

THE ASSESSMENT OF THE RELATIONSHIP BETWEEN ORGANIZATIONAL ARROGANCE AND CONFLICT MANAGEMENT TENDENCY BETWEEN THE NURSES WORKING IN PRIVATE HOSPITALS

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Abstract

Although organizational arrogance has been studied by various researchers, there are not enough studies in healthcare settings. Organizational arrogance can be perceived as different subgroups in an organization. The organizational arrogance scale, which has been developed by Herbin (2018), provides the opportunity to measure organizational arrogance as 3 different subgroups. Conflict in organizations has been studied by various authors in management and psychology literatures. The aim of this study is to evaluate the relationship between organizational arrogance and organizational conflict management tendency in nurses who work in private hospitals in İstanbul, Türkiye. 454 nurses have provided data for this study. According to our research; there is not a statistical significance between organizational conflict management tendency and overconfidence in organizational capabilities ($r = .04, p > .05$). There is a positive, very low level statistical significance ($r = .12, p < .05$) between organizational conflict management tendency and dismissiveness to internal and external organizational matters. There is a negative, low level statistical significance ($r = -.23, p < .05$) between organizational conflict management tendency and disparagement of intraorganizational and interorganizational members. The study has derived from a PhD research, conducted in Marmara University Institute of Health Sciences.

Keywords: Organizational arrogance, organizational conflict, healthcare management, hospital management, organizational behavior

1. Introduction

Organizational arrogance term originates from “hubris hypothesis”, which has been suggested by Richard Roll in 1986. According to Roll, decision makers of bidding firms pay too much for their targets because of hubris (Roll, 1986). Roll’s “arrogant manager” concept is the basic of behavioral organizational finance studies (Bulut and Er, 2018).

14 symptoms have been defined in hubris syndrome, also the syndrome has been related with narcissistic personality disorder, histrionic personality disorder and antisocial personality disorder. Hubris syndrome has been assessed neurobiologically too and studies indicate that, the syndrome leads to impairment in risk appraisal, inability of foresee unwanted results, dangerous and harmful decisions (Owen and Davidson, 2009).

Workplace arrogance has been associated negatively with self-esteem and cognitive ability. Also a negative relation has been suggested between workplace arrogance and self and other-rated task performance (Johnson et al., 2010).

Arrogance of a CEO can effect negatively the top management team of the organization also. Arrogant CEOs can negatively effect engagement, collaboration, decision-making and cohesiveness of the top management (Toscano et al., 2018).

Individual behaviors in an organization can be assessed in three different levels: Personal level, group level and organizational level. Organizational arrogance manifests in organizational level as a perception of superiority and overconfidence in organizational capabilities, dismissiveness to internal and external organizational matters and disparagement of intraorganizational and interorganizational members. Herbin (2018) developed organizational arrogance scale, which has 50 questions and 3 mentioned subgroups with a Likert scale ranging from 1 (never) to 7 (always). The validity and the reliability analysis has been carried out by the author (Herbin, 2018).

The term “conflict” has been defined varioulsy by different authors. There is not a certain, clear an one definition of conflict (Kamer, 2018). According to Oxford Dictionary, conflict can be defined as “a situation in which people, groups or countries disagree strongly or are involved in a serious argument” (https://www.oxfordlearnersdictionaries.com/definition/english/conflict_1?q=conflict, last accessed January, 2023). Conflicts in organizations can be classified according to the stakeholders, functionality, hierarchy and occurrence as listed below (Kamer, 2018):

- Stakeholders: Intrapersonal, interpersonal, intragroup, intergroup, interorganizational conflicts
- Functionality: Functional conflict, nonfunctional conflicts
- Hierarchy: Horizontal, vertical, command and staff conflicts
- Occurrence: Open, perceived, potential conflicts

There can be personal, organizational and environmental causes of conflict. Some of the most important reasons of conflicts are (Yılmaz, 2016), (Kamer, 2018):

- Differences of personal perception
- Differences of culture
- Organizational dependencies
- Rivalry
- Communication problems
- Stress
- Ineffective leadership
- Leadership style
- Unjust price
- Age

There are 5 conflict management strategies according to Rahim (Kamer, 2018):

- Collaborating
- Accommodating
- Competing
- Avoiding
- Compromising

Rahim Organizational Conflict Inventory-II (ROCI-II) has been developed by Rahim. The scale has 28 questions and 5 conflict management subgroups with a Likert scale ranging from 1 (I strongly disagree) to 5 (I strongly agree). The subgroups of the scale are: Collaborating, accommodating, competing, avoiding, compromising. A Turkish version of the scale has been used. The validity and the reliability analysis of the Turkish version has also been carried out (Haqe, 2019).

