



At odds with others?

Hang up the gloves and start talking

By Cathy Sivak

Conflict regularly infects the health care field with such symptoms as an unpleasant work environment, system breakdowns, and, in extreme cases, life or death situations for patients.¹

Conflict is also often perceived as negative and viewed in “how to” terms like avoidance or speedy resolution.² But medical assistants who strive to engage in *meaningful conflict* can better serve patients, employers, the wider health care field, and their own careers. In fact, meaningful conflict can actually support communication, and help to create an atmosphere of accountability and respect.²

“Conflicts have always been there, but limited resources and production pressures found in the current understaffed work environment tend to make conflicts erupt,” says Debra Gerardi, JD, MPH, RN, chair of the Creighton University School of Law Program on Healthcare Collaboration and Conflict Resolution for the Werner Institute for Negotiation and Dispute Resolution, Omaha, Neb.

Conflict conundrum

Conflict involving medical assistants is often driven by the fragmented structure of ambulatory and clinic practices, says Gerardi. “Where we have organizational divisions—the front and back office, or the back office and the lab—conflict tends to erupt. When we divide ourselves into groups, rather than seeing ourselves as on the same team, conflicts can divide rather than unite us.”

Departmental conflict typically begins with an “It’s not my job” complaint, with finger-pointing to the front (or back) office, says Deborah Goss-Smith, CMA (AAMA), clinical manager at Bedford Commons Ob-Gyn, Bedford, N.H. But appropriately handled, departmental conflict can become a positive learning tool that reflects professionalism and builds a “trusting and comforting relationship between patient and office,” she says.

“Empathy is a great equalizer and can prevent many untoward situations from happening,” says Donna DeLance-Green, CMA-A (AAMA), who works for a Lebanon, N.H., orthopedic surgical

practice. “This, in turn, can reduce the incidents of mishandled conflict.”

Conflict challenges

Chief among the challenges to medical assistants who seek to engage in meaningful conflict is the health care system’s layers of hierarchical structure.¹ “The accompanying power imbalances often make it difficult to be assertive with someone with more education than you, more power than you, or more experience than you,” notes Gerardi. An industrywide dearth of skills and training in negotiation and meaningful conflict engagement creates additional challenges to the system.

All types of medical professionals, including physicians, tend to avoid conflict. A recent survey of physicians, nurses, clinical staff, and administrators reveals that health care professionals’ safety concerns linked to individual colleague performance are seldom acted upon.³ The reason? Reluctance to deal with conflict often overrides underlying patient care concerns, as outlined in the resulting survey report, *Silence*

*Kills: The Seven Crucial Conversations for Healthcare.*³

While concerns about a nurse or other clinical care provider's competence were cited by four out of five (81 percent) surveyed physicians, less than 8 percent of those physicians spoke directly with the person involved. One in three (34 percent) physicians expressed concern about the competence of another physician, but less than 1 percent actually addressed concerns with the other physician.³ Only about 10 percent of the survey respondents reported confidence in their ability to speak up.

Meaningful skills

Medical assistants involved in conflict should focus on being present, says Gerardi, paying close attention to immediate surroundings to make use of all "in the moment" information—and to really listen. "We're not very good listeners in health care. We make assumptions, we don't ask questions, and we skip the assessment phase. Instead, we should let the other person be heard and build trust," she says. Solving challenges together, rather than "fixing" complaints, is paramount to meaningful conflict, Gerardi adds.

"The rules for engaging in conflict are very simple, but the application is very hard, like dieting," Gerardi says.

Medical assistants' conflicts tend to involve patients, coworkers, and physicians, though outlying conflicts also occur, says Charlene Burgett, MS-HCM, CMA (AAMA), CMM, CPC, CCP, CMSCS, administrator at North Scottsdale Family Medicine in Scottsdale, Ariz. "Meaningful conflict actually enhances communications by relating the expectation up front between the parties. Communication can be painful, you may have to correct somebody, but in the end you gain more respect from each other," she says.

Cues to create meaningful conflict

Ask yourself...

- Whose problem is this?
- How does my behavior contribute to conflict dynamics?
- What elements in the situation am I able and willing to change?
- What are the time and resource constraints?
- What matters most to me and the other party?
- What is at stake for me and the other party?

Act effectively

- Focus on issues relevant to the situation, not past conflicts.
- Define the situation in terms of a problem that calls for a solution, not a threat that calls for attack.
- Acknowledge feelings.
- If you are in a position to do so, ask for a specific behavior change.
- Identify what you are willing to do in the situation.⁴

Interactive practice

To practice conflict resolution skills in an interactive format, visit Case Studies in Conflict: Provider/Patient Relations. (http://learn.gwumc.edu/hscidist/LearningObjects/ConflictResolution/Provider_patient.htm).

As a frequent mediator of coworker conflict, Burgett is a proactive role model who advises participants to consider the process an opportunity to communicate. She determines if the conflict foundation is a genuine miscommunication or a misunderstanding created by a personal

agenda and sense of entitlement. "Often the generators of said conflict don't even realize they are creating conflict; people on the receiving end can misunderstand intention," she notes.

To engage in meaningful conflict, you should initially attempt to address issues directly with individual coworkers, Burgett says. "Diplomacy is huge. Medical assistants need to take themselves and their feelings out of the conflict equation. Don't put so much emotion in it, don't take things personally," Burgett says. "Say something tactful along the lines of 'When you said "x" it made me feel "z." I just wanted to let you know, because perhaps you didn't intend it that way.'"

Even in cases in which you determine the other person involved *intended* to cause conflict, consider the background and avoid the creation of walls that could harm other coworkers, workplace efficiency, or patient care, Burgett adds.

Books, courses, and seminars are increasingly available that address conflict management, but Gerardi suggests you start closer to home. "Watch and model people in your environment who handle conflict well, just as you'd mimic a clinical skill." ◀

References

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