

# Get *Comfortable* with **Confrontation**



Addressing conflict may be difficult, but avoiding it leads to low morale, resentment, even financial consequences. To triumph over controversy, adjust your perception of the problem.

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**I**T'S INEVITABLE: AT SOME POINT IN YOUR CAREER as a physician, someone will do something at work to irritate you. Whether it's the support staff member who forgot to turn on the telephones until the practice has been open for 15 minutes, the physician colleague who perpetually complains about the call schedule, or the head of the practice who is absolutely unreasonable, workplace annoyances can quickly get under your skin.

Leave them there, experts say, and they will fester, often with dire results.

"Physicians are true, bona fide, certified conflict avoiders," says Wayne M. Sotile, PhD, the co-founder (with his wife, Mary O. Sotile, MA) of Realtalk, Inc., a counseling and consulting service for physicians and medical organizations. "Our



Mary O. Sotile, MA and Wayne M. Sotile, PhD, founders of Realtalk, Inc.

research shows that only about 40 percent of physicians feel they have received adequate training in management and conflict resolution."

In an essay for the June 23, 2003 issue of *Newsweek*, pediatrician Stephen L. Cohen, MD, relates his own experience with conflict during his work for the National Health Service Corps at an inner-city Los Angeles clinic. Describing the clinic nurses "open rebellion" at his insistence on routine ear exams for pediatric patients, he writes: "...I was simply trying to take care of my patients the way I was trained. I was at a loss about how to handle staff mutineers—this wasn't a subject they taught at medical school."

Sotile says that while Realtalk ([www.sotile.com](http://www.sotile.com)) presents to residents at grand rounds and also speaks to medical students around the country, fitting this

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training into an already packed curriculum remains a challenge.

Not only that, points out Dan Dana, PhD, the founder and president of Mediation Training Institute International ([www.mediationworks.com](http://www.mediationworks.com)) and the author of *Conflict Resolution: Mediation Tools for Everyday Worklife* (McGraw-Hill Briefcase Books series, 2001), but the nature of physicians' work doesn't place interpersonal communication with colleagues at the top of the daily to-do list.

"Physicians are busy people, paid for their time, and time is money," Dana says. "So lengthy conversations with medical colleagues or support staff about how everything is going can seem to be a waste of their valuable time. And

financially, that can be true if the conversations are not productive."

Still, it's not financially wise to ignore conflict within the office, consultants agree.

Sotile says, "We see a lot of young physicians change jobs within the first five years, either because they won't address conflict themselves, or their superiors won't address it." Replacing a physician, he says, will cost a practice at least \$250,000. Dana points to a figure from the corporate world: replacing an employee will cost 1 1/2 times the employee's annual salary and benefits. Not to mention, he says, the cost in productivity of the stress of finding a replacement.

"As a physician, you want to practice medicine, not get wrapped up in staff turnover every few months," Sotile says.

For many, dealing with conflict is not an appealing prospect. But you'll never be able to avoid it, says Tim Ursiny, PhD, the president and founder of Advantage Coaching and Training ([www.advantagecoaching.com](http://www.advantagecoaching.com)) and the author of *The Coward's Guide to Conflict* (Sourcebooks, Inc., 2003).

"In physicians' offices, there is a lot of conflict," he says. "Retreating from it doesn't work, but neither does confrontation as if you're driving a tank. The bottom line is you need to know how to escalate conflict appropriately. You have to approach people with respect, balanced with the truth"

And it's never too late to learn, Ursiny says. How can you bring yourself to approach the situation head-on, face-to-face, with the person or people who generate the conflict? It's all in your perception of how the scenario will play out, he says.

"When your perception of the pain of avoiding conflict and the pleasure of facing it are greater than your perception of the pain of facing conflict and the pleasure of avoiding it, you'll face it," he says.

First, look inward

T. J. Pulliam, MD, the vice president for professional affairs at Wake Forest University School of Medicine and an assistant professor of gastroenterology who also does clinical work, says self-awareness is the key to overcoming conflict.

