Conflict management and job satisfaction in paediatric hospitals in Greece

DAPHNE KAITELIDOU R N [1,2], ALEXANDRA KONTOGIANNI R N, MSc [3], PETROS GALANIS R N, PhD [4], OLGA SISKOU R N, PhD [2,4], ANASTASIA MALLIDOU R N, PhD [5], ANDREAS PAVLAKIS R N, PhD [6], PETROS KOSTAGIOLAS PhD [7], MAMAS THEODOROU PhD [8] and LYCURGUS LIAROPOULOS PhD [9]

[1]Assistant Professor, *Faculty of Nursing, University of Athens, Athens, Greece*, [2]Associate Tutor, *Open University of Cyprus, Cyprus, Nicosia*, [3]Registered Nurse, *General Hospital Asclipeio, Athens, Greece*, [4]Senior Research Associate, *Faculty of Nursing, University of Athens, Athens, Greece*, [5]Associate Faculty Member, *Faculty of Nursing, University of Alberta, Edmonton, Canada*, [6]Lecturer, *Open University of Cyprus, Cyprus, Nicosia*, [7]Lecturer, *Ionian University, Corfu, Greece*, [8]Associate Professor, *Open University of Cyprus, Cyprus, Nicosia* and [9]Professor, *Faculty of Nursing, University of Athens, Athens, Greece*

Correspondence
Petros Galanis
Faculty of Nursing
University of Athens
123 Papadiamantopoulou St
GR-115 27
Athens
Greece
E-mail: pegalan@nurs.uoa.gr

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Aim To assess the major causes of conflict and to identify choices of strategy in handling conflicts.

Background Conflict is inherent to hospitals as in all complex organizations, and health personnel deal with internal and external conflicts daily.

Methods The sample consisted of 286 participants. A five-part questionnaire, specific for conflicts in hospitals, was administered to health personnel.

Results Of the participants 37% were physicians and 63% were nurses and nursing assistants. As far as choice of strategy in conflict management is concerned, avoidance was found to be the most frequent mode chosen while accommodation was the least frequent mode. Organizational problems were the main issue creating conflicts since 52% of nurses and 45% of physicians agreed that receiving direction from more than one manager may lead to conflicts ($P = 0.02$). Educational differences and communication gaps were reported as another cause of conflicts, with nurses supporting this statement more than the other groups ($P = 0.006$).

Conclusion To become effective in conflict management nurses and physicians must understand causes and strategies in handling conflicts.

Implications for nursing management Major changes are needed regarding human resource management, work incentives and dynamics of teamwork in order to improve working conditions in Greek public hospitals.

Keywords: causes of conflict, conflict, conflict management, nurses, paediatric hospitals

Introduction

Health-care services are provided by multi-disciplinary teams, often under difficult and stressful situations, and, therefore, conflicts are inherent. Health professionals deal with internal and external conflicts every day. According to estimations, more than 20% of a manager's time is devoted to conflict management (Kantas 1995).

Theoretical background

Conflict has in the past been regarded as time consuming and harmful for an organization. Although there is no universally accepted definition, conflict is defined as the process that begins when one party perceives that the other party has negatively affected something that he or she cares about (Thomas 1992). Many researchers find that conflict may hinder the effectiveness of the team, leading to reduction of productivity and group satisfaction. At extreme levels, when parties become defensive, competitive and rely on the use of power, the conflict results in situations that can damage long-term professional and interpersonal relationships and team work, and may lead to withhold useful information because of problems in the communication process (Vivar 2005).

However, behavioural scientists and modern managers agree that a certain degree of conflict is essential as long as conflict is handled properly. When professionals show each other appropriate levels of respect and engage in a collaborative approach to conflict management such conflicts are often transcended. It can be constructive, as it can be catalytic to new ideas, progress and positive change and growth (White 1998). Conflict may increase creativity and innovation, offer people the opportunity for healthier relationships and encourage self-examination (Smyth 1985).

Thus, conflict can be seen as functional or dysfunctional, depending on how each person or team perceives it, manages it and resolves it. Five common strategies to conflict resolution have been identified (Skjorshammer 2001a,b, Valentine 2001, Vivar 2005, Table 1).

