



# Physical load, Stress or Working Conditions as the Most Frequent Reasons for Conflicts in the ICUs ?

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## Abstract

**Objectives:** The aim of the study was to determine the most frequent reasons for conflicts in the ICUs. The study was conducted in 323 ICUs from 24 countries. The results show that the most frequent reasons for conflicts are physical load, stress, and working conditions.

**Methods:** The study was conducted in 323 ICUs from 24 countries. The results show that the most frequent reasons for conflicts are physical load, stress, and working conditions.

## Introduction

The regulations regarding the functioning of the intensive care units (ICUs) define primarily the requirements that these units should meet in professional and sanitary respect, as well as the quality and equipment of the rooms in which the units are located. Thus, they refer to the formal and material conditions of the ICUs functioning, leaving the problems of internal relations in the units outside the regulations. It is about the phenomena that can appear and build up in teams as a result of actions in crisis conditions or difficulties in cooperation. Conflicts that often arise in such circumstances, have their source both in social processes and organizational conditions. In an international multi-centre study, embracing 323 ICUs from 24 countries, as many as 71.6% of the respondents noticed the occurrence of at least one conflict situation in their ward within seven days preceding the examination. Conflicts occurred most often between nurses and doctors (32.6%), then among the nursing team (27.3%) and between the staff of the ward and family members (26.6%). The degree of the conflict intensity was rated as 'serious' by 53% of respondents, 'dangerous' by 52% and 'harmful' by as many as 83%.

Analysing the state of affairs from the perspective of the task teams organization and functioning theory, it should be noted that the appearance of a conflict in the team may be influenced by improper work organization, inefficient communication, as well as the structure of the situation itself that causes the interests of certain groups or people to be perceived as contradictory. The basis of conflicts in the ICU may stem from limited material or personnel resources, but also from the complexity of dependencies and internal relations: numerous parties involved in the treatment process (directly and indirectly) and the special position of the patient. The content of the conflict is also important, which includes not only the history of relations between the parties of the conflict and the interdependencies existing between

them, but primarily the struggle for human life combined with the pressure of the environment and the pressure of time. It should be emphasized that intensive care patients are admitted to the units when the suffer from a severe medical condition, caused by failure of one or more organs or systems of the human body. These are patients characterized by a high risk of systemic complications and mortality, although in a potentially reversible situation.

The emergence of tensions in task groups is usually associated with decision-making processes (the authorities) or world-view / ideological differences, which in the work of intensive care teams may take the form of rivalry or latent conflict. These kinds of phenomena evoke various emotional reactions (blaming others, anger, feeling of injustice) and have a strong influence on the reinforcement of the emerging tensions. Individual groups of employees may assess the existing situation differently and at the same time lose the necessary professional solidarity. In turn, the need to reduce costs, improve efficiency, quality and security enforces the creation of various types of alliances and cooperation between people with various types of medical preparation, without which the team's work becomes impossible.

## Methods

After doing research on the nature of ICU conflicts, their potential

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causes have been divided into several areas. They are the following:

- Organization of work in the unit and the nature of the work performed,
- Professional preparation and interpersonal communication among the employees of the unit,
- Personality issues and personal causes of conflicts,
- Worldview and ethical issues,
- External conditions and financial conditions of work.

On the basis of their own observations, the surveyed staff was to determine the importance of particular factors as a source of the frequency of conflicts in the ICUs. At the same time, they used a 5-point scale: very rare, quite rare, sometimes, quite often, and very often. The results presented in the tables have been grouped in 3 degrees only: rare, sometimes, and frequently. The survey was carried out on a 232 staff sample of intensive care units from 12 hospitals in the Pomeranian Voivodeship (all hospitals where intensive care units are located) between September and December 2018. The study included nursing and medical staff, regardless of the position or length of employment. Professional status of respondents: doctors with specialization 69, doctors without specialization 10, nurses with specialization 70, nurses without specialization 83 (Tables 1-4).

Bearing in mind the subject of the survey (sensitive issues concerning the entire team) and the specificity of the teams (differentiation), as well as a relatively low response rate achieved in the survey conducted among specialists, it was considered necessary to include all the ICU staff members in the study, without the selection procedure. The employees were invited to participate in the study by the management of the unit, while the procedure of returning the questionnaire ensured confidentiality of responses (closed boxes for inserting completed questionnaires). The survey used a questionnaire technique - a paper form for self-filling. The respondents were offered full anonymity

and the opportunity to respond at their own convenience without the participation of third parties. We have obtained a high response rate: 48.8%. The initial research material as questionnaire forms filled in by the respondents, which were then entered into the electronic database. All statistical procedures and analyses were carried out using the IBM SPSS Statistics 25 programme. A statistical description was made and a comparison of the results between separate categories (professional group: doctors vs nurses, ICU work experience: 1-10 years vs 11-20 vs >20 years) by using chi-square test (comparison of proportions, for analytical purposes, on a 5-point scale, the extreme values from each end of the scale were combined into one category). The test probability was assumed to be significant at the level of  $p < 0.05$  (for  $p < 0.05$  the differences between the compared groups are statistically significant, while the differences that did not meet this condition were considered statistically insignificant).

