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### Publication Date

1992

Peer reviewed

# Conflict-Prone and Conflict-Resistant Organizations

Daniel Stokols

The influence of personal dispositions on individuals' health status and their susceptibility to illness has been studied extensively within the field of health psychology (cf. Friedman, 1990). Several programs of research have demonstrated the close relationship between personal traits such as hostility, optimism, sense of coherence, hardiness, self-esteem, and individual well-being (cf. Antonovsky, 1979; Barefoot, Dahlstrom, & Williams, 1983; Kobasa, Maddi, & Kahn, 1982; Scheier & Carver, 1985; Taylor & Brown, 1988; Watson & Pennebaker, 1989). Other studies have examined the interplay between psychological dispositions, interpersonal behavior, and physiological processes that influence health status and illness outcomes. Examples of this research include recent studies of the psychophysiological underpinnings of the coronary-prone and cancer-prone behavior patterns (cf. Krantz, Lundberg, & Frankenhaeuser, 1987; Temoshok, 1985) and the links between personal dispositions, psychological stress, and susceptibility to infectious disease (cf. Cohen & Williamson, 1991).

In Antonovsky's (1979) terms, personal dispositions toward optimism, hardiness, high self-esteem, and a sense of coherence are psychological resources that enable people to resist illness when they are exposed to social and environmental stressors. On the other hand, dispositional tendencies toward hostility, anger, low self-esteem, and depression are "generalized resistance deficits" that heighten individuals' susceptibility to

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illness, especially when they are experiencing stressful life events. The links between chronic anger, hostile or suspicious orientations toward others, and a variety of illness outcomes have been shown to be particularly strong and pervasive in health psychology research (cf. Chesney & Rosenman, 1985).

Studies of personality and health, while focusing on psychogenic aspects of illness or resistance to disease, have given less attention to the sociophysical context of health and the ways in which personal dispositions and environmental factors jointly influence well-being. From a biopsychosocial perspective (cf. Engel, 1976; Schwartz, 1982), however, an understanding of health and illness can emerge only through cross-level analyses of psychological, biogenetic, and social processes. Certainly, the influence of social support and interpersonal conflict on disease resistance and vulnerability has been widely studied (cf. Berkman & Syme, 1979; Cohen & Syme, 1985; Rook, 1984; Sarason & Sarason, 1985). But aside from these analyses of interpersonal (dyadic) processes in health and Moos' research on the links between social climate and mental and physical well-being in family and institutional settings (Moos, 1979; Holahan & Moos, 1990), the broader sociophysical context of hostility and health has been largely neglected by health psychologists.

The influence of organizational structure (e.g., the existence of competitive coalitions within a group or unstable membership and role assignments) on the occurrence and health consequences of hostility has received little attention in earlier research. The neglect of group structure and dynamics in health research is problematic for both theoretical and practical reasons. For example, analyses that focus too narrowly on personal proclivities toward hostility and illness may lead to individually targeted, therapeutic interventions that ignore the social-structural underpinnings of conflict and health impairment. Just as Steiner (1974) asked "Whatever happened to the group in social psychology?" a similar question can be posed in relation to health psychology, considering that very little emphasis on group dynamics or organizational behavior can be found in the research literature of this field. The potential integration of social-psychological, organizational, and sociological perspectives on social conflict (cf. Coser, 1956; Dahrendorf, 1958; Heider, 1958; Kelley & Thibaut, 1978; Merton, 1938; Pfeffer & Salancik, 1978; Sherif, 1958; Simmel, 1950) with personality-oriented studies of hostility and disease suggests several avenues for future research. Some of these directions are outlined in subsequent sections of this chapter.

Social-ecological and contextually oriented analyses of health (cf. Moos, 1979; Stokols, 1987) emphasize the importance of studying the transactions between individual and group behavior, on the one hand, and the environmental resources and constraints that

exist within specific settings, on the other. The temporal course of interpersonal conflict within small-group and organizational settings, however, has not been addressed in prior studies of hostility and health impairment. In health-psychological research, hostility has been viewed either as an enduring personality trait (cf. Barefoot, this volume; Pope, Smith, & Rhodewalt, 1990) or in the context of short-term dyadic encounters among strangers in laboratory settings (cf. Smith, this volume). However, the ways in which various facets of group and organizational structure promote, prevent, or moderate the intensity and health consequences of interpersonal conflict (among nonstrangers who interact with each other on a regular basis) have not been examined in earlier research.

