Conflict management in healthcare institutions: the case of healthcare center Zvečan

Upravljanje konfliktima u zdravstvenim ustanovama: slučaj Doma zdravlja Zvečan

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A r t i c l e   i n f o

A b s t r a c t

Good interpersonal cooperation is necessary for the efficient and effective work of any organization, institution, program, project or team. Conflicts are an inevitable companion of good interpersonal relations and cooperation. Effective resolution of conflicts within any organization, including healthcare organizations, should be a priority due to their direct impact on the quality of healthcare provided. The paper aims to examine the influence of interpersonal health workers on the effectiveness of the health institutions where they are employed. The paper examines whether employees in a healthcare facility are exposed to conflict situations, as well as whether there is a connection between conflicts such as negative interpersonal relationships and business efficiency, i.e., the provision of healthcare services. Furthermore, the paper examines the differences between the conflict and the sociodemographic characteristics of the respondents. The research was conducted in the Healthcare center in Zvečan (Kosovska Mitrovica) through a survey. The research sample (N=103) consisted of employees in the aforementioned health institution.
Keywords: *interpersonal relations, conflicts, conflict style, business efficiency, healthcare institution.*

S a ž e t a k

Dobra međuljudska saradnja neophodna je za efikasan i efektivan rad svake organizacije, institucije, programa, projekta ili tima. Konflikti su nezaobilazan pratilac dobrih međuljudskih odnosa i saradnje. Efikasno rešavanje konflikata unutar svake organizacije, uključujući i zdravstvene organizacije, treba da bude prioritet zbog njihovog direktnog uticaja na kvalitet pružene zdravstvene zaštite. Cilj ovog rada je da se ispita uticaj međuljudskih zdravstvenih odnosa radnika na efikasnost zdravstvenih ustanova u kojima su zaposleni. U radu se ispituje da li su zaposleni u zdravstvenoj ustanovi izloženi konfliktnim situacijama, kao i da li postoji veza između konflikata kao negativnih međuljudskih odnosa i poslovne efikasnosti, odnosno pružanja zdravstvenih usluga. Takođe, u radu se ispituju i razlike između konflikata i sociodemografskih karakteristikama ispitanika. Istraživanje je sprovedeno u Domu zdravlja u Zvečanu (Kosovska Mitrovica) putem ankete. Uzorak istraživanja (N=103) činili su zaposleni u navedenoj zdravstvenoj ustanovi. Za potrebe ovog rada formiran je originalni upitnik na osnovu koga je sprovedeno direktno istraživanje.
Ključne reči: *interpersonalni odnosi, konflikti, konfliktni stil, efikasnost poslovanja, zdravstvena ustanova.*

1. Introduction

Good interpersonal relations and cooperation are imperative for the business of almost all organizations, and thus greatly affect the achievement of tasks and goals of these organizations (Mićović, 2008). The performance of basic functions in management is synergistic with the interpersonal relationships of employees. Conflict of different interests is almost inevitable, and there are probably no organizations or institutions where only conflict-free collaboration is present. In a work environment conflict occurs as an inevitable phenomenon and as such it needs to be managed properly (Kitić, 2020). In the previous social system, conflicts were considered unnecessary and non-existent. Transitional relationships as well as democratic relations emphasize constructive conflict as one of the essential prerequisites for development (Marković, 2020). Therefore, interpersonal

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cooperation, collaboration, and conflict are facts, inevitability, and even a necessity of the organizational life of any organization. There are various methods for overcoming and resolving conflicts and various styles of conflict management. If the management is done in the right way, the conflict has positive consequences on creativity, changes, and development - creating a comfortable and safe working environment, and that is better in comparison to the destructive consequences conflicts could evoke.

Conflict is a consistent and unavoidable issue within healthcare teams. Despite the training of nurse leaders and managers around areas of conflict resolution, the problem of staff relations, stress, sickness and retention remain (McKibben, 2017). Effective conflict resolution within healthcare institutions should be a priority because of their impact on the quality of provided healthcare. However, effective conflict management requires many professional qualities and skills, as well as changing attitudes towards conflict. For these reasons, it is necessary for health professionals to understand the causes of conflict and to learn different strategies and approaches to conflict (Brestovački et al., 2011).

