



WAYS OF COPING OF THE NURSE ON CARE PRACTICE BEFORE SITUATIONS OF CONFLICT

FORMAS DE ENFRENTAMENTO DOS ENFERMEIROS NA PRÁTICA DO CUIDADO PERANTE AS SITUAÇÕES DE CONFLITOS MANERAS DE ENFRENTAR DE LOS ENFERMEROS EN LA PRÁCTICA DE CUIDADO EN LAS SITUACIONES DE CONFLICTO

Janine Lopes Moura¹, Geilsa Soraia Cavalcanti Valente², Fernando Rocha Porto³

ABSTRACT

Objectives: identifying how nurses face situations of conflict and analyze the strategies used for coping. **Method:** this is a descriptive, exploratory study with quantitative and qualitative approach, in a Federal Hospital Rio de Janeiro/RJ, Brazil, with 28 nurses. The data collection was performed using a questionnaire based on the Managerial Grid and adapted by Dorsey, Rocha and Associates. For data analysis, there were considered the numbering assigned by each respondent to each letter of each question. After this was added the total of the values assigned to each style. The highest number of points corresponding to the style that nurses usually take in case of conflict. The research protocol was approved by the Research Ethics Committee, Protocol No. 48/11. **Results:** coping styles were grouped in the five styles suggested by the Managerial Grid. **Conclusion:** it came evident as prevalence of coping with situations of conflict style 9/9 (Management Team), suggesting the enhancement of teamwork and individual capacities led to the most current leadership perspective. **Descriptors:** Hospital Administration; Leadership; Human Resources; Nursing.

RESUMO

Objetivos: identificar como os enfermeiros enfrentam as situações de conflitos e analisar as estratégias empreendidas para o enfrentamento. **Método:** estudo descritivo, exploratório com abordagem quanti-qualitativa, em um Hospital Federal do Rio de Janeiro/RJ, Brasil, com 28 enfermeiros. A coleta de dados foi realizada com a utilização de questionário, baseado no Grid Gerencial e adaptado pela Dorsey, Rocha e Associados. Para a análise dos dados, foram consideradas as numerações atribuídas por cada entrevistado a cada letra de cada questão. Após isto, foi somado o total dos valores atribuídos para cada estilo. O maior número de pontos é correspondente ao estilo que o enfermeiro costuma adotar em caso de conflito. O protocolo de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, Protocolo nº 48/11. **Resultados:** os estilos de enfrentamento foram agrupados nos cinco estilos sugeridos pelo Grid Gerencial. **Conclusão:** evidenciou-se como prevalência de enfrentamento das situações de conflitos o estilo 9/9 (Gerência em Equipe), sugerindo a valorização do trabalho em grupo e das capacidades individuais dos liderados como a perspectiva mais atual de liderança. **Descritores:** Administração Hospitalar; Liderança; Recursos Humanos; Enfermagem.

RESUMEN

Objetivos: identificar cómo las enfermeras enfrentan las situaciones de conflicto y analizar las estrategias utilizadas para hacer frente. **Método:** estudio descriptivo y exploratorio con enfoque cuantitativo y cualitativo, de un Hospital de Federal de Río de Janeiro/RJ, Brasil, con 28 enfermeras. La recolección de datos se realizó mediante un cuestionario basado en el Grid de Gestión y adaptado por Dorsey, Rocha y Asociados. Para el análisis de los datos, fue considerada la numeración asignada por cada encuestado a cada letra de cada pregunta. Después de esto se añadió el total de los valores asignados a cada estilo. El mayor número de puntos es correspondiente al estilo que las enfermeras suelen tomar en caso de conflicto. El protocolo de investigación fue aprobado por el Comité de Ética de Investigación, Protocolo Nº 48/11. **Resultados:** los estilos de afrontamiento se agrupan en los cinco estilos sugeridos por el Grid de Gestión. **Conclusión:** se mostró evidente como la prevalencia de hacer frente a las situaciones de conflicto el estilo 9/9 (Equipo Directivo), lo que sugiere la potenciación del trabajo en equipo y las capacidades individuales llevó a la perspectiva de liderazgo más actual. **Descriptores:** Administración Hospitalaria; Liderazgo; Recursos Humanos; Enfermería.

