Analysis of Conflict in a Medical Office and Design of a Conflict Resolution System

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Abstract

Conflict is all around us. Individuals encounter conflicts both personally and professionally, from childhood through their adult life. In order to create a system for the resolution of conflict in an organization, one must understand the dynamics of the organization, including the culture, structure and resources of the organization as well as the nature, sources and types of conflicts experienced. After gathering data through an employee interview and questionnaires, it was concluded that the types of conflicts encountered at the organization are factual, technical, interpersonal, legal, administrative, and basic differences of opinion. Based on the data obtained, it was determined that a number of conflict resolution systems would meet the needs of the organization, such as self-help, mediation, and a peer review committee. The system, a menu of conflict resolution choices available to employees, was designed through analysis of the data obtained and due in part to the positive use and satisfaction of a recently instituted peer review bonus program at the organization. It was also apparent from the data that conflict resolution skills are needed at this organization. Finally, also needed at this organization are various administrative tools to energize the employees.

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Chapter 1 The Nature of Conflict

Analysis of Conflict in a Medical Office and Design of a Conflict Resolution System

Conflict is an unavoidable part of our professional lives and there are a number of dynamics involved, such as the nature of conflict itself and those specific to organizations. In order to create an effective conflict resolution system, the following should be taken into account: the dynamics of conflict in general, an assessment of an organization, factors involved in designing a conflict resolution system and the types of conflict resolution systems available.

The Nature of Conflict

Conflict, as defined by Wilmot and Hocker, is: "an expressed struggle between at least two interdependent parties who perceive incompatible goals, scarce resources, and interference from others in achieving their goals" (2011, p. 11).

As pointed out by Cloke and Goldsmith (2000), from childhood on, individuals encounter many conflicts, some for a short time and some which last longer, but all of which affect us in different ways. For example, our childhood is spent in conflict with parents, siblings and playmates and, when we begin working, conflict with co-workers, supervisors and competing departments also become part of our lives. Likewise, conflicts are also encountered with the management department of organizations.

Unclear or inconsistent communication, roles, relationships, values, procedures, interests and data are sources of conflict, each of which may also affect the others (Isenhart & Spangle, 2000). For example, lack of accountability, little or no policies for handling grievances, inconsistent pay standards, insufficient training programs, cultural, gender, value and skill

differences, missing or deficient formal chain of command, and uncooperative employee and department interaction are a few of the conflicts which occur in an organization (Isenhart & Spangle, 2000). Deutsch (1973) points out a number of variables affecting conflict: the characteristics of the parties, their prior relationship, the issue causing the conflict, the social environment in which the conflict occurs, the interested audiences to the conflict, the strategy and tactics used by the parties, and the consequences to the parties of the conflict.

According to Cooper and Williams (1994), there are four characteristics of a healthy organization: environmental health, physical health, mental health and social health. Environmental health encompasses the observation of health and safety regulations, including the monitoring of hazards, the following of positive environmental and ergonomic practices and the provision of a pleasant work environment. By making health screenings available to employees and running or providing health education and exercise programs, an organization promotes physical health. Allowing employees to discuss problems in confidence, ensuring open and frequent communication in which parties party's listen actively, promotes mental health and raises employee morale. The final characteristic, social health, is mutual respect between managers and staff, flexible working and benefit systems and the creation of an atmosphere to which employees look forward to coming each day. For the purposes of this project, my focus will be on the mental and social health of employees.

Communication

Wilmot and Hocker (2011) contend that communication is the central element in all interpersonal conflict and that communication and conflict are related as follows:

- Communication behavior often *creates* conflict.
- Communication behavior *reflects* conflict.
- Communication is the *vehicle* for the productive or destructive management of conflict (p. 13).

Likewise, Putnam and Jones (1982), also suggest that communication is a significant issue in conflict research. Since conflict and communication are entangled, how an individual communicates during a conflict has "profound implications for the residual impact of that conflict" (Wilmot & Hocker, 2011, p. 13).

One would think that the act of speaking, of communication, should be a relatively easy task. However, it is well known that in response to a feeling of perceived or real conflict, people respond most often in a negative manner. Isenhart and Spangle (2000) posit that continued threatening communication is met with even more threatening responses, which causes a conflict spiral. Carpenter and Kennedy (1988) identify the following sequence of events that occur in conflict spirals, whether between two individuals, a among a group, or in an organization: (i) a problem emerges; (ii) as the dispute grows, sides form; (iii) parties become more rigid in their view of the conflict and their position hardens; (iv) communication between the parties ceases and the parties are now adversaries; (v) parties look outside for support and power; (vi) the parties perceptions become distorted and they lose the ability to view the conflict objectively; (vii) a sense of crisis is apparent and the group, organization or public community divides into sides and coalitions; and (viii) the parties become uncertain as to their options as outcomes become fewer.

Stone, Patton and Heen (1999) suggest not only that difficult conversations are really three conversations -- the “what happened” conversation, the feelings conversation, and the identity conversation -- but that individuals need to shift to a learning perspective in order to figure out the problem. To address the “what happened” conversation, individuals must stop arguing about who is right and listen to each other’s stories, not assume they know the other party’s intent and abandon blame, all while moving to a perspective of contribution to the conflict (Stone, Patton & Heen, 1999). By taking the three conversations mentioned above and creating a learning conversation, individuals can determine the purpose of the conversation, begin with a shared story, learn from that story, speak with clarity and power, problem-solve together and put it all together (Stone, Patton & Heen, 1999).

While communication, or lack thereof, is the biggest cause of conflict, Brinkman and Kirschner (2002) also suggest that people want to be heard and understood, with understanding done in a way that helps individuals communicate effectively, prevent future conflict and resolve current conflict before it gets out of hand. Brinkman and Kirschner (2002) assert that every behavior has an intent, which they narrow to four categories: get the task done, get the task right, get along with people and get appreciation from people. People choose different intents for different situations and, when the intent changes, so does the behavior (Brinkman & Kirschner, 2002). Once an individual has had an opportunity to really understand another individual, Brinkman and Kirschner (2002) suggest “blending,” which is done with facial expression, degrees of animation and body posture, as well as verbally by volume, speed, tone and words.

Only after establishing rapport through blending will an individual be able to redirect an interaction toward a positive outcome (Brinkman & Kirschner, 2002).

Finally, face-to-face communication alone is challenging. Add to the mix telephone and e-mail communication and the challenges to communicate are raised exponentially. With telephone communication, you lose the face-to-face communication, but you still have the verbal tone, volume and speed to convey your message; however, with e-mail communication, there is neither verbal nor auditory communication and it is tricky conveying your thoughts (Brinkman & Kirschner 2002).

While communication is the most important aspect of conflict identification, management and resolution, trust is tied in with communication and, if employees do not feel they are able to trust, not only each other, but management, there will be continued suspicion and unacknowledged conflict because trust is confidence in the perceived intentions of another party (Deutsch, 1973).

Power

Perceptions of power are also at the heart of any analysis in conflict (Wilmot & Hocker, 2011). Power can be designated (comes from your position), distributive (comes from your ability to achieve an objective over or against another) or integrative (comes from two or more parties achieving mutually acceptable goals). Power is not owned by an individual, but is "a product of the communication relationship in which certain qualities become important and valuable to others" (Deutsch, 1973, p. 164).

Emotions

When we feel uncomfortable, we realize we are in conflict and emotions are triggered (Wilmot & Hocker, 2011). Cloke and Goldsmith (2000), suggest a dark side of conflict, that our conflicts "confuse and hypnotize us, and we come to believe there is no way out other than battle" (p. 3). At this time our emotions control us and we lack the ability to communicate honestly and emphatically (Cloke & Goldsmith, 2000). The secret in avoiding the dark side of conflict, according to Cloke and Goldsmith, is to use conflict in a transformative manner, "by shifting the way we act and understand ourselves, how we experience others and conduct our relationships, and how we learn and grow" (2000, p. 5).

Leadership and Emotions

Cloke and Goldsmith also assert that breaking unresolved organizational conflict requires "leadership and courage" (2000, p. 9). Transformation of conflicts can become a reality if individuals both reject the propensity to harm others and promote honest and empathic communication (Cloke & Goldsmith, 2000).

Likewise, Goleman, Boyatzis and McKee claim, "Great leaders move us. They ignite our passion and inspire the best in us" (2002, p. 3). While words such as "strategy, vision or powerful ideas" are used to explain why some leaders are more effective than others, Goleman, Boyatzis and McKee suggest the reality is more primal: "Great leadership works through the emotions" (2002, p.3). Goleman, Boyatzis and McKee report that no matter what leaders do, their success depends on *how* they do it: "if leaders fail in driving emotions in the right direction, nothing they do will work as well as it could or should" (2002, p. 3).

Goleman, Boyatzis and McKee (2002) also note that employees recognize the mood of a leader affects their mood; however, emotions are seen as "too personal or unquantifiable" to talk about meaningfully (p. 4). Research in emotions has shown that understanding emotions in an organization sets the best leaders apart from the rest, not only in cost effectiveness, better business practices and retention of talent, but also in the intangibles, such as higher morale, motivation and commitment (Goleman, Boyatzis & McKee, 2002, p. 5).

"Throughout history and in cultures everywhere, the leader in any human group has been the one to whom others look for assurance and clarity when facing uncertainty or threat, or when there's a job to be done. The leader acts as the group's emotional guide" (Goleman, Boyatzis & McKee, 2002, p. 5).

Leaders who are open to transmitting emotions, optimism and enthusiasm are "leaders with whom people want to work, they exude upbeat feelings" (Goleman, Boyatzis & McKee, 2002, p. 11). In contrast, leaders who "emit negative emotions and who are irritable, touchy, domineering or cold," tend to repel people (Goleman, Boyatzis & McKee, 2002, p. 11, 12).

Sources of Conflict

According to Isenhart and Spangle (2000), there are a number of sources of conflict. These sources are 1) data and its interpretation, 2) the interests of an individual, which include wants and needs, 3) procedures and the way they are used to solve a problem, 4) values, which involve differences of opinions, 5) relationships and whether a person can be trusted and respected, 6) roles and their expectations or imbalance and 7) communication, which results

from how something is said and, frequently, the fact that something is not said (Isenhart & Spangle, 2000).

Values and beliefs about a certain topic are alone a basis for potential conflict, but values and beliefs about conflict are also aspects that affect an individual's behavior (Mayer, 2000). For example, if conflict is acceptable, how people should behave in conflict and whether conflict is solvable are, according to Mayer (2000), the most influential beliefs of individuals with respect to conflict. There are individuals who avoid conflict and those who engage in conflict. Those who avoid conflict do so in a variety of ways, by being aggressive, passive or passive aggressive and through hopelessness, surrogates, denial, premature problem solving and folding (Mayer, 2000). In contrast, those who engage in conflict do so using the following approaches: power-based, rights-based, interest-based, principle-based and manipulation-based (Mayer, 2000).

Conflict Styles

Individuals also have conflict styles. However, individuals also vary those styles, so one category does not fit one individual, as each individual has a range of styles they are apt to use and circumstances that evoke different styles (Mayer, 2000). According to Mayer (2000), the variables are divided into three groups: an individual's way of understanding conflict, their attitudes or feelings about conflict and their behavior in conflict. These three groups are analogous to the three dimensions of conflict (cognitive, emotional and behavioral) and are explained as a continuum between two polar characteristics (Mayer, 2000). Mayer (2000) provides examples of cognitive dimensions as analytical versus intuitive, linear versus holistic,

integrative versus distributive, outcome focused versus process focused and proactive versus reactive. Emotional variables are described by Mayer (2000) as enthusiastic versus reluctant, emotional versus rational and volatile versus unprovocable. Finally, dimensions of behavioral variables are depicted as direct versus indirect, submissive versus dominant and threatening versus conciliatory (Mayer, 2000).

