

CONFLICT MANAGEMENT THROUGH IT TOOLS IN HEALTH IN ROMANIA

Abstract

Poor material conditions in some hospitals, namely the lack of equipment, materials and conditions of intervention but accommodation may predispose to aggression against doctors. Standard reporting systems for aggression incidents are an exception at the level of medical units, but their good use could solve major health problems in Romania. Some hospital administrators who have allocated IT resources have obtained encouraging results in managing and preventing conflicts in their units. Our research has gone from the suspicion that IT tools can manage conflicts and look for evidence in hospitals in Romania.

The purpose of this paper is to change the paradigm and test to what extent the proliferation of new technologies can make today's management term new valences beyond the management or management characteristics and generating predictability and added value.

Keywords: conflict management, health sector

JEL CODES: J53, D74

MANAGEMENTUL CONFLICTELOR PRIN INSTRUMENTE IT ÎN DOMENIUL SĂNĂTĂȚII DIN ROMÂNIA

Margareta Stela FLORESCU

Professor Ph.D., Administration and Public Management
Faculty, Bucharest University of Economic Studies
E-mail: icefaceus@yahoo.com

Liviu-Cătălin PRICOP

Ph.D. Student, The Bucharest University of Economic
Studies
E-mail: catalinpricop86@gmail.com

Rezumat

Condițiile materiale precare din unele spitale, mai precis lipsa unor echipamente, materiale de intervenție, dar și a condițiilor de cazare pot predispuce la agresiuni asupra medicilor. Sistemele de raportare standardizate pentru incidentele cauzate de agresiuni sunt o excepție și la nivel de unități medicale însă buna utilizarea a acestora ar putea rezolva probleme majore din sistemul de sănătate din România. Unii administratori de spitale care au alocat resurse IT au obținut rezultate încurajatoare privind gestiunea și prevenirea conflictelor din unitățile lor. Cercetarea noastră a plecat de la suspiciunea că instrumentele IT pot manageria conflicte și am căutat evidențe în spitalele din România.

Scopul prezentei lucrări este de a schimba paradigma și a testa în ce măsură proliferarea noilor tehnologii poate face ca astăzi termenul de management să capete noi valențe depășind caracteristicile administrării sau gestiunii și generând predictibilitate și valoare adăugată.

Cuvinte cheie: managementul conflictelor, sectorul de sănătate.



1. INTRODUCTION

Also known as "the art of doing something with other people," management manages a task, action, or process in a variety of areas. Associated with an action plan or project, management shows true valences to achieve maximum results through optimal use of resources. Complaint management is more often seen as a procedure aimed at establishing the means of controlling responses to complaints and less as an organizational function that can ensure the efficient conduct of the activities carried out in order to achieve a goal or objective.

The purpose of this paper is to change the paradigm and test to what extent the proliferation of new technologies can make today's management term new valences beyond the management or management characteristics and generating predictability and added value.

2. THE STATE OF KNOWLEDGE IN THE FIELD

The health system is one of the main sectors of the European workforce, accounting for about 10% of EU workers. The largest group of health care workers is active in hospitals, followed by medical offices, asylums, etc. [European Agency for Health and Safety at Work (EU-OSMA, 2007). Violence and harassment are psychosocial hazards in the health sector. Violent behaviour may come from patients, colleagues or visitors. The health and social assistance system reported the highest incidence of workplace violence in the EU - 27 of about 15.2%, with a higher than average incidence of intimidation and harassment. Also in this sector, the experience of actual physical violence or the threat of physical violence is eight times higher than in the production sector (Parent-Thirion et al., 2007).

Battle behavior is an omni-present fact in nature that is related to the presentation of the individual and the species. Charles Darwin raised the issue of the importance of the struggle for survival by showing that "it is always favorable for the future of a species if the strongest (or endowed) of the two rivals takes possession of either the desired territory or the desired female" (Lorenz, 1966 apud. Trifa and Trifa, 2012). The struggle between species is easier to understand because it seeks a way to escape at any price, but intraspecific conflicts or between members of the same group are much harder to understand.

Aggression, according to Lorenz (1966), has "great adaptive value". Due to the fact that it is essential for survival and exerts passions and constraints on social organizations and interpersonal relationships, they can also have serious repercussions that can cause loss or destruction (Burlacu, 2011).

At present there are laws covering all areas of activity, constitutional laws, organic laws, ordinary laws, laws that provide protection to doctors and their patients. For doctors, there is a legal obligation to provide

medical assistance to a person only if he has previously accepted him as a patient. Patients are also protected by the law of malpractice if they are the victim of a medical error.

Violence is the use of force and constraint by an individual, group, social class in order to impose the will on others, consisting in the manifestation of physical force on a person or a group resulting in both physical and psyche physical trauma. In this category also threats of any kind. The most common forms of violence are verbal and physical, both of which are more and more common in almost any field of activity (Carra et al., 2016).