Fight and flight responses have been used to classify response against conflict. Arrogant behavior has been related to fight response against conflict (Oghenechuko and Godbless, 2018). Our study assesses perceived organizational arrogance. Arrogance has not been assessed as a participant response in this study.

2. Methods

The descriptive and cross-sectional study has been conducted in 10 different private hospitals located in Istanbul, Türkiye. Active private hospitals located in Istanbul have been classified as 3 groups (A, B, C) according to hospital facilities and features such as hospital bed count, the number and types of medical departments and hospitality services. The active private hospital list of Health Directorate of Istanbul and the data of Health Statistics Yearbook have been used. The sample has been determined by disproportionate stratified sampling and participation of 150 nurses for each group has been aimed. The calculated sample was 384 with 5% sampling error and 95% confidence level. 10% nonresponse error rate has been added and the sample size has been calculated as 422.

The 50 item organizational arrogance scale with a Likert scale ranging from 1 to 7, and the 28 item organizational conflict scale with a Likert scale ranging from 1 to 5 has been used. Permission to use scales has been obtained from the author for the organizational conflict scale and the organizational arrogance scale. Permission of managements has been obtained from 10 hospitals. Ethics committee approval has been obtained from Marmara University Institute of Health Sciences in 17.12.2018 (Approval #256). Nurses working in these hospitals have attended the survey and 454 of them have completed the printed questionnaire voluntarily and anonymously. Missing and/or inaccurate questionnaires have been excluded. 441 of the surveys have been used for the analyze. The research data has been collected physically from 2 A group, 2 B group and 6 C group private hospitals between November 2022-January 2023. Physical survey forms have been used after interviews.

Exploratory factor analysis and confirmatory factor analysis have been carried out for reliability and validity of the Turkish organizational arrogance scale. The values of goodness-of-fit, KMO, Bartlett's test of sphericity and Cronbach's alfa have been calculated as statistically acceptable.

While three subgroups of organizational arrogance are the independent variables, organizational conflict management is the dependent variable.

The hypotheses of the study are:

H1: A sense of superiority and overconfidence in organizational capabilities is related to organizational conflict management tendency

H2: Dismissiveness to internal and external organizational matters is related to organizational conflict management tendency

H3: Disparagement of intraorganizational and interorganizational members is related to organizational conflict management tendency

3. Results and Discussion

The demographic data of the participants is shown in Table 1.

Table 1. Demographic Data

	n	%
Gender		
Male	61	13.8
Female	365	82.8

Age

18-24	230	52.2
25-30	132	29.9
31-36	21	4.8
37-42	26	5.9
43-48	8	1.8
49 and over	5	1.1

Education level

High school	127	28.8
Associate degree (2 years)	209	47.4
Bachelor (4 years)	84	19.0
Master's degree	2	0.5

Most of the participants (82.8%) are female. 52.2% of the participants are 18-24 years old, 29.9% is 25-30 years old, 4.8% is 31-36 years old and 5 of the participants (1.1%) are 49 years old and over. 47.4% of the participants have associate degree, and 2 of the participants (0.5%) have master's degree.

In order to analyze the relationship between organizational conflict management tendency and the three subgroups of organizational arrogance (overconfidence in organizational capabilities, dismissiveness to internal and external organizational matters, disparagement of intraorganizational and interorganizational members), Pearson's correlation coefficient has been calculated. The data is shown in Table 2.

Table 2. The relationship between organizational conflict management tendency, overconfidence in organizational capabilities (OC), dismissiveness to internal and external organizational matters (DM) and disparagement of intraorganizational and interorganizational members (DP) (n=441)

	OC	DM	DP
Organizational Conflict Management Tendency	.04	.12*	-.23**
OC		.77**	.04
DM			.09
DP			

*: .05 statistical significance, **: .01 statistical significance

There is not a statistical significance between organizational conflict management tendency and overconfidence in organizational capabilities ($r = .04$, $p > .05$). There is a positive, very low level statistical significance ($r = .12$, $p < .05$) between organizational conflict management tendency and dismissiveness to internal and external organizational matters. There is a negative, low level statistical significance ($r = -.23$, $p < .05$) between

organizational conflict management tendency and disparagement of intraorganizational and interorganizational members.

