of the social and/or economic rights and interests of the subjects of legal relations, provided for and protected by the relevant legislation, related to provision of medical services.

The study of the scientific works of modern foreign scientists on conflict studies showed the probability and usefulness of applying some ideas in Ukrainian conditions. First of all, we mean Fisher's model of «principled negotiations» [1], the model of «management intervention» in intra-organizational conflicts, L. Kozier's concept of «positive conflict» [2] in the organization, the technology of step-by-step regulation of conflict relations between opponents.

Managers must take into account the fact that everything is interconnected in the market. If a valuable employee leaves the organization during a conflict, the manager not only loses, but also allows competitors to win. In fact, maintaining key, highly qualified employees are the main task of any company, including and medical, which wants not only to survive, but also to develop successfully in the modern market.

Under the modern approach to resolving conflicts in management, E. Deming [3] in his works meant the partnership of employees and managers, where the manager is given the role of a mentor, an older friend who can show the employee the way to his professional growth. He also believes that one of the main reasons for the emergence of contradictions between employees and units is that everyone pursues only their own goals, not noticing the importance of the tasks of others [4]. It is necessary to be able to identify employees who go to work only to receive money, and those who are proud of their professionalism, their team, their company. Such methods as honor boards and award certificates are still relevant today.

Conflict prevention is «an attempt to influence socio-psychological phenomena that can become constituent parts of the future conflict structure, future opponents and the resources they use» [5,6]. Since any conflict leads to the limitation of people's needs and interests, it is necessary to start its prevention from the earliest prerequisites, with the identification of potential causes of the future conflict [7].

A feature of the professional environment of medical workers is that almost every field of their activity involves working in a team, for example in an operating team, or constant interaction with colleagues (with adjacent, auxiliary units, other specialists of their department), as well as communication with patients and their relatives [8,9]. Despite the fact that each participant in the process of providing medical care performs his own direct professional duties, in one way or another, all employees

of a medical organization are related to each other. The tension of the work of medical workers (high responsibility, physical and emotional stress, lack of clear demarcation of responsibilities, nursing standards, etc.) leads to disputes, rivalry, misunderstandings between employees and causes various kinds of conflicts.

There are several points of view on the role of conflict in the organization [10,11]. Some scholars suggest that conflict should be avoided, as it indicates disruptions in the group's work. This approach is called traditional. Other scholars argue that conflict can not only be a driving force for successful and effective group work but is a necessary condition for it. Such a point of view is marked as interactionist [12]. Modern research shows that it is not necessary to encourage «good» conflicts or to avoid «bad» conflicts; the most important thing is to resolve the conflicts that have arisen productively. In other words, it is important to be able to manage conflict.

The aim. To substantiate, develop and implement in the health care system a functional and organizational model of conflict prevention in medical organizations.

Materials and Methods.

582 medical workers took part in the study, of which 48 were managers, 160 were nurses, and the rest were actually doctors of primary care centers and hospitals in Chernivtsi and Chernivtsi region. The research methodology was based on anonymous individual interviews with managers, doctors, and nurses, focusing on in-depth study of conflict situations in medical teams, allowing participants to express their opinion freely, without pressure. Based on the answers of the respondents and the considered specific points regarding the determination of the behavior of practicing doctors and nurses in resolving conflict situations, using the methods of modeling, structural and logical analysis, and the method of expert evaluations, a functional and organizational model for the prevention of conflict situations in medical organizations was developed.

Results and Discussion.

Any professional work, in addition to psychological and physical characteristics, is based on personal qualities that contribute to the success of human activity. First of all, this refers to professions where the object of a person's business activity is another person; this type of «person – person» interaction depends on the qualities of both one and the other subject of the relationship. There is no doubt that a medical worker must possess a certain list of high personal qualities.

The medical profession is based on respect for human life and its quality. Not causing harm and harm is the first duty of a medical worker.

The profession of a medical worker refers to complex types of work, which requires the specialist to continue the process of learning and professionalization, versatile education, erudition, as well as the possession of personal and professional qualities. A medical worker is endowed with the trust of society, therefore, the humanism and attention of a medical worker, his respect for the patient should not be determined by high politeness.

The work of medical workers is very responsible. It involves constant excessive psycho-emotional stress, which requires

endurance and the frequent need to make medical decisions in extreme situations [13]. An important principle of the work of medical workers is the collegial solution of the most complex and difficult issues in their practical activities, friendly mutual assistance. It is important that a medical worker owns his own emotions, knows how to control his reactions and behavior in general, and maintains confidence. Politeness and patience are constituent elements of a good work style, with the help of which attention to one's patients and care for them is expressed [14].