Conflict Strategies

In connection with conflict styles, there are also a number of strategies individuals use in response to a conflict, such as: yielding, contending, avoiding and problem solving (Pruitt & Kim, 2004). By yielding, an individual lowers his or her aspirations, giving in to the other party solely for the sake of resolution (Pruitt & Kim, 2004). On the other hand, by contending, an individual imposes his or her preferred outcome on the other individual (Pruitt & Kim, 2004). An avoiding strategy is a complete failure to deal with the conflict, either through inaction or withdrawing (Pruitt & Kim, 2004). While the above strategies address the conflict by some type of action or inaction, the best strategy in dealing with conflict is problem solving, which involves seeking a mutually satisfactory resolution to the conflict (Pruitt & Kim, 2004).

Conflict Roles

Finally, according to Mayer (2000), yet another aspect of conflict is the role individuals play, such as advocate, decision maker, facilitator, information provider and observer. In addition, the structure within which the conflict takes place is also a factor in the individual's behavior, such as at home or at work (Mayer, 2000). As stated by Mayer (2000), understanding conflict requires attention to both the individuals involved and the structure of the conflict.

Human beings "often fight because we do not believe it is possible to resolve our disputes, so we become aggressive to avoid defeat" and to "to express strong feelings or beliefs about an issue -- when we are trying to remedy an injustice, or when the other side refuses to listen, or when conflict offers an antidote to stagnation and apathy" (Cloke & Goldsmith, 2000, p. 13). Thus, aggression is "sometimes the only way to spark genuine communication and honest dialogue;" although, with this aggression comes an enemy (Cloke & Goldsmith, 2000).

Conflict in Organizations

> Every society and every organization produces a culture of conflict, a complex set of words, ideas, values, behaviors, attitudes, archetypes, customs and rules that powerfully influence how its members think about and respond to conflict.
> -Cloke & Goldsmith, "Resolving Conflicts at Work," 2000, p. 19

Conflicts are an expected occurrence in all occupations and organizations and can never be totally eliminated. While conflict typically is viewed negatively, as destructive or dysfunctional, it also has a positive side in that it provides opportunities for creativity, innovation and change, which are necessary if organizations are to survive and adapt (Bercovitch, 1983).

Bercovitch (1983) maintains that there are three conflict characteristics that are based in relationship between employees and the conflict. The first conflict, intrapersonal, is within the employee and is the most difficult conflict to evaluate and control. Intrapersonal conflict arises when two different incompatible tendencies are evoked and the employee must discriminate between the tendencies, the result of which causes the employee frustrations expressed by apathy, boredom, absenteeism, excessive drinking or destructive behavior (Bercovitch, 1983). Likewise, Wilmot and Hocker define intrapersonal conflict as an "internal strain that creates a

state of ambivalence, conflicting internal dialogue, or lack of resolution in one's thinking and feeling" (2011, p. 12).

The second conflict suggested by Bercovitch (1983) is interpersonal, which is due to the interaction of human factors in the organization in which personal and functional factors are a part of the conflict; intrapersonal conflict accompanies interpersonal conflict. When two employees are required to work together and each has qualities, needs and skills that are incompatible with those of the other employees, conflicts can occur and affect employee performance. In addition, a functional factor is an aspect of interpersonal conflict in which an employee is not satisfied with his or her role or position due to inconsistency and incomplete role specifications.

Finally, interdepartmental conflict, the third characteristic identified by Bercovitch (1983), is defined as structural, such as when a department relies on another department for resources or task dependence; conflicts are expected due to differentiated goals.

Conbere (2001) states that managing conflict in organizations is an important undertaking; collaboration and teamwork means that employees must be able to overcome differences. Likewise, Stitt (1998) suggests the types of conflicts that arise in organizations could be in the form of administrative disagreements such as the direction the company takes or personal disagreements, such as who should make the coffee. In addition, Katz and Kahn (1978) point out that there are also variables inherent in organizations that are likely to generate conflict, such as organizational properties, conflict of interest, role expectations, personality and predisposition, external norms, rules and procedures and interaction.

Cloke and Goldsmith (2000) write that spoken and unspoken rules about what we should and should not say or do when we are in conflict are apparent in every workplace and organization, which produces a culture, exerting pressure to respond to conflict in expected ways. Organizational cultures, as suggested by Cloke and Goldsmith, "place a premium on conflict avoidance" or "reward accommodation or compromise" (2000, p. 20).

Lawrence and Lorch (1969) found differentiation among departments increased the amount of conflict with respect to time, funds and other resources. In addition, conflict of interest, or incompatible needs or preferences with respect to scarce resources may increase competition and generate conflict behavior (Katz & Kahn, 1978). While departments are interdependent on each other for the success of the organization, they are competitive with respect to their individual survival within the organization. According to Katz and Kahn (1978), role expectations can also generate conflict. As an employee of an organization, the employee is subject to two roles: one role within the organization and one role in a specific department, in opposition to and in competition with other departments, contrary to the goal of a successful organization (Katz & Kahn, 1978).

The generation of conflict in organizations can also be a result of personality and behavior traits (Katz & Kahn, 1978). For example, an optimistic employee is more willing to search for integrative solutions and an employee who lacks egocentricity is more able to take the role of the other and get to the issues (Katz & Kahn, 1978). In contrast, some employees are motivated only by power and dominance (Katz & Kahn, 1978).

Lack of rules and procedures is yet another variable which has the ability to generate conflict (Katz & Kahn, 1978). While some conflicts in organizations are limited by statute and common law, the rules and procedures put in place by the organization are necessary to guide the employees and establish the norms of the organization (Katz & Kahn, 1978).

Finally, interaction between individuals is a process that alone is likely to generate conflict (Katz & Kahn, 1978). For example, it has been established that actions evoke similar reactions, competitive behavior elicits a competitive response and force and avoidance tend toward reciprocal behaviors (Katz & Kahn, 1978).

Slaikeu and Hasson (1998) propose the following as the root causes of organizational conflict: denial of the conflict, skill deficits, lack of information, conflicting interests or values, psychopathology (stress, depression or character disorder), personality style, scarce resources, organizational deficiencies, selfishness and evil intent.

Cost of Conflict

As mentioned previously, avoidance of conflict occurs regularly in organizations and it costs not only time, but money as well. As observed by Cloke and Goldsmith, “denying the existence of conflicts does not make them disappear; it gives them greater covert power” (2000, p. 11). Cloke and Goldsmith also report that individuals “routinely accept humiliation and abuse in order to keep their jobs” (2000, p. 12). An equation for looking at the problem of conflicts in an organization, as posed by Slaikeu and Hasson, is that “predictable conflicts + weak systems = high costs” (1998, p. 5).

Slaikeu and Hasson (1998) provide data that demonstrates if a business conflict can be resolved through mediation instead of the courts, parties will not only save money, but the possibility of a long-term business relationship will be preserved. Slaikeu and Hasson contend, "Conflict itself is not the problem, unresolved conflict is," and, stated more directly "the misguided use of methods of conflict resolution is what wastes money and kills business relationships" (1998, p. 4). In addition, litigation, while appropriate for establishing a precedent or allowing a public airing of a dispute, is "totally inappropriate for resolving business conflicts where there is an interest in a future business relationship" (Slaikeu & Hasson, 1998, p. 4).

Slaikeu and Hasson (1998) emphasize that when it comes to time and money, the lowest-cost resolutions of conflict are those that are collaborative (individual initiative, negotiation and mediation). As an example, Slaikeu shares a personal story in which he testifies in support of his son's teacher and, waiting for his turn, he counts the players in the room: the entire school board, the teacher, the principal, a handful of other school administrators and no less than four attorneys, not including witnesses and observers. Slaikeu started doing a mental accounting of what it cost for all those people to meet to "resolve" a dispute over a teacher who did not want to be fired but quit counting when the dollars got too high. Slaikeu supposes that if mediation were used, it might have resolved the dispute in a half-day or so and that "the district may have ended up with an improved teacher and a strengthened relationship between teacher and principal" (1998, p. 36).

Increasing Human Efficiency

Minor and Fetridge (1984) state that the purpose of providing a policies and procedure manual is to "prevent difficulties due to lack of understanding of personnel policies and practices which have resulted from unwritten policy, inconsistent policy, and lack of proper communications" (p. 299). The benefits are a clear explanation of policies, material to train or refresh supervisors and finally, peace of mind in decision-making practices (Minor & Fetridge, 1984).

In addition, Scott (1912) observed that loyalty on the part of an employer is reciprocated by loyalty in his or her employees. The feeling employees have for their employer is usually a reflection of the employer's attitude toward the employee (Scott, 1912). If an employer treats his employees "like machines, looks at them merely as cogs in the mechanism of his affairs, they will function like machines or find other places" (Scott, 1912, p. 82). Alternatively, Scott suggests that if an employer wishes to "stir the larger, latent powers of their brains and bodies, thereby increasing their efficiency as thinkers and workers," he must recognize employees as individuals and "identify them with the business, and make them feel that they have a stake in its success and that the organization has an interest in the welfare" of its employees (1912, p. 82, 83).

In addition, Scott (1912) proposes that employers should also ensure the work performed by employees is interesting and worthwhile. Employers can provide interesting and worthwhile employment through wages, opportunities for promotion, encouragement of friendly competition, loyalty to the employer and love of the work (Scott, 1912).

Scott (1912) suggests that mental attitude is another concept that increases human efficiency. Laziness, indifference, indolence, apathy, shiftlessness and lack of interest are all attitudes that create failure (Scott, 1912).

Finally, Scott reasons, "the work itself must appeal to the individual as something important and useful" (1912, p. 198). Employees must feel there is "some reason for his labor besides his wage" (Scott, 1912, p. 199) and enjoyment of his work is an appealing aspect to employees.

On another level, Nelson states: "At the core of an energized workforce is the quality of the one-on-one relationships that individual workers have with their managers, and the trust, respect, and consideration that their managers show toward them on a daily basis" (1997, p. 1). In order to get and keep good workers, a look at how employees are treated, inspired and challenged to do their work *and* the support, resources and guidance they receive should be a goal of management (Nelson, 1997). Nelson (1997) notes, "something as simple as sprucing up a drab workplace or holding an occasional morale-building celebration can make a difference" (p. 2).

In addition, Nelson (1997) asserts the nature of an organization plays a large role in energizing or de-energizing employees. An organization flexible in options, resources and tools assists managers in energizing their employees; however, a bureaucratic organization erodes confidence, self-esteem and energy of employees (Nelson, 1997). A clear policies and procedures manual is one tool suggested by Nelson (1997) to energize employees in order to assist them in understanding their role as an employee.

Briles (2003) suggests the following tips for zapping conflict and energizing employees:

1. Change is going to happen, so roll with it.
2. Identify, gather, and post unwritten and unspoken rules.
3. Speak up and out, be assertive and communicate with others.
4. Disengage from negative and troublemaking co-workers.
5. Eliminate employees who gripe, make people miserable and don't do their work.
6. Provide employees the opportunity to lead.
7. Employees should trust co-workers only after an individual is proved trustworthy.
8. Confront conflicts in an acceptable manner before they escalate.
9. Support educational training and your employees.
10. Make the workplace fun.
11. Encourage empowerment.

Conflict in the Health Care Workplace

According to Briles (2003), one of the most prominent single-gender (women-dominated) workplaces is health care. In her research on conflict in organizations, Briles found that men do not discriminate in their unethical, undermining and sabotaging behavior: "they behave unethically toward both sexes, in equal measure" (2003, p. 4). However, although health care is synonymous with caring and nurturing, Briles (2003) found the target of unethical and unsupportive women is most likely another woman and the sabotaging style is covert.

The problem of undermining activity and conflict between women is due to the facts that the health care workplace is most often female-dominated (when women do not necessarily want

to work with mostly women), the work environment is technically challenged, cutbacks, layoffs, mergers and downsizing affect the hiring and retention of personnel, and resentment among older/senior employees occurs when bonuses or larger salaries are paid to new employees (Briles, 2003).

