

# Point of View

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## Conflict in health systems

The causes and nature of conflict in health systems are examined, and ways of minimizing it are suggested. Prominent among these are the adoption of integrated management and the recognition of people's rights and aspirations. Machinery for settling disputes should also be in place.

In any human society there are bound to be differences of opinion. Clashes of values and principles are inevitable and, indeed, stimulate progress if they occur on a rational basis and in a framework of tolerance.

Forty years ago, as Chief Medical Adviser of the Department of Health in Ireland, I produced a comprehensive scheme for the health care of women and children. This, on being introduced by the Minister of Health, was condemned on ethical grounds by both the medical profession and the Roman Catholic bishops, and the row that developed brought down the government.

In Sri Lanka some thirty years ago the Director of the Ayurvedic Medical School thought it desirable that his students should learn about some aspects of allopathic or Western medicine. The students approved but the purists in the Ayurvedic system objected. Student protests followed and a situation of conflict developed.

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In Indonesia I found that there were two types of qualified midwives, one fully trained, the other a class of assistant midwife. After some time there was conflict, since the assistant midwives were doing very much the same kind of work as the others but were regarded and treated as inferior.

The above are a few instances of conflict in the health field. In recent years the problem has grown: there have been medical and nursing strikes in more than ten developed countries and there is unrest among health personnel virtually everywhere.

### Models

It is worth analysing where and how conflict can occur. Let us initially consider Dahrendorf's two models of society, both of which are applicable to health systems (1). The essential elements of the first are as follows:

- every society has a relatively persistent configuration of elements;
- every society is a well-integrated configuration of elements;

- every element in a society contributes to its functioning;
- every society rests on the consensus of its members.

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This model portrays society but does not explain conflict; Dahrendorf therefore produced the following opposite model:

- every society is subject to change, and social change is ubiquitous;
- every society experiences social conflict at every moment, and social conflict is ubiquitous;
- every element in a society contributes to its change;
- every society rests on the constraint of some of its members by others.

In social organizations, including, of course, health systems, there are positions that give people the power of command and there are other positions whose occupants are subject to commands. This is the “them and us” situation, often associated with the unequal distribution of power and rewards. Sometimes those who are dominant resist change when subordinates seek it. The opposite can also occur. Conflict is inherent in any society and, indeed, in any health system.

Let us now discuss a model of a national health system which has the elements required to meet all health needs (2). A health system is a complex of instruments that contribute to health in the home, educational institutions, workplaces, public

places, and so on. It relates to agriculture, industry, the economy and employment, as well as to housing and other environmental factors. The system is organized at various levels, starting at the peripheral or community level and proceeding to the central level. The health system infrastructure includes services, facilities, institutions, organizations and the people who deliver health care and disease prevention. It is important to accept the idea of a national health service as a vast system. It has a structure and functions; the parts are integrated, interdependent and interacting. Within it there is feedback and stability.

Formerly, the boundaries in the system and its subsystems were easily defined, understood and respected. However, as technology and knowledge become more complicated, boundaries are increasingly difficult to delimit. This is true of the changing relationships of nurses to doctors, health educators to public health officers, biochemists to pathologists, and shop stewards to hospital administrators.

It is important to recognize that in a health system with a very large number of people in different positions there are almost unlimited opportunities for conflict. In fact all the people are interdependent and everything depends on everything else. To understand how the system works can best be sorted out by a model. If one understands the model, one realizes that a change in one part of a health system may lead to unexpected consequences in another part. For example, a cut in the money supply or a shortage of key personnel, unless skilfully handled, may cause unfavourable effects on the service to the public. Extreme care should therefore be taken when manipulating the system in respect of a single problem, otherwise there will be a tendency for disruption to occur.

Conflict may arise because the components of a system differ from each other, are poorly integrated, or are changing or reacting to change, or because of outside disturbances. These factors lead to varying degrees of strain. Built-in structural faults, gaps of ignorance, failure in communications, misapprehensions and many other things can affect the running of a system and can cause unnecessary and futile conflict.

A developmental model of a health system (2) is based on a concept implying that such a system will exhibit growth and directional change over time. The model assumes that there are noticeable differences between the states of the system at different times, and that there are orderly processes whereby the system changes. It is also assumed that an increase in value accompanies the achievement of a new state.

Developmental models postulate that health systems or any part of them, such as groups of people, are "going somewhere" and that changes have direction. The precise direction may be defined by: a goal; the process of "becoming" through research, development or the training of staff; or the degree of achievement of a goal, such as a reduction in infant mortality.

In considering the evolution of health systems the question arises as to why they evolve and what animates the process. One view is that health systems develop largely through the research, intelligence and endeavours of the health professions in a broad stream to which countless people contribute. But it is not quite like that because there is such a thing as social control: individuals and communities influence development in a manner commensurate with political, social, cultural and administrative traditions.