¹Resident Nurse in Medical Surgical Nursing, School of Nursing Alfredo Pinto, Federal University of the State of Rio de Janeiro/EEAP/UNIRIO. Rio de Janeiro (RJ), Brazil. Email: jane_jlm@yahoo.com.br; ²Nurse, Postdoctoral Professor of Nursing, School of Nursing Alfredo Pinto, Federal University of the State of Rio de Janeiro/EEAP/UNIRIO. Rio de Janeiro (RJ), Brazil. Email: ramosporto@openlink.com.br; ³Nurse, Professor of Nursing, School of Nursing Aurora de Afonso Costa, Federal Fluminense University/EEAAC/UFF. Niterói (RJ), Brazil. Email: geilsavalente@yahoo.com.br

INTRODUCTION

In Rio de Janeiro/RJ, in 2000 the theme of conflict of interest was highlighted in the media, after serving matters of public interest, by the O Globo newspaper, presenting suggestions for how to behave in situations of conflict, and a test self-styled "Identify your way to confront the issue."

The situations of organizational conflict can be conceptualized as a situation involving two or more people working in the same organization and have differences in beliefs, values and goals that influence on their ability to work together and/or affecting their work environment.¹⁻² The nurses and team leaders often deal with conflict situations that require their intervention, so that they do not affect the working environment and therefore do not reflect the ultimate goal of nursing and health care in general: health promotion.

When faced with situations of risk for conflicts within hospital organizations, nurses shall act as a mediator, establishing a link between the parts and aspects of conflict, to reach a deal. I.e, in addition to administration of nursing care, the nurse manager plays a role in the work environment, and stimulates the work environment free of conflict, which is present in the satisfaction of other professionals.

Nurses and team leaders of health avoid situations of conflict and its management, not seeing as something positive that can serve as a source of growth for the desktop. Simply deny its existence, which favors the potential complications due to not managing conflicts. Thus, it is important for nurses to rethink their positions as leaders of teams, identifying their ways of facing the question of the conflict so that they can lead their teams to meet the expectations of health institutions and customers of the health service and promote a work environment that satisfies your team.

Among the tools for the recognition of forms of coping with situations of conflict, there is the Theory of Managerial Grid, which are identified five forms of leadership and coping with conflict situations, in accordance with the priorities set by the leaders, between production and interpersonal relationships.³

Upon the foregoing, it is appropriate to achieving this, the intellectual investment in the theme, as a contribution to the practice in the management of care and, perhaps, possible preventive measures for these situations in order to avoid wear on the conduct of psycho-emotional conflicts that are part of daily work.

Thus, think of the conflict solutions, which are inevitable, and ways to deal with these situations, it may be beneficial not only to

interpersonal relationships among work groups and between professionals and clients, and for the institution, which can promote care that does not depreciate its main focus, health promotion, since the conflict management is exactly the choice and implementation of the most appropriate strategies to deal with each situation.⁴

The object of this study is coping strategies in situations of conflict of interests and aims to identify how nurses face the conflicts of interest and analyze the strategies undertaken for your coping, based on Theory of Managerial Grid.

METHOD

This is a descriptive and exploratory study with quantitative and qualitative approach; based on the premise that when it comes to set of quantitative and qualitative data, they complement each other, because the reality covered by them dynamically interacts, excluding any dichotomy.⁵

The research scenario was the Emergency Department and Inpatient Clinical Service of a large Federal Hospital located in the municipality of Rio de Janeiro. The study subjects was twenty-eight nurses, since these professionals are responsible for the entire organization and communication sectors. Thus, they need to relate well with patients, and with family members who often accompany them and with other health professionals, and thus end up being exposed more often to conflicts of interest.

The entry in the field of research carried out after approval of the protocol submitted to the Ethics in Research of the Federal Hospital of Bonsucesso Committee, getting approval in 48/11 and after consent of the subjects for participation, registered in the term of free and informed consent, by their signatures.

