INTRODUCTION & EXECUTIVE SUMMARY

Since establishing itself in the Manhattan area six years ago, MetroDoc's urgent care facilities have continued to expand, providing efficient and affordable medical services to thousands of New Yorkers. As its number of sites has increased, so too has its demand for more healthcare providers, including physicians, physician assistants (PAs), medical assistants (MAs), and nurses. A continuing influx of new staff, combined with the rapid, high intensity work environments unavoidable in emergency medicine, has led to growing concerns company-wide about increased friction between employees. Stronger emphasis on establishing and promoting greater conflict competency of current and future staff members is imperative to address this issue as expediently as MetroDoc seeks to treat its patients.

Here, we first examine common workplace situations at MetroDoc that lead to interpersonal conflict, connecting the events themselves to the underlying sources of tension as identified in communication research. We then propose a new training program—grounded in recommendations from academic sources—that will transform how MetroDoc employees perceive and respond to future conflicts. The discussion ends with some final observations on how raising conflict competency will benefit MetroDoc's ongoing reputation in the healthcare community.

BACKGROUND

MetroDoc's mixture of providers of differing backgrounds, education levels, and medical specializations offers an immediate foothold for interpersonal conflict, as staff members attempt to meet patient care needs as they understand them, often discounting the perspective of other staff members. This reality aligns with the overwhelming consensus across three decades of research on communication in medicine, which found "a disturbing pattern of harmful nonproductive communication in the healthcare setting" (Burgess & Curry, 2014, p. 529). Further, this violent communication was identified as a top factor leading to poor patient care (Burgess & Curry, 2014).

The nature of workplace conflict itself, arising from differences in opinions between two or more people or groups, is not unique in the healthcare setting (Chan, Sit & Lau, 2013). For this reason, programs for students planning to become healthcare providers has stressed common approaches to conflict management such as promoting the understanding that constructive and collaborative communication leads to greater respect between team members and more efficient problem-solving (Kim, Nicotera, & McNulty, 2015). In addition, educational workshops for nurses stress the practical benefits of coordinated communication on more positive patient outcomes (Pines, et al., 2011).

Published in the journal *Practice Nurse* last year, Kate Taylor (2014) identified the most common and persistent actions by medical staff that prompt or escalate interpersonal conflict between staff members. These include aggressive responses to critiques, excessive overreaction to minor disagreements, lack of apologizing for wrongdoing, and trivializing of others' input in patient cases. These failures in communication are often reflected at MetroDoc and prove the necessity for more thorough training to enhance staff members' responses to conflict. Such training can cultivate greater conflict competency, defined by Vuyisile Msila as "the ability to develop and use cognitive, emotional, and behavioral skills that enhance productive outcomes of conflict while reducing the likelihood of escalation of harm" (as cited in Waite & McKinney, 2014, p. 123).

PROPOSED SOLUTION

In designing a training regiment to address MetroDoc staff members' conflict competency deficit, it was important to ensure that any potential curriculum remained aligned with previously validated research efforts. Thus, the proposed conflict management takes the form of three workshops, adapted from a format previously used solely with nurses to increase collaborative potential in healthcare decisions (Burgess & Curry, 2014). But where that format first devoted a full workshop session to contextualize the nearly 30 years of existing research into collaborative approaches to conflict management, our modified training workshop instead assumes an existing

knowledge base on conflict resolution styles aligned with the Thomas-Kilmann Conflict Mode Instrument (TKI). Literature review confirms that most aspiring clinicians and nurses do receive at least basic introductions to the styles measured in the TKI (Pines et al., 2011; Kantek & Kartal, 2015). For reference, these resolution styles are broken out into the five approaches: 1) competing 2) collaborating 3) compromising 4) avoiding and 5) accommodating (Pines et al., 2011). With this in mind, the larger concern is how to initiate action informed by that existing knowledge of conflict styles. To achieve this, the proposed workshop format starts with a dedicated and open discussion of strengths and weaknesses in existing communication dynamics between site employees, and how those relate back to the theoretical conflict styles of the TKI. The follow-up workshop then pushes for greater group collaboration, incorporating lessons learned from a recent study on the correlation between medical practitioners' perceptions of personality malleability and their preference of conflict style. The study by Chan and Lau (2013) found that the less malleable a practitioner believed personality to be, the more likely they would be to settle on compromising, or lose-lose. To counteract this tendency and reinforce the benefits of selecting the collaborative style (win-win), the follow-up workshop focuses on leading participants through first-hand accounts of more transformational experiences made possible by collaborative teamwork, with repeated emphasis on how appropriate managed conflict can be constructive and lead to better patient care (Kim & McNulty, 2015).

With the content of the workshops established, it is crucial to note that workshops would be moderated by experienced current and former clinicians. As identified by Burgess and Curry (2014), presumed validity of the workshops—and employee buy-in—is greatly increased when the leading figures are recognized as seasoned members of the healthcare field rather than outside trainers. Group size for workshops will be capped at 30 participants, with the bulk of discussion taking place in the large group setting. However, the second workshop will open with small group segment to allow participants to both review materials covered in the previous workshop session and prepare to

share their own experiences and difficulties with maintaining the collaborative conflict style. Workshop makeup would also pull from each specific MetroDoc site, meaning that training was undertaken and completed by a group of individuals that have and will continue to work together daily.

Following completion of the two workshop sessions, MetroDoc management can anticipate an increase in clinicians' willingness to consider the collaborative conflict style in future encounters. Ensuring that training is completed by urgent care sites as a team improves working relationships between existing colleagues and increases the potential for a group push toward positive change (Burgess & Curry, 2014).

CONCLUSION

Beyond clear and immediate benefits to internal cohesion from undertaking a more substantial investment in conflict competency and the potential quality gains for patient care, longer term gains for MetroDoc as an organization appear in the form of increased recognition and respect in the wider healthcare community for making moves to address the lack of ongoing training for conflict competency in the medical field as reflected in research (Pines et al., 2011; Kantek & Kartal, 2015). While conflict is an unavoidable element of any workplace, promoting thoughtful consideration of how to constructively tackle difficult interpersonal situations such as the proposed workshops above, shows that MetroDoc maintains vested interest in its staff much the same as it cares for its patients. As the company continues its rapid growth, it is crucial to remember that the organization is built on the work of its myriad smaller teams. And those teams, comprised of singular individuals, will always be more productive when they are empowered to view conflicts not as distractions, but as opportunities for fresh perspective.

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