When undermining women occupy the majority of positions in a workplace, conflict is expected and confrontation would also be expected (Briles, 2003). However, Briles (2003) found that women rarely engage in direct confrontation because "Nice girls don't complain," and "Nice/good girls don't fight" (Briles, 2003, p. 215).

Disruptive behavior

Disruptive behavior is a pattern of conduct that disturbs a medical professional's day-to-day interpersonal surroundings and which employs conscious and unconscious behaviors as a means to use an individual's position of power for personal gain and/or to avoid blame or responsibility (PRC, 2008). Patient care is most frequently named as the reason for disruptive behavior (PRC, 2008). However, characteristics of disruptive behavior, marked by conscious or unconscious expression of destructive anger or resentment (intimidation, making disparaging remarks, public displays of temper or use of abusive language), inappropriate comments or behaviors directed toward others (unwanted sexual comments and advances, ethnic or racial slurs or displays of physical violence) and inconsiderate responses to patient needs, staff requests or organization requirements (arrogance or disrespect, poor communication, role confusion and uncooperative or rigid conduct), cannot logically be assumed to positively improve medical care (PRC, 2008).

The impact of disruptive behavior on medical teams is increased workplace stress, avoiding or appeasing a disruptive physician in order to reduce anxiety, feelings of manipulation and mistreatment by co-workers, diminished team morale, communication deterioration and increased risks of mistakes, oversights, diminished patient care and malpractice claims (PRC, 2008). Physicians who exhibit disruptive behavior most often lack the ability to be introspective and, as such, are blind to how their conduct impacts others (PRC, 2008). There are a number of reasons for the physician's inability to self-regulate, for example: underdeveloped social skills, professional burnout, personality disorders and problems in organizational systems and processes (PRC, 2008). Early signs of disruptive behavior are when a physician begins to get a reputation for inappropriate conduct, impatience, irritability and rigidity (PRC, 2008).

In order to assist a physician after signs of disruptive behavior have been detected, guidelines for intervention can include documenting incidents of the disruptive behavior, demonstrations of how the physician's conduct is impacting staff and/or patient care, offering help and being compassionate and non-judgmental but firm, as well as other guidelines (PRC, 2008). When the physician recognizes his/her behavior is a problem, conditions can be improved by the provision of education and skill building, ability to internalize feedback from peers and a commitment to change (PRC, 2008). In addition, in order to prevent disruptive behavior, physicians can be provided with education, behavioral performance appraisals, contiguity between the disruptive behavior, feedback and documentation in the physician's record, and the cultivation of a culture of appropriate behaviors (PRC, 2008). Medical staff should be educated about acceptable behavior, everyone should be held accountable regardless

of their job position and disciplinary actions should be specifically explained as to how and when they will be taken (O'Reilly, 2008).

Transforming and Resolving Conflict

Cloke and Goldsmith (2000) note there is a difference between settling and resolving conflicts: conflicts are settled when communication is superficial, while conflicts are resolved when communication is deep. Individuals are frightened by conflict and thus they try to avoid it and the emotions it causes both within themselves and the other individual involved in the conflict (Cloke & Goldsmith, 2000). However, when we seek resolution, our desire is to "get to the center of our conflicts" and we are able to "strengthen our capacity for revitalized and productive relationships" – we shift how we think and how we behave (Cloke & Goldsmith, 2000, p. 13).

Likewise, Goleman suggests conflict management relies on the skills of emotional intelligence, which has been defined as "the capacity for recognizing our own feelings and those of others, for motivating ourselves, and for managing emotions well in ourselves and in our relationships" (1998, p. 317).

Cloke and Goldsmith (2000) assert that conflict has both positive and negative potential: it can inspire, enlighten, teach, transform and grow or it can cause rage, fear, shame, entrapment and resistance. By "giving up your illusions, no longer seeing yourself as a victim or other people as enemies" and instead, "skillfully confronting your problems, entering into them and passing through to the other side, you can develop, grow, learn, and become more available to the people you value in your life" (Cloke & Goldsmith, 2000, p. 14).

In addition, Rahim (2000), suggests that an employee's handling of conflicts shapes his or her work environment, which influences the level of emotional and task-related conflicts and thus his or her stress level; using an integrative style of handling conflict lowers levels of task conflict, which reduces relationship conflict, which reduces stress. Alternatively, employees whose conflict style is dominating or avoiding experience higher levels of task conflict, increasing relationship conflict and stress (Rahim 2000).

Cloke and Goldsmith assert we (humans) "created a cultural ecosystem as based on miscommunication and conflict, where we spend an extraordinary amount of time trapped in disputes with others" but we do not bother to discover what the conflicts are about (2000, p. 21). The challenge, assert Cloke and Goldsmith, is to "encourage a culture that values peacemaking, dialogue, resolution, and transformation" (2000, p. 21, 22). When each of us changes our response to conflict, we gradually shift the subcultures around us (Cloke & Goldsmith, 2000).

In order to resolve conflict, parties must work together to reach a mutually satisfying solution. Fisher, Kopelman and Schneider (1994) suggest approaches to conflict from a collaborative perspective: (i) explore the way the other parties view the conflict, (ii) reverse roles in order to empathize and understand the other parties, (iii) look for interests behind the positions, (iv) analyze obstacles to progress, and (v) work together on the problem to invent creative solutions.

Cloke and Goldsmith propose the following eight strategies from conflict impasse to conflict transformation:

1. Change the culture and context of conflict.

2. Listen actively, empathetically, and responsively.
3. Acknowledge and integrate emotions to solve problems.
4. Search beneath the surface for hidden meaning.
5. Separate what matters from what gets in the way.
6. Stop rewarding and learn from difficult behaviors.
7. Solve problems creatively, plan strategically, and negotiate collaboratively.
8. Explore resistance, mediate, and design systems for prevention and resolution

(2000, p. xxvi-xxvii).

By following the strategies mentioned above, we change the way we approach conflicts and the way we behave and participate when we are in them, as well as how we think about organizations, ourselves and the people who we are in conflict with whom we are in conflict (Cloke & Goldsmith, 2000). It is then, as Cloke and Goldsmith believe, that we achieve "profound personal and organizational transformation" (2000, p. 9).

Similarly, Slaikeu and Hasson (1998) suggest four principles for creating change in any organization. The first principle is to acknowledge four ways to resolve conflict: avoidance, power plays, higher authority and collaboration. The second principle is to create options for prevention and early intervention. The first two principles allow examination of the strengths and weaknesses of the organization (Slaikeu & Hasson, 1998). The third principle, to build collaborative strength includes the following conditions: policy, roles and responsibilities, documentation, selection, training, support and evaluation; it allows creation of a blueprint that addresses key checkpoints for rewiring (Slaikeu & Hasson, 1998). The fourth principle, to use

the mediation model to build consensus among decision makers and users, gives coaching tips for carrying the entire process from design through evaluation (Slaikeu & Hasson, 1998).

Likewise, Deutsch (1973) points out that conflicts can be destructive or constructive, with destructive conflicts being those in which participants are dissatisfied with the outcome and feel they have lost, while constructive conflicts provide productive and satisfactory outcomes for all participants. In addition, cooperation and competition also have an effect on conflict. When an individual behaves in a way that not only increases his or her chance of success, but also increases the chances of success for others, the individual is being cooperative (Deutsch, 1973). In contrast, when an individual behaves in a way to only increase his or her own chance of success, he or she decreases the chance of success for others, and the individual is being competitive (Deutsch, 1973).

Factors in Designing a Conflict Resolution System

According to Slaikeu (1989), disputes in health care industries have both high stakes and high costs for health care entities, providers and consumers. Encompassed in these high stakes and costs are interests in reducing medical malpractice and liability insurance costs for health care entities, improving working conditions for health care providers and improving quality of health care to consumers (Slaikeu, 1989).

It has been suggested by Slaikeu that, while organizations are strong in arbitration and litigation, because these types of resolutions are handled by law firms, they are more costly than "those where the parties themselves make the final decision" (1989, p. 397), such as negotiation and mediation. In fact, organizations can achieve significant cost savings by implementing a

dispute resolution system in which the majority of disputes are dealt with at the onset of the conflict through negotiation and mediation (Slaikeu, 1989). Not only are outside costs maintained, but the disputing parties are also allowed to work through the dispute themselves, leading to a resolution mutually reached by the parties (Slaikeu, 1989).

Slaikeu (1989) suggests a number of actions that can be taken in creating and implementing the conflict resolution system, such as conducting a needs assessment. Other actions to be taken include training in negotiation and mediation skills, inclusion of a grievance procedure in the organizations policies and procedures manual and contract clauses in agreements, consultation with parties to assist them in moving the dispute to mediation and finally, an evaluation of data to determine the impact of the above actions on the costs to the organization (Slaikeu, 1989).

In addition, Slaikeu and Hasson (1998), identify seven subsystems necessary for the success of the conflict resolution system: (i) clear policy, (ii) defined roles and responsibilities, (iii) documentation in support of the system, (iv) selection criteria based on collaborative ability of employees and managers, (v) training and education, (vi) development of systems to support early resolution of conflict, and (vii) evaluation of data via feedback to improve the system. Also, for a conflict resolution system to succeed, management must be committed to it, there must be a no-retaliation policy, the system should be promoted throughout the organization and all employees, including management, should be trained (Conbere, 2001).

Stitt (1998) suggests that in designing a conflict resolution system, the first step is to diagnose the needs of the organization, in order to get a feel for the culture of the organization,

which includes its structure, its decision-making procedure, the level of autonomy given to employees, employee's perceived and actual level of dedication, the turnover rate, and whether there are a code of conduct and expected standards of behavior. Other factors to consider are the communication structure, the technological intelligence of the employees and the availability of resources for a conflict resolution system (Stitt, 1998). In addition, whether the organization wishes to resolve conflicts internally or externally is also a factor in the design of the conflict resolution system (Stitt, 1998).

Diagnoses of the types of conflicts encountered in the organization are also helpful in diagnosing the best conflict resolution system for an organization (Stitt, 1998). For example, it should be determined if conflicts are factual, technical, interpersonal, legal, or just a difference of opinion (Stitt, 1998). Also, the amount of conflicts and the manner in which they come to the attention of the management of the organization are additional factors in the creation of a conflict resolution system (Stitt, 1998). Finally, as suggested by Stitt (1998), factors in the diagnosis are whether certain employees are regularly involved in conflicts, the speed in which conflicts should be resolved, if conflicts are cyclical, whether relationships are important to the conflicting individuals and whether precedent and confidentiality are important.

According to Ury, Brett and Goldberg (1989), there are six principles of conflict resolution system design: 1) focus on interests, 2) create loop-back procedures to encourage the disputing parties to return to negotiation, 3) provide procedures such as low-cost rights and power back-up, 4) include feedback prior and after, 5) arrange procedures in a low-to-high cost

order, and 6) provide skills and resources for motivation in order for the conflict system to be successful.

Types of Dispute Resolution Systems

More and more often, individuals want to be involved in decisions that affect them, and they are less likely to accept decisions dictated by someone else, such as judges. In many workplace conflicts, litigation should be a last resort for conflict resolution and, when it is an option for conflict resolution, it should be limited to certain types of conflicts, such as conflicts related to the policies of the organization or conflicts related to state or federal statute.

In Lipsky (2003), a conflict resolution model was provided in which employment disputes were placed in two categories – a legal dispute (related to policies and procedures or law) or a nonlegal dispute (related to interpersonal issues). Legal disputes could be solved by internal mediation, external mediation, voluntary binding arbitration or a legal consultation program and non-legal disputes could be solved by an open door program, resolution facilitator, peer mediation and peer review (Lipsky, 2003).

A mediation, either internal or external, could be held with conflicting employees during which a mediator provides disputing employees an opportunity to listen to each other and achieve a mutually acceptable solution together (Lipsky, 2003). Voluntary binding arbitration could also be used to resolve legal disputes and is considered a hearing process, in which an arbitrator reviews the conflict as presented by both parties and makes a binding decision on resolution of the conflict (Lipsky, 2003). The provision of a legal consultation program is a relatively controversial but increasingly common conflict resolution design which is provided as

an employee benefit, with an annual cap and reimbursement for legal bills, and is used only for policy and statutory conflicts (Lipsky, 2003).