Among the various features of the medical profession, contact with the patient and a benevolent attitude towards him are very important. The success of the treatment is mainly determined by the ability of the medical worker to win the trust of the patient and find an approach to him. The high qualification of a medical worker, his skill are manifested, first of all, in restraining his reaction to often a sharp act of the patient, in understanding his condition. The communicative side of the activity of a medical worker is of great importance, since in the process of its implementation, the worker of the health care institution must provide assistance to the patient, and often such assistance is not so much medical as psychological side [15].

The process of providing medical care includes all kinds of relationships in the triad «medical worker – patient–society» (ethical, legal, economic, informational, etc.), as well as various types of social interactions – cooperation, competition, conflict, taking into account the set of functions of each of them [16]. Conflict situations concerning the doctor's personality – internal conflicts, or the doctor's interaction with others: colleagues, patients, his relatives – external conflicts – where various conflict situations are reflected on the doctor's internal state (Figure 1).

The level of conflict between a medical worker and patients depends on:

- qualifications of medical personnel.
- the material and technical base of the medical institution.
- the quality and cost of services provided.
- patient evaluation of subjective and objective components of medical help.

Socio-economic characteristics of medical workers and their partners in conflict interaction – patients – are almost the same. The only difference is that doctors with high professional qualifications are often involved in the conflict. Despite the conscious choice of specialty and significant experience working with people, low wages, corresponding only to the subsistence minimum, are one of the main factors that determine the social discomfort of medical personnel and affect the nature of relationships at the time of providing assistance [17]. The most common conflicts in medicine are depicted in Figure 2.

Undoubtedly, the problem of conflicts in medical practice is not only the problem of an incompetent medical worker and a «victim – patient» or an «angry patient» and a «sufferer – doctor»; this problem is complex and needs to be solved at different levels. But, speaking of medical workers, it is important to remember that a doctor must clearly know his rights and responsibilities perform his work honestly and professionally, treat his colleagues with dignity, and then the entire team of the medical institution will come to his defense [18].

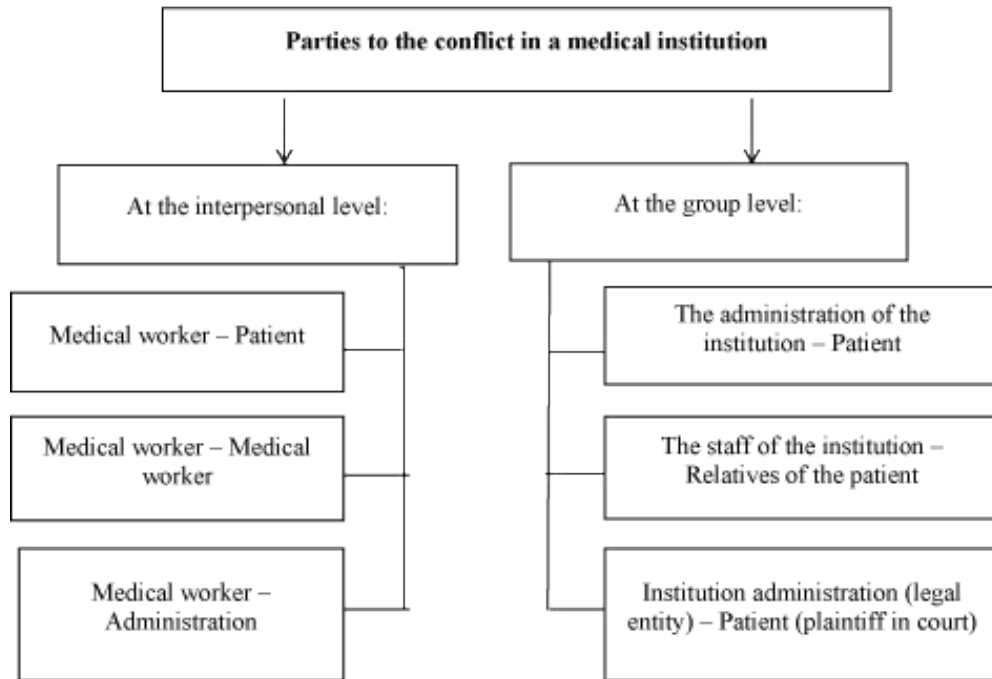


Figure 1. Parties to the conflict in medical institutions.

