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Sposobnost zaposlenih za prepoznavanje in reševanje konfliktov v enotah nujne medicinske pomoči v jugovzhodni Sloveniji

Znanstveni članek

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POVZETEK - Konflikti so neizogiben pojav v vsakdanjem družbenem, organizacijskem in poklicnem življenju in lahko predstavljajo nevarnost, hkrati pa so priložnost za razvoj posameznikov, odnosov in skupnosti. V raziskavi smo želeli ugotoviti sposobnost zaposlenih v nujni medicinski pomoči za prepoznavanje in reševanje konfliktov. V empiričnem delu je uporabljena kvantitativna metoda raziskovanja s tehniko anketiranja. V raziskavo so bili vključeni vsi zaposleni, ki delajo v nujni medicinski pomoči na jugovzhodu Slovenije. Vrnjenih je bilo 105 anketnih vprašalnikov, kar predstavlja 70,5-odstotni odziv. Statistična analiza je izvedena s statističnim programom SPSS 20.0. Za ugotavljanje statistično pomembnih razlik med spremenljivkami sta uporabljena testa Shapiro-Wilk in ANOVA. Raziskava je pokazala, da imajo tehniki zdravstvene nege ($p = 0,323$, $\alpha = 0,05$), diplomirane medicinske sestre/zdravstveniki ($p = 0,333$, $\alpha = 0,05$) in zdravniki ($p = 0,700$, $\alpha = 0,05$) srednje sposobnosti za prepoznavanje in reševanje konfliktov ter da med omenjenimi poklicnimi skupinami ne obstajajo statistično pomembne razlike ($p = 0,324$, $\alpha = 0,05$) v sposobnosti za prepoznavanje in reševanje konfliktov. Ne glede na zgornje ugotovitve, pa imajo zaposleni v nujni medicinski pomoči nizko toleranco za konflikte in je potrebno razvijati sposobnosti učinkovitega prepoznavanja in spoprijemanja s konflikti.

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KEY WORDS: emergency medical service, interpersonal relations, conflicts, conflict management

ABSTRACT - Conflicts are an inevitable phenomenon in everyday social, organizational or professional life which may represent a threat, however, at the same time they are an opportunity for the development of individuals, relationships and community. The aim of the research was to look into the the employees' ability to identify and resolve conflicts in emergency medical service in Southeast Slovenia In the empirical section the quantitative research method was used. The study included all employees who work in the emergency medical assistance in the Southeast Slovenia region. 105 questionnaires were returned, representing 70.5% of responsiveness. Statistical analysis was performed with the statistical program SPSS 20.0. For determining statistically significant differences between variables the tests Shapiro-Wilk and ANOVA were used. The study showed that nurses, registered nurses and doctors do not have a low ability in recognizing and solving conflicts, and among the mentioned groups there are no statistically important differences regarding the abilities for recognizing and solving conflicts. The study has proven that the employees, who work in the emergency medical assistance, have a medium ability in recognizing and solving conflicts. However, they do have a low tolerance for conflicts, therefore skills how to effectively recognize conflicts and resolve them accordingly need to be developed.

1 Uvod

Sodelovanje in vloga različnih strokovnjakov v enoti nujne medicinske pomoči nista tako preprosta. Pomanjkanje komunikacije in nesodelovanje med člani urgentne ekipe v težkih okoliščinah na terenu ter ob kritično bolni oziroma poškodovani osebi povečujejo stopnjo stresa, kar lahko privede do konfliktov. Težave pri komunikaciji in

sodelovanju lahko izvirajo iz pomanjkljivega zavedanja posameznika, da je sam le del enote s skupnimi cilji in že vnaprej določenimi vlogami.

Pri delu s sodelavci potrebujemo veščine, kot so spretnosti komuniciranja, vživljanje v perspektivo drugih ljudi, spretnosti sodelovanja in vodenja, spretnosti reševanja medosebnih konfliktov, ustvarjalno odzivanje na težave itd. (Puklek Levpušček in Marentič Požarnik, 2005).