The survey instrument used was even aired in the pages of the newspaper O Globo, in the article signed by Luciana Anselmo, the Notebook Good Chance, aired on Sunday; day of the week of publication strategy for the company that is mostly taken on weekly rest work activities.¹ The application of the instrument occurred in the period from 01 to 29 February 2012.

This instrument features as a theoretical basis, the five ways of coping with conflicts proposed by the theory of "Managerial Grid" and was adapted by Dorsey Rocha & Associates, an organizational consulting firm, and for the news story.³⁻¹ was included in the survey instrument, data identifying the subject, namely: age, biological sex and training time.

In the research instrument used, contained four questions related to situations of

conflict. Within each of these questions are listed the letters 'A' letter 'E' possible types of measures to be adopted by the research subject. Among these five options the subject shall enumerate them by assigning points to the phrases 5-1, where 5 means the best course of action, 4 points to the second type of behavior that is most familiar, and so on, until you reach the 1 - the latter type of behavior that would adopt.

For data analysis, we considered the numbering assigned by each respondent to each letter of each question. After this was added the total of the values assigned to each style. The highest number of points corresponding to the style that nurses usually take in case of conflict.

There are established, according to the score obtained in questions, five ways to deal with conflicts of interest. They are:

1. Impoverished Management (1/1): A person who adopts this style usually faces no conflicts. Have a pessimistic belief: you think it's not possible to assert a point of view and maintain good relationships simultaneously. At work, he preferred to use the standards and procedures or the top decision.

2. Management of the Club Campestre (1/9): Also a consequence of pessimistic belief that it is not possible to profit and maintain a good relationship at the same time. Tries to preserve the relationship, which ends up being counter-producing, it causes loss of respect in the long run.

3. Authority/Obedience (9/1): do not believe it is possible to maintain a good relationship in case of conflict. Prefer to assert their point of view, which ends up generating resentment and tear on relationships.

4. Management of Organizational Man (5/5): Adopted by people who believe that there is any association between the objectives in question and the personal relationship. In general, bargaining ends, which makes the core of the conflict is left out.

5. Management Team (9/9): Wide of people who believe in the possibility of achieving personal goals while strengthening relations between the parties. At work, is typical of those seeking better solutions to problems, regardless of merit or recognition.

Data analysis was performed by establishing links between the content found with the theoretical framework of the study, in order to achieve objectives and to ratify the conclusions thereof, thus generating results discussion.⁶

RESULTS AND DISCUSSION

◆ Sample characterization

The sampling frame included nurses from inpatient units and the emergency department of a large federal hospital in the city of Rio de Janeiro who care for medium and high complexity. It is emphasized that these sectors were chosen because they had the largest number of inpatients, allowing a better view of the hospital, as the presence of conflicts. The inclusion criteria of the study informants were nurses (the) day laborers or on duty, the daytime period, a period where the need for decision-making and leadership practice prevails. So were filled twenty-eight questionnaires (n=28), showed that the profile of the participants, where 82% (n=23) were female, while 18% (n=05) were male.