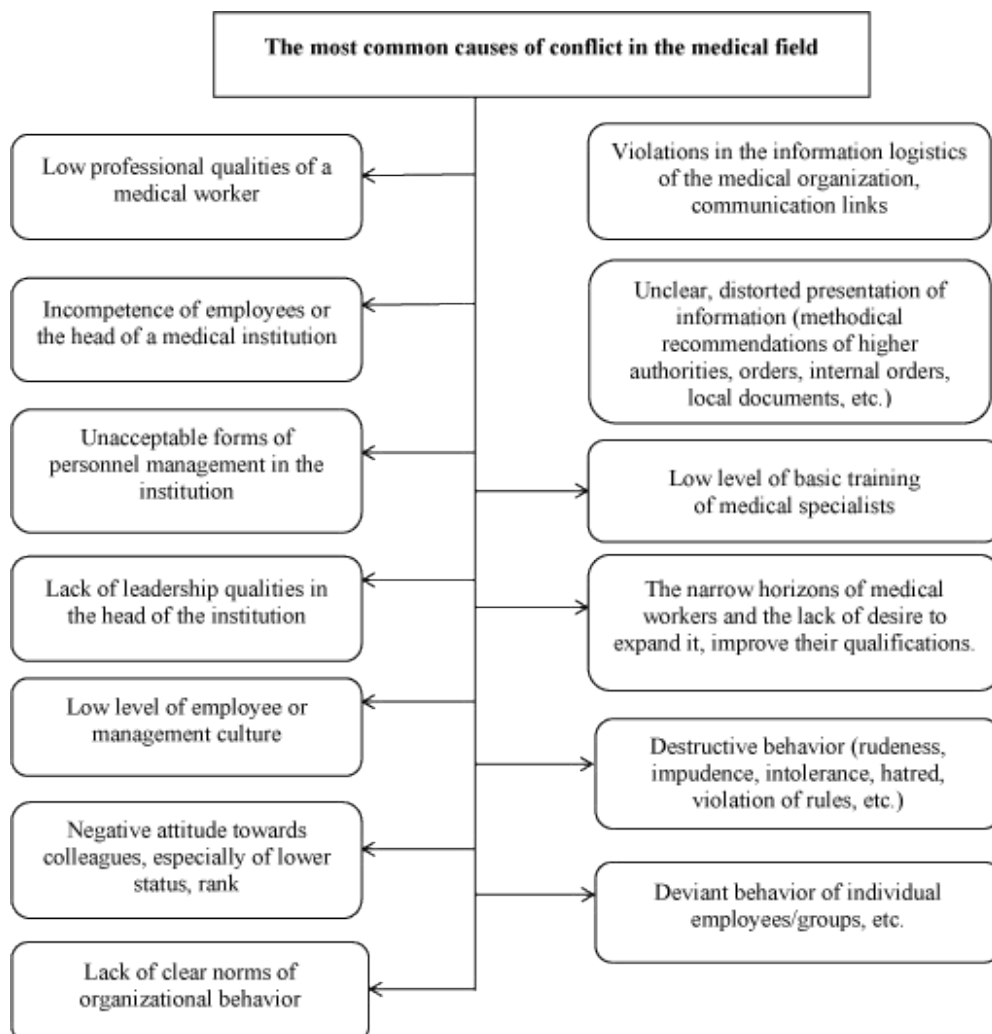


Figure 2. The most common causes of conflicts in the medical field.