An open door policy implies that a superior believes in open and honest communication and encourages employees to address directly with a superior his or her differences or questions (Lipsky, 2003). A resolution facilitator is an individual who can assist employees in picking a conflict resolution process best suited to his or her conflict situation (Lipsky, 2003). An ombudsperson is typically a neutral or impartial employee of an organization who provides information and confidential assistance to employees in resolving employment concerns (Lipsky, 2003).

While there is debate as to the benefits of internal peer mediation, it could be used to address conflict that is not related to policy or statute (Lipsky, 2003). Peer mediation, provided by properly trained employees, provides cost-effectiveness to an organization and conflict resolution skills to employees and has been found to also provide credibility to the conflicting parties (Lipsky, 2003). Likewise, peer review is another way an organization can resolve conflicts through internal mechanisms and not through litigation (Lipsky, 2003). Peer review has been found to be a credible and acceptable form of conflict resolution as well as practical and cost effective (Lipsky, 2003).

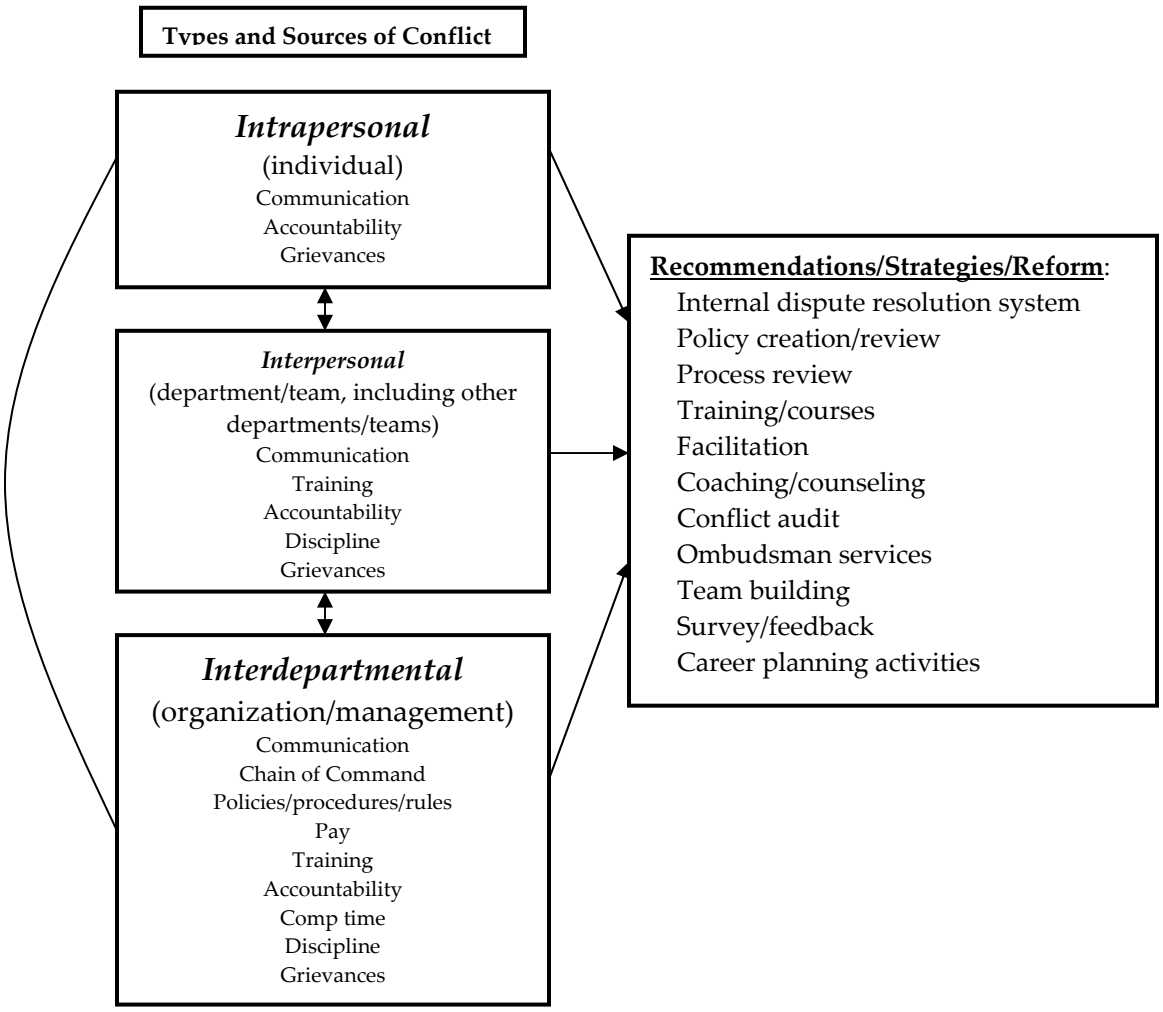
In addition, Stitt (1998) also suggests additional forms of conflict resolution, such as negotiation, conciliation, facilitation, mediation/arbitration, mini-trials and early neutral evaluation.

Negotiation between employees employs a discussion specifically for the purpose of reaching a mutually agreeable solution for both parties, which is better than no resolution (Stitt, 1998). Alternatively, conciliation requires that the conflicting parties remain in separate rooms while a mediator shuffles back and forth between the rooms (Stitt, 1998). Facilitation, in contrast, involves assisting conflict parties to communicate more effectively in order to reach a resolution (Stitt, 1998).

Mediation/arbitration is a conflict resolution system in which parties agree to attempt mediation and, if mediation is unsuccessful, to submit their conflict to binding arbitration (Stitt, 1998). When parties have an ongoing relationship, a private mini-trial may be helpful, as the conflict parties (or their lawyers) present each party's case to the organization's management and a neutral, with possible settlement options provided by the management and neutral (Stitt, 1998). Finally, early neutral evaluation can be provided by a neutral third party, who can hear the stories of the conflict parties and give an opinion as to what a likely outcome would be if the conflict were brought to arbitration or trial (Stitt, 1998).

Conceptual Framework

The following conceptual framework was created to guide and structure this project. Based on the theoretical information above, it is hypothesized that not only will conflict be found, but it will be tied to the following characteristics: communication, power, emotions, leadership and sources of conflict, such as the interpretation of data, interests of individuals, values and beliefs, roles and expectations, and conflict styles, strategies and roles.


Types and Sources of Conflict
Intrapersonal
(individual)
Communication
Accountability
Grievances
Interpersonal
(department/team, including other departments/teams)
Communication
Training
Accountability
Discipline
Grievances
Interdepartmental
(organization/management)
Communication
Chain of Command
Policies/procedures/rules
Pay
Training
Accountability
Comp time
Discipline
Grievances
Recommendations/Strategies/Reform:
Internal dispute resolution system
Policy creation/review
Process review
Training/courses
Facilitation
Coaching/counseling
Conflict audit
Ombudsman services
Team building
Survey/feedback
Career planning activities

The purpose of this paper is to study a medical office in order to learn about and understand the dynamics of the organization, including the types and sources of conflicts encountered, and to provide a conflict resolution system to the organization. The pseudonym "Medical Office" is used throughout this paper to protect the anonymity of the medical office studied. The research questions, which are the subject of this paper, are:

1. What types of conflicts are encountered at this organization?
2. What recommendations/strategies/reforms can be supplied to the organization to enable it to run more efficiently and effectively?

Chapter 2 Methods

The goal of this project was to analyze all data obtained from the Administrator and employees of Medical Office in order to provide an analysis of its conflicts and to create a conflict resolution system specifically tailored for its use. This project is important to this medical office, as well as other medical offices, because providing a positive work environment is not only helpful to the organization and its employees, but to patients, vendors and the community.

Background of the Medical Office

Medical Office is a medical and surgical eye care clinic with four locations in multiple states. One location serves as the main office, with eighty (80) employees at that center and an additional seventeen (17) employees at the other locations. Of the ninety-seven (97) employees, eleven (11) are eye physicians and surgeons. Medical Office provides a wide range of eye care services. For the purpose of this project, my focus was on the main office.

Of the eighty (80) employees at the main branch, 90% are female and 10% are male. The ethnic makeup of the employees is 87% Caucasian, 11% African-American and 2% Hispanic. The age range of the employees is age 20 to age 67, broken down as follows:

Age	***Number***	***Percentage***
20-27	19	24%
28-35	27	34%
36-43	11	14%
44-51	13	16%
52-59	9	11%
60-67	1	1%

Process and Goals

My project took place in the following stages:

1. I obtained approval from the Institutional Review Board of the University of Massachusetts Boston ("IRB") to conduct this research study. A copy of the approval letter of the IRB is included as Exhibit 1.

2. I obtained approval from the Managing Partners of Medical Office to conduct an interview of the Administrator and to provide questionnaires to the employees.

3. I obtained a copy of the current policies and procedures manual in place at Medical Office and I was provided with demographic information.

4. I traveled to Medical Office and interviewed the current Administrator in order to obtain background information and prior conflict situations. During my visit, I also provided to the Administrator eighty (80) envelopes with a cover letter, consent form to complete the questionnaire, the questionnaire and two preaddressed, stamped envelopes for return of the consent form and questionnaire. Also, a link to a web-based questionnaire was provided in the cover letter to the potential project participants. Copies of the cover letter, consent to complete questionnaire, and list of questions included in the questionnaire are attached as Exhibits 4, 5, and 6, respectively. The purpose of the questionnaire was to get a sense of the employee's view of and satisfaction with employment at Medical Office.

While keeping in mind the theoretical aspects of conflict mentioned above, I used the data collected to perform an assessment of Medical Office. I analyzed the current policies and procedures manual in use at Medical Office, as well as the current conflict resolution system in order to ascertain the types of conflict encountered at Medical Office, how they are addressed and/or resolved and if they are addressed and/or resolved to the satisfaction of the individual(s)

involved in the conflict. In my analysis, I will point out the major causes of conflict in Medical Office. Based on the analysis, I will then create a conflict resolution system for use by Medical Office.

Although I will provide Medical Office with an analysis of the data obtained from the questionnaires, I will not provide any specific or potentially identifying information.

Interview of the Administrator

I conducted a confidential interview with the Administrator at Medical Office on January 7, 2011, in order to gain insight into the current structure, policies and procedures and conflict resolution system of Medical Office. The consent form for audio taping and transcription attached as Exhibit 2 was provided to the Administrator. The list of questions posed to the Administrator is attached as Exhibit 5.

Participants

The Administrator handed out the questionnaire packages to the supervisor of each department, who then distributed the questionnaire packages to their subordinates.

Forty-one (41) of the eighty (80) employees of Medical Office participated in this project. The age range of the Participants was 20 to age 59. In correlation with the demographics of all locations of Medical Office, the gender of the Participants was 90% female and 10% male. Thirty-one (31) of the questionnaire responses were online and ten (10) were by paper. Numbers have been assigned to Participants in order to protect their identities.

The majority of Participant responses (68%) were from employees who had worked at Medical Office six (6) years or less. The Participants were from a variety of departments;

however, the largest percentages were from the Screening/Technician Department (37%) and the Insurance/Billing Department (22%). Of the Participants, 10% were managers, and of those managers, one-half (1/2) managed one to six employees and one-half (1/2) managed 7-13 employees. The following is a detailed breakdown of the Participant demographics:

Age

20-27	6	15%
28-35	14	34%
36-43	5	12%
44-51	9	22%
52-59	7	17%

Gender

Female	72	90%
Male	8	10%

Years Employed by Medical Office

>1 to 6	28	68%
7-12	3	7%
13-18	4	10%
19-24	6	15%

Department

Insurance/Billing	9	22%
Marketing	4	10%
Medical Records	1	2%
Patient Accounts	2	5%
Screening/Technician	16	39%
Accounting	3	8%
Clerical	4	10%
Front Office	1	2%
All	1	2%

Manager

Yes	4	10%
No	37	90%

Number of Employees Managed

1-6	2	50%
7-12	1	25%
13+	1	25%

Data Analysis

In analyzing the data obtained from the Participants, I read each Participant questionnaire in its entirety and initially coded the data using the following categories: positive aspects, negative aspects, issues that raise morale, issues that lower morale, feedback on the policies and procedures manual and examples of conflict. See Exhibit 7 for a list of codes used to analyze the questionnaires.