Konflikti znotraj zdravstvenega tima niso nov pojav. V zadnjih 30 letih smo lahko zasledili številne objave, ki opisujejo konflikte med dvema poklicnima skupinama, kot so medicinske sestre in zdravniki (Lowe and Herranen, 1978; Kriesel and Rosenthal, 1986; Abramson and Mizrahi, 1996; Hendel, Fish and Berger, 2007; Brown, Lewis, Ellis, Stewart, Freeman and Kasperski, 2011). Večina teh študij je bilo izvedenih na terciarni ravni zdravstvene dejavnosti, medtem ko lahko na primarni ravni zasledimo le nekaj študij na to temo. Zahteve, pričakovanja in vloga članov posamezne skupine na sekundarni in terciarni ravni zdravstvene dejavnosti so jasneje razmejene v primerjavi s člani, ki delujejo na primarni ravni zdravstvene dejavnosti (Penson, Kyriakou, Zuckerman, Chabner and Lynch, 2006; Baxter and Brumfitt, 2008; Brown et al., 2011).

Omejeno komuniciranje med zdravniki in medicinskimi sestrami predstavlja grožnjo za bolnikovo varnost. Če medicinske sestre s strani zdravnikov ne čutijo spoštovanja in razumevanja, se lahko počutijo nemočne in jezne, zato se bodo izogibale komunikaciji z dotičnimi zdravniki. To lahko vodi v nesporazume, napake in stopnjevanje konfliktov med vpletenimi osebami (Sirota, 2007; Ovijač, 2007). Avtorji (Farrell, 1997; Warner, 2001; Hesketh, Duncan, Estabrooks, Reimer, Giovannetti, Hyndman and Acorn, 2003; Almost, 2006) v svojih raziskavah poročajo, da so konflikti med medicinskimi sestrami in njihovimi sodelavci v porastu. Slabi medosebni odnosi med medicinskimi sestrami in zdravniki lahko povzročajo stres, frustracije in jezo, ki ovirajo medosebno komunikacijo in sodelovanje (Rosenstein and O'Daniel 2005; Shen, Chiu, Lee, Hu and Chang, 2011). Danna in Griffin (1999) ter Brinkert (2010) pišejo, da konflikti na delovnem mestu povzročajo stres in psihosomatske težave (glavobol, anksioznost, depresijo), Warner (2001), Cox (2003), Hesketh, Duncan, Estabrooks, Reimer, Giovannetti, Hyndman, Acorn (2003) in Almost (2006) k temu dodajajo še nezadovoljstvo zaposlenih na delovnem mestu, McKenna, Smith, Poole in Coverdale (2003) pa zaključujejo, da je prav nezadovoljstvo lahko vzrok, da oseba opusti trenutno delovno mesto.

2 Metodologija

2.1 Namen in cilji raziskave

Z raziskavo smo želeli preveriti teoretična spoznanja s področja konfliktov in ugotoviti, koliko so zaposleni v enotah nujne medicinske pomoči sposobni zaznati, prepoznati in se soočiti s konflikti. Cilj raziskave je bil ugotoviti, kako imajo zaposleni v enotah nujne medicinske pomoči razvito sposobnost zaznavanja in prepoznavanja

konfliktov pri motnjah v interakciji s sodelavci ter kako so sposobni to prezreti in funkcionirati kljub manjšim konfliktom. Postavljeni sta bili dve hipotezi:

1. Zaposleni v enotah nujne medicinske pomoči imajo nizko sposobnost za prepoznavanje in reševanje konfliktov.
2. Med tehniki zdravstvene nege, diplomiranimi medicinskimi sestrami/zdravstveniki in zdravniki obstaja razlika v sposobnosti za prepoznavanje in reševanje konfliktov.

2.2 Raziskovalna metod in opis instrumenta

V empiričnem delu je uporabljena kvantitativna metoda s tehniko anketiranja (VTOK 2012 – vpliv tolerance in občutljivosti na konflikt), ki ga je razvil Iršič (2012). Pridobljeno je bilo dovoljenje avtorja. Anketni vprašalnik je na začetku (prvi sklop) vseboval 48 trditev zaprtega tipa, na koncu (drugi sklop) pa vprašanja, ki so se nanašala na demografske podatke (spol, starost, delovno mesto, delovno dobo v NMP). Anketiranci so se do trditev opredelili po Likertovi lestvici, kjer je -3 pomenilo popolnoma nasprotujem, 3 pa popolnoma se strinjam.