2. Literature review

The word conflict comes from the Latin word *conflictus*, which means to clash, to collide. It is synonymous with disagreement or conflict (Bekvalac, 2020). As Vrućinić states (Vrućinić, 2012), conflicts are as old as humanity, and it is impossible to imagine an organized community without them. Today, there is also an understanding that there is no development without conflict. Theorists in different fields have different attitudes towards the function of conflict and they perceive conflict as a socially positive, or negative phenomenon. Some see it as an inevitable, moreover desirable phenomenon (pluralistic point of view), which should be managed, while others assess it as an undesirable phenomenon, which should be prevented or solved (interpersonal relations researchers' point of view). "Conflict can be seen as a form of confrontation between two opposing parties; it is based on the inconsistency of goals, desires or values of the opposing parties ... one party controls the goals and objects that both parties want (Stern, 1970, according to Mićović, 2008)." Another interesting definition presented by R. Stagner states: Conflict is a situation in which two or more individuals want to achieve goals, of which only one or the other is perceived as achievable, but not both. This definition can be clarified by the fact that there must be at least two sides, each of which creates energy to reach the goal, desired object or situation, and yet each side perceives the other as an obstacle or threat to achieving its goal (Cvijanović, 2012).

Conflicts arise for various reasons, such as different values, struggles over limited resources, misunderstandings or lack of information and communication disorders. There is always the temptation to let conflict run and ignore it where possible (Ellis & Abbott, 2011). Conflicts to which an individual is exposed can be of economic, political, ideological, racial, of family

and work nature (Radovanović, 2009). Moreover, conflict is the most common cause of stress in the organization. Conflict in the organization arises in situations when an individual must perform tasks that are not in line with his knowledge and values (Pekić, 2021). In line with the above-mentioned, one group of authors (Kenneth et al., 1976, according to Mićović, 2008) considered that conflicts arise from disagreement – either with the general goals to be achieved in the organization and institution or the methods that should be used to achieve the goals. The second group (Coon, 1986, according to Mićović, 2008) connects conflicts with interpersonal relationships, where conflict is considered to be a state in which there are two (or more) strong motivational patterns, which cannot be satisfied together at the same time. On the other hand, Posthuma (2011) shows that task conflicts, in particular, can encourage employees to be innovative and share their knowledge.

3. Methodology

The research process was conducted based on the goal of this paper and is based on the application of modern methods, in order to satisfy the methodological procedures of generality, reliability, objectivity and systematicity. A survey questionnaire was used in the research process. The research was conducted at the Health Center in Zvečan through a survey of respondents. Respondents were tasked to complete the questionnaire, and the time to complete it was unlimited. 140 respondents participated in the research, and in the end, 103 (74%) validly completed questionnaires were collected. Data processing included methods of descriptive and inferential statistics. The descriptive analysis includes total, mean, and standard deviation. Differences in conflict styles were analyzed using variance analysis (ANOVA), through Student's t-test to determine gender differences, as well as by applying Pearson's correlation coefficient. Values at the level of $p = 0.05$ were considered statistically significant, and the statistical program SPSS 26 for Windows was used for data analysis.

4. Analysis and results

Employees are the most important resource of any organization and quality management, and as such have proven to be one of the most significant factors in the increasing productivity, efficiency, and effectiveness of organizations (Ignjatović et al., 2022). Healthcare workers, like all employees who communicate directly with others, often and repeatedly during the working day enter conflict situations, which may be a consequence of the complexity of the work environment, different expectations, or limitations in decision-making (Labrague et al., 2018). However, healthcare workers do not have much knowledge about the sources of conflicts and how to resolve them (Stajić-Vujić, 2014). Resolving conflicts efficiently and effectively in healthcare organizations leads to a better quality of the organization itself, greater patient safety, and higher employee morale - which limits their work stress (Johansen, 2012). A conflict of interest between two or more individuals or social groups is a

condition called a conflict situation. A conflict situation arises when an individual or a group strives to achieve a certain goal, while at the same time another group or an individual opposes it or disputes such aspirations (Dakić, 2012). Namely, conflict situations most often arise within interpersonal relationships, because people differ from each other (Krameršek, 2022). Behavior styles in conflicts are shown in Table 1, and each of these styles affects job satisfaction differently (Mehard, 2015).

