

Communicate

Conflict

AWAY



By Marli Murphy

ILLUSTRATION BY BRYAN LEISTER

Conflict in the workplace is inevitable, but how it's handled can make the difference between seething staffers and contented colleagues.

A wide-spread epidemic is infecting today's medical offices.

Symptoms include hot heads, steam pouring out of ears, festering grievances, slow burns, biting of tongues, stony silences, flaring tempers, chronic complaints—and passive-aggressive behavior raised to the level of an art form. Staff members from RNs to the front office employees are succumbing at record numbers, and physicians are losing patients, as well.

The diagnosis: unresolved conflict. From low employee morale to high employee turnover, unresolved conflict manifests itself in myriad of ways that have an enormous, negative impact — on job satisfaction, the level of patient care and the bottom-line, says Troy Campbell of Boca Raton, Florida. Campbell is a trainer for National Seminars Group, Inc., and a professional consultant who has led more than 1,300 seminars in nine countries. The son of a retired ear-nose-throat specialist who was also a plastic surgeon, Campbell has had the chance to study physicians “up close and personal” over the years.

“Internal conflict in a physician's office affects the level of staff cooperation, which affects the level of service to patients,” he explains. “When people spend their time stewing, fuming, griping—telling everyone who'll listen why they

have a right to be mad—they're not getting their jobs done, which reduces productivity.

“A lot happens in the office that doctors don't know about,” he adds, describing a recent office visit he made. “The doctor is great—he's fine. But you can absolutely sense the tension in his office—just feel the conflict” between the employees. As staffers seethe, “systems fail ... and the service is terrible!” Phone calls aren't returned, information is misplaced, verbal instructions are forgotten, patients wait longer than necessary—the list can go on and on.

In the trenches of medical offices for the past 16 years as a certified medical technician, Chris Sims of Internal Medicine Associates of Lee's Summit, Missouri, has witnessed the toll unresolved conflict can take. “There can be a lot of conflict that never gets resolved over who is doing the work and who isn't,” she notes. “Who has answered more calls, who has taken more patients back for assessments. When there's so much complaining back and forth over someone not doing their share, patient care can suffer,” she says. “Work doesn't get done like it should get done, because people are concentrating on the conflict and on what they're upset about.”

Campbell agrees. “Patients get fed up,” he stresses, which could mean lost business. “Nowadays we've got a big, thick book we can flip through and choose another primary-care physician.”

Unresolved conflicts lead to high turnover

It's not just the patients who get fed up when conflict goes unchecked. High employee turnover is the frequent result, Sims says. “People get mad and they become unhappy with their jobs, which starts the wheel rolling” for them to look elsewhere. “With so many shortages in physicians' offices right now, it's not that hard to find another job. You hear that someone left because she ‘found a better job,’” but no one stops to question why the employee was looking for another position in the first place.

