A comparison of conflict-resolving tendencies of nursing college students and medical school students in Turkey

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Summary

Purpose: The purpose of this descriptive and comparative study was to define and compare the tendencies of nursing college and medical students in resolving conflicts.
Method: The scope of the research was all the students of the nursing college and faculty of medical. The sample included 359 students of the nursing college and 367 medical students. The data gathering tools used were a questionnaire covering socio-demographic attributes and the conflict-resolving tendency scale. Percentage computations, *t*-test (significance test between two independent groups) and one-way variance analysis (ANOVA) were utilized during the evaluation of the data.
Findings and conclusion: In the light of the findings of the study, it was defined that there were significant differences between the students of the two schools in their conflict-resolving tendencies, with nursing college students having higher levels of conflict-resolving tendencies, as well as in their empathy, listening skills and requirement-focused approach.
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Introduction

Conflicts are unavoidable aspects of daily life and may sometimes end in either a beneficial or detrimental way. It is possible to achieve the desired results if conflicts — inevitable both in daily and professional life — are dealt with skillfully and peacefully.

Conflict is defined as a disagreement between two or more individuals or groups that may stem from various factors (Kırel, 1997; Koçel, 1998). Another definition is internal or external divergences of opinions, values and feelings between

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two or more persons (Köse, 1994; Marquis and Huston, 2000).

The process of conflict consists of different parts such as; hidden conflict, perceived conflict, open conflict, felt conflict and conflict resolution (Marquis and Huston, 2000; Özkalp and Kırel, 1995; Taştan, 2003; Tekarslan et al., 2000).

There are also types of conflict: functional—non-functional conflicts, vertical—horizontal conflicts, individual—group conflicts, individual—organizational conflicts, purpose conflicts and role conflicts (Koçel, 1998; Marquis and Huston, 2000; Rowland and Rowland, 1997; Simms et al., 1994; Şimşek et al., 2001; Taştan, 2003; Tekarslan et al., 2000; Yıldırım et al., 1998).

The emergence of conflicts may be due to several reasons including but not limited to the environment, the individuals that experience it, and the type of conflict. Disagreements in perceptions, statuses and interests, differences in the goals, personalities and administrational methods, and ambivalences in management domains are some of the noted reasons for conflicts (Akgün, 1999; Dienemann, 1998; Koçel, 1998; Rowland and Rowland, 1997; Simms et al., 1994; Taştan, 2003; Yıldırım et al., 1998).

Conflict-resolving strategies that could be employed by administrators are avoidance, compulsion, compromise, collaboration and persuasion. Win—win, lose—lose and win—lose methods are also mentioned. The choice of the strategy will vary according to the type and cause, as well as according to the individuals that take part in the conflict and that will resolve the conflict (Akkirman, 1998; Eroğlu, 1995; Hellriegel et al., 1992; Marquis and Huston, 2000; Rowland and Rowland, 1997; Schmel, 1997; Simms et al., 1994).

Personal characteristics (personality, education, occupation, sex, etc.) gain further importance during conflict-resolving efforts, particularly in interpersonal conflicts (Akbalık, 2001; Ergün, 1999). Effects of Islamic and oriental culture, that are dominant in Turkish society, should be considered when examining the difference between conflict-resolving tendencies between the genders. In Islamic and oriental culture, women are commonly perceived as submissive individuals who always make concessions, and who are not inclined to stand up for their rights, while men are those holding the most power, always making decisions, and always right. Despite the legal rights given to women following the foundation of the Republic of Turkey, low education levels and not breaking free from traditional and cultural elements lead them to exhibit passive behaviours (Cakır, 1994; Kurnaz, 1992; Yılmaz, 1996).

According to legal regulations in Turkey, nursing is defined as a women's profession and is practiced by women (Nursing Law in Turkey, 1954). Nursing education in Turkey is defined as a 4-year licence programme dating after 1956. On the other hand, nursing schools, not bound to universities, continue giving nursing education at the high school level. Health occupational high schools and health services occupational colleges that had been introduced in the 1985—1986 academic year whose number reached 55 in 1992, were converted into health colleges in 1997 (with an approximate number of 79) by the Council of Ministers with a law coded 8655 which passed in 1996 (Aksayan et al., 2001). Although nursing programmes of health occupational schools had been transferred to universities in 1997, students were accepted to these programmes again in 2000. And in year 2004, studies were being conducted to facilitate the adaptation of these schools as occupational high schools, giving nursing education in universities as a licence programme. Despite these differences in nursing education, nursing regulations entail that all nurses should perform their duties with a same/common definition. Nurses — with two different levels of education (high school and university) who are expected to do the same work — vary in their work perceptions, methods and interactions with colleagues.

Medical education is defined as a 6-year licence education in Turkey. Physicians and nurses having different types and periods of educational background are expected to work together in a team approach within the same environment. However, medical and nursing students at the same university receive different training during their education. Nurses, who have a different education within the same university structure and all of whom are female, and physicians with a heterogeneous male—female population are expected to work together in the same team after their education.

Overnight (not out-patient) Treatment Institutions Management Regulations list a physician as the responsible director in the hospital organization, which means that the physician is the head of all personnel employed in this organization. That the physicians were given such a privilege emerges as another reason for conflicts. That both the manner in which the physicians were trained and the power they receive from the regulations lead them to function as functional managers rather than project managers is the source of many conflicts (Overnight Treatment Institutions Management Regulations, 1983).

Conflicts are inevitable for various reasons including, their multidisciplinary nature, extremely bureaucratic and autocratic management