After coding the data obtained from the Participant questionnaires, I created matrices to analyze the possibility of three themes. The first matrix focused on demographic information in correlation with job satisfaction and conflicts encountered. The purpose of this matrix was to ascertain if demographic information (age, gender, department or years employed) was related to job satisfaction or conflicts. The second matrix focused on the correlation between types of conflicts (interpersonal or interdepartmental) and morale. The purpose of this matrix was to ascertain if the type of conflict contributed to morale. The third matrix focused on the correlation between comments and suggestions made by the Participants to improve Medical Office, the conflicts encountered and job satisfaction. The purpose of this matrix was to determine if the comments and suggestions made were attributed to the Participant's level of satisfaction with his or her job.

Factors Affecting Response Data

Although copies of the questionnaire were dropped off at Medical Office and the questionnaire was also available online, I believe the same advantages and disadvantages outlined by Bailey (1987) below are applicable to this project.

Two significant advantages apparent in this project are time and cost savings. Medical Office is located out of state and the length of time required to interview participants, my personal cost for travel and that of Medical Office to allow 80 employees to be interviewed were significantly reduced by offering the questionnaire by paper and online. I believe that if work at Medical Office would have been disrupted in order for me to interviews employees, I may not have arrived at the same response rate and, in fact, I do not believe Medical Office would have allowed employee interviews during working hours. By using the paper and online questionnaire option, I received a response rate of just over 50 percent (41 responses out of 80).

Another advantage to mail and online questionnaires is that the participant has the ability to complete the questionnaire at his or her convenience. A participant may not be as focused and present at an interview if he or she was pulled from work for the interview. In addition, the participant is able to have more time in which to think about the questions before answering.

Yet another advantage is a greater sense of anonymity. A face-to-face interview takes away the anonymous nature of the project and may affect the willingness of the participant to provide negative responses.

Although standardized wording is also an advantage of a mailed or online questionnaire it is also a disadvantage in that the interviewer does not have the ability to vary the questions or ask

follow up or probing questions. In addition, the participant may not completely understand a question, but does not have the ability to be corrected. Participants who are upset by certain questions also lack the presence of an interviewer to appease them.

Finally, mailed and online questionnaires do not allow interviewer bias such as change of voice inflection, expression of assumptions or opinions, misreading of the response by the interviewer, or clerical error in transcription.

While there are many advantages to mailed and online questionnaires, disadvantages include low response rate, analysis of verbal behavior only, lack of control over the environment and question order, inability to control unanswered questions or record spontaneous answers, date of response, and format of questionnaire and the possibility of a biased sample.

Bailey states that mailed questionnaires sometimes receive response rates as low as 10% and as high as 50%, and according to Babbie, 50% is considered “adequate” (1973, p. 165). In addition, participants who do not complete the questionnaire are generally not a random selection but have some biasing characteristics, such as elderliness, inability to express themselves adequately, poor education, lazy, or embarrassment. Goode and Hatt (1952) suggest both responses and nonresponses are not a random sample of the entire research group, but are generally biased in some way. However, McDonagh and Rosenblum (1965), provide studies indicating this suggestion is incorrect or overstated and implies researchers should have greater confidence in questionnaire methods. McDonagh and Rosenblum (1965) compared results of an interview and mailed questionnaire by studying both persons who responded to each and found that not only did the data show no significant differences between the questionnaire and

interview with respect to identical questions, but there were also no significant differences between the responses of the questionnaire and those participants interviewed.

Further, several studies by Knudsen et al. (1967) and Montero (1974) show that mailed questionnaires are superior to interviews for data gathering on sensitive or undesirable subjects.

Inability to observe nonverbal behavior is also a disadvantage of mailed and online questionnaires and the interviewer is unable to make personal assessments regarding the participants' characteristics. Likewise, inability of the interviewer to control the environment for completion of the questionnaire is also a disadvantage in that the participant may not be able to fully focus on the questionnaire due to the presence of and distractions by family or other individuals present.

Another disadvantage of a mailed or online questionnaire is the inability to control the question order. A participant who reads the questionnaire first may be biased by the time he or she completes the questionnaire. Likewise, the interviewer also has no control over a participant's choice to not respond to certain questions and is not able to assess spontaneous answers provided by a participant as he or she would in an interview. The interviewer also has no control over the inflow of responses and is left at the mercy of the participants.

Due to the fact that the questionnaire must be tailored to address a multitude of individuals, it cannot be complex, but must be simple in structure. As mentioned by Bailey (1987), it is agreed that individuals most interested in the study will respond first and that an individual who is indifferent to the study will be least likely to respond. In addition, Bailey (1987) finds the response rate will be bimodal, with those individuals for and against the study

responding and those individuals who are indifferent not responding. Bailey (1987) also found there is a greater nonresponse rate among lower educational levels in a number of studies, but difference in response rate by sex had no significant findings.

Finally, Bailey (1987) suggests follow-ups to the questionnaire raise the response rate, which was clearly validated by this study. One follow-up was done by the Administrator with only five days remaining before the closing of the questionnaire availability and that one follow-up caused the response rate to rise from twenty to forty-one.

Chapter 3 Results

A review of the current policies and procedures manual was made and the Administrator was interviewed regarding conflict in Medical Office and the current conflict resolution system. Finally, data was obtained from the Participant questionnaires that addressed their overall morale and satisfaction with employment at Medical Office, as well as their satisfaction with the current policies and procedures manual and conflict resolution system.

The results of the data analysis addressed concerns of the employees not only with the current policies and procedures manual, but their concerns with the management and structure of Medical Office. In addition, the results also addressed the types of conflict encountered at Medical Office and the need for a conflict resolution system.

Current Policies and Procedures and Conflict Resolution System

Medical Office provided me a copy of its current policies and procedures manual (PPM). Although the PPM provided many policies and procedures, according to the data obtained from the Participant questionnaires, there are a number of issues employees would like to see addressed in the PPM, a summary of which is addressed below.

While visiting Medical Office, I was advised that there was no current written conflict resolution system in place.

Summary of Interview with Administrator

During my interview with the Administrator, I was told each employee was allowed and encouraged to address any conflicts, administrative or interpersonal, with their supervisor or the Administrator. In addition, the Administrator stated that if an employee was not comfortable addressing a conflict with him, the employee was allowed and encouraged to bring the conflict to

the next level, such as his or her supervising physician (if applicable) or the President of Medical Office.

The Administrator stated repeatedly “we try to do our best to not let things escalate” and, with that in mind, the current system is to keep an eye on things and if a major decision needs to be made regarding a problem, there will be a board meeting where consensus is obtained and a decision is made by the board of directors as to how to resolve the problem. The Administrator mentioned that there is no formal grievance procedure and that it is the policy of Medical Office to have employees address problems face-to-face first, if possible, before a problem escalates. If needed, a supervisor may become involved and, if no resolution is reached with the help of the supervisor, the Administrator is called upon. If the Administrator is unable to resolve the problem, it is brought to the attention of the Board of Directors, where a decision would be made on how to resolve the problem.

When asked about whether written documentation of grievances and conflicts was routinely made, the Administrator’s response was “we try.” When disciplining an employee, a supervisor, the Administrator and a witness are present, with the employee signing the documentation of the incident and placement of a copy in the employee’s file. However, it does not appear from the interview that this practice is a regular routine within Medical Office and it is suspected that it has perhaps been utilized only in serious or repeated instances.

It was also mentioned by the Administrator that Medical Office has an open door policy, so that employees can address issues with their supervisor, the Administrator or the physicians and that the employee is not limited to only his or her supervisor. The Administrator feels

strongly that the employees are aware they have the opportunity to address their concerns directly with a physician if they are not comfortable addressing the concern with his or her supervisor or the Administrator. However, the Administrator noted that employees sometimes go directly to a physician in order to avoid addressing the concern with his or her supervisor, and it would be preferred if it was a minor concern that it be brought to the supervisor or the Administrator.

When concerns of employees are addressed, however, the Administrator did mention there was a problem with respect to resolution of the concern. Of importance to the Administrator and the physicians is that any discipline or decision made be kept confidential. The Administrator feels that because employees are not informed of the discipline or decision made, the employees feel the concern or conflict has not been addressed.

The Administrator was adamant that the physicians do not want to utilize any conflict resolution system outside of Medical Office. Medical Office is open to a conflict resolution system within the organization but does not currently have, or plan to hire, a Human Resources employee, ombudsman or other neutral facilitator or mediator.

Finally, the Administrator did convey that he felt training in conflict resolution would be beneficial to Medical Office. The Administrator feels any type of useful information regarding conflicts would be very valuable because “some people deal with conflict better than others.”

Findings from Participant Questionnaires

There were a number of themes identified from analysis of the Participant questionnaires, which are categorized as interpersonal and interdepartmental types of conflicts. For the purposes of this project, interpersonal conflict is referred to as conflicts with another person, whether in the same department or not, as well as conflicts with another department. Interdepartmental conflict is defined as conflict with the administration and/or management of Medical Office. While Participants reported instances of interpersonal conflict, such as "bad/negative attitudes," and "drama queens," thirty-six of the forty-one conflicts reported by Participants were related to interdepartmental (administrative) aspects of the work environment of Medical Office.

There did not appear to be a connection between pay issues or communication and appreciation issues and length of employment, age, gender or department. The data suggests that employees, whether male or female, young or old, in any department and whether employed for under a year or for twelve or more years, encounter similar conflicts to those outlined below.

Organizational Communication

Thirty-two of the forty-one Participants mentioned communication conflict, which includes a lack of communication with respect to job duties and performance, company plans and policies and procedures.

> "Our whole IT department was outsourced and no one knew what was going on or met with us to explain why it happened. I think it would be appreciated if the direction the company was taking was explained to us" (P34).

> "More clear communication would be a big help, this would cause less confusion and stress" (P14).
>
> "Satisfied with my job… but not when policies are broken; then edited to cover for previous decisions that were clearly stated in manual" (P40).

Recognition, Appreciation and Acknowledgement

Thirty-six of the forty-one Participants mentioned as issues which lower morale lack of recognition, acknowledgement or appreciation and the administration ignoring or not responding to suggestions.

> "No raises, no appreciation, doctors blaming low income months on employees when the doctors are the ones working and seeing patients" (P29).
>
> "Provide lunch for employees as a whole once every couple of months, that gives employees time to get to know other employees that do not work in their department and gives them time to socialize, while also being appreciated by the company" (P5).
>
> "Comments have been made before and those comments that you write on paper or put in a suggestion box are never used or recognized, so why comment" (P8).

Performance and Pay Reviews and Incentives

Thirty-six of the forty-one Participants responded that the types of interdepartmental conflicts they encountered were related to the lack of performance review or annual pay increase and lack of bonuses or other incentives.

> "A pay raise at least once a year would increase morale" (P4).

> "Performance reviews that have no actionable results tied to increases in base or bonuses. Supervisors and the administrator ignore feedback or suggestions. Working hard on a project or assignment and not receiving recognition" (P16).

> "No bonuses when things are going great or when things are going even better than normal. When there is a good flow of patients and the income increases for the clinic, it would be nice to see something extra for us when it shows that we have worked hard" (P2).

While many Participants acknowledge conflicts, twenty-four of the thirty-nine Participants maintain that some conflicts require resolution outside their individual job description and they are interested in skills and knowledge to address and resolve conflicts. Finally, while only five Participants expressly mentioned conflict resolution skills, it is suspected based on the above number of Participants who mentioned experiencing conflict (thirty-nine) that a larger portion of the Participants would be interested in, or at least might benefit from, such skills.