RESOLVING CONFLICT

Continued from previous page

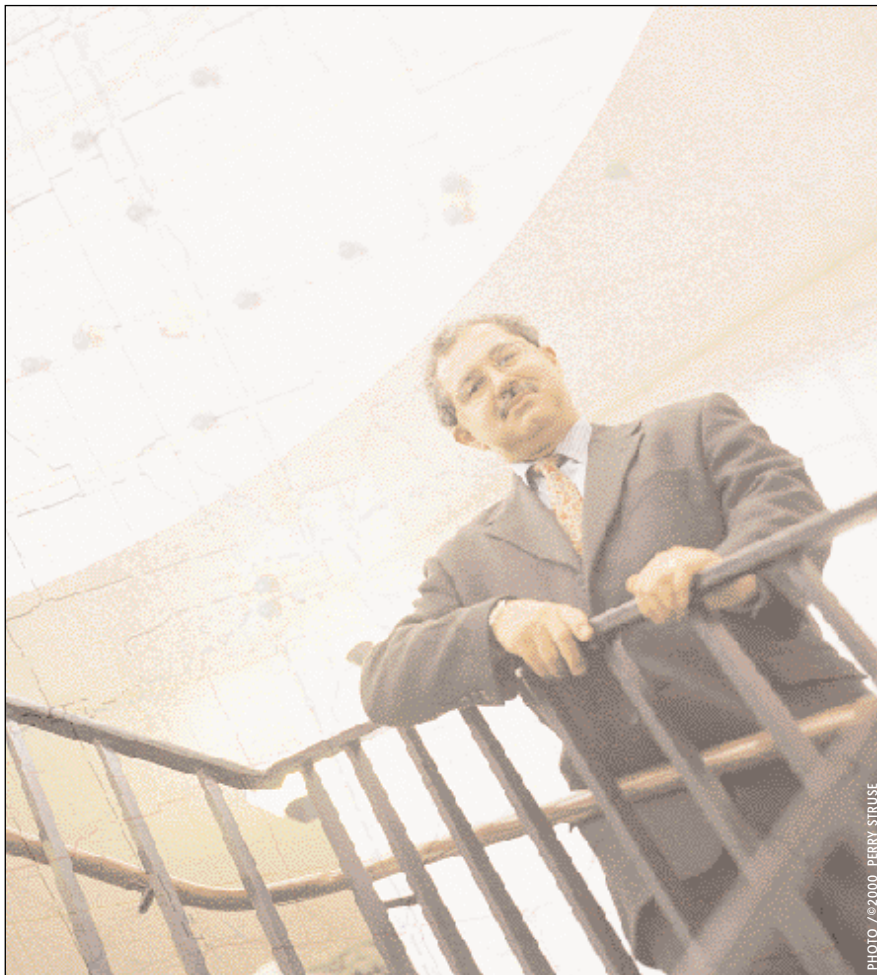


PHOTO / ©2000 PERRY STRUSE

Carol Buller is a 23-year RN who recently became a nurse-practitioner (ARNP) in Lenexa, Kansas. She considers herself lucky to work in a low-conflict, “high-five” office. She describes Mid-America Senior Management as “the kind of small office where you walk down the hall and give each other a high-five. Our morale is pretty good, but I’ve worked in larger offices in the past where the climate wasn’t nearly as affirmative. There was a lot more tension and passive aggression among the nurses, where they weren’t doing what was expected. Nurses were really overworked and morale was low with the non-provider staff.”

The increasing stratification of medical and non-medical providers also adds to the potential for conflict in a medical of-

fice, Buller says. “You’ve now got a lot of people at different levels in the organization. Status levels are different, the level of knowledge and training is different, and the risk for conflict becomes that much greater. It’s inevitable.”

A setting ripe for conflict

As the chief medical officer at McFarland Clinic, headquartered in Ames, Iowa, Elie P. Saikaly, MD, oversees 190 physicians and 57 mid-level providers in 32 offices, which means he’s facilitated his share of conflict resolution over the years.

“Physicians have been trained to be perfectionists. Conflict arises when they perceive that someone who works for them is not performing their job in the way that the physician thinks it should be done,”

Elie P. Saikaly, MD is the chief medical officer at McFarland Clinic in Ames, Iowa. **“Communication is the best form of conflict prevention,” Saikaly says. “There is no such thing as too much communication. We all have the tendency to think that because we sent a memo or said something once that the message will have registered with everyone who received it. Experience says that that is simply not true.”**

he explains.

But adequately addressing that conflict can be a real challenge, nurse practitioner Buller points out, due to the fast-paced, high-stress nature of the work. Regardless of the size of the medical office, “it’s reasonably stressful and really busy. So when conflicts arise there’s often no time to address them,” she says. “When there’s no time to talk about how the working relationship is going, it can get out of hand.”

A lab technician, Sims agrees. “The scheduling is hectic, physicians have a large number of patients to get through the system in a limited amount of time. They have constant interruptions and they’re often short-staffed,” she says. “They’re so wrapped up in their work that they don’t say anything until they’re

Preventive medicine for minimizing office conflict

The easiest way to keep unresolved conflict from souring morale, increasing employee turnover and having a negative impact on patient care is to reduce the potential for conflict to occur in the first place. These nine preventive measures can help minimize conflict in the medical office:

1 Provide written job descriptions for all employees.

Clearly identifying who is responsible for doing what can reduce personnel conflict by eliminating the "so and so isn't doing her job" type of complaints. Troy Campbell, a Boca Raton, Florida, career trainer and professional consultant suggests checking out software such as Descriptions Now! on CD-ROM, which offers hundreds of job descriptions that can be quickly customized to fit every employee in the organization.

2 Communicate job performance expectations.

Nurses should return patients' phone calls within what time frame? The phone should be picked up by what ring? Patients should have to wait no longer than how many minutes after being brought back for assessment? Employees who don't perform their jobs properly can be a major source of conflict, but they've got to know what the standards are before they can be expected to meet them, Campbell points out.

3 Affirm your staff regularly.

"It's really important that physicians affirm particularly the non-medical staff and let them know how much their work is appreciated," says Carol Buller, ARNP, a nurse practitioner in Lenexa, Kansas. "They should do this more often than just the Hallmark holidays." Regular, sincere affirmation on the physician's part boosts staff morale and can keep conflict from simmering.