- Competition or forcing is a win–lose orientation. According to this strategy a person or a group attempts to acquire complete dominance. This strategy can be effective when quick decisions are vital and there is no time for discussion, such as in an emergency. However, it leads to winners and losers and should not be used often.
- Avoidance is employed to deny the person, the issue or the situation. People or groups using this approach ignore that a problem exists. Therefore, there is no active resolution of the conflict. This conflict behaviour is described in the literature as a generally dis-

Table 1
Strategies for handling conflicts

Strategy	Definition	Use	Advantages	Disadvantages
Avoidance	Natural segregation of two parts or obliteration or reduction of functional relations	When the profits from the antagonism are little or when the question that has resulted is vital importance	Increase of time for collection of more information, essential for the further analysis of the problem	Perpetuation of conflict Solutions short duration
Accommodation	Effort for satisfaction of the other side of conflict	When the behaviour of one side is wrong	High degree of Collaboration Minimization of differences	Low degree of claim Solutions short duration
Competition or Dominance	Complete satisfaction of interests of individual at the expense of the other side	Suitable for vital concerns and for direct decision-making	Use by individuals suitable in the decision-making	Existence of victors and losers Solutions short duration Interruption of communication Disorientation of sides
Compromise	Effort of two sides to resolve the conflict sacrificing however something	For important concerns	Alternative method when Collaboration and Competition fail Both of sides gain and lose something	Temporary solution of small duration for complicated concerns
Collaboration	Pursuit satisfaction for both sides	Motives for change and acquisition of comprehension	Maximum satisfaction of expectations Solutions of small duration Acquisition of responsibility Undertaking of responsibilities The two sides recognize the points of agreement and disagreement Ideal solution health services and especially for the relations of nurses and doctors	Time consuming

approved strategy. If avoidance lasts a long time, it is dysfunctional as it prevents recognition that the problem exists. However, avoiding a situation for a short time, until more information is available and an analysis of the problem has been made, could be an adequate approach to handling conflict.

- Accommodation, also called giving in, is the antithesis of competition where cooperation is high and assertiveness low. It refers to conciliation that occurs when one person or group is willing to yield to the other. Accommodation at times can appear relevant as it encourages people to express themselves. This results in an agreeable relationship between both parties.
- The fourth strategy, compromise, emerges when there is negotiation and swapping between both parties. Each person or group gets something but gives something else up in the process.
- Finally, the last strategy is collaboration where there is a win–win orientation. Each person or group meets the problem with equal concern. This approach encourages identification of areas of agreement and disagreement, and selection of a solution to the problem that incorporates both parties' perspectives. This approach is certainly the one that will require the most time to resolve conflict, but it is the most meaningful to deal with the problem.

The authors have chosen to study conflicts in paediatric hospitals, because limited staff resources in all paediatric hospitals in Greece usually result in higher levels of stress, which may constitute another important source of conflict (Jones & Cheek 2003, Zakari *et al.* 2010). In addition, physicians and nurses have to work side by side in order to provide safe, effective care to patients, and often they report overlapping of roles and not well-distinguished duties and responsibilities.

Finally, the changing, more dynamic role of nurses in Greece, their recent higher education and their greater responsibilities for decision making, have led to the rejection of the traditional paradigm of doctor dominance and to a rise of conflicts between nurses and physicians.

The basic aim of this cross-sectional study was to assess the major causes of conflict in Paediatric Hospitals and to identify choices of strategy in handling conflicts by nurses and physicians of all levels.

Aim and methods

A survey was designed and implemented on a national level in paediatric hospitals and wards in 2007. A self-administered questionnaire, was used in this study to report the existence and management of conflict between personnel of different disciplines. The five-part questionnaire based on the questionnaire of Tenglilimoglu and Kisa (2005), specific for conflicts in health-care organizations was administered to nurses and physicians and participation was voluntary. In addition to demographic characteristics, the main parts of the questionnaire referred to participants' concerns on the factors causing conflict and organizational factors as well as group factors that may lead to conflict; a five-point Likert scale was used to measure responses (not at all, little, moderately, much, very much). The fifth part of the questionnaire was a section devoted to conflict resolution. The respondents were asked to select and rank in order of importance five statements from a list of 11 possible suggestions for conflict resolution.

