Conflict management, prevention, and resolution in medical settings

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Conflict Management, Prevention, and Resolution in Medical Settings

by Louise B. Andrew, MD, JD, FACEP

CONFLICT MANAGEMENT IS especially difficult for physicians to embrace, because most of us are highly confrontation adverse. This is not hard to understand if you look at "typical" personality traits of physicians. According to Vaillant[1] and Gabbard[2], physicians tend to be compulsive, perfectionistic, guilt-prone, with an exaggerated sense of responsibility, limited emotional expressiveness (especially with respect to anger), and significant communications deficits, in particular an inability to ask for help. We are workaholics and chronically over-committed.

Most of these attributes are highly adaptive to doctoring, reinforced by medical training and rewarded by society. And being over-committed gives us a very convenient (and societally condoned) mechanism by which to avoid unpleasant confrontations or controversy. Our attendance to the "jealous mistress" of medical practice, especially in today's increasingly demanding practice environment, leaves little time for physicians to learn and practice conflict management, an essential life skill.

KEY CONCEPTS

- **Conflict Management Skills**
- **Confrontation Adverse Physicians**
- **Conflict Prevention**
- **Effective Communication**
- **Anger Management**
- **Conflict Resolution**

Everything about conflict is difficult for physicians, who are by nature and conditioning quite confrontation adverse. But conflict is inevitable, and conflict management skills are essential life skills for effective people. The keys to conflict management are prevention, effective communication, and anger management, skills that can be learned and polished. Conflict management skills can enhance all aspects of life for physicians, as well as those who work or live with them.

Conflict management

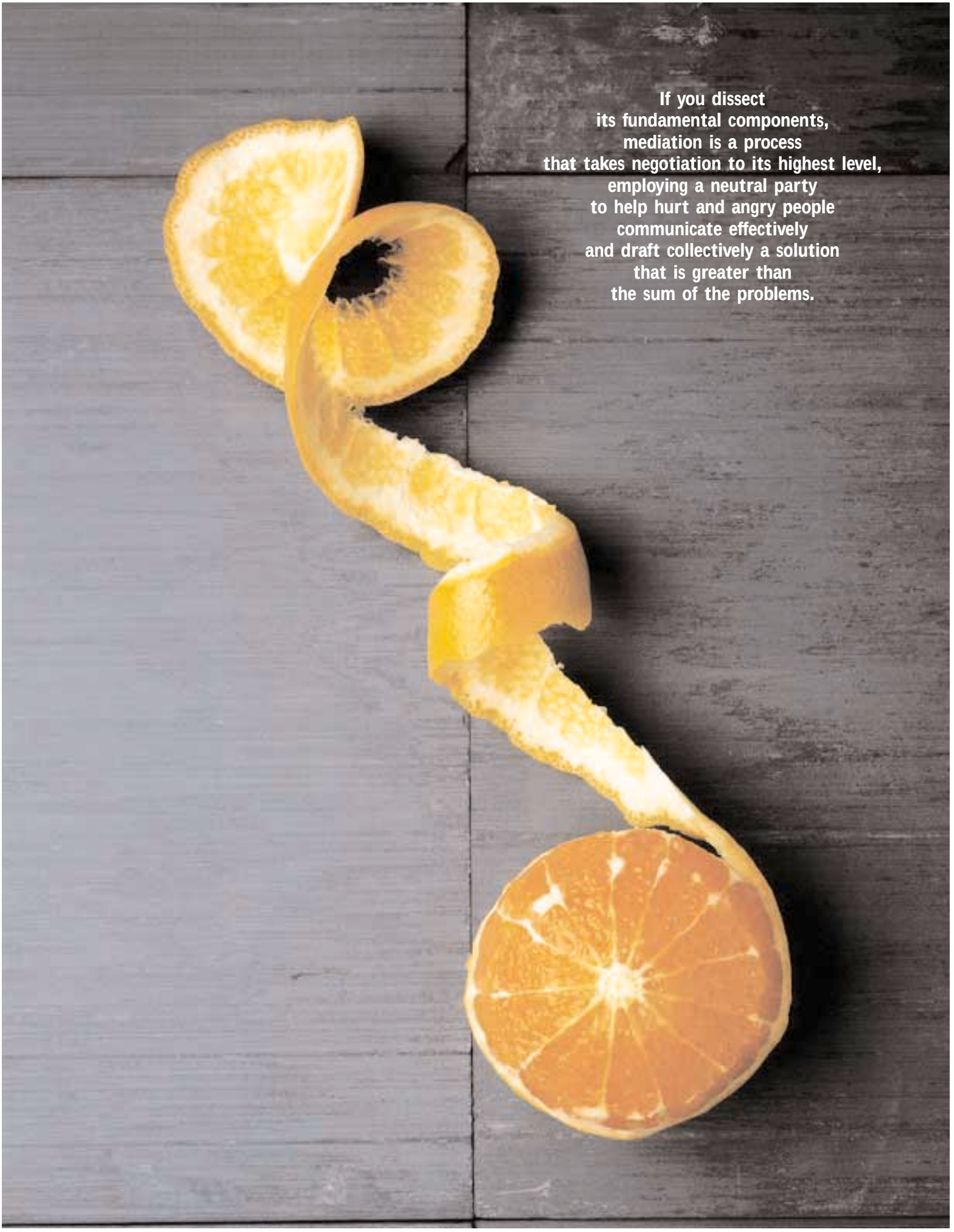
Conflicts encountered by physicians in the workplace parallel, to a surprising degree, those experienced in their own families; and conflict resolution skills employed by most physicians mirror those that were modeled by parents or significant others at home (who had no idea they were being mentors while behaving instinctually—often at their very worst). Not surprisingly, the outcomes of our attempts at work-related conflict management based on these models are frequently mediocre and sometimes disastrous.