4 Explain "why."

"When a physician explains why he or she wants something done a certain way, it can really open people's eyes to say, 'Oh yeah, that does make sense, I can see your point,'" says Chris Sims, a medical technician who works in Lee's Summit, Missouri. Employees asked to change the way they're doing a task are far less resentful when they know the reason behind the directive.

5 Engage in MBWA.

"You can't resolve conflict if you don't even know about it," Campbell notes. "And my fear is that most doctors don't have any idea how much conflict is going on in their own offices." Make a commitment to become more observant — in leadership training lingo that's called MBWA: Management By Walking Around. Are employees pleasant with each other? With patients? With you? Do the same people seem upset daily? Are employees not speaking to each other?

6 Hold regular staff meetings.

Physicians should hold staff meetings at a minimum of every other week, Campbell recommends, adding that he believes it's a mistake for physicians to skip their own staff meetings. Taking time to meet with staff greatly improves communication, which in turn, reduces the risk of conflict.

7 Designate a 'go to' person for grievances.

Particularly in a large office, it's helpful to have one person designated for employees to take problems and grievances to, Buller says. When there is a process in place for resolving conflict, it is less likely to get out of hand.

8 Be part of your office team.

When a physician fosters camaraderie "and the feeling that we're all part of the same team," conflict can melt away, Sims says. "It takes every piece of the puzzle to make the office work, and when they act like we're all in this together it really helps."

9 Mind your manners.

"Saying 'please' or 'thank you' sounds so small, but it means so much," Sims says. Employees can feel not only taken for granted but downright invisible when common courtesies you'd give a stranger on the street aren't extended to them. ■

mad, and then you really get it. Some of their frustrations are warranted, absolutely. But they let it build up inside and then it all comes crashing out. Usually, once the moment has passed, he or she will calm down." But by then, Sims adds, the damage unresolved conflict has inflicted on the working relationship may already be done.

What we have here is a failure to communicate

Those interviewed for this article believe better communication regarding procedure and procedural changes could eliminate a large percentage of conflicts between physicians and medical office personnel.

Particularly in a large clinic organization, "communication is the best form of conflict prevention," Saikaly says. "There is no such thing as too much communication. We all have the tendency to think that because we sent a memo or said something once that the message will have registered with everyone who received it. Experience says that that is simply not true."

Sims agrees communication is key. "Most medical personnel really want to do things the way a physician wants," she says, but often, the employee doesn't know what that is. "Maybe they didn't understand or didn't hear correctly," she says, noting that as a med tech, she stands in a room with instruments running much of the day and sometimes simply cannot hear mumbled directions. "When there is a conflict, talk about it with the employee instead of flying off the handle," Sims says. "Keeping an open line of communication going" can make all the difference.

"Physicians need to understand that there is no Universal Physician Handbook," Sims says. "Every physi-

RESOLVING CONFLICT

Continued from previous page

cian likes things done a little differently and it takes time to learn what that is. My feeling is, 'Tell me what you want and I'm willing to do it.' But don't wait until you're so mad you yell at me," she adds.

Resolving Conflict with Employees: a 6-Step Plan

When conflict occurs between a physician and support personnel, resolving it need not be a dreaded or time-consuming chore, Campbell says. He recommends an easy six-step problem-solving model that works well in any manager-employee situation involving conflict.

STEP 1: In a calm, positive manner, open a discussion with the employee, stating the problem.

A less-than-calm approach on the physician's part will shut down conflict resolution before it starts and turn the effort into a waste of valuable time. A positive, open manner is key, as in, "Jan, you and I are having a communication problem. I want to get your ideas on how we can address this issue."

STEP 2: Use open-ended, leading questions to draw out the employee.

Ask the employee's opinions and observations on how he or she perceives the conflict. What is causing the conflict? What factors contribute to it? Leading questions—much like a physician's history-taking questions—will open dialogue and help the employee to feel freer to talk.

STEP 3: Listen—really listen—to the individual's responses.

"This is where you've got to be willing to hush and you've got to really listen," Campbell says. Squash the impulse to interrupt. This is a critical juncture in the process, because by listening carefully you may find out that the conflict is based on another issue entirely. What is the real issue? If the employee starts venting frustrations, steer the conversation toward solutions, not problems.

STEP 4: Together, determine the best plan for resolving the conflict.

Ask for the employee's ideas on potential solutions—don't just present yours. Then come to an agreement on the best solution, one that's fair and acceptable to both of you.

STEP 5: Summarize your agreement and set a deadline, if applicable.

Restate the course of action you've agreed upon, being specific about who will do what in the future—and when it will be done. Setting a deadline helps ensure the plan will be implemented.

STEP 6: Follow through and follow up.

Hold yourself and the other individual accountable for following through, and then follow up to check progress. "If you don't follow up, you're just whistlin' Dixie—you won't get results," Campbell says.