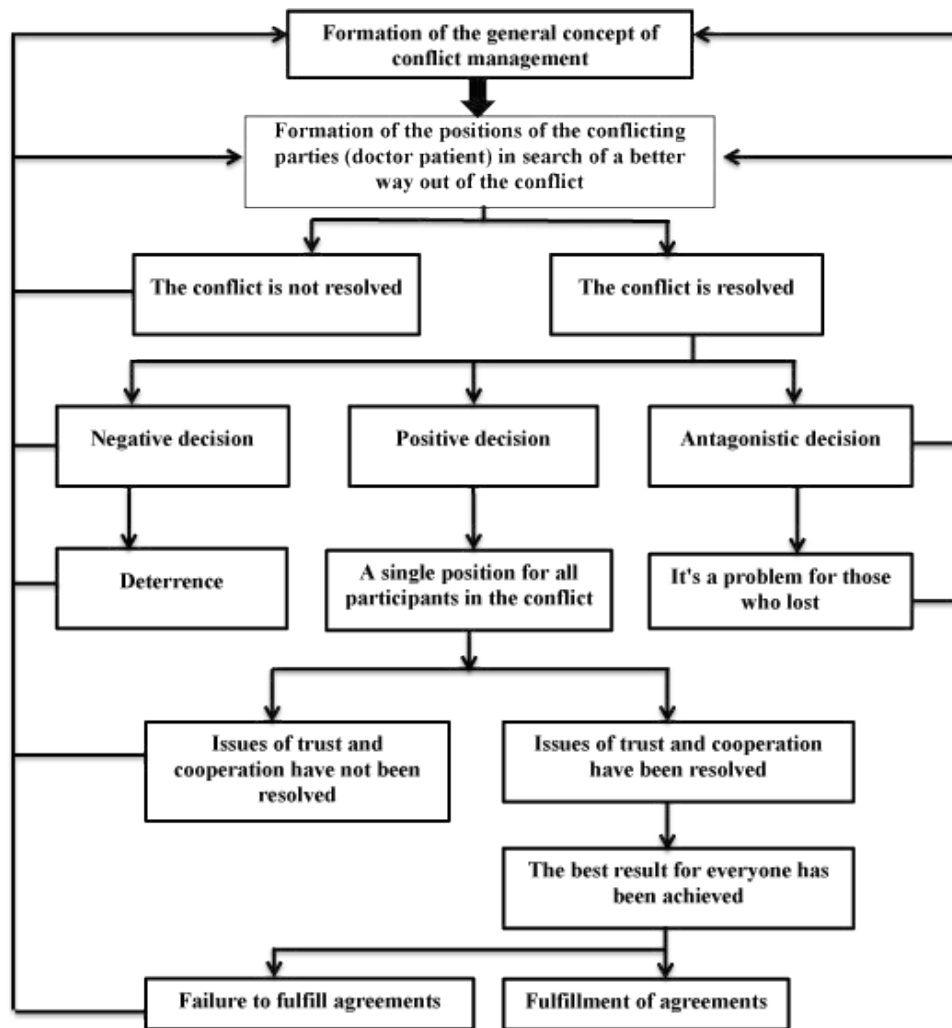


Figure 3. Conflict management algorithm in a medical organization.