Table 1. Characteristics of conflicting styles

Conflict style	Characteristics
Avoiding	They care little about personal goals and interpersonal relationships. They avoid things, people or situations that are conflicting. They believe that it is hopeless to resolve the conflict. The most likely outcome is an unresolved conflict.
Competing	They try to overcome their opponents by forcing them to accept their solution. Their personal goals are extremely important to them, but interpersonal relationships are of little importance. They use the power of position, status and control over resources. Victory is the only acceptable solution. Losing gives them a sense of weakness and failure.
Accommodating	Interpersonal relationships are very important to them, while their own goals are less important. They think that conflict should be avoided in favor of harmony and that people cannot resolve conflict without harming interpersonal relationships.
Compromising	They moderately care about their goals and relationships with other people. They will abandon some of their goals and convince others involved in the conflict to abandon some of their goals. They always choose the golden mean between two unpleasant situations, especially when both parties have the same power.
Collaborating	They value their goals highly, and also their relationships with other people. They see conflict as an opportunity to improve relations because they are in favour of clearly presenting problems and solving them constructively. These individuals actively contribute to the community, their relations are clear and they create the basis for good solutions.

Source: Sportsman, S., & Hamilton, P. (2007). Conflict management styles in the health professions. *Journal of professional nursing*, *23*(3), 157-166.

Which of these five styles a person will choose depends on many reasons, from personality traits to the environment, i.e., people involved in the conflict. There is no significant difference in the conflicting styles of managerial and non-managerial staff, but there is a difference between doctors and nurses in the way they resolve conflict. Nurses mostly use avoiding and accommodating styles. However, for an organization to be successful, the employees are required to work in

harmony to achieve its goals (Saeed et al., 2014). Research like this increase's awareness of the existence of conflict and the possibility of resolving the problem in a constructive way (Brestovački et al., 2010).

Table 2. Descriptive statistics for data on conflict styles scale (Conflict Management Questionnaire) and Cronbach's Alpha coefficient

Conflict Management Questionnaire	AS	SD	Cronbach's Alpha
Competing	20.835	3.013	.844
Collaborating	21.262	2.758	.886
Compromising	19.048	2.891	.733
Avoiding	17.233	5.158	.724
Accommodating	20.475	2.999	.875
Sum of conflict styles scale	98.854	8.210	.942

Source: Author's calculation

4.2. Socio-demographic characteristics of healthcare workers in healthcare centre – Zvečan

Before presenting the results of the research and analyzing whether and to what extent the employees of the Healthcare centre - Zvečan are prone to interpersonal conflicts, the socio-demographic characteristics of the sample are presented. In other words, the structure of the sample is shown based on gender, age, education, length of service and to which level of management they belong. The majority of respondents were female (N = 77, or 75%). The structure of the sample of employees was such that most workers were 41-50 years old (N = 38, or 36.9%). The minority of respondents were 60 years old and older (N = 3, or 2.9%). Most workers had a secondary level of education (N = 70, or 69%), followed by employees who had a university degree (N = 25, or 23.2%), while those with a post-secondary level of education (N = 5, or 4.9%) and master's degree are presented with the lowest percentage (N = 3, or 2.9%). Concerning the total years of service, the most represented respondents are those with more than 20 years of service (N = 60, or 58.3%), which is quite consistent with the structure of the sample by age, where it was found that most workers have between 40 and 50 years of age. The majority of surveyed workers were healthcare workers (65%), while the number of non-healthcare workers was 35%.

The results show that the sample was dominated by a lower level of management, i.e., that the sample consisted mostly of nurses (50.5%). Then, the middle level of management was presented (30%), which included heads of departments, offices, shifts, etc. A smaller percentage of respondents were support staff (11.7%) and high-level management respondents (7%).

4.3. Descriptive parameters on the expression of certain conflict styles

This part of the paper presents the attitudes of respondents on whether they participate in conflicts, which in their opinion is the main cause of conflict in the workplace, as well as the attitude of respondents on whether conflict

affects work discipline and efficiency of their healthcare institution. The majority of respondents (69%) point out that they do not participate in conflicts, while slightly less than a third of them (31%) pointed out that they consciously or unconsciously participate in various conflict situations. More than half of the respondents (64.1%) believe that the main causes of conflict in the workplace are various personality structures that create conditions for conflict, while 27.2% of respondents cite differences in attitudes, values, opinions and interests at work place. The causes of conflict can also be related to organizational, technological and economic working conditions, which is stated by 7.8% of respondents, and 1% of respondents attribute the occurrence of conflict in the workplace to the psychological climate.