The study population consisted of 285 nurses and nursing assistants and 150 physicians from two paediatric hospitals (out of four) in Greece and two paediatric wards in general hospitals. The participants were selected by random sampling procedures. An introduction letter was attached to the questionnaire to explain the purpose of the study and to assure respondents of confidentiality. The English version of the questionnaire was translated to Greek and the 'translation and back translation technique' was used (Burns & Grove 1997). It was also administered to two medical specialists and two nurses, one in a high administrative position and one with long-term clinical experience for further revision. The ethical committee of each hospital approved the study. The questionnaire was tested for reliability and all Cronbach's α values exceeded 0.75. A χ^2 test was used to estimate differences between groups. All tests were two-sided. A probability (*P*) value <0.05 was considered significant. The SPSS 16.0 (Statistical Package for Social Sciences; SPSS Inc., Chicago, IL, USA) for Windows was used for data analysis.

Results

Respondent demographics

The response rate was 66% and the questionnaire was finally completed by 286 nurses and physicians. Of the participants 37% were physicians, 47% were nurses and 16% were nursing assistants. The major proportion of the participants (74%) was female and 26% were male. In terms of work experience more than half of the participants (58%) had a working experience of more than 10 years. Seventy-five participants (26.2%) held a managerial position (Table 2). The breakdown by

Table 2
Demographic characteristics

	N (%)
Gender	
Male	74 (26)
Female	212 (74)
Professional	
Nurses	135 (47)
Physicians	106 (37)
Nursing assistants	45 (16)
Years of experience in hospital	
≤ 10	120 (42)
>10	166 (58)
Managerial position	
Yes	75 (26.2)
No	211 (73.8)
Educational level	
Higher school	45 (16)
University diploma	218 (76)
Master/PhD degree	23 (8)

educational level is shown in Table 2. It is worth noting that 84% of all staff surveyed possessed higher education qualifications (university and Masters degree), indicating that the sample consisted of a well-trained population.

Main findings

As far as education regarding conflict management methods is concerned, the majority of the participants reported none (77%). Almost 9% stated they had such education during their university studies and 4.2% during their Masters' degree. Physicians and nursing assistants were the least informed as only 19 and 18%, respectively, reported previous education on conflict management (the figure for nurses was 28%).

The majority of the participants reported having conflicts with colleagues in their own ward. Physicians report more conflicts with their colleagues (73.3%), followed by nurses and nursing assistants (48.1 and 40.9%, respectively). This finding was statistically significant ($\chi^2 = 21$, $P < 0.001$). Nurses had almost equal amounts of conflict with physicians and nursing staff from other departments while physicians (23.8%) have reported having more conflict with nurses and especially those with a higher (university) education ($\chi^2 = 20.7$, $P < 0.001$).

When the participants were asked what they do to resolve a conflict, the majority of both nurses and physicians stated that they used avoidance (64 and 61%, respectively), which is generally characterized as an unsuccessful long-term technique because it denies that the problem exists. Both physicians and nursing

personnel chose collaboration as the second favourable technique to resolve their conflicts (45 and 42%, respectively). Competition (or the strategy according to which a person or a group attempts to acquire complete dominance) is the third choice for both groups (26.4% for physicians and 20% for nursing personnel). It is interesting that physicians selected the competitive style of conflict resolution more than did nurses ($\chi^2 = 2$, $P = 0.1$). The least frequent mode was accepting the will of the opposing side (9.5% of physicians and 6.7% of nurses). Almost 10% of both professional groups claimed to refer to a go-between to help resolve the conflict (Table 3). However, when data from head nurses and physicians and the remaining health personnel are analysed separately, the findings are slightly different. Nurses and physicians with administrative duties preferred dominance more than did the rest of the staff ($\chi^2 = 2.1$, $P = 0.1$).

When the participants were asked who they would prefer as a judge for resolving a conflict involving them, most nurses and physicians (65%) reported a preference first for their colleagues and then for their supervisor. The least preferable person to solve a problem was someone from another profession such as, for example, the hospital administration, for both nurses and physicians (3% of each group).