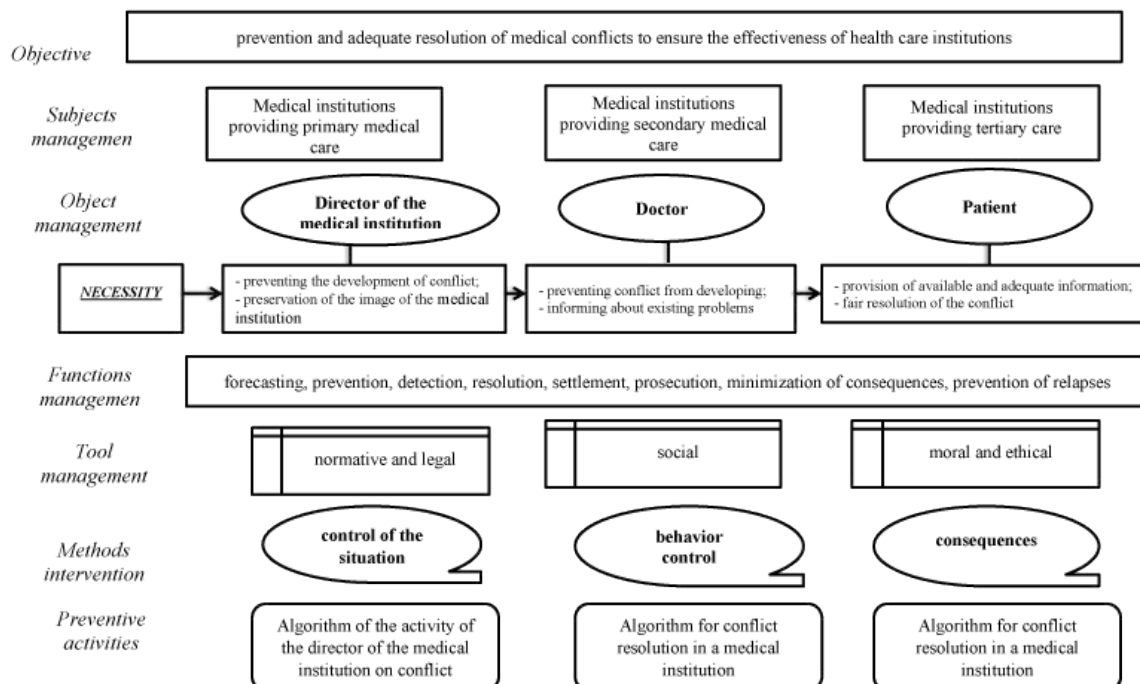


Figure 4. Functional-organizational model of conflict prevention and management in a medical organization.

As a result of our research, summarizing the received information, applying structural and logical analysis and the method of expert evaluations, a general algorithm for conflict management in a medical organization is proposed (Figure 3).

The process of providing medical care includes various types of relationships in the «doctor – patient – society» triad (informational, economic, legal, ethical, etc.), as well as various types of social interactions – competition, cooperation, conflict, taking into account the set of functions of each of them. One of the forms of realization of the relations of social subjects in the medical field is the conflict, which acts as an interpersonal method of development of the social institution of medicine.

The most effective method of preventing conflict relations related to the provision of medical services is their prevention and resolution at an early stage of development. Having conducted an analysis of conflict situations that arose in medical institutions during the period of our study, we concluded that an effective way to prevent conflicts is not so much to directly affect emerging pre-conflict situations as to create conditions that prevent their aggravation, as well as to develop handling pre-conflict situations in non-conflict ways. A different approach of employees to self-assessment and mutual assessment of each other's individual performance results is one of the typical direct causes of conflicts between them. Competent, objective, multifaceted evaluation of the results of the activities of subordinates and managers is the most important condition for the prevention and prevention, first of all, of interpersonal conflicts.

Therefore, our proposed model of prevention of conflict situations in medical institutions is conceptually oriented, first of all, to the medical worker at all levels of medical care (Figure 4). The effectiveness of the proposed scientifically based functional and organizational model for the prevention of conflict situations reflects modern trends in health care and allows the doctor to predict the further aggravation of conflict situations or to resolve an existing conflict in a non-conflict way.

Preventive measures in conflict situations determine the socio-economic and ethical significance of all preventive work; it is only a matter of its real implementation, activation of reserves of practical health care services. All this is possible under the condition of appropriate organization and motivation at all levels of providing medical care, when it is beneficial for a person to be morally calm and patient, which will definitely have a positive effect on the health of the whole body.

Conclusion.

The functional-organizational model of prevention of conflict situations in medical organizations developed in the course of the study reflects modern trends in health care and allows a medical worker to predict the further aggravation of conflict situations or resolve an existing conflict in a non-conflict way. This will undoubtedly have a positive effect on the atmosphere in the team, which, in turn, will definitely have a positive effect on patients.

REFERENCES

1. Adashi EY, Cohen IG, Elberg JT. Transparency and the Doctor-Patient Relationship - Rethinking Conflict-of-Interest Disclosures. *N Engl J Med*. 2022;386:300-2.