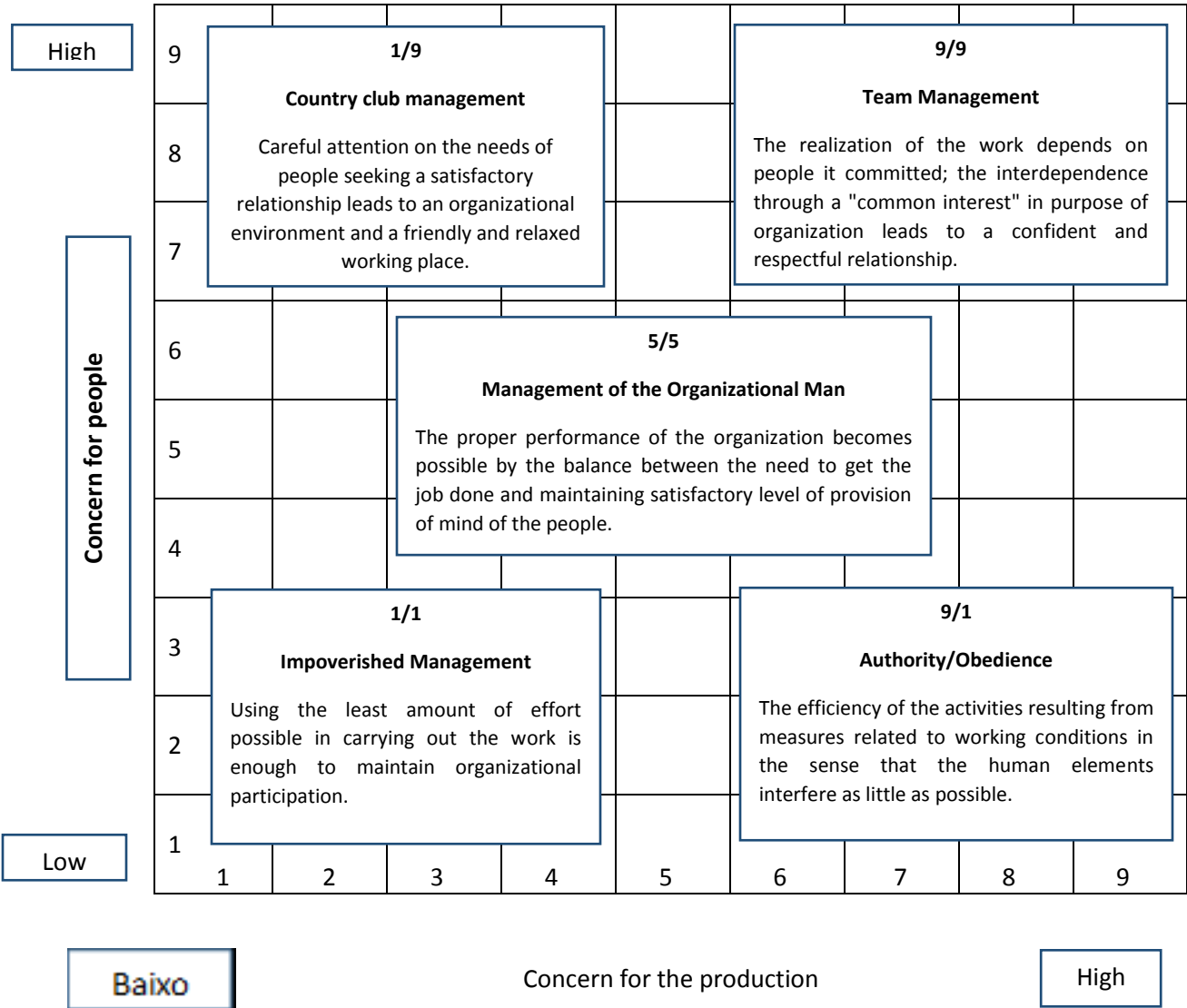
Study informants were grouped according to age into two groups: nurses under 40 years and nurses with 40 years or more. Therefore, of the 28 study participants, 61% (n=17) had more than 40 years and 39% (n=11) had 40 years or less. The minimum age of respondents was 28 years and the maximum age was 63 years presented.

It is noteworthy that, of the 28 nurses participated in the study, only one did not answer the question concerning the training time. Thus, this issue has the answer of 27 respondents (100%). As regards the training time, 33% (n=09) have between 5 and 10 years formed, there being no less subject with time to 05 years of education, 22% (n=06) are between 11 and 20 formative years, and 45% (n=12) have over 20 years of graduates.

◆ Coping strategies of conflict of interests of nurses, based on Managerial Grid

The Managerial Grid theory seeks to trace the profile of coping with conflicts of interests of team leaders and in the case of this study, the nurses. The measurement of the profile of respondents by applying this instrument was based on two components, visually represented on the Grid: concern for production (results) and concern for people (interpersonal skills).³

These two concerns are shown in Figure 1 by two nine-point scale. The number 1 represents minimal concern, the number 5 and number 9 concern averages, maximum concern. The other figures show intermediate degrees of concern.