It is important to note that while the Participants mentioned both interpersonal and interdepartmental conflict and dissatisfaction with some aspects of Medical Office, the overwhelming theme from the Participant responses is that they enjoy their co-workers, their jobs and their patients. Although they are unhappy with their pay, with some procedures of Medical Office, with the lack of communication, and with other issues, it appears job satisfaction of the Participants outweighs their unhappiness, as thirty-seven of the forty-one Participants responded they were satisfied with their job.

Positive Comments of Participants

While the Participants reported a number of conflicts, the data also provided positive responses to questions regarding the work environment at Medical Office. Many Participants responded with comments such as "great job, great, caring and understanding co-workers who are like family," "good physicians," "a laid back and friendly environment," "good schedules, flexibility, allowed to put family first," "working with and helping patients" and "good teamwork." It appears the relationships the Participants have with their co-workers, for the most part, are positive. Some examples of Participant responses with respect to positive aspects of working at Medical Office are:

> "Good schedules, friendly co-workers good doctors to work for" (P2).
>
> "Doing things I love to do and working with patients. I have a caring and understanding supervisor who also expects hard work and diligence" (P7).
>
> "Many things are positive, like great atmosphere, support and friendly staff. Administration that seems to really care and promotes unity. Patient base that is seemingly appreciative to their overall experience when here" (P27).

Participants' Suggestions

Although the majority of the Participants commented that the morale was "ok" or "good," Participants suggested a number of ways in which morale could be raised.

Better Communication

As theorized in the literature referenced above, communication is a central element in all conflict. The Participants suggested better communication not only with their supervisors, but also with management and between departments. Communication about job duties, the direction of the company and conflicts encountered in the workplace would provide employees with a feeling of value to Medical Office.

> "More communication, a better way of communicating, letting management know about questions staff have, and then getting the questions addressed – and address issues with the staff, not just the one asking" (P3).

> "Communication/education – let your workers know about changes or info that will affect the way we do our jobs (15 minute monthly meetings could help)" (P5).

> "Good communication and fair treatment from management" (P27).

Show Recognition and Appreciation

Participants mentioned appreciation and recognition for jobs well done as another way to increase morale in Medical Office. Participants reported feeling as if they heard negative comments more than positive comments about their job performance. It is important for supervisors and management to let employees know they are performing well and that they are appreciated and valued.

> "Just being told I'm doing a good job helps a lot" (P41).

> "Doctors showing appreciation, even if it is shown by a simple thank you. Sometimes words can mean so much" (P2).
>
> "Knowing just a pat on the back to let you know that you are doing a good job and knowing that you are just as important as others in this clinic" (P8).

Performance/Pay Reviews and Incentives

Participants suggested regular performance and pay reviews, as well as incentive and bonus programs as another way Medical Office could show appreciation and recognition. Three Participants mentioned the implementation of a recent peer review bonus program positively. Again, Participants reported that in addition to verbal appreciation and recognition, bonus and incentive programs are another way to relay to employees they have done a good job.

> "When we get a bonus or another form of appreciation for jobs well done, it always helps morale" (P37).
>
> "Create a pay scale and review process. Hold people more accountable" (P3).
>
> "Appreciation lunches that company pays for. It's like you hear when you mess up, but you don't always hear when you do good" (P6).

Feedback on Policies and Procedures Manual

Thirty-three of the forty-one Participants responded positively regarding the policies and procedures manual. Fourteen of the Participants felt that it was organized and professional, but three Participants felt it was vague or lacking in certain areas such as "policies regarding time off for funerals and continuing education," "annual performance reviews and pay increases,"

"discipline," "staff meetings," and "processes to hold people accountable for their job performance." It was suggested by four Participants that the policies and procedures be adhered to and that employees be disciplined for failing to follow the policies and procedures.

Examples of Conflict

Thirteen Participants provided detailed information regarding conflict they encountered in Medical Office. Eleven conflicts were of an interpersonal nature and two were of an interdepartmental nature.

Interpersonal

Of the eleven instances of interpersonal conflict reported by the Participants, all were related to miscommunication or lack of communication and avoidance of and failure to address the conflict.

> "Every now and then a verbal miscommunication" (P31).
>
> "When I first started working here I was very confused about what the person in my position used to do. I felt as if there was no one to help me figure things out. But that changed and I received help from many people. I just had to learn to ask" (P40).
>
> "Minor co-worker misunderstandings or disagreements, but didn't talk" (P7).

Of the eleven conflicts, seven were resolved. Of the four conflicts that were not resolved, Participants reported they "let it go," "over time it was forgotten" or "it is ongoing."

Interdepartmental

Of the two interdepartmental conflicts, one related to the lack of policies and procedures to address an employee who required discipline and the other was related to the promise of training for an employee and then canceling the training.

> "No process or policies to handle people not doing their jobs and holding them accountable" (P3).
>
> "Being told they would send me to a coding class to get CPC certified, was all ready to register for class and then it was 'maybe later'" (P6).

Of the seven instances of conflict that were resolved, four were resolved by communication: three by the employee addressing the conflict with the other employee and one by the administration providing a staff meeting in which "gossiping" was addressed. The remaining three conflicts were resolved when the employee who was the subject of the conflict left Medical Office.

Chapter 4 Recommendations and Conclusion

Utilizing the information provided above and after analysis of the data obtained from the Participants of Medical Office, I believe the steps outlined below should be taken in order for Medical Office to run more efficiently, to address the concerns of the employees and to promote a collaborative and cooperative work environment.

Energize Employees

While understanding, preparing for and addressing conflicts will assist Medical Office in conflict management and resolution, the results from the Participant questionnaires suggest additional issues that could be addressed in order to make Medical Office a more positive workplace.

While thirty-seven of the forty-one Participants responded they were satisfied with their job, the Participants provided suggestions to make Medical Office a more satisfying work environment. The following are suggestions to energize employees, to further promote employee satisfaction and to induce employees to get their job done and done well:

1. *Build morale.* A majority of the Participants reported dissatisfaction with a lack of communication, recognition and pay review, increase or incentives as negative aspects of their job. The employees know they are getting a check for their work; however, thanking employees for jobs well done, holding occasional morale-building celebrations, or creating a company newsletter would help to increase morale.

2. *Empowerment, independence and autonomy*. Employees should be given responsibility and authority to get things done and opportunities should be created for employees to show initiative, so they feel valued and trusted. A few Participants mentioned that

independence and autonomy were positive aspects of Medical Office and raised morale. However, a few Participants also made comments that they fear being outsourced and want to feel they are important. By involving employees in different aspects of the administration of Medical Office, the employees will feel less fearful of being outsourced and will feel as if they are a valuable member of the organization. For example, an employee in each department could be responsible for soliciting issues to be brought up in the next staff meeting. Employees could also volunteer to be a peer mediator or become a member of a peer review committee. The key is to involve the employees in the daily running of Medical Office so they feel like a member of a team.

3. *Provide interesting and challenging work.* New work challenges reenergize and restore employee enthusiasm while also promoting trust and respect. Data from the Participants suggested that challenging work was a positive aspect of Medical Office and raised morale.

4. *Organizational flexibility*. Allowing several different lunch break schedules or shortened work weeks gives employees flexibility. Again, two Participants mentioned schedule flexibility as a positive aspect of Medical Office. One Participant suggested job cross-training as a factor that could raise morale due to times in Medical Office when the staff is not large enough to handle the patient load. In addition, three Participants suggested a shorter work-day following days when an employee is required to travel out of town, which would be welcomed by employees after a hectic travel schedule.

5. *Organizational communication.* As discussed above, communication is the most important factor in conflict. In the data obtained from the Participants, twenty-eight of the

Participants mentioned lack of communication as a negative aspect of Medical Office. The lack of communication was not only between employees, but also between employees and their supervisors, between departments and, most frequently, between administration and employees. By keeping employees informed through staff meetings or newsletters, Medical Office will foster a feeling of trust and respect; well-informed employees feel involved and see themselves as an important part of the organization.

6. *Suggestion programs*. The data obtained from the Participants showed Medical Office had initiated a suggestion box, but employees never received any responses to their suggestions and no feedback was given regarding the suggestions. This failure by Medical Office to follow-through with the purpose of the suggestion box was considered by four Participants as a negative aspect of Medical Office and a factor that lowered morale. If the suggestion box program continues, it should be fully implemented and employees should be informed of both suggestions and decisions related to those suggestions through staff meetings or an employee newsletter.

7. *Training and development programs*. Providing employees with opportunities to learn results in a win-win situation for both the employees and the organization; the organization has more skilled employees and employees learn new skills, get a break from their routine and learn to better themselves within the organization as well as meet and network with other employees. Three Participants that had been told they could attend continuing education classes and had begun to register for the classes were then told to hold off and never attended the classes. The Participants felt this was a negative aspect of Medical Office and it lowered morale.

Participants felt that their increased knowledge would be beneficial to both themselves and Medical Office and would show they were committed and dedicated to Medical Office. In addition, the aspect of networking with other employees would also be welcome, due to comments by several Participants that they were unable to spend time with other employees.

8. *Work environment and benefits*. The attitude and energy of employees are significantly affected by the work environment and benefits. The data obtained from Participants showed that thirty-seven of the Participants enjoyed their jobs, enjoyed their co-workers (who they referred to as "family") enjoyed the physicians and enjoyed Medical Office in general. However, Participants did mention that benefits, such as more affordable health insurance, as well as the addition of more nationally recognized holidays and incentive programs, would increase morale. A key benefit suggested by thirty-four of the Participants was the inclusion in the policies and procedures manual of annual performance reviews and pay increases as well as bonuses and incentives. It is strongly felt by the Participants that this benefit would greatly improve morale, as some mentioned they had not received a review or a pay increase in six years.

9. *Community involvement*. Teamwork among co-workers can be developed when employees get involved in making their communities better places to live, work and do business. Three Participants mentioned that morale could be increased if there were opportunities for all employees to spend time together, as employees saw other employees rarely, if at all. Promoting community involvement in which Medical Office employees participate as a team could fulfill the need for togetherness among the employees.

Revise the Policies and Procedures Manual

A policies and procedures manual empowers employees. They know what is expected of them and, as such, they perform better and are more likely to succeed. The policies and procedures manual should be revised to include a number of sections that were mentioned by the Participants as hindering their job performances. For example, a discipline section should be added to the policies and procedures manual; several Participants were displeased with the fact there was no written discipline policy and feel strongly that employees should be held accountable. In disciplining employees, the actions of the supervisors, physicians and administration should be fair, consistent and legal. It was also mentioned by Participants that the policies and procedures manual should be applied to all employees and there should not be guidelines that vary from "doctor team to doctor team." Participants would also like to see job descriptions, information on paid time off, continuing education, promotions, regular staff meetings, and chain of command included in the policies and procedures manual. Finally, a policy for annual performance evaluations and pay reviews, as well as bonus and incentive programs should be included.

Once the policies and procedures manual has been updated, a staff meeting should be held and the policies and procedures manual should be reviewed at length. Questions should be allowed and the message should be forcefully relayed to the employees that going forward, the policies and procedures manual will be applied to all employees equally and will be strictly adhered to. Perhaps the meeting could be held at night or on a weekend, with dinner provided in

a comfortable atmosphere. This would also boost morale, as the entire Medical Office would be together at one sitting, without the interruption of work.

Provide Conflict Training

As mentioned above, the data from the Participants suggests that relationships among the employees, physicians and even the patients of Medical Office are of significant importance to the Participants. In addition to the conflict resolution system, it would be appropriate and worthwhile to conduct conflict resolution training at all levels. While I understand Medical Office does not want to employ an outside ombudsman or similar dispute resolution individual, from my interview with the Administrator, I feel Medical Office would welcome and support an initial conflict resolution training program for its employees. The conflict training should be mandatory and at the end the conflict resolution system should be handed out and discussed with the employees, with a question and answer session to close the training.

