

KAWOOYA MOSES (2012-M191-10014)

The Effect of Conflict Management Styles on Perceived Team- Effectiveness: A Case Study of Selected Public General Hospitals in the Central Region of Uganda

Conflict is undoubtedly an inevitable constituent of any team, because teams are composed of individuals with varying attitudes, beliefs and goals. Different scholars have opined that whether conflict leads to constructive or destructive outcomes in work teams largely depends on how it is managed. Although organisational conflict management has been extensively researched throughout the world, literature points to a paucity of research-based information about this subject in hospital settings in Uganda.

This study, carried out between May to September 2013, sought to assess how the different conflict management styles employed by health workers in general hospitals affect work team effectiveness.

The study was hoped to contribute to the body of knowledge necessary for improving health service delivery environments through effective health care teams. The objectives of this study were: to establish the nature and extent of conflict among health care teams in public hospitals; to assess the factors leading to conflict in health care teams in public general hospitals; to assess the level of team effectiveness among health care teams. Others included; investigating the different conflict management strategies employed by the health workers and health managers during conflict situations. Finally, the study was also to establish how the different conflict management approaches chosen impact on perceived health care team effectiveness. Methodology: This study was a cross-sectional descriptive study, which employed both qualitative and quantitative approaches to data analysis. A total sample of 199 health workers from 40 health care teams operating in six public general hospitals in the central region of Uganda was studied. Respondents included established health care professionals who had worked for at least 6 months with their current team. Majority (74.4%) of the health workers were females. Nurses and midwives contributed the majority, (65.3%) of the respondents; whereas medical officers were the fewest (2.5%). The rest of the health workers (respondents) comprised of the Allied Health Professionals and other associated cadres like HIV/AIDS client counsellors. Quantitative data were collected using tools with ratio scales adopted from previous studies. Qualitative data were collected using semi-structured questionnaires and interview guide from purposively selected key informants. Analysis was carried out using computer software (including SPSS and Excel) and appropriate statistical tests including the Chi-square and Pearson's correlation coefficient which were used to test relationships between variables. Cronach alpha for reliability analysis was also employed on the scale items. Results: Up to (71.9%) of the health workers reported having witnessed conflicts among members of their teams during the preceding six months. Although conflicts were reported more among the supervisors (82.1%), than among subordinates (69.8%), the difference was not statistically significant (95% CL; $p= 0.89$). About the frequency with which conflicts occur, as many as 69 (37.7%) of the health workers reported conflict to be occasional, followed by 59 (32.2%), who reported it as a rare phenomenon in their teams. Only 6 (3.3%) said conflicts never existed in their teams. Majority (62.6%) of the respondents said they had been involved in some form of conflict with colleagues during the past six months. No significant differences existed between males and females in terms of involvement in conflicts (95% CL; $p = 0.807$). Most of the health workers (37.0%) reported their immediate supervisors as those they most get into conflict with, followed by (35%), who said it was mostly colleagues at the same level as theirs. Task

conflict was the commonest form of conflict among health workers in their teams. Failure to honour duties and tasks as scheduled, mistreatment from supervisors, as well as acts of incivility, were reported by most as the commonest causes of conflicts. Less than half, 15 (37.5%) of the teams were rated as highly effective, the rest were rated as moderate, and none as low on the team effectiveness scale. Most health workers predominantly used collaboration (30.9%) and avoiding (25.3%). The two styles were still the most dominant at team level (with 42.5% of teams for avoiding and 37.5% for collaboration respectively). However, a considerable percentage (20.0%) was found to have more than one dominant style of conflict management. Most teams (75.2%) among those using more than one conflict style were rated as high for perceived team effectiveness than among those using avoidance (37.5%) and collaboration (42.5%), significant at 95% CL; $p = 0.03$.

Conclusion: conflicts were found to be quite prevalent among health care teams in all the six public general hospitals studied. Task conflict was the most prevalent form of conflict among health care teams. Both task and relationship conflicts have a negative relationship with perceived team effectiveness. Task-related factors and acts of incivility were the leading factors implicated in predisposition to conflicts. Most teams are rated as moderately effective in all hospitals. Collaboration and avoidance are the most predominant conflict management styles in use both at individual and team levels. It was also evident that some teams have more than one predominating conflict management style. Conflict management styles have a significant relationship with perceived team effectiveness.

Key Words: Effect, Conflict Management, Styles, Team, Effectiveness Public, General, Hospitals, Central Region.