Fonte: Blake RR & Mouton JS.²

The way these two concerns were expressed by the nurses in the study, were used as the setting for the use of its authority and through the relationship between these two variables, the Managerial Grid, five profiles of leaders were drawn.

Within five styles proposed by the survey instrument used and 28 research interviews, met 03 interviews with a tie between two or more styles. How does this tie featuring styles among the five intermediaries coping styles proposed by the study, these 03 interviews were excluded from the analysis of the most prevalent style. Thus, the sampling for the analysis of this category consists of 25 respondents (100%).

◆ Management Team

The most prevalent style of coping with conflicts presented in the survey was the style 9/9, 80% (n=20) interviews pointing to this style of leadership. This result points out what had been expected when the theory of the Managerial Grid was developed "in recent decades organizations are moving along slowly toward the 9.9 style, for that is what it takes to achieve higher profitability".³

Nurses with this profile search focusing on goals and obtain the best possible outcome through participation, involvement, commitment and conflict resolution for all those who can contribute. The leader wants to contribute to the success of the company

involving subordinates and co-workers, so that they can also give their contribution; tends to inspire in others the attitude of "win" and promotes enthusiasm for their team; avoiding the development of selfish interests.³

In situations of conflict, generally, this type of nurse anticipates its resolutions, sharing perspectives with staff, reducing the probability of occurrence of a divisive conflict.³ Previous studies on the theory of the Managerial Grid, have pointed to this style of leadership as the most desired and designed by nursing professionals.⁷

◆ Impoverished management

The second most common way of coping among nurses surveyed was the style 1/1, with 12% (n = 03) of respondents following this profile. This type of nurse is not interested, demonstrates disregard for both the production and the achievement of results and goals of the organizations, as do not care about interpersonal relationships. It remains an institution thanks to the traditional performance of their duties. Ie, does the minimum necessary to create seniority in office, but without due care contribute to the progress of the institution. Avoids being the center of attention and although bored, inattentive and uninterested, hiding these feelings.³

This being without attracting too much attention makes it possible to avoid disputes

and acquire enemies or lose their job, when he assumes leadership. This means being on time, appear attentive attitude, avoids leaving early, adjusting them according to convenience of the other holidays, leaves, even missing due to illness and promptly complete required reports. Moreover, in a situation of conflict, seeks to maintain neutral or ambiguous speech. For example, in a meeting, when two people have different views and needs to demonstrate its position this say that both parties can be useful, avoiding positioning.³

◆ Club Campestre and Management Authority / Obedience

The coping styles of conflict less observed, the styles were ninth (Management Club Campestre) and 9/1 (Authority/Obedience), with only 4% (n=01), each. These styles show an antagonism between them, whereas the first privileged people at the expense of production, the other follows the reverse path, prioritizing production and paying little attention to interpersonal relationships.

◆ Management of the Club Campestre

This type of nurse tends to lead to promote friendship and camaraderie, but perhaps unintentionally devalues productivity. The secret to it is to establish a cordial atmosphere and avoid imposing their will on others; deflected involuntarily attention task for the interest in cordial and friendly relations. It's the kind of professional who feel safe if their relationships are positive. Tend to be very sensitive to what others think or feel about you and it is always ready to accept signs of appreciation. Their negative side is the fear of rejection or censorship, because feelings of rejection let deeply hurt and depressed.³ When dealing with conflict situations often relinquish own point of view, justify the negatives of subordinates and gives little importance to the pressures. Usually does not have the courage to say no.³

◆ Authority / Obedience

The coping style of the aforementioned conflict has its origins in Scientific Theory, which proposed methods and streamlining the work and discipline of the workers' knowledge systems placing it under control of management.⁸ There was a fragmented and hierarchical way of working, where higher service standards determined and subordinated deferred to orders. Decisions were therefore centered on the power of the leader, thus maintaining the order of the institution. This centralization of decision-making power in the leader gives rise to this coping style.