Three subgroups of organizational arrogance have also been assessed. There is a positive, high level statistical significance ($r = .77, p < .05$) between overconfidence in organizational capabilities and dismissiveness to internal and external organizational matters. There is not a statistical significance ($r = .04, p > .05$) between overconfidence in organizational capabilities and disparagement of intraorganizational and interorganizational members. There is not a statistical significance ($r = .09, p > .05$) between dismissiveness to internal and external organizational matters and disparagement of intraorganizational and interorganizational members.

A regression analysis has been made between organizational conflict management tendency and dismissiveness to internal and external organizational matters (Table 3).

Table 3. Regression analysis between organizational conflict management tendency and dismissiveness to internal and external organizational matters (DM)

Variable	B	Standard Error	β	T	p
Constant	90.521	1.723		52.528	<.001
DM	.077	.031	.118	2.481	.013

R = .118, R² = .014, F_(1, 440) = 6.154, p = .013

There is a low level statistically significance (R = .118, R² = .014, p < .01) between dismissiveness to internal and external organizational matters and organizational conflict management tendency. This subgroup is the 1.4% of the total variance in organizational arrogance.

Regression equation is:

Organizational conflict management tendency = 90.52 + .08 Dismissiveness to internal and external organizational matters

A regression analysis has been made between organizational conflict management tendency and disparagement of intraorganizational and interorganizational members (Table 4).

Table 4. Regression analysis between organizational conflict management tendency and disparagement of intraorganizational and interorganizational members (DP)

Variable	B	Standard Error	β	T	p
Constant	105.328	2.298		45.841	<.001
DP	-.390	.080	-.228	-4.898	<.001

R = .228, R² = .052, F_(1, 440) = 23.987, p = <.001

There is a low level statistically significance ($R = .228$, $R^2 = .052$, $p < .01$) between disparagement of intraorganizational and interorganizational members and organizational conflict management tendency. This subgroup is the 5% of the total variance in organizational arrogance.

Regression equation is:

Organizational conflict management tendency = 105.33 - .39 Disparagement of intraorganizational and interorganizational members

A multiple linear regression analysis has been made between dismissiveness to internal and external organizational matters, disparagement of intraorganizational and interorganizational members and organizational conflict management tendency (Table 5).

Table 5. Multiple linear regression analysis between dismissiveness to internal and external organizational matters (DM), disparagement of intraorganizational and interorganizational members (DP) and organizational conflict management tendency

Variable	B	Standard Error	β	T	p	Binary r	Partial R
Constant	101.217	2.652		38.168	<.001		
DM	.091	.030	.140	3.023	.003	.118	.143
DP	-.413	.079	-.241	-5.201	<.001	-.228	-.241
$R = .267$., $R^2 = .071$, $F_{(4, 440)} = 16.786$, $p = <.001$							

There is a low level statistically significance ($R = .267$, $R^2 = .071$, $p < .01$) between together dismissiveness to internal and external organizational matters, disparagement of intraorganizational and interorganizational members and organizational conflict management tendency. Total variance in organizational arrogance is 7.1%.

Regression equation is:

Organizational conflict management tendency = 101.22 + .09 dismissiveness to internal and external organizational matters - .41 disparagement of intraorganizational and interorganizational members

The results above indicete that, H1 is rejected, H2 is accepted and H3 is accepted.

Organizational arrogance has been assessed as a counter-productive and dysfunctional behavior in healthcare organizations (Cleary et al., 2015). "High-reliability organizations" have been characterized as organizations aggressively avoiding organizational arrogance or the belief of exactness (Leonard et al. 2013). The results of the study is supported by some of the previous researches.

4. Conclusions

The study indicates that, perceived organizational arrogance in hospitals is related to organizational conflict management tendency of nurses. When organization members are dismissive to internal and external organizational matters, nurses are more tend to organization conflict management styles. Also when nurses perceive disparagement of intraorganizational and interorganizational members, they are less tend to organization conflict management styles.

This study indicates the affects of organizational arrogance in healthcare settings. Organizational arrogance can be studied in different fields and jobs. Furthermore, the relationship between organizational arrogance and different organizational conflict strategies can also be assessed separately in different studies.

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