One extremely common technique used by physicians in their own families—namely, postponement (until the issue cools off)[3], in reality a nearly unassailable technique of avoidance—is even less successful at managing work related conflicts in the health care setting than it is in medical marriages. This is because:

1. Physicians can't avoid showing up at the practice site because of a "higher calling." This is the "higher calling!"
2. Maintaining collegial relations and collaboration is essential to ensure the safety and the highest level of care for patients.

Failure to confront and manage conflict

It is a shameful secret that nearly every health care administrator and almost all hospital staff can recall delays or inadequacies in patient care caused by a provider refusing to consult the "on call" physician or group for a problem outside of their area of expertise because of some unresolved past conflict between the physicians. Actually, it's no secret. Plaintiff's attorneys are always on the lookout for this particular result of physicians failing to manage conflict effectively (if at all).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So failure to manage conflict can be directly hazardous to our own personal and professional well-being, as well as that of our patients and institutions.

When interpersonal conflicts in medical settings inevitably spill over into patient care or staff relations, physician executives and administrators are called upon to simultaneously put out fires and resolve deep-seated conflict or long standing problems between providers—STAT! This exercise is not only impossible, but can hijack hours if not days of valuable time from other significant endeavors, invariably at the worst possible time.

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And, in reality, even physician executives generally lack formal training in conflict management. So typically, as administrators (who are assumed to have special expertise in dealing with physicians: after all, we are them) we do our best, under the most trying circumstances, and sometimes are successful at calming the waters—for a time.

But the toll on our organizations and ourselves, in terms of spectacularly unproductive time, unsatisfactory or only temporary resolutions, continuing or even escalating ill-will, and deteriorating public and staff relations is often significant both in monetary terms and in human costs. More than a few "Hostile Environment" discrimination claims by subordinates have sprung from institutions failing to manage conflict between physicians. In one large group practice that consulted us, the frustration of dealing repetitively with fallout from a longstanding blood feud between practitioners had resulted in the CEO's resignation.

Conflict prevention

The best way to manage conflict, of course, is to prevent it. Contracts are a common technique well established for this purpose by the business community, though their use is a surprisingly recent development in the medical profession. The essential skill of contract drafting by attorneys is an attempt to predict and define every possible contingency in the formal relationship, and for the parties to agree in advance to defined solutions.

A well-drafted contract can prevent some conflicts and prescribe the mechanism for dealing with others. This can be automatic (sanction specified in the contract), or require further processing, such as arbitration or mediation. In the absence of a specified alternative, courts will attempt to enforce the contract. But it is unrealistic to expect any contract to cover all the possible contingencies in any human relationship, nor would such a contract be enforceable for the simple reason that the cost of litigating issues not essential to the business relationship would be prohibitive. And if we are willing to be perfectly honest, many behaviorally based conflicts in medical settings are not the sort of things for which physicians (or administrators) would willingly visit a public courtroom—or even a lawyer. So what is an administrator to do?