"Conflict is often rooted in anger,



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**T. J. Pulliam, MD, the vice president for professional affairs at Wake Forest University School of Medicine, says "Conflict is often rooted in anger, bitterness and jealousy. ... With training in empathy and self-awareness, you can avoid a lot of problems."**

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bitterness and jealousy,” says Pulliam. “And with so many rapid changes in medicine in the last five years, these reactions tend to surface. Physicians are dealing with increased scrutiny, reduced autonomy, and less monetary compensation. Their ability to adapt to change is a determining factor in the level of conflict that might arise. With training in empathy and self-awareness, you can avoid a lot of problems.”

Problems, according to Sotile, which can be boiled down to three different categories:

- **The hit-and-run experience.** This is when tension builds and then explodes, but the consequences of the blowup are not addressed at all, or not until months later.
- **The gossip triangle.** Instead of confronting the problem person, physicians in a group badmouth each other and perpetuate gossip without attempting to reach a solution.
- **The avoidance game.** Physicians avoid face-to-face dealings with one another altogether. “You could have nine physicians in one practice, and in this scenario, they make sure they never see each other.”

Although Pulliam prefers not to give specific details about his own experience with conflict, he says he understands the pitfalls of ineffective conflict management first hand.

“I found a self-awareness program to help straighten out a difficult professional situation,” he says. “These programs can help you determine how much of the conflict is you, and how much is

### What if You're Asked to Be a Go-Between?

Ted and Joe in your office are feuding. Actually, they are no longer speaking, making eye contact, or even entering or leaving the building at the same time. Each has made his case to you, but not to each other. Each is convinced he is right, and the other guy is wrong. But they each know they had better resolve the conflict, or they could be booted from the practice. You've earned the reputation as office peacekeeper, and both of them genuinely like you. Each approaches you to “mediate” their conflict. Should you say yes?

Proceed with extreme caution, says Tim Ursiny, PhD, the author of *The Coward's Guide to Conflict* (Sourcebooks, Inc., 2003).

“Only if you have some mediation experience should you even consider it,” he says. “Then meet ahead of time with each of them to make sure each is ready to make it work. That means each

one is ready to meet face to face, without blaming, and find a resolution. The problem is, when you get into the middle of a conflict where both parties want to be ‘right,’ they can end up turning on you.”

Wayne M. Sotile, PhD, the cofounder with his wife, Mary, of Realtalk, Inc., and author of *The Resilient Physician: Effective Emotional Management for Doctors and Their Medical Organizations*, (AMA Press), agrees.

“In the trenches, the physician most skilled in interpersonal communication will often be drawn into conflict,” he says. “You will be ‘the anointed one,’ but you’ll be exhausted from hearing about everyone else’s problems. If you are asked to mediate, you must get the parties talking to one another. Make it clear that you are not the keeper of secrets, or the parties involved may turn their anger on you,” Sotile says.

just your situation.”

The following hypothetical scenarios deal with conflict in a medical setting, and include examples of how your gut tells you to react, and what a more effective reaction would be.

Gripes about call schedule “fairness”

You've been with the five-physician

practice for slightly more than a year when one of the physicians leaves the practice. Now, instead of being on weekend call every five weeks, everyone must be available every four. Because of vacation schedules (including your own) and seniority, a colleague who has been with the practice just a month less than you have is sched-

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uled for call twice in three weeks. He has told everyone but George, the physician owner of the practice, that he has the same seniority you do, and the new schedule penalizes him just because he didn't request vacation.

**Your gut might tell you:** to ignore and avoid this colleague at all costs. Figure the situation will take care of itself once a new physician is hired. If the complaining physician brings his gripes to you, you'd like to tell him it's not your problem, you didn't devise the schedule and you didn't purposely schedule your vacation to sabotage his weekends. You'd like to advise him to take his whining to the boss—you hear enough whining from your two small children at home already.