2. Adler RB, Rodman G. Understanding human communication. 10th ed. New York: Oxford University Press; 2016:480.
3. Bajwa NM, Bochatay N, Muller-Juge V, et al. Intra versus interprofessional conflicts: implications for conflict management training. *J Interprof Care*. 2020;34:259-68.
4. Beattie RM. Conflict, candour and reflection. *Arch Dis Child*. 2019;104:309-10.
5. Bochatay N, Bajwa NM, Blondon KS, et al. Exploring group boundaries and conflicts: a social identity theory perspective. *Med Educ*. 2019;53:799-807.
6. Bondarenko OS, Reznik OM, Dumchikov MO, et al. Features of criminal liability of a medical professional for failure to perform or improper performance of their professional duties in Ukraine. *Wiad Lek*. 2020;73:2549-54.
7. Carter K, Reynolds M. Managing conflict appropriately to benefit staff and organisations. *Br J Nurs*. 2017;26:366.
8. Chen X, Zeng Y, Jiang L, et al. Assessing emergency department nurses' ability to communicate with angry patients and the factors that influence it. *Front Public Health*. 2023;11:1098803.
9. Choi AMK, Moon JE, Steinecke A, et al. Developing a Culture of Mentorship to Strengthen Academic Medical Centers. *Acad Med*. 2019;94:630-3.
10. Feeney J, Fitzgerald J. Attachment, conflict, and relationship quality: laboratory-based and clinical insights. *Curr Opin Psychol*. 2019;25:127-31.
11. Gilbert MH, Dextras-Gauthier J, Fournier PS, et al. Organizational constraints as root causes of role conflict. *J Health Organ Manag*. 2019;33:204-20.
12. Hu WG, Song YJ, Zhong X, et al. Improving doctor-patient communication: content validity examination of a novel urinary system-simulating physical model. *Patient Prefer Adherence*. 2016;10:2519-29.
13. Jerng JS, Huang SF, Liang HW, et al. Workplace interpersonal conflicts among the healthcare workers: Retrospective exploration from the institutional incident reporting system of a university-affiliated medical center. *PLoS One*. 2017;12:e0171696.
14. Kim S, Bochatay N, Relyea-Chew A, et al. Individual, interpersonal, and organisational factors of healthcare conflict: A scoping review. *J Interprof Care*. 2017;31:282-90.
15. Long NH, Long NX. Self-evaluation of Conflict Management Skills: A Cross-Sectional Study Among Vietnamese Nurses in 2021. *Iran J Nurs Midwifery Res*. 2022;27:461-5.
16. Mulligan K, Egan S, Brennan D, et al. Doctor-Patient Communication in an Outpatient Setting. *Ir Med J*. 2019;112:934.
17. Shanahan EM, van der Vleuten C, Schuwirth L. Conflict between clinician teachers and their students: the clinician perspective. *Adv Health Sci Educ Theory Pract*. 2020;25:401-14.
18. Tong W, Murali KP, Fonseca LD, et al. Interpersonal Conflict between Clinicians in the Delivery of Palliative and End-of-Life Care for Critically Ill Patients: A Secondary Qualitative Analysis. *J Palliat Med*. 2022;25:1501-9.

РЕЗЮМЕ
ФУНКЦИОНАЛЬНО-ОРГАНИЗАЦИОННАЯ
МОДЕЛЬ СОВЕРШЕНСТВОВАНИЯ СИСТЕМЫ

ПРОФИЛАКТИКИ КОНФЛИКТНЫХ СИТУАЦИЙ В ЗДРАВООХРАНЕНИИ

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Для того чтобы любая организация, в том числе и медицинская, эффективно функционировала в современных условиях, вся система управления, в том числе и система управления человеческими ресурсами, требует постоянного развития и совершенствования. Персонал учреждений здравоохранения – это сообщество людей с разным уровнем конфликтности. Умение строить конструктивные отношения, использовать наиболее эффективные стратегии поведения в конфликтных ситуациях и разрешать конфликтные противоречия являются важным показателем эффективности работы руководителей всех уровней.

Цель. Обосновать, разработать и внедрить в систему здравоохранения функционально организационную модель профилактики конфликтных ситуаций в медицинских организациях.

Материалы и методы. В исследование были привлечены 582 медицинских работника центров первичной медико-санитарной помощи и больниц Черновицкой области, которые прошли индивидуальный опрос по конфликтным ситуациям в медицинских учреждениях и, применив системный анализ, разработана функционально-организационная модель профилактики конфликтных ситуаций в области медицины.

Результаты. Одной из важнейших функций медицинских руководителей, врачей и среднего медицинского персонала в медицинских учреждениях является обеспечение баланса между правами и обязанностями в триаде «администрация – медицинский работник – пациент». Эта функция реализуется благодаря контролю за созданием регламентирующих документов и анализа работ непосредственных исполнителей. Для разрешения конфликтных ситуаций и разногласий, возникающих непосредственно между руководителем и медицинскими работниками по «острым» вопросам, предлагаем использовать общий алгоритм управления конфликтом в медицинской организации. Непосредственно для усовершенствования системы профилактики конфликтных ситуаций в области здравоохранения разработана организационно-функциональная модель, основой которой является коррекция предконфликтных ситуаций и их обострение.

Вывод. Разработанная в ходе исследования функционально-организационная модель профилактики конфликтных ситуаций в медицинских организациях отражает современные тенденции в здравоохранении и позволяет медицинскому работнику спрогнозировать дальнейшее обострение конфликтных ситуаций или разрешить уже существующий конфликт неконфликтным способом.

Ключевые слова: конфликт в медицине, модель профилактики, пациент, руководитель медицинского учреждения.