Strukturna predstavitev anketnega vprašalnika

- Toleranco za konflikt zaposlenih smo ugotavljali s pomočjo 24 trditev. Stopnja zanesljivosti omenjenega sklopa je 0,619.
- Občutljivost za konflikt zaposlenih smo prav tako ugotavljali s pomočjo 24 trditev. Stopnja zanesljivosti omenjenega sklopa je 0,805.
- Sposobnost prepoznavanja in reševanja konfliktov zaposlenih je kombinacija izračuna tolerance in občutljivosti za konflikt. Stopnja zanesljivosti omenjenega sklopa je 0,820.

2.3 Opis vzorca

Raziskava je bila omejena na zaposlene v enotah NMP, ki delujejo v jugovzhodni Sloveniji (Novo mesto, Črnomelj, Metlika, Trebnje, Kočevje, Ribnica). V raziskavi niso sodelovali zaposleni, ki nimajo opravljene najmanj srednje zdravstvene šole.

Med zaposlene v enotah NMP (jugovzhodna Slovenija) je bilo razdeljenih 149 anketnih vprašalnikov. Vrnjenih in pravilno izpolnjenih jih je bilo 105, iz česar sledi, da je bila realizacija vzorca 70,5 %. Anketni vprašalnik je izpolnilo 48 medicinskih sester/tehnikov zdravstvene nege (45,7 %), 24 diplomiranih medicinskih sester/zdravstvenikov (22,9 %) in 34 zdravnikov/zdravnic (31,4 %). Med anketiranimi je bilo 58 moških (55,2 %) in 47 žensk (44,8 %). V povprečju delo v NMP opravljajo 12,8 let, kar nakazuje na to, da razmere, v katerih delajo, zaposleni dobro poznajo. V raziskavi je uporabljen nenaključni namenski vzorec.

2.4 Opis poteka raziskave in obdelave podatkov

V jugovzhodni Sloveniji deluje 6 zdravstvenih domov, ki prebivalcem zagotavljajo 24-urno nujno medicinsko pomoč tako v urgentni ambulanti kot na terenu. Z načinom in namenom raziskave smo seznanili vodstvo omenjenih zdravstvenih domov, prav tako smo od njih pridobili vsa potrebna dovoljenja. Anketni vprašalniki so bili

poslani in vrnjeni po pošti. Vprašalnik je bil v celoti anonimen, sodelovanje pri izpolnjevanju pa izključno prostovoljno. Raziskava je presečnega tipa.

Za ugotavljanje statistično pomembnih razlik med spremenljivkami sta uporabljena testa Shapiro-Wilk in ANOVA. Za statistično analizo podatkov smo uporabili računalniški program SPSS 20.0.

3 Rezultati

Sposobnost za prepoznavanje in reševanje konfliktov smo razdeliti v pet kategorij glede na izračunano število točk, in sicer:

- manj kot 0 točk (zelo nizka sposobnost),
- od 0 do 19 točk (nizka sposobnost),
- od 20 do 39 točk (srednja sposobnost),
- od 40 do 59 točk (visoka sposobnost),
- več kot 60 točk (zelo visoka sposobnost).

Tabela 1: Sposobnost za prepoznavanje in reševanje konfliktov

Poklicna skupina	$\bar{x}$	*Min*	*Maks*	*s*	*SE*
Tehnik zdravstvene nege	28,04	-38,00	88,00	27,78	4,00
Diplomirana medicinska sestra/ zdravstvenik	38,04	-11,00	82,00	26,65	5,44
Zdravnik	30,66	-19,00	82,00	24,66	4,29

Legenda/Legend: $\bar{x}$ – povprečje/average, Min – minimum/minimum, Maks – maksimum/ maximum, s – standardni odklon/standard deviation, SE – standardna napaka/standard error

Iz tabele 1 je razvidno, da so tehniki zdravstvene nege v povprečju dosegli 28,04 točk, diplomirane medicinske sestre/zdravstveniki v povprečju 10 točk več kot zdravstveni tehniki in sicer 38,04 točk. Zdravniki so v povprečju dosegli 2 točki več kot tehniki zdravstvene nege in 8 točk manj kot diplomirane medicinske sestre/zdravstveniki. Njihova povprečna vrednost znaša 30,66 točk. Glede na rezultate lahko zaključimo, da vse tri poklicne skupine lahko uvrstimo v isto kategorijo (srednja sposobnost za prepoznavanje in reševanje konfliktov).