Taking literally just a few minutes to talk through the six-step process with an employee will not only resolve the conflict, it will strengthen the working relationship between the physician and that individual, ensuring future cooperation and encouraging loyalty.

Campbell says physicians have told him "they're so busy seeing patients that they don't have time to manage personnel. But who suffers when internal conflict goes unresolved? The patient—and the business," he emphasizes.

While it may interrupt a physician's schedule to resolve an issue with an employee, it can take weeks, even months, to recruit someone to replace the person who quit because of unresolved conflict, Campbell points out. "Be practical. You don't have time to recruit, interview, hire, and train support staff (to replace) what you've lost just because you couldn't keep your cool when something went wrong!"

Nurse practitioner Buller points out physicians can't just bury their heads in patient care. "Physicians need to be aware of (personnel) concerns in the office environment," Buller adds. "This is their practice, their business, and they need to have things

working smoothly so they can practice medicine the way they need to."

It takes two

For conflict resolution to be effective between physician and employee, it must be a collaborative effort, Campbell says — and that's where a physician's tendency to take charge can sabotage the process. "Most physicians are autocratic managers. They're trained to be, and they've become that way because they're in charge."

However, this management style is ineffective when it comes to conflict resolution, Campbell says. If the physician takes charge and dictates the solution, it's a win-lose situation, and no real agreement to change is gained. But when the physician facilitates the solution, it's a win-win proposition.

Taking a step back to let an employee determine the course of action isn't always easy. "Physicians don't usually want to accept the solutions of others; they want to determine the solutions themselves," Campbell says. "But if you never accept your support staff's recommendations or solutions, you'll continue to have conflict."

Time spent in conflict resolution with employees is time well-invested. "The less conflict there is, the smoother everything seems to run," Sims says. "When people get along and work well together, it benefits everybody involved from the doctors to the front desk. Ultimately, it helps you reach your goal, which is excellent patient care."

Campbell concurs. "When you minimize conflict, you maximize team support," he says.

Resolving conflict with physician peers and bosses

Conflict between physician colleagues/peers has inherently different psychodynamics than that between physicians and support staff. In Saikaly's experience, the main sources of conflict in this arena involve perceived inequities in pay, on-call

RESOLVING CONFLICT

Continued from previous page

responsibilities, and status.

Between physicians and those who oversee them, "conflict arises if a physician perceives that someone, particularly an administrative type, is trying to exert authority over him. Most physicians believe that they are the boss and thus answer to no one," Saikaly notes.

Whether the conflict is between physician peers or a physician and supervisor, "conflict unresolved will fester and eventually erupt when the balance of power is perceived by one side or the other to have shifted. There is also the danger of conflict infecting others as the side which perceives itself as less powerful attempts to gather allies," Saikaly explains.

"People try to avoid each other and hence avoid dealing with the conflict. They may indulge in passive-aggressive behavior. With the increasing popularity of e-mail in medical organizations, individuals may do battle with back and forth e-mail messages," Saikaly says, adding that he's seen situations in which physicians stop speaking to each other altogether "and instead, send nasty e-mails. Each subsequent e-mail is longer and escalates the level of rhetoric as each participant attempts to rebut the other."

Saikaly's approach to conflict resolution? "First of all, I insist on face-to-face communication," he says. "I ask that communication via e-mail, voice mail, telephone, and memos stop." With the individuals in a room together, he asks each to give his or her version "along with the emotions they may have attached to the events."

He then asks each person to respond to the other, speaking one at a time. "I do not allow them to interrupt before the other has completed his or her thought. We then try to focus on areas of agreement and finally, try to see where areas of remaining disagreement can be resolved."

When Saikaly finds himself in conflict with another physician, he says he attempts to talk to the individual face to face at the

earliest opportunity. "If this is not possible, I will talk with them on the phone, though I consider this significantly inferior to face to face. If I have to send an e-mail or memo, I try to keep the message as fact-based as possible so as to not tempt the recipient into inferring tone of voice or emotion," he notes.

"When I talk to the other person, I first try to find out what his or her issue is. I acknowledge any emotion or feelings they may display regarding the issue. I then try to present my view and point out the areas of agreement. Finally, I try to negotiate a compromise understanding."

When a new person comes on board or a new project is started, Saikaly points out that "stating roles and expectations from the outset will prevent conflict down the road." He stresses that communication is the key not only to conflict resolution but to conflict prevention. "This is especially true when managing a change process. All the possible stakeholders should be communicated with in every form possible. Redundancy is a virtue here." ■

Marli Murphy is a free-lance writer and newspaper columnist in Kansas City, Missouri. She is a regular contributor to UO.