Table 3. Expression of certain conflict styles in a total sample

	N	Min.	Max.	AM	SD
Competing	103	14	25	20.835	3.013
Collaborating	103	16	25	21.262	2.758
Compromising	103	12	25	19.048	2.891
Avoiding	103	5	27	17.233	5.158
Accommodating	103	15	25	20.476	2.999

Source: Author's calculation

The mean values of conflict styles in the sample are shown in Table 3. In the total sample, the respondents have the highest mean value (AM - 21.26) for the collaborating style (SD ± 2.75), then for the competing style (AM - 20.83; SD ± 3.01) and accommodating (AM – 20.47; SD ± 2.99) while they have the lowest mean value (AM – 17.23) for the avoiding style (SD ± 5.15). When looking at frequencies and percentages based on the data shown in Table 4, it can be concluded that the dominant conflict style in our sample is cooperation (N = 35), then accommodating (N = 28,), then competition (N = 19). Aavoiding (N = 11) and compromise (N = 10) showed the lowest frequency.

Table 4. Dominant conflict style

Conflict style	Dominant conflict style		The second most commonly used conflict style	
	F	%	F	%
Competing	19	18.4	30	29.1
Collaborating	35	34.0	16	15.5
Compromising	10	9.7	42	40.8
Avoiding	11	10.7	10	9.7
Accommodating	28	27.2	5	4.9
Total	103	100.0	103	100.0

Source: Author's calculation

The second most commonly used conflict style used by health professionals is compromise (N = 42), followed by competition (N = 30), while adaptation is the least commonly used conflict style (N = 5). Similar results were reached by Brestovački et al., 2014, where a compromise was found in their research as the second most commonly used conflict style. Healthcare professionals are always in the middle of two awkward situations, especially when both sides have the same power. These results are similar to the research by Sportsman and Hamilton (Sportsman &

Hamilton, 2007), which showed that compromising is the most common conflict style of health professionals.

In general, all types of conflict are rarely expressed, i.e., the respondents most often opted for the answer "rarely" when it comes to the type of conflict. Even when conflicts occur, they "mostly" occur between certain groups (20.4%) and with other individuals (19.4%). According to 80.6% of respondents, conflicts with other related institutions are "rare". Similar results were obtained by the authors (Mesarić et al., 2012) who found a high frequency of conflict among individuals and groups. Considering the key general causes of conflicts, the most frequent are: conflicts due to workload ("mostly", "quite often" and "frequently" in 57.3% of respondents), conflicts with a co-worker ("mostly", "quite often" and "frequently" in 46.6% of respondents), while conflicts of personal interest occur most rarely ("rarely" - 61.2%), as well as conflicts with negative consequences (49.5%). These results are in line with the results of the research (Mesarić et al., 2012). Another cause of conflicts is specific conflicts. In terms of specific conflicts in the observed sample, the most common, i.e., "quite often" and "frequently" cause of a conflict is the inability of individuals to perform adequate work-related tasks (55.3%), as well as the lack of tolerance among employees (53.4%). Specific types of conflict occur "mostly" due to lack of information (41.7%), differences in the perception of values (37.9%), as well as due to poor communication (34%). In the observed sample, "personal business progress of individuals" (42.7%) occurs most often, i.e., "quite often" and "frequently" as a result of the conflict while other consequences of conflict include the violation of work discipline in the institution (36.9%) and the creation of mistrust among employees (36%). The achievement of business goals of the institution (37.9%) as a consequence of the conflict in the institution occurs "rarely". Obtained data show that females are "mostly" and "quite often" more prone to conflict (34% and 21.4%) than males who are "rarely" prone to conflict (35.9%).

When it comes to the representation of conflicts according to the age variable, it has been noted that the results are very similar. Namely, in terms of the frequency of age-related conflicts, younger people did not show significant differences in the level of conflict compared to older people. Regarding conflict management, respondents opted for the answer that most often ("quite often" and "frequently"), team leaders in healthcare (50.8%) should manage conflicts, and then heads of departments (49.5%). According to 40.8% of respondents, the director and his assistants should rarely manage conflicts.

4.4. Differences in the expression of certain conflict styles regarding the hierarchy position of employees

In order to determine the differences between the hierarchical position (managerial and non-managerial staff) with the use of a particular style of conflict management, the ANOVA technique was applied.

There is a statistically significant difference in the occurrence of competing and collaborating concerning the

hierarchical position, i.e., the level of management. The subsequent test determined between which levels of management there are statistically significant differences. Statistically significant differences in the severity of competition were found between respondents belonging to support staff and respondents belonging to a lower ($p = 0.003$) and high hierarchical level ($p = 0.004$). Employees belonging to support staff show a higher level of competition compared to lower and high level employees. Also, there are statistically significant differences in the occurrence of collaboration between respondents from support staff and respondents from low ($p = 0.00$) and high hierarchical levels ($p = 0.002$). Employees from support staff show a higher level of cooperation compared to low and high-level employees.