Behavioral conflict management

An emerging approach to conflict management by prevention in medical practice settings consists of establishing and agreeing upon realistic behavioral expectations at the beginning of the relationship. Collaboratively developed and self-enforcing, a pre-partnership agreement or "principles of practice" can provide practitioners with guidance and standards against which to measure their own behavior and that of their peers. Such a document can be used for a systematic review of individual and group compliance with behavioral expectations, and allow for self correction or group enhanced redirection of individual members, short of sanctions or employment action. Self-generating these expectations, with planned periodic review and revision of the expectations, assures that they are, in fact, group norms, dynamic, and relevant. And enforcement by the community itself gives some assurance to each individual that standards will be applied evenly by others who also have agreed to abide by them.

In a group setting, adopting behavioral expectations in principles of practice can be undertaken before the group incorporates. In established groups, this can be accomplished whenever the group decides that it is an important issue. (Our experience is that this typically occurs following the unsatisfactory resolution of a significant conflict.) Nearly everyone has heard of mission building, and even though this process is still evolving in medical settings (if you don't believe it, ask how many of your leaders can state—or even paraphrase—the mission/vision/values of your institution), these aspirations can serve as the foundation for establishing principles of practice for your organization. An ideal mission or vision might even provide all the behavioral guidance that is needed—but this model is yet to be crafted, or at least widely publicized.

Guidelines for establishing principles of practice

A principles of practice document must be arrived at collaboratively, be subject to regular review and revision, but be carefully crafted with the intention of its becoming a time-honored cornerstone of the association. Unlike a mission, a principles of practice reaches beyond the aspirations of the organization to encompass the individual, day-to-day behaviors of its members.

So, although the document might begin with an affirmation such as, "We, the members of the Paragon Medical Group, believe in the integrity and dignity of each of our partners, our staff, and our patients," it should go on to illustrate the ways in which this belief will translate into everyday practices and procedures. Behavioral parameters are suggested by Pfifferling in his work on reducing the fallout from "disruptive physicians."[4] On the other hand, the intent of the document is to establish principles, not to prescribe specific behavior, (which would predictably be a futile exercise, given the unequivocal lack of "herd instinct" among physicians).

Examples that might be adopted by group members as part of their principles of practice include:

1. We will treat ourselves and our employees and patients with the same respect with which we ourselves expect to be treated.
2. We will communicate with each other directly and, where appropriate, in privacy.
3. We will acknowledge our differences of opinion and practice styles and value the contribution each member makes to the community we share.
4. When we become aware of a very different practice style of a partner, we will endeavor to learn the basis for this practice and to help each other to evaluate the efficacy and safety of that particular practice.

Each principle must be specific enough to unambiguously describe, but not so specific as to prescribe, behavior.

Although specific behaviors are not usually prescribed in the principles of practice, it is perfectly appropriate at times and in some settings to proscribe them, especially if the behaviors are recurring problems that the group has experienced, or that some members bring to the table and legitimately fear based on practice experiences. For example, groups may decide to adopt a principle requiring that partners not discuss with non partners any conflicts they are having, at least not until they have attempted to resolve the issue directly with the partner concerned. It should be noted parenthetically that, as with any directive, proscriptions are often more palatable when they are framed positively. Thus, the proscription just described could be worded: "When we have a problem with another partner, we will not discuss it with anyone not a partner until we have made a bona fide attempt to discuss the issue with the partner involved."

The principles should also incorporate a specific, agreed-upon mechanism for the group to handle situations in which it is perceived that an individual practitioner is stepping outside the norms of behavior. One group might ask the individual to provide an explanation and an action plan. Another might provide for a review panel or define a stepwise approach to enforcement, depending on the number of concerns or the nature of the behavior. But the keys to successfully implementing these principles of practice are for everyone to participate in crafting them, to formally adopt them, and to provide a democratic way of revising them when appropriate, excepting such time that a particular alleged infringement is being investigated.

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Conflict management in practice

Not infrequently, successful work related conflict management can have direct effects in other areas of life. One recent example comes to mind. A surgeon had experienced some personal anger management problems in his past, which had resulted in a less than satisfactory partnership (since dissolved) with another surgeon. He later hired an associate with many admirable qualities and practice skills that would be extremely beneficial to the practice. Although their relationship and the association were generally proceeding well, some anger management problems surfaced in the associate, who was soon hoping to become a full partner.