The majority of respondents agreed that organizational problems were among the main issues creating conflicts within the work environment. Fifty-two per cent of nurses and an large percentage of physicians (45%) agreed that receiving direction from more than one manager affects their productivity negatively and may lead to conflicts ($\chi^2 = 24.8$, $P = 0.02$). The majority of health-care professionals surveyed (95.75%) stated that hospital regulations do not define their duties well enough and therefore they are unable to accomplish them efficiently. Nursing assistants supported this statement more strongly than all the other working groups ($\chi^2 = 16$, $P = 0.04$). Ninety-six per cent of all

Table 3
Selected strategies for handling conflicts depending on the professional group

Strategy	Nurses n (%)	Physicians n (%)
Competition	35 (19.6)	28 (26.4)
Compromise	25 (14)	14 (13.2)
Avoidance	115 (64.2)	64 (61)
Accommodation	12 (6.7)	10 (9.5)
Collaboration	75 (42)	47 (45)
Mediation	18 (10.1)	12 (11.3)

the respondents supported the fact that resource distribution is not done fairly between the various departments of the hospital. Only 26% of nurses and 28% of physicians were much or very much satisfied with the roles and duties assigned to them and 85.1% of the respondents reported that their workload is heavier compared with other professional groups. Nurses supported that fact more strongly than did physicians (91% *vs.* 76%, $\chi^2 = 12$, $P = 0.003$). Almost 41% of physicians and nurses reported that they did not feel autonomous and independent when making professional decisions in terms of being much or very much pressured or directed by others.

Regarding the satisfaction they received from their profession, Greek health-care professionals were not been satisfied. The majority of individuals surveyed (96.3%) stated that their salary was low for their workload. Eighty two per cent of nurses and 66.3% of physicians reported that their current profession did not resemble ('not at all' and 'little') the idea they have of the ideal job ($\chi^2 = 9.2$, $P = 0.01$). Almost 62% of nurses stated that they would be more satisfied, peaceful and efficient in a different profession while one out of three physicians (35%) supported this statement ($\chi^2 = 22$, $P < 0.001$).

Among the respondents who worked more than 10 years in a hospital, the majority (60%) believe that they would be more satisfied and productive in a different occupation compared with their younger colleagues (21% of those with working experience 0–2 years would not be at all satisfied in a different occupation; $\chi^2 = 21.2$, $P = 0.04$).

Regarding other factors that are also considered as sources of conflict, 54.6% of the participants believe 'much' and 'very much', that educational differences lead to communication problems between different professional groups. Nurses supported this more strongly than physicians ($\chi^2 = 10.1$, $P = 0.006$). Eighty-one per cent of nurses reported that the rewards they get from work do not correspond with their performance, and they hold this view more than physicians ($\chi^2 = 5.4$, $P = 0.06$). In addition, nurses reported more than physicians that their promotion and work benefits do not match ('not at all' and 'little') their expectations ($\chi^2 = 8.4$, $P = 0.02$; Table 4).

Males were more involved in conflicts than their female colleagues ($\chi^2 = 6.4$, $P = 0.01$) and use more often dominance as a strategy for resolving conflicts (31.9% *vs.* 19% for women; $\chi^2 = 5.2$, $P = 0.03$). Males were also satisfied both in personal and professional level with their duties and roles within the hospital than females (30% *vs.* 25.5%; $\chi^2 = 12.5$, $P = 0.01$). Professionals who were informed about conflict management strategies were more satisfied with their duties and authority within their profession (39.1%) than those who reported no former education on these matters (22.9%; $\chi^2 = 21.4$, $P = 0.001$).

Finally, the respondents were asked to make suggestions that they considered most important in resolving conflicts in their hospital. Twenty-four per cent of nurses and 20% of physicians reported overlapping roles and the importance of distinguishing duties and responsibilities, 18.3% of nurses and 14.3% of physicians emphasized the early detection of the causes of

Table 4
Some of the factors leading to conflicts according to the respondents

	Nurses			Physicians		
	Not at all to little N (%)	Moderately N (%)	Much to very much N (%)	Not at all to little N (%)	Moderately N (%)	Much to very much N (%)
Do educational differences lead to communication problems?	42 (23.9)	30 (17)	104 (59.1)	20 (19.2)	35 (33.7)	49 (47.1)
Are the rewards from work in correspondence with performance?	143 (80.8)	27 (15.3)	7 (4)	72 (68.6)	26 (24.8)	7 (6.7)
Do promotions and work benefits match the expectations of health professionals?	115 (65.3)	41 (23.3)	20 (11.4)	52 (51)	26 (25.5)	24 (23.5)
The rewards across different professional groups are fairly distributed	158 (88.3)	20 (11.2)	1 (0.6)	83 (81.4)	17 (16.7)	2 (2)
Hospital management is aware of your contribution to health services production	134 (75.3)	28 (15.7)	16 (9)	75 (72.8)	19 (18.4)	9 (8.7)

conflict and the mutual negotiations of both sides, while 14 and 18% respectively favoured less workplace politics. Among all other suggestions, we should take into consideration that 11% of the nursing staff reported that there should be no discrimination and that management should be fair while the respective percentage of physicians was only 5% (Table 5).