**The better strategy:** Approach your colleague in a conversational manner during lunch or after hours. Try using what Ursiny calls the "100 + 1% principle:" Listen to the problem as your colleague explains it, and agree 100 percent with at least 1 percent of what he is saying. Say something like, "It's a bad situation right now, being short-staffed and having so many of us on vacation. It must be frustrating to be the low man on the totem pole by only one month." Then, says Ursiny, make the transition to your point using the word "and" rather than the word "but." "And I would like to keep our professional interaction positive in the mean time. Would you be willing to sit down with George and the rest of the physician staff to work out a call system we can all live with until we get a new person on board?" Assuming your colleague is amenable to meeting with your boss,

offer to speak with George and set up a meeting time. Remember to approach your boss from the standpoint of wanting to maintain smooth operation of the practice, not from the standpoint of tattling on a discontent colleague. This will require not naming names, but suggesting a staff meeting regarding the physician search "transition" period.

Lack of support from support staff  
You come out of your office to start the day in your own practice, only to find your receptionist and appointment desk assistant talking and laughing in the back of the office. Although they have checked in two patients, they forgot to turn on the telephones when the practice officially opened 10 minutes earlier. When they see you, they quickly return to their desks and the receptionist opens the phone lines.

**Your gut might tell you:** to type up a memo at the end of the day, informing the entire staff that you expect the phone lines to open at exactly 8:30 a.m., when the office opens. You'd like to note that you will be checking the office number yourself from your cell phone each morning at the appointed time to make sure the recorded "office closed" message is turned off and someone is actually answering the phone.

While this may take care of the problem, it will not foster a supportive atmosphere in the office. The danger of sweeping memos is that either the intended party doesn't recognize herself in the memo, or is insulted that you couldn't just talk directly with her, Ursiny notes. Also,

people cannot hear your tone of voice in written communication. What you intend to be a calm directive may come across as shrill or condescending. You can easily end up in the "hit-and-run" conflict situation, or the "gossip triangle," as described above.

**The better strategy:** Talk to the staff members then and there. A simple, "I know I can count on you not to let that happen again," may be enough to solve the problem. If the problem happens repeatedly after such a directive, it's a good idea to document the dates and times that the phones have not been turned on promptly. Then call a meeting with the staff member(s) who handle this duty and go over the incidents face to face. If staff members continue to ignore your warnings, you will need the documentation to back up any decision to terminate their employment.

Continuous bullying in the office

The senior physician in your practice, while a skilled and brilliant doctor, bullies everyone in the office. The slightest mistakes trigger screaming and name calling. This physician makes demands, not requests, of staff members. "Please" is not in her vocabulary. Her tone is usually condescending or sarcastic with colleagues, and her manner with patients is brusque. Because you get along well with everyone and seem to get under this doctor's skin the least, other physicians and nurses begin imploring you to approach her and tell her to lighten up.

**Your gut might tell you:** to try to stay under the bully's radar and just

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look for another job. Sometimes this works. However, it could be a long time before another position opens elsewhere. Meanwhile, you'll be working in an atmosphere of increasingly low morale, with everyone looking to you to save the day.

**The better strategy:** Ask the bully for a one-on-one meeting, preferably scheduled outside of office hours. When you meet, be ready to engage in what Ursiny calls "truth talk," in which you separate the truth of the events and your emotional reaction to them. For example, you might point out that you did not appreciate the bully's disrespectful tone when she said, "Any first-year medical student knows that," then explain how you felt, in a calm, respectful tone. Speak only for yourself and your own experience.

"This person might surprise you with an apology," says Ursiny. "People mimic good behavior. Even if just one person in a confrontation is in a respectful mode, it can keep the situation from escalating."

Some bullies, however, never drop the intimidation act. At that point, try talking about how you're talking instead of getting caught up in the conflict.