Sensing the inherent risk, the founding partner requested that the two of them meet with neutral parties to help them draw up a "pre-partnership agreement," a preamble to establishing principles of practice for their partnership (if it was consummated). We visited the practice, discussed the concerns with both parties (separately as well as together), and helped them to craft an agreement that was to guide their behavior in the months leading up to the anticipated partnership contract. Among other provisions was a covenant not to express anger without assurance of privacy and notice of no less than five minutes; and to curtail the use of the term "boss" (acknowledging that slips would occur) after the date of the pre-partnership agreement. Other less directive provisions included weekly sharing of concerns and frustrations, feedback to each other and to staff, communication, negotiation, and conflict resolution guidelines.

The partnership was formed, the practice is thriving, and both partners feel that their life skills have been enhanced as a result of this process. The new partner has subsequently consulted us to learn conflict management techniques that he can apply in his own family (especially towards raising teenagers) and to gain control over some potentially life threatening anger responses he was exhibiting in the non-clinical setting. He was continuously experiencing road rage, and had a near fatal complication from a common stress-related illness that was undiagnosed and untreated because he refused to discuss his health with those who showed concern.

Learning negotiation

An unanticipated benefit of the process of creating a principles of practice is that physicians can safely practice negotiation skills with each other during the drafting process, thereby enhancing another undeveloped aspect of our training. Sure, we negotiate regularly with family, patients, and staff (all of whom are safely "below us" in established hierarchies)...but negotiation with peers about potentially emotional subjects is not something with which we have a great deal of day-to-day experience. In fact, for most of us the very prospect is sufficient to trigger the "flight" portion of the classical stress response. Successfully negotiating mutually acceptable norms of professional behavior with our partners, once completed, is a small victory that will inspire confidence that we can be equally successful in the peer negotiation process when inevitable conflicts occur within the practice.

Using principles of practice for conflict resolution

Which brings us to conflict resolution. The principles of practice provide an effective avenue for redressing behaviors that fall outside agreed upon norms. (Of course, this mechanism should not be considered a substitute for reporting or disciplinary action in the case of suspected impairment or unethical behaviors). Just reminding a member of the document and group covenant may be sufficient to prompt a self-corrective action. If this is not effective, the document itself can specify the next steps to be taken. The principles of practice is also an effective way to apply peer pressure and minimize collusion and faction formation among partners. And an emotionally unbalanced, narcissistic, or sociopathic physician may simply ignore all pressure short of sanctions or legal action. But this is what contracts and courts are for.

If applying the principles of practice is not an effective deterrent, such as in the case where legitimate interpretations of behaviors differ between individuals who are experiencing conflict, the next logical step in many cases will be mediation. As others describe in this issue of *The Physician Executive*, the mediation process is a non-adversarial approach to conflict resolution that is extraordinary for its ability to allow parties to a conflict to synthesize their own solutions. The creativity that emerges from this process often amazes and invariably empowers the participants. This delivers another win-win, both for the organization and the individuals. Successful mediation of an inter-physician conflict not only produces a solution that is often better than the status quo before the conflict, but inspires confidence in the individuals in their ability to solve problems amicably, and in other members of the organization that the system works as it is designed to do, and that self-determination is possible at least in this realm of their practice environment.

Conflict intercession

If mediation can be used so effectively for conflict resolution, could it be applied prophylactically? Absolutely. Because what is mediation, anyway? If you dissect its fundamental components, mediation is a process that takes negotiation to its highest level, employing a neutral party to help hurt and angry people communicate effectively and draft collectively a solution that is greater than the sum of the problems.

The fact that mediation works so well, even with emotionally vulnerable parties (which in this case is usually manifested as angry, demonstrative, and obstinate physicians who would clearly rather be doing rectal examinations), tells us that emotionally healthy parties can learn to negotiate before a problem occurs (as in collectively creating a principles of practice), or even in the early stages of an escalating problem (as in, "Let's have lunch and try to figure out a way to make things better between us.")

Physicians who have learned negotiation through an experience with mediation or from other sources, such as books and conference, are eager to refine these skills because they allow them to remain in control of their destinies, while exhibiting behaviors they can be proud of. Those who have learned through these smaller negotiations that conflict resolution is not necessarily a difficult or threatening situation are prepared to use the new skills to enhance all aspects of their lives. The unconscious mentoring of conflict management skills alone can help to transform the workplace, if not the world. ●

AUTHOR'S BOOK PICK

The best single reference on negotiation I have reviewed is W. Ury's *Getting Past No*, (New York, New York: Bantam, 1993).

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