Implement a Conflict Resolution System

In addition to revision of the policies and procedures manual, a conflict resolution system is necessary in order to prepare for, address and resolve workplace conflicts. The conflict resolution system should be created to provide some background regarding the nature of conflicts and how to address and resolve conflicts. It was noted by the Administrator that many employees do not know how to address conflict or are conflict avoidant. The introduction of an overview of conflict could assist employees in understanding the dynamics of conflict, even at the most basic level.

The conflict resolution system itself should be designed for two types of conflicts: legal (those related to Medical Office policy and law) and non-legal (those related to interpersonal conflicts). Again, because the Participants mentioned positive relationships with their co-workers and physicians, the conflict resolution system should begin with the option of self-help. For the same reason, and also because Participants commented positively on the peer review bonus incentive currently instituted in Medical Office, I feel a peer review panel or peer mediation would be welcome as a means to resolve conflicts. However, conflict resolution training should be provided to all employees prior to implementation of the conflict resolution system. Training should be provided by an outside dispute resolution organization and should include training for employees who voluntarily seek to be involved as peer mediators and/or members of the peer review panel.

The procedure to access the conflict resolution system is to submit a written request for conflict resolution to the Administrator or Managing Partner, as outlined in the conflict resolution system that follows.

Conflict Resolution System for Medical Office

> Every society and every organization produces a culture of conflict, a complex set of words, ideas, values, behaviors, attitudes, archetypes, customs and rules that powerfully influence how its members think about and respond to conflict.
> -Cloke & Goldsmith, "Resolving Conflicts at Work," 2000, p. 19

Introduction

In performance of their duties, employees encounter conflict in their workplace. Those conflicts can be between individual employees, between an employee and his or her supervisor, between departments, or between employees and the administration of the organization. There are a number of dynamics involved in conflict and we have attempted to provide an overview of those dynamics as an introduction to this Conflict Resolution System.

Conflicts are an expected occurrence in all occupations and organizations and can never be totally eliminated. Conflict is defined as "an expressed struggle between at least two interdependent parties who perceive incompatible goals, scare resources, and interference from others in achieving their goals." [1] However, conflict can also occur between employees who just do not get along with each other because of different views, communication styles or expectations. While conflict typically is viewed negatively, as destructive or dysfunctional, it also has a positive side in that it provides opportunities for creativity, innovation and change, which are necessary if organizations are to survive and adapt.[2]

Communication is vital in resolving conflict. However, individuals differ in their approach to conflict. Some individuals welcome conflict, while others are conflict-avoidant. There are four ways in which individuals deal with conflict: contending, yielding, avoiding and problem solving.[3] By contending, an individual imposes his/her preferred resolution on another party, by yielding, a party lowers its expectations and goals, by avoiding, an individual chooses to ignore the conflict and the other party, and by problem solving, an individual seeks a mutually satisfactory resolution with the other party.[4] If conflict is not addressed, it could result in employees withdrawing, other employees taking sides, lowered morale and productivity, division of team members, and in extreme cases, violent or aggressive acts.

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[1] Wilmot, W.W. & Hocker, J.L. (2011). *Interpersonal conflict*. New York: The McGraw-Hill Companies, Inc. p. 11
[2] Bercovitch, J. (1983). *Conflict and Conflict Management in Organizations: A Framework for Analysis.*
[3] Pruitt, D.G. & Kim, S.H. (2004). *Social conflict: escalation, stalemate, and settlement.* New York: McGraw-Hill.
[4] Ibid.

The goal of this CRS is to make available to employees avenues to address conflict and to communicate with the parties involved in the conflict in order to reach a mutually satisfactory solution; a solution which will hopefully result in a stronger relationship between the parties.

Medical Office feels that communication between individuals involved in a conflict (self-help) is the preferred method of conflict resolution. For this reason, Medical Office suggests that the employee who seeks to resolve the conflict should first address the conflict directly with the employee(s) involved. When employees are given the opportunity to address conflicts directly and to have a choice not only in the process of conflict resolution but also, in some situations, in the decision about resolution of the conflict, the satisfaction level is raised. However, because not all individuals are comfortable addressing conflict, employees have available to them additional methods of conflict resolution listed below.

The Conflict Resolution System (CRS)

The CRS has been designed for two types of conflicts: legal (those related to Medical Office policy and law) and non-legal (those related to interpersonal conflicts).

Legal conflicts are referred to as conflicts with the policies and procedures of Medical office and/or violations of state or federal law. Non-legal conflicts are referred to as conflicts between employees, between employees and their supervisors, physicians or administration, or between employees and their own department or other departments.

Should you encounter either legal or non-legal conflict in Medical Office and you have tried to address and resolve the conflict with no success, or if you are uncomfortable addressing the conflict without assistance, you may request conflict resolution assistance by completing a Conflict Resolution Request form and submitting it to the Administrator. If the conflict encountered is with the Administrator, please submit the form to the Managing Partner. You will receive a response within five (5) working days of submission.

The following methods of conflict resolution are available for both types of conflicts:

1. Peer review panel. This method of conflict resolution involves the employees engaged in the conflict meeting with a peer review panel, which consists of employees who have completed conflict resolution and peer review panel training. The employees will submit their view of the conflict to the panel for evaluation. The decision of the peer review panel is binding and cannot be appealed.

2. Peer mediation. This method of conflict resolution involves the employees involved in the conflict meeting with a neutral peer mediator who has completed peer mediation training to address the conflict and the interests of each employee in an effort to better

understand each other's interests and, through the assistance of the neutral mediator, attempt to reach a mutually satisfactory resolution.

As outlined in the policies and procedures manual, by accepting employment with Medical Office, all employees agree to participate in the conflict resolution system. However, should a situation arise in which the responding employee refuses to participate in either method outlined above, the Administrator will discuss the conflict situation with the responding employee in order to determine the next course of action.

Should you desire to learn more about conflict, the following books are suggested reading:

Briles, J. (2003). *Zapping Conflict in the Health Care Workplace*. Aurora, Colorado: Mile High Press.

Cloke, K. & Goldsmith, J. (2000). *Resolving conflicts at work: eight strategies for everyone on the job*. San Francisco: John Wiley & Sons, Inc.

Pruitt, D.G. & Kim, S.H. (2004). *Social conflict: escalation, stalemate, and settlement*. New York: McGraw-Hill.

Stone, D., Patton, B.M. & Heen, S. (1999). *Difficult conversations: how to discuss what matters most*. New York: Penguin Group.

Conclusion

In a medical office, physicians want the practice to run smoothly and profitably, to provide excellent patient care and to employ a well-trained, motivated staff that works well as a team. It is clear from the data obtained from the Participants that they want to be energized; they want defined policies, roles and tools both for their jobs and to perform better as individuals. The data also suggests appreciation and recognition of the employees is badly needed in order for the employees to feel they are an important asset to Medical Office. In addition, the Participants want direction and rules, and they want consequences for violation of those rules. It also appears from the Participant responses that they want to resolve conflicts face-to-face, as three of the seven interpersonal conflicts mentioned above were resolved in this manner. Providing employees with a conflict resolution system will not only enable them to address and resolve conflicts they encounter, it will also provide them with valuable conflict resolution skills for use outside the workplace.

Following the suggestions for energizing the employees, revising *and* utilizing the policies and procedures manual and conflict resolution system and providing conflict training for employees at all levels will provide Medical Office with the tools necessary to plan for, control, address and resolve conflicts in Medical Office. With the above tools in place, I believe Medical Office has the ability to become a more productive and collaborative workplace in which both management and staff excel.

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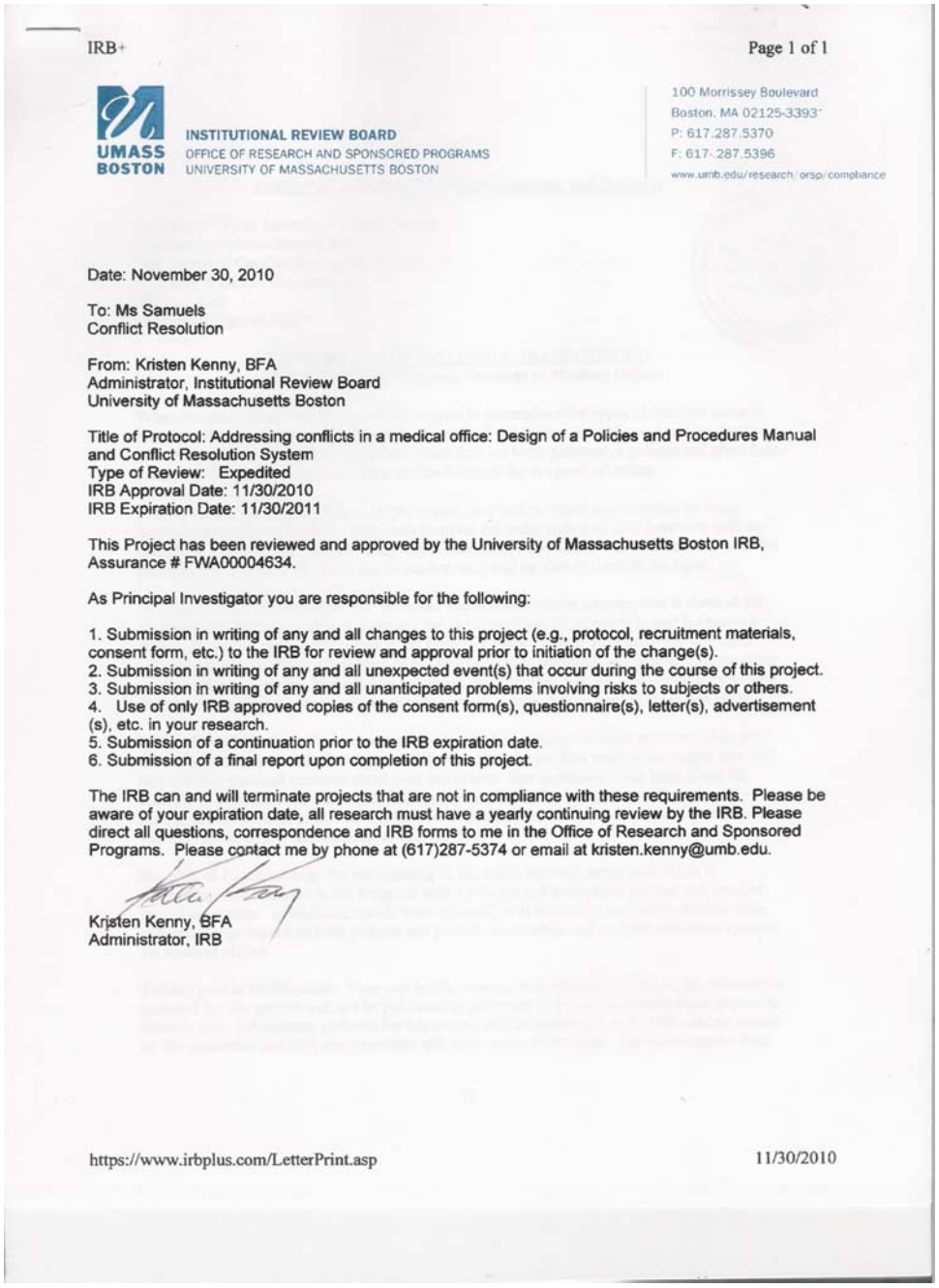
Exhibits

Exhibit 1 - Institutional Review Board Approval



IRB+ Page 1 of 1

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Date: November 30, 2010

To: Ms Samuels
Conflict Resolution

From: Kristen Kenny, BFA
Administrator, Institutional Review Board
University of Massachusetts Boston

Title of Protocol: Addressing conflicts in a medical office: Design of a Policies and Procedures Manual and Conflict Resolution System
Type of Review: Expedited
IRB Approval Date: 11/30/2010
IRB Expiration Date: 11/30/2011

This Project has been reviewed and approved by the University of Massachusetts Boston IRB, Assurance # FWA00004634.