Discussion

Health professionals deal with internal and external conflicts on a daily basis. Most of nursing staff and physicians (more than 60% in both categories) used avoidance as the main strategy in handling conflict and this finding is consistent with studies in other countries (Cavanagh 1988, Valentine 2001, Vivar 2005, Kelly 2006). In a study in Norway, 27% of hospital employees reported that there were unsolved conflicts at their work unit (Skjorshammer 2001b). Although using avoidance of conflict resolution may be appropriate as a short-term technique when a problem is emerging, if it lasts a long time it may be dysfunctional as it prevents recognition that a problem exists. The second selected strategy was collaboration, indicating a more mature behaviour regarding conflict resolution; however, both professionals also chose dominance. Lead nurses and physicians in managerial positions, adopted more than the rest of staff a conflict behaviour based on dominance indicating an arbitrary model of leadership. This finding is also confirmed by other studies (Rahim 1985, Vivar 2005). Regarding the person with whom the

respondents came in conflict with, physicians reported having more conflicts with nurses and especially those with a higher (university) education. This may be attributed to the changing, more advanced role of nurses in Greece and the rejection of the traditional paradigm of doctor dominance during recent years.

As far as the factors that elicit conflicts are concerned, organizational vagueness and communication gaps were ranked first among the factors that lead to conflicts. This is similar to results from other studies in which poor communication has proven to be a very strong source of conflict (Tenglilimoglu & Kisa 2005, Adomi & Anie 2006, Zakari *et al.* 2010).

A lack of clear job descriptions was considered by the respondents to be another important factor leading to conflicts, and efforts should be made in distinguishing roles and responsibilities. A significant percentage of nurses and physicians reported the importance of distinguishing roles and responsibilities in order to resolve conflicts. This is consistent with findings from the literature, according to which role overload and expanded duties without clear job descriptions were found to be common sources of conflict (Forte 1997, Piko 2006). According to Nayeri and Negarandeh (2009) the conditions of nursing duties assignment and work intensity may lead to conflicts. Fifty-two per cent of nurses agreed that receiving direction from more than one manager affects their productivity negatively and nurses supported that fact more strongly than did physicians. This is also consistent with other studies (Tenglilimoglu & Kisa 2005, Nayeri & Negarandeh 2009).

Almost all public hospitals in Greece are seriously understaffed with nursing personnel, and according to literature limited staff resources lead to high levels of stress (McVivar 2003). Nursing staffing levels are also associated with the quality of patient care, the perception of workload and occurrence of conflicts (Gardner 1992, Jones & Cheek 2003, Strachota *et al.* 2003, Kelly 2006). Heavy workloads for nurses in Greece are also related to an intention to change profession if this was possible (Karanikola *et al.* 2007, Pouzoukidou *et al.* 2008). Those findings coincide with findings of our study as the vast majority of nurses (91%) reported that their workload is heavier compared with other professional groups and that they would be more satisfied, peaceful and efficient in a different profession (62%). Under-supply of nurses in Greece, is strongly confirmed by raw data as the nurse to population rate is 3.4 nurses/1000 population in Greece (2008), a much lower figure than the average of 9, in Organization for Economic Co-operation and Development (OECD) countries (OECD Health Data Base, 2010).