"You can step back and say, 'I don't feel comfortable with how we're talking right now. How can we collaborate and stop arguing?'" Ursiny suggests. You may even want to schedule a later meeting on a specific date and time.

"Bullies are some of the hardest people to deal with. It takes everything I have sometimes to remain calm with these kinds of people," says Ursiny. "But if you're completely in-

vested in avoiding conflict, keep at it. Especially if you are a leader in the office, you need to stick with it, because people will begin to model what the leader is doing."

A bullying atmosphere easily facilitates the "avoidance game" that Sotile describes. In fact, according to Ursiny, bullies often prefer that their colleagues avoid them. Keeping others at arm's length allows bullies to operate in their greatest comfort zone.

"Good conflict—where you're

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**Trying to get an entire office on board with a collaborative plan for conflict resolution can be a challenge. Modeling the changes in behavior is one thing. But if people don't catch on within a couple of months, professional training may be in order.**

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communicating before problems explode...where you're accepting your own contributions to the problem as well as others'—creates intimacy," Ursiny points out. "This is scary for many people, especially those who tend to bully."

Easier said than done?

Trying to get an entire medical office on board with an empathetic, respectful, collaborative plan for conflict resolution can be a challenge, to say the least. Modeling the changes in behavior you'd like everyone to adopt is one thing. But if one or more people just don't catch on within a couple of months, profes-

sional training may be in order.

"The majority of people are resistant to training in conflict negotiation," says Pulliam. "But if there is one problem person in an office, the group could just collectively insist on it."

Still, be prepared to be met with resistance. A common response to a shift in confrontational attitudes is sarcasm, belittling the idea and/or the person or people who came up with it.

"If you are serious about turning around an office, you cannot allow anyone to turn your statement into a parody," says Sotile. "Don't let someone roll their eyes and say, 'Let's all sing *Kumbaya* every time we see each other.' Reiterate your plan, and why it's important. It doesn't hurt to point out that a combative atmosphere drives good physicians away, and it costs at least \$250,000 for a practice to replace a physician. Little changes in how colleagues deal with one another make a huge difference."

Even during confrontational dialogue, conciliatory gestures, such as your appreciation of a colleague's efforts to offer excellent patient care, can go a long way toward repairing a hostile relationship. Dana agrees. "You have to offer these gestures sincerely," he says, "Otherwise your words will sound false or patronizing."

And day-to-day acknowledgment of staff's and colleagues' work and personal lives also fosters a better atmosphere in which to handle conflict, he says.

"If you know of a personal issue or crisis someone is dealing with, to remember it and express concern is a powerful gesture," he notes.

Sotile agrees, and emphasizes the

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importance of daily positive communication with each person in the office, even if it is brief.

“Part of being an extraordinary physician is to spend part of each day in interpersonal interaction,” he says. “Just 20 to 30 seconds here and there throughout the day accumulate to 15 minutes. This includes compliments, checking in with the support staff to see how things are going, or acknowledging a particularly tough or particularly rewarding day.”

When to call it a day

What if, after months of cheerleading, modeling positive behavior, and focusing on the problem—rather than the grating person or people—the atmosphere in your office remains tense and unproductive?

“Do all you can to call the problem what it is and voice that to your employer,” Sotile recommends. “No denying or lying allowed. Before you bolt, be clear on your issues of concern and the desired changes. You must be ready to do your part, and so must your employer. If you can’t get to that point, my advice is, get out while you can.”

Such a decision should not, mediation experts agree, be viewed as a failure on your part.

“I went through the whole process myself [earlier in my career],” says Pulliam. “I assessed the situation, went through the channels to improve it, and we decided on a parting of ways. It was the best decision.”

Still, he says, the skills learned in self-awareness and conflict resolution training have helped him and others he knows in many areas of life.

“You can apply the basic tenets of cognitive training, such as thinking

before responding, to so many situations,” Pulliam says. “It has helped me smooth over many, many potential conflicts.” ■

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