Table 5. Descriptive statistics and ANOVA significance of differences in conflict styles according to the hierarchical position of employees

		Descriptive statistics			ANOVA	
	Hierarchical position	N	AM	SD	F	Sig.
Competing	High level	8	19.121	1.81		
	Medium level	31	20.965	2.63		
	Low level	52	20.486	3.25	3.803	0.013
	Support staff	12	23.164	2.28		
	Total	103	20.837	3.01		
Collaborating	High level	8	19.759	0.88		
	Medium level	31	21.901	2.95		
	Low level	52	20.591	2.68	5.695	0.001
	Support staff	12	23.505	1.50		
	Total	103	21.265	2.75		
Compromising	High level	8	19.007	2.00		
	Medium level	31	18.704	2.84		
	Low level	52	19.368	2.55	0.447	0.720
	Support staff	12	18.588	4.64		
	Total	103	19.047	2.89		
Avoiding	High level	8	19.627	2.32		
	Medium level	31	18.127	4.61		
	Low level	52	16.006	5.00	2.266	0.086
	Support staff	12	18.662	7.27		
	Total	103	17.237	5.15		
Accommodating	High level	8	20.001	2.77		
	Medium level	31	19.678	2.56		
	Low level	52	20.713	3.14	1.764	0.159
	Support staff	12	21.837	3.24		
	Total	103	20.479	2.99		

Source: Author's calculation

4.5. Differences in the expression of certain conflict styles with regard to sociodemographic variables

The difference between particular conflict styles in relation to gender was examined. A T-test was used for the significance of the differences between the independent samples, and the obtained data are shown in Table 6.

Table 6. Differences in the expression of certain conflict styles in relation to the gender of the respondents

	Gender	N	AM	SD	T	Df	Sig.
Competing	M	26	2.615	3.223	1.461	39.672	.152
	F	77	20.571	2.913			
Collaborating	M	26	22.308	2.345	2.495	51.163	.016
	F	77	20.909	2.811			
Compromising	M	26	17.808	3.752	-2.601	101	.011
	F	77	19.467	2.425			
Avoiding	M	26	16.846	5.251	-.436	42.441	.665
	F	77	17.364	5.155			
Accommodating	M	26	20.923	2.481	.879	101	.382
	F	77	20.325	3.156			

Source: Author's calculation

Based on the data from Table 6, it is obvious that there is a statistically significant difference in the expression of collaborating and compromising in relation to gender. If we look at the arithmetic means, it can be concluded that the difference is such that male workers show a higher level of cooperation in contrast to female respondents, as well as that female respondents are more inclined to compromise in relation to male respondents. The research

(Pranjić, 2017) also found that gender is a significant determinant of the use of compromising and collaborating, i.e., women use this style more often than men. Other conflict styles (competing, avoiding, and accommodating) were not statistically significantly different in relation to gender in the sample.

4.5.1. Differences between conflict styles and age of the employees

In order to determine the relationship between conflict styles and age, Pearson's Correlation Coefficient was applied. Age is statistically significantly associated with competing and avoiding. Avoiding conflict style increases with age $(r = -0.242, p < 0.005)$. A negative statistically significant correlation between competition and age was confirmed $(r = -0.331, p < 0.001)$, which can be interpreted in a hypothetical sense so that with increasing age, the competing conflict style decreases.

4.5.2. Differences in conflict styles with work experience of the employees

What was examined was whether there is a significant difference in the expression of certain conflict styles among the respondents with regard to the work experience in the observed healthcare institution. For this purpose, the ANOVA technique was used. The obtained data show that there is a statistically significant difference in the expression of avoiding and accommodating between respondents who have different work experiences. Based on the values of the arithmetic averages, it can be concluded that employees with 6-10 years of work experience are most prone to competing (AM = 23, max = 25), those with less than 5 years of work experience are prone to collaborating (AM = 21.8, max = 25), compromising (AM = 19.45, max = 25) and accommodating (AM = 22.5, max = 25), while employees with more than 20 years of work experience are prone to avoiding (AM = 18.10, max = 25). Findings demonstrated that there are statistically significant differences in terms of the occurrence of the main variables in the study related to the work experience of the respondents. Thus, by applying ANOVA, a statistical comparison technique, when work experience is considered as a variable, it can be concluded that those health workers who had more than 20 years of work experience have been more prone to avoiding compared to workers with work experience of 6 up to 10 years. It was also noted that health workers with less than 5 years of work experience were more prone to accommodating than employees with 11 to 20 years of work experience.