The present chapter focuses on the organizational context and temporal course of interpersonal conflict and its impact on group members' health. Whereas some earlier studies have examined the structural characteristics of "psychosomatic families" (cf. Minuchin, Rosman, & Baker, 1978) or perceptions of interpersonal conflict within group residential settings (cf. Moos, 1990), the focus here is on conflict-promotive qualities of work groups and organizations that may play a major role in influencing members' emotional and physical well-being. Work groups and organizations are an important focus for health-psychological research in view of the substantial amount of time that people spend in work settings and their high levels of psychological investment in occupational roles and activities (cf. Moos, 1986; Repetti, 1987).

### **Qualities of Conflict-Prone and Conflict-Resistant Organizations**

The present analysis of social-structural factors in the etiology of illness is based on a fundamental assumption: Few interpersonal conflicts occur in a socially or organizationally neutral context, especially among persons who interact with each other regularly as fellow group members. More specifically, it is hypothesized that the physical environmental arrangements and social conditions existing within some organizations predispose their members toward chronic conflict and health problems, whereas the environmental and social-structural qualities of other organizations make the occurrence of interpersonal conflict less likely and its potential health impacts (when conflict does occur) less prolonged and severe. The former are referred to in this discussion as *conflict-prone organizations*, whereas the latter are termed *conflict-resistant organizations*.

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Table 1 outlines some of the distinguishing qualities of conflict-prone and conflict-resistant organizations. These characteristics of organizations are clustered within three general categories: (a) *social-psychological qualities of groups*, which include norms, common goals, and members' expectations about their own and others' roles and responsibilities; (b) *organizational structure*, which encompasses the interrelations among members' roles and the processes by which group resources are managed; and (c) *environmental conditions external to the group* that exert a stabilizing or destabilizing influence on its social structure and internal processes.

Among the social-psychological qualities of organizations that may predispose members toward conflict are the absence of shared goals among group members, incompatibilities between individuals' personal styles and their role assignments in the group, and the presence of rigid ideologies among group members resulting in low tolerance for diverse points of view. Sherif's (1958) research on intergroup conflict, for example, demonstrated the powerful influence of establishing common or *superordinate* goals among the members of different groups in reducing prior conflicts and promoting greater intergroup cooperation. Sherif's findings suggest that the existence of widely shared goals among group members decreases the likelihood that interpersonal conflicts will occur and provides a cooperative basis for resolving such conflicts when they do occur.

Compatibilities between group members' styles and role assignments also encourage cooperative and friendly interpersonal relations rather than competition and hostility. Similarly, group norms that support informal sharing or communal relationships can be expected to reduce the potential for internal competition and strife (cf. Clark & Mills, 1979). Yet even within a cooperatively structured group, the presence of competitive or suspicious individuals (especially when they occupy key decision-making roles) may create an escalating pattern of conflict (cf. Kelley & Stahelski, 1970) that predisposes members of the organization to chronic conflict and health impairment.

The availability and arrangement of physical resources within organizational settings can be viewed as environmental "affordances" (Gibson, 1977) that predispose group members to conflict or cooperation. For instance, the existence of a clear-cut territorial system for organizing the use of space and other material resources enables individuals to avoid or minimize interpersonal conflicts, whereas the lack of such systems (or their ambiguity) is associated with more frequent and persisting conflicts in group situations (cf. Altman, 1976; Altman & Haythorn, 1967; Sundstrom & Altman, 1989; Taylor, 1988).