The main causes of the violence in the health sector are the lack of communication, the increasingly busy schedule of physicians, the frustration of a rather modest renown, poorly informed patients, etc. Despite all the measures taken against him, the provision of a clear job sheet; rewarding workers for their achievements; the possibility for workers to submit complaints that are then seriously dealt with; reducing physical risks; the possibility for workers to take part in the decisions that affect them, the most common reason for violence in a social context is stress (Ghiorghievici, 2006).

Another conflicting state of health in the world is the lack of communication between the patient and the doctor (Burlacu, 2015). A physician today must be a good specialist and a good psychologist at the same time as he meets many types of people daily. Dominant patients are labeled as self-confident, competitive, containing features of narcissistic personality. Dominant patients demonstrate a lack of empathy manifested in a wide variety of contexts. Paranoid patients are labeled "cold," serious, critical, reserved, and defensive, with features of paranoid and antisocial personality. For them, the world appears to be threatening and hostile. Obstructional patients are labeled as hostile and uninvolved, they have serious problems in complying with social norms and in carrying out professional tasks. Avoided patients are labeled as inhibited, uncertain, contain features of avoidant and obsessive-compulsive personality disorders. Communicating with the patient is essential in the doctor-patient relationship and she has to be honest. The misunderstanding between physicians is often stressed by the state of anxiety in which the patient is at that time. Also, poor communication can also contribute to ignorance of the patient, the circumstances of the doctor's help (Rujoiu, 2010).

To avoid violence of any kind, any physician or pharmacist must master his emotions very well, showing calm and firmness. The patient must also cooperate with the doctor without hurting his or her work. Be as clear as possible, understandable and never forget that his life may depend on the doctor. At the same time, the doctor must always remember the oath made before he is violent with his patient (Popescu, 2014).

The greatest risk a healthcare worker is exposed to is violence from colleagues but especially from patients. The risks faced by health workers include: biological risks such as needle stick injuries, chemical risks, including medicines used to treat cancer and disinfectants, psychosocial risks, including violence and shift work, etc. (Rippon, 2000).

3. CONFLICTING STATES IN ROMANIAN LEGISLATION

According to art. 653 of Law no. 95/2006 on health reform, there are three situations in which the relationship between a physician and a patient may be terminated: with the healing of the disease by the patient or by the physician in situations where the patient is being sent to another physician or when the patient is manifest a hostile and / or irreverent attitude towards the doctor. According to art. 219 of the Law no. 95/2006 on healthcare reform in order to benefit from medical services, patients have the obligation to strictly observe the treatment and instructions of the physician and have a civilized behavior towards healthcare professionals.

Patients are also protected by the Law of Malpractice if they are the victim of a medical error. According to Law no. 95/2006, currently applicable, "malpractice is the professional misconduct committed in the exercise of the medical or medical-pharmaceutical act, generating harm to the patient, involving the civil liability of the medical staff and the medical, health and pharmaceutical products and services provider". The medical mistake may be answered first of all by medical personnel as defined in Art. 642 of the health law, "the doctor, the dentist, the pharmacist, the nurse and the midwife who provides medical services".

4. THE MAIN FINDINGS

Communication has positive effects in establishing a good relationship between two people, as in this case between the doctor and the patient. It is known that good communication between physician and patient increases the patient's satisfaction and leads to amelioration of chronic headaches and lowering of blood sugar levels in people with diabetes. Patients are advised to know clearly the symptoms they have and the purpose of their visit, to get involved with the doctor, and if adverse effects occur after the medication, the patient should inform the doctor and go back to treatment. Alternatively, patients should be treated with respect, which affects patients' satisfaction in terms of medical action, the vocabulary and doctor's language must be understood by the patient, it must provide clear and complete information (author, 2012). To be searched in the papers from the teacher

The high level of under-reporting of incidents of violence and aggression in the health sector has been perpetuated and many people accept aggression from patients or attendants as part of the job. The

subject has begun to receive some attention in our country for the last five years and only on the serious cases of physical violence. Aggression against healthcare personnel is brought to public attention only when serious incidents occurring with injuries and incapacity for work occur, or material losses related to medical unit endowments occur. Studies on aggressive incidents in the workplace in medical practice are limited, however, both in terms of research and data availability to the public. A thematic reference could be the 2011 work co-ordinated by Professor Rotil, titled Quality of professional life and the migration trend of healthcare staff. According to this paper, the aggressions have an impact on the safety and health of the medical staff and lead to the degradation of the quality of the medical care services and the staff so inadequately in Romania abandon their profession. According to a study by the European Federation of Public Services, about 3% of physicians and 5-10% of nurses in Romania emigrate each year. From our research, exposure to aggression is an important factor for migrating physicians, along with sometimes poor economic and professional conditions.

Conflict state is everywhere, on the street, on television, in newspapers, at school, in shops, in hospitals many times and at home, and we believe that they are part of our existence, so it must be fought. We need to fight these conflicting states regardless of their nature: verbal, physical, emotional, etc.

Behind any action, there is a motivation, so with regard to conflict situations, we find motivations and causes of the most diverse.

From a psychological point of view, when we talk about conflicting states, most authors refer to the need for power and control. When we cannot manifest our power and control over us, we tend to expand this need and satisfy it by trying to control others.