Tabela 2: Porazdelitev podatkov sposobnosti za prepoznavanje in reševanje konfliktov

Poklicna skupina	*Shapiro-Wilk test*	
	df	*Sig.*
Tehnik zdravstvene nege	48	,323
Diplomirana medicinska sestra/zdravstvenik	24	,333
Zdravnik	33	,700

Legenda/Legend: df – stopinje prostosti/degrees of freedom, Sig – signifikanca/significance

Iz tabele 2 je razvidno, da so podatki v populaciji normalno porazdeljeni in da ne obstajajo statistično pomembne razlike. S tem smo zavrnili prvo hipotezo in dokazali, da nobena poklicna skupina nima nizke sposobnosti za prepoznavanje in reševanje konfliktov.

S pomočjo testa Shapiro-Wilk in Leveneove statistike smo ugotovili, da so podatki v celotnem vzorcu normalno porazdeljeni in da je varianca homogena. S tem smo izpolnili predpostavke za test ANOVA, ki je pokazal, da med različnimi poklicnimi skupinami v NMP ni statistično pomembnih razlik ($p = 0{,}324$ pri $\alpha = 0{,}05$). S tem smo zavrnili tudi drugo hipotezo in dokazali, da stopnja izobrazbe na delovnem mestu ne vpliva na sposobnost za prepoznavanje in reševanje konfliktov.

4 Razprava

Ugotovili smo, da zaposleni v NMP nimajo nizke sposobnosti za prepoznavanje in reševanje konfliktov in da med tehniki zdravstvene nege, diplomiranimi medicinskimi sestrami/zdravstveniki in zdravniki ne obstajajo statistično pomembne razlike v sposobnosti prepoznavanja in reševanja konfliktov. Avtorji (Farrell 1997; Warner 2001; Hesketh et al., 2003; Almost, 2006) v svojih raziskavah poročajo, da so konflikti med medicinskimi sestrami in njihovimi sodelavci v porastu. Odzivanje na konflikte je med drugim odvisno tudi od tolerance in občutljivosti na konflikt. V raziskavi ugotavljamo, da imajo vse tri poklicne skupine nizko toleranco za konflikt, ki se kaže predvsem v tem, da ob prisotnosti konflikta niso sposobni normalno funkcionirati in ne morejo preklopiti v drugo dejavnost, ker jih predhodna konfliktna situacija pri tem ovira. Prav tako se težave kažejo pri njihovem razpoloženju, ki se po prepiru spremeni. Konflikti na delovnem mestu veljajo za enega izmed najmočnejših stresorjev, ki povzročajo obremenitve. Poleg fizičnih učinkov (zvišana koncentracija adrenalina, povišani srčni utrip, povečana napetost mišic) je doživljanje stresa povezano z različnimi psihološkimi reakcijami (vznemirjenost, zaskrbljenost, jeza). Raziskave ugotavljajo pozitivne korelacije med konflikti na delovnem mestu in počutjem posameznika (Dijkstra, Beersma and Evers, 2011). Podobne rezultate v svoji raziskavi navaja Ćurguz (2014), ki ugotavlja, da se zdravstveni delavci ob pojavu konfliktnih situacij počutijo nelagodno oz. pride do upada njihovega dobrega razpoloženja. Avtorici Lorber in Skela Savič (2011) ugotavljata, da je pomembno, da zdravstveni delavci znajo obvladovati svoje občutke in razmišljanja, morajo pa tudi imeti sposobnost razumeti sebe in druge, obvladati različne komunikacijske spretnosti, predvideti razpoloženje in tako pozitivno vplivati na svoje počutje in vzdrževanje dobrih medosebnih odnosov. V nadaljevanju raziskave ugotavljamo, da imajo vse tri poklicne skupine srednjo občutljivost za konflikt. Srednja občutljivost za konflikt zaposlenih v NMP se kaže v mnenju, da so konflikti škodljivi in nepotrebni ter prinašajo napetost in bolečino. Prav tako se ob prisotnosti konfliktov razburijo. Rezultati pokažejo, da imajo zaposleni negativen odnos do konfliktov. Omenjeno ugotovitev lahko podkrepimo z raziskavo Gregorc (2009), ki ugotavlja, da je med medicinskimi sestrami in zdravniki najpogostejši način reše-