4.5.3. Differences in conflict styles with the level of education of the employees

Further results of the research are presented on whether there is a significant difference in the expression of certain conflict styles between the respondents in relation to the level of education in the observed health institution. For this purpose, the ANOVA technique was used. When the level of formal education of workers is considered as a variable, the results show that there is a statistically significant difference in the expression of competing, compromising and avoiding, while collaborating and accommodating have not been statistically significantly related to the level of education. Healthcare professionals with a high level of education show a higher level of competition compared to employees with a lower level of education. The results of the subsequent comparisons show that the competing conflict style differs statistically significantly in employees with a university degree in relation to those employees with a post-secondary education $(p = 0.038)$, as well as in those with a master's degree in relation to those with a post-secondary education $(p = 0.006)$. Also, when it comes to compromising conflict style, there are statistically significant difference in employers with bachelor's degree in relation to those employees with a post-secondary education $(p = 0.005)$, as well as in those with master's degree in relation to those with a post-secondary education $(p = 0.010)$. The results show that there is a statistically significant difference in avoiding as a conflict style between employers with master's degree in relation to those employees with secondary education $(p = 0.001)$, with post-secondary education $(p = 0.002)$, as well as in those with bachelor's education $(p = 0.004)$. Hence, the higher the level of formal education acquired, the lower the propensity to avoid.

5. Discussion and conclusion

Interpersonal relations should be harmonious, that is, they should take place in the direction of avoiding any kind of intolerance, discomfort and conflict. The cause of conflict in organizations is mainly differences in personal attitudes, preferences, interests or level of education, etc. Conflicts in healthcare organizations occur in the mutual communication of healthcare workers, as well as in their communication with patients. Conflicts in the Healthcare center Zvečan, according to the opinion of the respondents, are present to a certain extent and lead to a violation of work discipline in the observed institution. Respondents' views on the impact of conflict on business efficiency are positive, so it can be concluded that conflicts affect the organizational efficiency and success of a healthcare institution. The respondents opted for collaborating as the dominant style of conflict management, which is reflected in the fact that team leaders, or groups, are always ready for cooperation and have a high level of self-confidence. Similar results were obtained by Brestovački and colleagues (Brestovački et al., 2010), who pointed out that health workers show a desire to maintain good interpersonal relations despite their goals and needs. In the Coeling and Wilcox study (Coeling & Wilcox, 1994), nurses and doctors were questioned about behaviors that promote effective communication. The results of that study indicate that doctors believe that nurses need to learn to convey more factual information, while nurses were focused on interpersonal relationships. Avoiding was marked as the least frequently used conflict style applied by healthcare workers in our research, and similar results were reached by Labrague and the authors in their research from 2018 (Labrague et al., 2018), in which they point out that it is necessary to conduct numerous studies in order to

examine organizational and interpersonal factors in healthcare organizations. Another style used by healthcare workers in this research is a compromise as golden means between two unpleasant situations. The above results are similar to the research Brestovački et al. (2010) and Sportsman and Hamilton (2007) that showed that compromise is the most common conflict style of healthcare workers.

Given that similar research has not been done in health organizations in Kosovo and Metohija, the implications of this research are primarily related to the presentation of the problems of interpersonal conflicts that occur among health workers in these areas. Namely, among healthcare workers, specifically in the Healthcare center Zvečan, but also in other healthcare organizations, awareness of the existence of conflicts must be increased, all with the aim of performing work more efficiently, while minimizing disagreements and misunderstandings. The main limitation of this paper is that the research was conducted on a sample consisting only of employees of the Healthcare center Zvečan. The selection of an adequate sample is not representative of all healthcare workers, so the conclusions cannot be generalized to all employees in healthcare organizations in Kosovo and Metohija.

Conflicts should be controlled by managers dealing with conflict management. In order to effectively manage conflicts, it is necessary to encourage the adoption of different approaches and strategies in conflict resolution. This involves conflict resolution at a stage when the conflict is not visible enough. Therefore, it is necessary to prevent the occurrence of conflict, as well as it is necessary to prevent the occurrence of diseases: *"Prevention is better than cure!"*. However, if a conflict occurs, it should be resolved as soon as possible, as to normalize the functioning of an organization or part of the group in which the conflict arose.

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