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**TABLE 1**

Qualities of Conflict-Prone and Conflict-Resistant Organizations

Levels of Organizational Analysis	Tendencies Toward Conflict or Cohesion	
	Organizational Profiles	
	Conflict-Prone	Conflict-Resistant
Social-psychological qualities (norms, goals, and role expectations)	Absence of shared goals among group members	Presence of and commitment to shared goals among group members
	Incompatible styles and role assignments among group members	Compatible styles and role assignments among group members
	Presence of rigid ideologies; low tolerance for diverse points of view	Absence of rigid ideologies; high tolerance for diverse points of view
Organizational structure (interrelations among roles and resources)	Existence of competitive coalitions	Absence of competitive coalitions
	Nonparticipatory organizational processes	Participatory organizational processes
	Overstaffed organization; pervasive competition among members for scarce roles and resources	Adequately staffed organization; minimal competition among members for roles and resources
	Ambiguous organization of space and territory among group members	Clear-cut territorial organization and use of space among group members
	Relatively unstable role structure and membership	Relatively stable role structure and membership
	Absence of formal and informal dispute-resolution mechanisms	Availability of formal and informal dispute-resolution mechanisms
	External environmental conditions	Local and remote environmental resources for meeting organizational goals are inadequate
Environment external to the organization is anomic and turbulent		Environment external to the organization is cohesive and nonturbulent

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The social–structural features of groups and organizations also exert an important influence on group tendencies toward conflict or cooperation (cf. Kelley & Thibaut, 1978; Pfeffer & Salancik, 1978). The existence of competitive coalitions within groups, for example, may encourage the development of hostile encounters as well as the escalation and prolongation of interpersonal conflicts once they arise.

Interestingly, health–psychological research has emphasized the positive effects of supportive social relationships on personal well-being, especially during times of unusual life stress (cf. Cohen & Syme, 1985; Sarason & Sarason, 1985). One issue that has received little attention in this research is the possibility that social support networks sometimes widen and prolong interpersonal conflicts. As individuals share their experiences of conflict with friends in the organization, their friends may, in turn, discuss those experiences with others, thereby involving group members in the conflict who initially were not associated with it. Through processes of information sharing and emotional support, an initially dyadic conflict can be enlarged and prolonged, to the extent that persons indirectly associated with the conflict begin to link it to other organizational agendas (e.g., preexisting tensions among subgroups and coalitions). Thus, the provision of social support to a person who is in conflict with another may have a positive effect on his or her emotional well-being in the short run, but also a negative influence on organizational cohesion in the longer run.

Several other aspects of organizational structure may encourage the development of interpersonal conflicts, including the instability of group membership and role relations (cf. Manuck, Kaplan, Adams, & Clarkson, 1988), the restriction of opportunities for individuals to participate in group decision-making processes (cf. Becker, 1990; Kanter, 1983), and the overstaffing of organizational settings resulting in competition among group members for scarce roles and resources (cf. Barker, 1968; Wicker, 1979, 1987).

Finally, the extent to which environmental conditions external to the organization are turbulent is expected to be associated with greater tendencies toward interpersonal conflict among group members (cf. Aldrich, 1979; Emery & Trist, 1965; Katz & Kahn, 1966). For example, uncertainties about the availability of local and remote environmental resources that are essential for meeting organizational goals or the prospects of unemployment stemming from economic changes at the community level can evoke tension and conflict among group members. Similarly, political conflicts in society at large may provoke hostile encounters among group members depending on their respective

opinions about the relevant societal issues. The hypothesized links between extraorganizational turbulence, interpersonal conflict, and health impairment have not been examined in previous research.

### **The Temporal Course of Interpersonal Conflict and Health Impairment in Organizational Settings**

The qualities of organizations that encourage or discourage conflict among group members are arrayed in Table 2 across three temporal phases: (a) the *preconflict phase*, (b) the *conflict-occurrence phase*, and (c) the *postconflict phase*. The various environmental and structural features of organizations shown in Table 2 function as contextual moderators of the initial occurrence, subsequent intensity, and eventual health outcomes of conflicts among group members.