vanja konfliktov prav izogibanje le-tem. V literaturi je prav izogibanje prikazano kot primarna strategija medicinskih sester za reševanje konfliktnih situacij (Vivar, 2006). Konflikti prav tako vplivajo na komunikacijo med zaposlenimi v NMP. V raziskavi ugotavljamo nezadovoljstvo z medsebojno komunikacijo vseh treh poklicnih skupin. Slaba komunikacija je še vedno eden izmed glavnih vzrokov za pritoževanje zaposlenih v delovnem okolju. Vsak član ekipe ima drugačno osebno filozofijo, kar se odraža tudi v njegovem komuniciranju (Newson, 2010). Pomembno je, da smo pozorni, kako člani tima komunicirajo med seboj in z bolnikom. Učinkovito medosebno komuniciranje potencialno zmanjšuje konflikte na delovnem mestu ter pozitivno vpliva na motivacijo. Z raziskavo so dokazali, da je zadovoljstvo bolnikov večje, kadar je med člani tima vzpostavljena dobra komunikacija (Newson, 2010).

Toleranca in občutljivost za konflikt skupaj tvorita sposobnost prepoznavanja in reševanja konfliktov. Ugotavljamo, da imajo tako tehniki zdravstvene nege, diplomirane medicinske sestre/zdravstveniki in zdravniki srednjo sposobnost za prepoznavanje in reševanje konfliktov. V raziskavi smo dokazali, da se zaposleni v NMP glede na sposobnost prepoznavanja in reševanja konfliktov ne razlikujejo od druge populacije. Večina izmed njih se je uvrstila v kategorijo s srednjo sposobnostjo za prepoznavanje in reševanje konfliktov (z manjšimi odkloni v pozitivno in negativno smer), za katero je značilna povprečna uspešnost pri obvladovanju konfliktov, komunikaciji in vzpostavljanju odnosov. So srednje uspešni pri svojem delu in povprečno zadovoljni s svojim življenjem in odnosi, ki jih vzpostavljajo.

Pri anketirancih je prišlo do inverzije povprečne vrednosti tolerance za konflikt. Glede na nizek prag tolerance za konflikt je smiselno razmisliti o uvedbi izobraževanja s področja konfliktov in njihovega učinkovitega obvladovanja. Iršič (2004) svetuje, da lahko prag tolerance zvišujemo s privajanjem na navzočnost konfliktov in urjenjem v njihovem obvladovanju ter širjenjem konteksta. Privajanje na konflikt pomeni, da od konflikta ne pobegnemo (fizično, čustveno ali miselno), ampak ostanemo, s čimer se utrjuje naše prepričanje, da nimajo vsi konflikti katastrofalnih posledic.

5 Zaključek

Raziskave, ki bi ugotavljale toleranco, občutljivost oz. sposobnost prepoznavanja in reševanja konfliktov zaposlenih v NMP v slovenskem prostoru, ni mogoče zaslediti.

Pri anketirancih je prišlo do inverzije povprečne vrednosti tolerance za konflikt. Glede na nizek prag tolerance za konflikt je smiselno razmisliti o uvedbi izobraževanja s področja konfliktov in njihovega učinkovitega obvladovanja. Namesto da bi imeli visoko toleranco in nizko občutljivost za konflikt, se je zgodilo ravno nasprotno, iz česar sledi ugotovitev: dokler se zaposleni v NMP ne bodo naučili prepoznati konflikta z motenimi interakcijami oz. ne bodo sposobni normalno funkcionirati kljub njihovi prisotnosti in jih učinkovito obvladovati, bodo le-ti ostali pereča problematika, s katero se ukvarjajo mnogi raziskovalci.