Conflict states and harassment are psychological hazards in the health sector. Conflicting states are done between patients, visitors, or work colleagues. In the International Labor Organization (ILO, 2002), psychosocial problems can lead to illness, isolation, accidents or even death. All of these psychosocial issues can have a major impact on the employer by lowering productivity and morale. Medical staff are mostly subject to such mental health risks (World Health Organization - WHO, 2004). Psychological problems would no longer arise if they were to invest more in promoting mental health in this sector.

With the disappearance of this psychological issue, the mental health that underpins the well-being and effective functioning of an individual or a community arises. This article favors employers and reveals mental health issues in the health sector, giving us practical information about mental health promotion interventions. Thus, employees in the health sector have moments when they do not feel completely safe at work and some measures to combat and prevent violence, whether of any kind, are needed.

From sociological theory, we have noticed that conflict situations are being used due to certain factors that cause stress and frustration at the individual level, for example unemployment, poverty, social isolation, etc.. This theory reflects today's reality, namely that people are getting more and more stressed, due to the job, the much-laden program, the familiar shortcomings.

CONCLUSIONS AND RECOMMENDATIONS

Conflicting states in the health sector are verbal violence and physical violence, but also acts of threats or intimidation. They may say they have been neglected because there are no studies, statistics, or other materials that show that these conflicts have been analyzed.

Consequences of confluence can range from loss of motivation and consideration to their own activity to stress (even for indirect victims, such as witnesses to a violent act or incident) and impairment of physical or mental integrity. Post-traumatic symptoms such as fear, phobias, sleep disturbances may occur. In extreme cases, post traumatic stress disorder may be installed.

Confluent state is an increasingly common phenomenon lately. This is manifested in every kind of field in society, even in the health environment. In recent years, there have been more and more cases of confluence in the health sector, but the measures taken have not been right because this phenomenon has not diminished and cases have emerged. Some of the causes that lead to conflicts in the health care sector are the lack of IT equipment. Because of the lack of IT equipment and endless queues in hospitals, patients are not exactly treated as such because high-tech equipment is missing.

Poor material conditions in some hospitals, namely the lack of equipment, materials and conditions of intervention but accommodation may predispose to aggression against doctors. Standard reporting systems for aggression incidents are an exception at the level of medical units, but their good use could solve major health problems in Romania. Some hospital administrators who have allocated IT resources have obtained encouraging results in managing and preventing conflicts in their units. Our research has gone from the suspicion that IT tools can manage conflicts and look for evidence in hospitals in Romania.

REFERENCES

- Burlacu, S. (2011). "Characteristics of knowledge-based economy and new technologies in education", *Administratie și Management Public*, 16, pp. 114-119.
- Burlacu, S. (2015). "Violence in the Health Sector and Social Organizations in Romania", in *Proceedings of Administration and Public Management International Conference*, Vol. 11, No. 1, pp. 69-83.

- Carra, C., Burlacu, S., Faggianelli, D. (2016). "Violence within organizations in the health and medico-social sector. For a France-Romania comparative analysis", *Administratie si Management Public*, (27), pp. 123-142.
- EU-OSMA (2007). "Promovarea sănătății mintale în sectorul sanitar". Retrieved September 11, 2017 from: <https://osha.europa.eu/ro/tools-and-publications/publications/e-facts/efact46>.
- Ghiorghievici, T. (2006). *Combaterea stresului la locul de muncă*, Editura Universitară, Bucharest.
- ILO (International Labour Organization, International Council of Nurses, World Health Organization and Public Services International) (2002). *Framework Guidelines for Addressing Workplace Violence in the Health Sector*, Geneva, International Labour Office.
- Lorenz, K. (1966). *On Aggression*, Harcourt Publishing Company, Orlando, Florida.
- WHO (2004). *Guidelines for Preventing Workplace Violence for Health Care & Social Service Workers*, OSHA 314-01Rm. Retrieved September 12, 2017 from: <https://www.osha.gov/Publications/osha3148.pdf>.
- Parent-Thirion, A., Fernández Macías, E., Hurley, J., Vermeylen, G. (2007). *Fourth European Working Conditions Survey*, Luxembourg: Office for Official Publications of the European Communities.
- Popescu, D.M. (2014). "Agresivitatea organizațională - Autocontrolul emoțiilor și strategiile de coping ale angajaților", *Revista de Psihologie-Studii și Cercetări*, nr. 2, pp. 119-128.
- Pricop, L.C., Burlacu, S., Demeter, M.L. (2016). "Managing Violence in Health Sector through BI Solutions" in Proceedings of the International Management Conference (Vol. 10, No. 1, pp. 512-519).
- Rippon T. (2000). "Aggression and violence in health care professions", *Journal of Advanced Nursing*, vol. 31(2), pp. 452-460.
- Rujoiu, O. (2010). *Cultura violenței și emoțiile sociale*, ASE Publishing House, Bucharest.
- Trifa I., Trifa C. (2012). "Early Aggression and Prediction of Violent Behavior", *Annals of the University of Oradea. Physical Education and Sport Fascicle*, pp. 67-80.