In this Human Resource Management model, the standard employee training occurred in a watertight manner and under authoritarian and mechanistic bias, ie, the

human resource was walked just obey. Ultimately, if fulfilled, rules and learning is directed. The separation between planning and execution of the task configured a passive attitude of the worker, in relation to its performance.⁹

The nurse who follows this type of profile is characterized as a demanding boss, conscious of their professional competence and whose actions and concerns focus on a single thought: to achieve results. Their effort is to prepare the working conditions in order to reduce the need for subordinates to think and judge independently. It avoids interference "human" elements on efficiency and production through close supervision. Tend to control and dominate.³

This makes sense domineering leader take attitudes that tend to cancel their subordinates, which start to undo your thoughts, and your actions. Thus, when in conflict, this type of nurse tends to undermine the sense of trust of others, since they do not value the thoughts of subordinates and make use of threats and punishments, bullying common characteristics.

The repressive leadership is indeed the relationship between leader/led through the process of nursing work in some health institutions. However, this style of leadership can characterize the practice of bullying, since this constraint is processed in words, gestures, actions or omissions, unless those involved are aware, aware of his conduct and/or experience in a professional context.¹⁰

Anger is often felt when the domain, authority and control are threatened. The focus is then on the removal of obstacles that triggered the anger, instead of studying the causes of loss of inner balance. Thus, this type of leader can be as domineering and interested in getting production that will step on others without any consideration, even if unintentionally.³

Bullying is the constant embarrassment of the victim, disqualifying it and making it fragile in order to neutralize it in terms of power. Psychologically, this weakened individual loses his personality, cancels their wills and ceases to be a threat to the offender due to so much violence.¹¹

Bullying can be present in various contexts of life, but the relationship between leaders/led nurses and makes unfair and inhumane living, by taking the victim to the positive image he has of himself, thus masking their own weaknesses, assuming a position of superiority. Nurses practicing bullying not only lack with respect to their subordinate, but also violate the civil law and the Code of Ethics of professional practice. Therefore, it is essential that nurses obtain knowledge and

awareness of the issue proposed to develop his leadership in a harmonious and respectful relationship, working with a new style of leadership or leadership with very little achieved.¹²

♦ Management of Organizational Man

The style 5/5 was not observed in any of the answers. In this, there is a combination of a median orientation for production and for people. The administrator searches for a satisfactory performance of the organization through a balance between production and conservation goals of the morale of the people. The positive motivation of the management organization man, or is part 5.5, impress, obtain acceptance of their party, be associable, garner an extensive circle of relationships, demonstrating "status". On the other hand his great fear is not being accepted by the group, feel unpopular and isolated.¹³

When facing with a conflict seeks to establish the routines established what makes you feel safe and secure. Venerates the tradition when two subordinate conflicts, this type of leader tends to speak separately to each in order to find points on which both can agree, finding a more or less acceptable understanding on all.³

FINAL CONSIDERATIONS

The dominant style of leadership, the hospital in question, according to their self-perception is the style 9/9 Management Team; a leadership style that values both people (interpersonal skills), for production or goals. This result points to a more current perspective of leadership, where the nurse should be directed to the possibilities of a new role of leader, more future oriented, more flexible, dynamic and willing to take risks, as opposed to controlling role, dictator of rules, standards and procedures.

It is noteworthy that the mark of modern leadership is the strengthening of the working group, highlighting and enhancing individual skills, diluting the power in the team.¹⁴ However, studies on self-perception can confirm that denote a divergent reality found in the work of the reality experienced in working life, what these authors call "self-delusion", which suggests that answers the questions according to their self-perception are actually a reflection of the wishes and desires of those professionals.⁷ thus, to reiterate the results of this research and thus confirm them or confront them is considered necessary the creation of an instrument to assess objectively the actual behavior of leaders ahead driving teams.

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Corresponding Address

Geilsa Soraia Cavalcanti Valente
Escola de Enfermagem Aurora de Afonso Costa
Universidade Federal Fluminense
Rua Dr. Celestino 74 / Centro
CEP: 24020-091 – Niterói (RJ), Brazil

English/Portuguese

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