Obravnavana tema omogoča vrsto nadaljnjih raziskovanj. Takšno raziskavo je mogoče izvesti na vseh področjih v zdravstvu, prav tako bi bilo smiselno raziskavo razširiti in iskati povezave med sposobnostjo prepoznavanja in reševanja konfliktov in medosebnimi odnosi, stresom, medpoklicnim sodelovanjem itd.

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Employees' Ability to Identify and Resolve Conflicts in Emergency Medical Service in Southeast Slovenia

Cooperation and the role of various professionals in the emergency medical services unit are not straightforward at all. The lack of communication and cooperation between the members of the emergency team in difficult circumstances on the ground, and when helping critically sick or injured people the team stress level increases, leading into conflicts among the members. Difficulties in communication and cooperation can occur from unawareness of a team member, that he or she is merely a part of the whole unit with common goals and predetermined roles.

When working with colleagues we need certain competencies, such as communication skills, entering the perspective of other people, skills of cooperation and management, skills for resolving interpersonal conflicts, creative responding to problems etc. (Puklek Levpušček and Marentič Požarnik, 2005).

Conflicts in interprofessional teams is not a new phenomenon. Over the last 30 years there have been numerous publications describing conflicts between professional dyads, such as physicians and nurses, social workers and nurses, family therapists and family doctors, and social workers and physicians (Lowe and Herranen, 1978; Kriesel and Rosenthal, 1986; Abramson and Mizrahi, 1996; Hendel et al., 2007 Brown et al., 2011). The majority of these studies have been conducted in the tertiary care settings and relatively few in the primary healthcare settings. Demands, expectations and roles of the teams on the secondary and tertiary level are more clearly delineated in comparison with the team members from the primary level of healthcare (Penson et al., 2006; Baxter and Brumfitt, 2008; Brown et al., 2011).

Limited communication between doctors and nurses poses a threat to ensuring the safety of patients. If nurses do not feel respected and understood by certain doctors, they can feel helpless and angry, and will avoid communicating with these doctors. This can lead to misunderstandings, mistakes and increase of conflicts between the involved parties (Sirota, 2007; Ovijač 2011). Authors Farrell (1997), Warner (2001), Hesketh et al. (2003) and Almost (2006) point out the recent study's findings that the frequency of conflict with nursing co-workers is on the rise. Nurses and physicians perceive disruptive behaviour as having negative or worsening effects on stress, frustration, concentration, communication, cooperation, information transfer, and workplace relationships (Rosenstein and O'Daniel, 2005; Shen et al., 2011).

The negative effects of persistent conflict are a major concern (Almost, 2006). For example, workplace conflict has been linked to a decreased work satisfaction and team performance in nursing (Cox 2003). It damages the work climate as well as the individual, both physically and psychologically (Danna and Griffin 1999, Brinkert, 2010). Some nurses even wanted to leave the profession as a consequence of these effects (McKenna et al., 2003).

The purpose of the research is to verify theoretical background in the field of conflicts and to determine to what extent are the employed in units of emergency medical services (EMS) able to detect, identify and deal with conflicts. The aim of the research is to determine how the employees in units of emergency medical services are able to sense and detect conflicts in interaction with their co-workers, and how they are able to ignore and function in a team, despite the minor conflicts. Two hypotheses were set:

- *Employees in the emergency medical services units have a low capacity for identifying and resolving conflicts.*
- *There is a difference in the ability for identifying and resolving conflicts between nursing care technicians / registered (male) nurses and doctors.*

The ability to identify and resolve conflicts was divided into five categories, depending on the number of points calculated:

- *less than 0 points (very low ability for identifying and resolving conflicts),*
- *from 0 to 19 points (low ability for identifying and resolving conflicts),*
- *from 20 to 39 points (medium ability for identifying and resolving conflicts),*
- *from 40 to 59 points (high ability for identifying and resolving conflicts)*
- *more than 60 points (very high ability for identifying and resolving conflicts).*

Nursing care technicians achieved 28.04 points on average, registered (male) nurses 10 points more than the technicians, namely 38.04 points. Doctors achieved 2 points on average more than nursing care technicians and 8 points less than registered (male) nurses. Their average value equals 30.66 points. According to the results, we can conclude that all three occupational groups can be classified into the same category (medium ability for identifying and resolving conflicts).