What determines the path or speed of development of a health system? Is it the research and ability of biomedical scientists and the growth of knowledge? Or is it a question of diktat, confrontation, consensus, manipulation of the popular will, and the expectations of the public? Is the direction determined by politicians, bureaucrats, administrators, economists, trade unionists, biomedical scientists or front-line health professionals? Is it brought about at the behest of personalities, political parties, pressure groups, and so forth? What motivates those directing or controlling the development of health systems?

### Actions

Since many interests are concerned, how is a proper balance to be achieved? It is necessary to consider how a national health system can function optimally through the control and management of needless, disturbing and excessive conflict.

I have found that, in building health systems, due regard should be given to the dignity, worth and quality of the people who operate them. I have also found that the principles of participation, communication

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and consensus are essential for the successful structuring, functioning and development of health systems at all levels.

Serious conflicts in health systems are often due to a crisis in statesmanship or a failure

to resolve problems between internal groups or between the systems on the one hand and their environment and social controls on the other. People depart from rational behaviour and political leaders confront or try to bully personnel in the health sector instead of

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considered. This is largely a matter of leadership and fair organization. High morale is characterized by a sense of purpose and dedication, coupled with honesty and decency. Too often there is a lack of leadership, and relatively minor injustices or problems can fester and lead to serious situations. Too many senior people are either inept or so anxious to keep out of trouble that they fail to assume responsibility for allaying conflict. They have a moral obligation to deal with conflict in a sensible way, unobtrusively respecting the dignity of men and women, tolerating their opinions, and according them their rights. This is the time-honoured informal way of doing things.

trying to understand and redress grievances or sort out differences of opinion.

Sometimes the health professions become intransigent. Conflicts may occur between management and labour, between the departments of an organization, or between social agencies. Political rows may spill over into the health system. When conflict results in frustration, stagnation, regression or a useless expenditure of energy, a statesmanlike approach to the problem is required. Unnecessary or unreasonable conflict is often a sign of political failure and a crisis in statesmanship.

Bureaucrats and administrators have an important role to play in preventing unreasonable conflict, but there is a vital factor that they often overlook. This concerns the knowledge that front-line personnel acquire, their feel for situations that perhaps cannot be quantified, or their understanding of technical matters gained by first-hand experience. Technical professionals also display such knowledge, which is essential for planning and design if conflict is to be avoided. Unfortunately, bureaucrats are often convinced that it is enough to solve problems on paper.

In order to prevent or resolve conflict in a health system, the state of morale has to be

In the development of health systems and their structuring so as to avoid conflict, simple societies should not be disturbed by people with foolish notions of progress. Such societies are usually beautifully adapted to their environments, and new health systems should be created with care and sensitivity.

The control of conflict both within health systems and in their external relations should be organized and institutionalized. In the matters of recruitment, working conditions, pay, promotion, training and employees' rights, everything should be spelt out. Equally, the responsibilities and duties of employees should be defined so that, when anyone takes on a job, he or she has a clear picture of what is involved.

The overriding principles of participation, communication and consensus should then come into play, and instruments to carry them out should be deployed in accordance with national culture, administrative practice and democratic development. If conflict is to be kept to a tolerable level, these principles should be accepted irrespective of the country concerned. Whether in village committees, regional bodies, or a national

health council, people should work together to achieve a purpose.

In order to cope with situations in which people fail to agree or compromise, or in which conflict is getting out of hand, there should be a formal negotiating body representing various interests. This should review terms of work, responsibilities of workers, and the implications of social control, and should pass judgement on any change in circumstances. So as to ensure fairness in the resolution of disputes, there should also be some form of independent

arbitration that is trusted by all concerned and can therefore expect to have its findings accepted. Even with such mechanisms in place, things often do not work out as they should, but one is surely right to strive towards the goal of greater harmony. □

### References

1. **Dahrendorf, R.** Towards a theory of social conflict. *Journal of conflict resolution*, 11: 174–179 (1958)
2. **Chin, R.** The utility of systems models and developmental models. In: Bennis, W.G. et al., ed. *The planning of change*. New York, Holt Rhinehart & Wilson, 1961.

## *Are half of health resources wasted?*

*Although no systematic study has been undertaken to estimate the extent of waste of resources in the health services, there is little doubt that it is considerable. Outright waste of all national health resources is said to be as high as 50%. If even half of the waste is due to low productivity and poor utilization of personnel, it would be reasonable to expect a substantial reduction from better personnel management.*

— *Management of human resources for health*. Report of a WHO Expert Committee. Geneva, World Health Organization, 1989 (Technical Report Series, No. 783), p. 13.

*The Editor would like to hear from readers who have undertaken studies or have comments to make on the subject of waste of resources.*