Table 5
Suggestions for handling of conflicts in hospitals

	Nurses N (%)	Physicians N (%)
Fair distribution of resources	2 (1.1)	2 (1.9)
Consolidation of communication and collaboration	9 (5)	5 (4.8)
Early detection of causes of conflict and resolution inside the ward	33 (18.3)	15 (14.3)
Fair approach of management to rewards and benefits	8 (4.4)	4 (3.8)
No discriminations between different professional groups	20 (11.1)	5 (4.8)
Better distinction of roles and responsibilities between different professional groups (physicians, nurses, nursing assistants)	43 (23.9)	20 (19)
Less politics within working environment (e.g. the selection of managers)	25 (13.9)	19 (18.1)
Establishment of professional managerial positions	5 (2.8)	7 (6.7)
Respect of individual rights	17 (9.4)	7 (6.7)
Fair salary	5 (2.8)	8 (7.6)

According to our findings, the vast majority of nurses stated that they do not get the rewards they deserve and that they feel pressured and directed by others when making professional decisions. Likely these statements are also related with the low satisfaction rate and the occurrence of conflicts. In addition, nurses, more than physicians, report that educational differences are a strong source of conflict. In Greece, there are several of nursing educational levels (university, technical education, schools of nursing offering 2-year training, etc.). This multi-level educational pattern has led to competition among various groups and differences in goals between nurses. A unified university education might ensure better quality of care and fewer conflicts in workplace.

One-third of participants (32.6%) agreed that detecting initial symptoms of conflict and adopting the most effective behaviour to conflict resolution is essential in nursing units. Conflict has an influence on patients' quality of care because communication between staff is interrupted and valuable information about patients care needs may be withheld. Yet, the majority of the respondents (77%) reported no prior conflict management education and this finding coincides with other studies, according to which nurses and physicians are not trained well enough to handle conflicts (Willmot 1998, Skjorshammer 2001a,b, Stordeur *et al*. 2001, Vivar 2005). Health-care personnel should possess skills and resources to manage conflicts, and nurse and physician managers are essential to the management of conflict within hospital units (Adomi & Anie 2006). Learning to manage conflict at an early stage is crucial to the effective functioning of hospitals. According to Skjorshammer (2001a) conflicts should be solved on the premises and as close as possible to the disputants and immediate manager.

Unfair distribution of resources was also a factor related to conflicts as 96% of the respondents supported that fact. These findings are similar to those of other studies (Gardner 1992, Kelly 2006) showing the importance of the fair allocation of resources within workplace.

Some limitations should be taken into account for the findings presented in this paper. As mentioned in the Methods section, the questionnaire was self-reported and therefore the trustworthiness of the respondents is assumed. This method also carries the risk of socially desirable responses. Finally, the findings may not be generalized outside Greece.

Implications for nursing management

Heavy workloads for nurses in Greece constitute a major factor for low satisfaction and a strong source of conflict. Better staffing levels and a unified university education are priorities for the improvement of working conditions in Greek hospitals. In parallel, it is important in an organization such as a hospital for the information to flow to all directions and the objectives to be clearly understood by all members. Miscommunication is an important source of conflict according to our findings and therefore efforts should be made to improve teamwork among hospital staff and for managers to adopt 'open-door' policies (Skjorshammer 2001a).

As the majority of nurses suggested better distinction of roles, hospital regulations should define roles and responsibilities between different working groups (physicians, nurses and nursing assistants) more accurately in order to improve the relationships and the efficiency of health-care personnel.

Despite the importance of the working relationships between health-care personnel, very few courses on conflict management are available in Greece. Providing basic education on conflict management would empower nurses and physicians to use these acquired skills in pursuit of early conflict resolution. The main focus should be on encouraging professionals and clinical managers to sharpen their skills in negotiation, mediation and the use of creative problem-solving techniques, and managers should ensure that health-care staff undergoes training in this field.

In conclusion, health-care environment needs mechanisms to strengthen relationships between health professionals, and minimize sources of conflict. Organizational problems, low staffing levels and communication gaps are ranked among the first factors leading to conflict. Major changes are needed regarding human resource management, education and work incentives in order to improve working conditions in Greek public hospitals.

Authors' contributions

Daphne Kaitelidou: conception and design of the study, analysis and interpretation of the data and drafted the paper. Alexandra Kontogianni: conception and design of the study and data collection. Petros Galanis: conception and design of the study, analysis and interpretation of the data. Olga Siskou, Anastasia Mallidou, Andreas Pavlakis, Petros Kostagiolas: interpretation of the data and data collection. Mamas Theodorou: editing of the final paper. Lycurgus Liaropoulos: contributed to the conception and design of the study and critical revision of the paper.

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