By using the Shapiro-Wilk test, we have proven that there are no statistically significant differences between the nursing care technicians ($p = 0.323$; $\alpha = 0.05$), registered (male) nurses ($p = 0.333$; $\alpha = 0.05$) and doctors ($p = 0.700$; $\alpha = 0.05$). Accordingly, we have refuted the first hypothesis and proved that none of the three occupational groups has a low ability for identifying and resolving conflicts.

With the Shapiro-Wilk test and Levene statistics test, we have found out that the data are normally distributed within the sample and the variance is homogeneous. Thus, we have fulfilled the assumptions for the ANOVA test, which shows no statistically significant differences ($p = 0.324$; $\alpha = 0.05$) among the various professional groups in the emergency medical services (EMS). Consequently, we have refuted another hypothesis and demonstrated that the level of education in the workplace does not influence the ability for identifying and resolving conflicts.

We have found out that the employees in the EMS units do not have low ability for identifying and resolving conflicts and that there are no statistically significant differences between the nursing care technicians / registered (male) nurses ($p = 0.333$; $\alpha = 0.05$) and doctors ($p = 0.700$; $\alpha = 0.05$).

In their research, Farrell (1997), Warner (2001), Hesketh et al. (2003) and Almost (2006) point out that the frequency of conflict among nurses and their co-workers is on the rise.

Among other things, responding to conflicts also depends on the tolerance and sensitivity to the conflict situation. With our study we have determined that all three occupational groups have a low tolerance for conflicts, which is particularly reflected through the fact that they are not able to function properly in the presence of the conflict, furthermore, they are not able to switch to another activity due to the earlier conflict situation. Likewise, the difficulties are displayed through their mood, which changes after the conflict situation. Ćerguz (2014) provides similar results from their study, noting that healthcare workers feel uncomfortable or even experience a decline in their mood, when a conflict situation occurs.

Authors Lorber and Savič Skela (2011) have determined that it is important for health professionals to be able to cope with their feelings and thinking; they must have the ability to understand themselves and others, to cope with a variety of communication skills, to anticipate the mood and thus positively affect their own well-being and to maintain good interpersonal relationships. In the following part of our research, we have found out that all three occupational groups have a medium sensitivity to conflicts. It is reflected through the opinion that they are harmful and unnecessary, bringing tension and pain. In addition, the respondents become upset in the presence of conflict situations. The results indicate that employees in the EMS units have a negative attitude towards conflicts.

The above-mentioned conclusions can be verified by the research conducted by Gregorc (2009). The research shows that the most common way of solving conflicts among the nurses and doctors is to avoid it. Tolerance and sensitivity for conflicts actually constitute the ability for identifying and resolving conflicts. We have found out that nursing care technicians, registered (male) nurses and doctors have a medium ability to identify and resolve conflicts. In our study, we demonstrated that the employees at EMS units do not differ from other population in relation to the ability for identifying and resolving conflicts. Most of the employees have been ranked in the category of medium ability for identifying and resolving conflicts (with minor deviations in the positive and negative direction), which is characterized by an average performance in managing conflict, communication and relationship building. They are successful in their work and display an average satisfaction with their lives and relationships they establish.

So far, we do not know any research that would deal with tolerance, sensitivity, or the ability of the employees in the Slovene EMS units to identify and resolve conflicts.

There has been an inversion of the average value for conflict tolerance with the respondents. According to the low level of tolerance for conflicts, it makes sense to consider the introduction of education in the field of conflicts and their effective management. Instead of having a high tolerance level and a low sensitivity for conflict situations, quite the opposite situation has been present, from which a conclusion can be drawn: as long as the employees at EMS units do not learn to recognize the conflict behind a disturbed interaction, or are not able to function adequately despite its presence, and handle the conflict efficiently, conflicts will remain a persistent issue, processed by many researchers.

The addressed topic enables a series of further research. Such research can be carried out in all areas of healthcare, it would also be reasonable to extend the research and look for coherence between the ability of identifying and resolving conflicts and interpersonal relations, stress, interprofessional cooperation, etc.

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