The physical–environmental conditions and social–structural qualities of groups that predispose their members to conflict are listed in the first column of Table 2. Among the physical conditions that may be closely associated with the initiation of interpersonal conflict and hostility are environmental stressors such as loud noise, high density and congestion, uncomfortable temperatures, and resource scarcity (cf. Evans, 1982). Similarly, impending environmental change (e.g., geographic relocation of the organization and its facilities) and the lack or ambiguity of group territorial systems can increase the potential for interpersonal conflict. As noted earlier, social–structural qualities such as unstable group composition, the existence of competitive coalitions, ideological rigidity, overstaffing of roles, and nonparticipatory organizational processes also are expected to heighten tendencies toward interpersonal conflict.

All of the sociophysical conditions listed in the second column of Table 2 are temporally proximal to the initial occurrence of interpersonal conflict. For instance, hostilities may be triggered by one member's infringement on another's territory, the experience of abrupt environmental change, or the annoyance created by an initially neutral stressor that becomes personalized and attributed to the inconsideration or negative intent of another individual (cf. Stokols, 1975, 1976). Interpersonal conflict also can be triggered by a variety of social–psychological processes, such as the intensification of ideological and subgroup differences within an organization and heightened competition



**TABLE 2**

Contextual Factors That Influence the Occurrence and Outcomes of Interpersonal Conflict

Dimensions of Organizational Environments	Temporal Course of Conflict		
	Phases of Interpersonal Conflict		
	Preconflict Phase	Conflict Occurrence	Postconflict Phase
Physical environment	Environmental stressors that evoke negative affective states (e.g., noise, density, scarce resources) High potential for physical environmental change Ambiguous organization of space and territory among group members	Personalization of initially neutral environmental stressors Abrupt environmental change (e.g., relocation of facilities) Territorial infringements Unavoidable physical proximity among conflicted individuals	Chronic persistence of environmental stressors Limited capacity to reorganize territorial system to ameliorate earlier conflicts and avert their recurrence Stigmatization of physical environments associated with earlier conflicts
Sociocultural environment	Unstable role structure and membership Presence of competitive coalitions Rigid ideologies prevail; intolerance for diverse points of view Overstaffing and resultant competition among members for scarce roles and resources Nonparticipatory organizational process	Heightened tensions among subgroups prompted by rapid environmental and organizational change Hostile incidents resulting from ideological and subgroup differences Potential reduction or widening of interpersonal conflicts through the intercession of social network members	Low potential for establishing superordinate goals among conflicted individuals and subgroups Absence of formal and informal dispute-resolution mechanisms Perpetuation and escalation of interpersonal conflicts through the involvement of social network members

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among group members for scarce resources, especially during times of rapid environmental and social change. Moreover, the immediate intensity of interpersonal hostility may increase to the degree that the participants in the conflict are unable to avoid close physical proximity with each other.

Once interpersonal conflicts have occurred, their duration and potential health consequences are likely to be influenced by the sociophysical conditions listed in the third column of Table 2. For example, the duration and health impacts of interpersonal conflicts are expected to be greater when the exposure to environmental stressors is chronic rather than temporary and the opportunities to improve dysfunctional territorial systems are restricted or unavailable. Similarly, the prospects for continued conflict and related health impairments will be greater if group members are unable to establish widely shared, superordinate goals or if they lack access to formal and informal processes for dispute resolution. Conversely, the organization will be better able to defuse prior hostilities and avoid future conflicts to the degree that common group goals and dispute-resolution mechanisms are strengthened.

### Summary

The present discussion of conflict-prone and conflict-resistant organizations suggests the importance of addressing the sociophysical context of hostility and illness in future research. Several physical conditions and social-structural qualities of organizations were identified that may predispose their members to chronic conflict and health impairment. Moreover, the temporal course of conflict and health problems within small-group and organizational settings was examined along a continuum ranging from preconflict to post-conflict phases.

The empirical links among the variables summarized in Tables 1 and 2, the occurrence and severity of interpersonal conflict, and the duration and health consequences of such conflict remain to be tested in future studies. By developing ecologically oriented models of health and illness, it will eventually be possible to integrate earlier dispositional and dyadic analyses with those that address the etiologic significance of environmental resources, group processes, and organizational structure. Along these lines, an intriguing topic for future study is the extent to which disease-prone personalities (Friedman, 1990) are disproportionately vulnerable to the health threats posed by conflict-prone organizations.

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