On the other hand, the stress itself is psychogenic - the psychological burden that usually accompanies work in the ICUs is conflictogenic. This burden results from the need to constantly monitor and assess sudden changes in the patients' health and to make numerous and immediate decisions, being incapable to save a life or to relieve suffering<sup>3</sup>. However, the response rate describing stress situations as a source of conflicts in the ICUs is nearly 12% lower than that associated with physical load, hence it can be assumed that physical exhaustion generates conflict situations more frequently than the experiences related to critical situations. The need to act under time pressure is also conflictual. Over half of the respondents see quite frequent or very frequent reasons for conflicts because of this, and when they include sometimes answers, this ratio increases to 82.3%.

The effectiveness of task teams increases when the work is well organized, i.e.: the knowledge and skills of group members complement each other and are both effectively communicated and tailored to the task. However, this results not only from the attitudes of the employees themselves, but also from the health policy and the organization of the work of hospitals. This general dependence is clearly noticed by the ICUs staff and management: they see the reasons of tensions and conflicts in the ward in the currently adopted solutions - 60.3% associate them with the implemented health policy of the state, and 63.8% with hospital and financial policy, which has a direct impact on the functioning of the ICUs. The causes of conflicts are seen even more often in the excessive bureaucratization of the work, which directly burdens the medical personnel. This factor is indicated by 72.8% of the respondents.

The respondents point to too few medical staff (61.5%) in the wards, which they think makes it difficult to perform tasks. It is worth noting that the number of these answers is nearly twice as high as the number of answers indicating the conflicts resulting from the necessity to make decisions in critical situations. The occurrence of conflicts in the context of the necessity of making decisions in critical situations is mentioned by only 32.9% of the respondents. However, there is a statistically significant difference between the percentage of the responses of doctors and nurses: 46.8% against 25.7%, respectively ( $p < 0.05$ ). This reflects the fact that difficult decisions are most frequently made by doctors, and that the decisions also involve the patient's family and other doctors<sup>4,6</sup>. A relatively lower level of responses in the nurses' answers is confirmed by the results of comparative studies on occupational burnout of nurses in various hospital wards. It is shown that the nurses from the intensive care units do not belong to the groups that are most prone to stress in this profession and they have a statistically significantly lower level of overload than, for example, the nurses from surgery wards<sup>7</sup>.

According to management theoreticians, mutual trust is the foundation of teamwork. Only then can employees concentrate on tasks and achieve group goals instead of allocating energy to deal with difficult relationships in the team<sup>2,8</sup>. It is emphasized that mutual trust does not give rise to fears of engaging in a conflict, which then takes on rather constructive character and does not create barriers that threaten the achievement of goals or leads to team disintegration<sup>2,9</sup>. In general, 15.5% of the respondents indicate a lack of trust as a cause of the observed conflicts. For example, the occurrence of the problem of the lack of personal culture of colleagues, which, according to 18.6%, is quite often or very often the reason of conflicts, is noticed more often. At the same time, 22.1% note that the causes of conflicts lie in the lack of mutual respect between the ICUs staff and, in the same dimension, seem to be personal, being a result of mutual animosity - 22.0% state that conflicts against this background occur quite often or very often. Among the personal factors, the most frequent reason

for the accumulation of conflicts is seen in the so-called difficult nature of some colleagues (33.6%). On the other hand, a comparatively less significant reason for tensions are such attitudes and behaviors of the ICU staff, which manifest themselves in the lack of respect for patients and their families - 8.2%.

The professional preparation and qualifications of its members are very important for the balance of the teams' work. 23.3% of the respondents indicate inadequate qualifications of the ICU staff as the reason of conflicts, which is a significant value and only in the context of other results does not have to be treated as a problem of the first-rate importance. It is also interesting that employees relatively seldom point to the importance of training held in the units, including, among others, joint training and instruction on new devices or procedures. Only 17.2% of the respondents are of the opinion that too little intra-group training is quite frequent or very frequent cause of conflicts in the wards.

The flow of information has a different meaning for the work of task teams. The shortcomings of communication can make the overall atmosphere in the team discouraging from a joint action<sup>10</sup>. The insufficient information flow as a cause of conflicts is indicated by 38.4% of the respondents. A similar percentage of the answers refer to the situations in which inappropriate manners of conveying information are indicated, which in turn leads to the build-up of tensions and



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