As Principal Investigator you are responsible for the following:

1. Submission in writing of any and all changes to this project (e.g., protocol, recruitment materials, consent form, etc.) to the IRB for review and approval prior to initiation of the change(s).
2. Submission in writing of any and all unexpected event(s) that occur during the course of this project.
3. Submission in writing of any and all unanticipated problems involving risks to subjects or others.
4. Use of only IRB approved copies of the consent form(s), questionnaire(s), letter(s), advertisement (s), etc. in your research.
5. Submission of a continuation prior to the IRB expiration date.
6. Submission of a final report upon completion of this project.

The IRB can and will terminate projects that are not in compliance with these requirements. Please be aware of your expiration date, all research must have a yearly continuing review by the IRB. Please direct all questions, correspondence and IRB forms to me in the Office of Research and Sponsored Programs. Please contact me by phone at (617)287-5374 or email at kristen.kenny@umb.edu.

Kristen Kenny, BFA
Administrator, IRB

https://www.irbplus.com/LetterPrint.asp 11/30/2010

Exhibit 2 - Consent Form for Interview with Administrator

Researcher: Vicki Samuels, Master's Student
University of Massachusetts-Boston
Department of Conflict Resolution, Human Security & Global Governance
407/761-5062 / vicki.samuels001@umb.edu

CONSENT TO AUDIO-TAPING & TRANSCRIPTION
STUDY NAME: **Addressing Conflicts in Medical Offices**

What the study is about: The study is designed to determine what types of conflicts occur in medical offices, how they are addressed and resolved and if they are addressed and resolved to the satisfaction of the conflicting parties. Once data has been gathered, a conflict resolution system will be designed for Medical Office.

What you will be asked to do: As a participant, you will be asked to participate by being interviewed by the Researcher. This study involves the audio taping of your interview with the Researcher. Neither your name nor any other identifying information will be associated with the audiotape or the transcript. Only the Researcher will be able to listen to the tape.

The tape will be transcribed by the Researcher and erased once the transcription is checked for accuracy. The transcript of your interview may be reproduced in whole or in part for use in a presentation or written products that result from this study. Neither your name nor any other identifying information (such as your voice) will be used in presentations or in written products resulting from the study. Immediately following the interview, you will the opportunity to have the tape erased if you wish to withdraw your consent to taping or to participate in this study.

Risks of Participating: Due to the sensitive topic of discussing conflicts which occur in your office, how they are handled, and your satisfaction with the conflict resolution process, you will be providing personal opinions about your workplace. The questions could bring about the emergence of negative or distressful feelings in completing the research questionnaire. If you have questions or wish to discuss any distress or other issues related to your study participation, you may speak with Vicki Samuels at 407/761-5062.

Benefits of Participating: By participating in the study, you will assist your office in addressing your concerns in the design of a conflict resolution system. In addition, results from this study will be used to expand on the literature and knowledge regarding conflict resolution systems for medical offices.

Taking part is confidential: Your participation in this research is confidential. That is, the information gathered for this project will not be published or presented in a way that would allow

anyone to identify you. Information gathered for this project will be stored in a locked file cabinet owned by the Researcher and only the Researcher will have access to the data. The questionnaire does not ask for personal information which specifically identifies you such as your name or telephone number. After you return the questionnaire, there will be no way of linking your identity to the data collected.

Taking part in this study is completely voluntary: The decision whether or not to take part in this research study is voluntary. If you do decide to take part in this study, you may terminate participation at any time without consequence. If you wish to terminate participation, you should notify the Researcher by telephone: 407/761-5062 or e-mail: vicki.samuels001@umb.edu. Your refusal to participate or withdrawing from participation will involve no penalty or loss of benefits to which you are otherwise entitled. A copy of this form is attached for your records.

If you have questions: You have the right to ask questions about this research before you sign this form and at any time during the study. You can reach Vicki Samuels by telephone: 407/761-5062 or e-mail: vicki.samuels001@umb.edu, or her research advisor, Eben Weitzman, at 617/287-7238 or eben.weitzman@umb.edu. If you have any questions or concerns about your rights as a research participant, please contact a representative of the Institutional Review Board (IRB), at the University of Massachusetts, Boston, which oversees research involving human participants. The Institutional Review Board may be reached at the following address: IRB, Quinn Administration Building-2-015, University of Massachusetts Boston, 100 Morrissey Boulevard, Boston, MA 02125-3393. You can also contact the Board by telephone or e-mail at (617) 287-5370 or at human.subjects@umb.edu.

By signing this form you are consenting to (INCLUDE ONLY THOSE OPTIONS THAT ARE BEING USED):

- ❑ having your interview taped;
- ❑ to having the tape transcribed;
- ❑ use of the written transcript in presentations and written products.

By checking the box in front of each item, you are consenting to participate in that procedure.

This consent for taping is effective until the following date: February 15, 2011. On or before that date, the tapes will be destroyed.

Statement of Consent: *I HAVE READ THE CONSENT FORM. MY QUESTIONS HAVE BEEN ANSWERED. MY SIGNATURE ON THIS FORM INDICATES THAT I CONSENT TO PARTICIPATE IN THIS STUDY. I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER.*

_____ _____

Participant's Signature Date

_____

Printed Name of Participant

Exhibit 3 - Interview Questions for Administrator

1. Demographics.
   i. How many employees are at Medical Office?
   ii. For men, please provide: how many, ages and race/ethnicity.
   iii. For women, please provide: how many, ages and race/ethnicity.
   iv. What is the racial/ethnic makeup of the employees?

2. Policies and Procedures Manual.
   i. If there is no policies and procedures manual, how are policies and procedures relayed to employees?
   ii. What is the organization structure of Medical Office?

3. Conflict Resolution System.
   i. What types of conflicts have occurred and how were they resolved?
   ii. How successful is the current conflict resolution system?
   iii. Is there a chain of command for grievances? Is it followed?
   iv. If there is no conflict resolution system, how are conflicts currently being handled?
   v. What would make a conflict resolution system satisfactory to you?
   vi. What would you like to accomplish with the conflict resolution system?
   vii. What concerns do you have about a conflict resolution system?
   viii. Will there be attempts at conflict resolution within a department first or will all grievances and complaints be brought to one centralized individual?

Exhibit 4 - Cover Letter to Participants

Researcher: Vicki Samuels, Master's Student
University of Massachusetts-Boston
Department of Conflict Resolution, Human Security & Global Governance
407/761-5062 / vicki.samuels001@umb.edu

Thank you for volunteering to participate in this study! My goal in asking the questions on the enclosed questionnaire is to enable me to obtain information in order to better understand 1) what is covered in (or missing from) Medical Office's current policies and procedures manual, and 2) what types of conflict situations occur within Medical Office. Once I have gathered the necessary data, I will design a conflict resolution system for Medical Office.

Enclosed are the following:

- Two (2) copies of a Consent Form to participate in the study, as well as a preaddressed, stamped envelope. Should you decide to participate in this study, please sign one copy of the Consent Form and return it BY ITSELF in the enclosed envelope. Please one copy for your records.
- A paper questionnaire, as well as a preaddressed, stamped envelope. After completion of the questionnaire, please return it to the Researcher in the enclosed envelope. NOTE: The option of completing the questionnaire online is also available at: http://www.surveygizmo.com/s3/439682/Medical-Office-Questionnaire. Please complete the questionnaire by midnight of February 14, 2011, Eastern Time.

Please answer all questions to the best of your ability and as completely as possible. For instance, please do not reply with "Yes" or "No" responses only; a short, descriptive response to the questions is appreciated. Should you choose to share personal stories that include individuals other than yourself, please use pseudonyms - do not use the individual's actual name.

By participating in this study, you will assist the Researcher in the design of a conflict resolution system. In addition, results from this study will be used to expand on the literature and knowledge regarding conflict resolution systems for medical offices.

I want to remind you that participation in this study is completely voluntary. Should you feel uncomfortable at any point, please feel free to terminate your completion of the questionnaire and notify the Researcher of your desire to terminate your participation. Thank you again for your participation.

Sincerely,
Vicki Samuels

Exhibit 5 - Consent Form for Employee Questionnaire

Researcher: Vicki Samuels, Master's Student
University of Massachusetts-Boston
Department of Conflict Resolution, Human Security & Global Governance
407/761-5062 / vicki.samuels001@umb.edu

CONSENT TO COMPLETE QUESTIONNAIRE
STUDY NAME: **Addressing Conflicts in Medical Offices**

You are invited to take part in a research study regarding the types of conflicts that are encountered in medical offices.

What the study is about: The study is designed to determine what types of conflicts occur in medical offices, how they are addressed and resolved and if they are addressed and resolved to the satisfaction of the conflicting parties. Once data has been gathered, a conflict resolution system will be designed for Medical Office.

What you will be asked to do: As a participant, you will be asked to participate by completing either an online questionnaire or a paper questionnaire. Once you have completed the questionnaire, your participation is complete. By participating in this study (and returning the Consent Form), you will be entered in a drawing for a $75.00 VISA gift card. Whether you choose to complete the questionnaire online or on paper, it is important that you also return the Consent Form in the separate preaddressed, stamped envelope provided. The provision of two (2) envelopes, one for the Consent Form and one for the questionnaire, is to maintain confidentiality and remove the ability to connect consent forms to questionnaire responses.

Risks of Participating: Due to the sensitive topic of discussing conflicts which occur in your office, how they are handled and your satisfaction with the conflict resolution process, you will be providing personal opinions about your workplace. The questions could bring about the emergence of negative or distressful feelings in completing the research questionnaire. If you have questions or wish to discuss any distress or other issues related to your study participation, you may speak with Vicki Samuels at 407/761-5062. ***PLEASE NOTE: NO IDENTIFIABLE DATA OBTAINED WILL BE PROVIDED TO THE ADMINISTRATION OR MANAGEMENT OF MEDICAL OFFICE.***

Benefits of Participating: By participating in the study, you will assist your office in addressing your concerns and those of your fellow employees in the design of a conflict resolution system. In addition, results from this study will be used to expand on the literature and knowledge regarding conflict resolution systems for medical offices.

Taking part is confidential: Your part in this research is confidential. That is, the information gathered for this project will not be published or presented in a way that would allow anyone to identify you. Information gathered for this project will be stored in a locked file cabinet owned by the Researcher and only the Researcher will have access to the data. The questionnaire does not ask for personal information which specifically identifies you such as your name or telephone number. After you return the questionnaire, there will be no way of linking your identity to the data collected.

Taking part in this study is completely voluntary: The decision whether or not to take part in this research study is voluntary. If you do decide to take part in this study, you may terminate participation at any time without consequence. If you wish to terminate participation, you should notify the Researcher by telephone: 407/761-5062 or e-mail: vicki.samuels001@umb.edu. Your refusal to participate or withdrawing from participation will involve no penalty or loss of benefits to which you are otherwise entitled, except that you will not be entered in the drawing. A copy of this Consent Form is enclosed for your records.

If you have questions: You have the right to ask questions about this research before you sign this form and at any time during the study. You can reach Vicki Samuels, by telephone: 407/761-5062 or e-mail: vicki.samuels001@umb.edu, or her research advisor, Eben Weitzman, at 617/287-7238 or eben.weitzman@umb.edu. If you have any questions or concerns about your rights as a research participant, please contact a representative of the Institutional Review Board (IRB), at the University of Massachusetts, Boston, which oversees research involving human participants. The Institutional Review Board may be reached at the following address: IRB, Quinn Administration Building-2-015, University of Massachusetts Boston, 100 Morrissey Boulevard, Boston, MA 02125-3393. You can also contact the Board by telephone or e-mail at (617) 287-5370 or at human.subjects@umb.edu.

Statement of Consent: *I HAVE READ THE CONSENT FORM. MY QUESTIONS HAVE BEEN ANSWERED. MY SIGNATURE ON THIS FORM INDICATES THAT I CONSENT TO PARTICIPATE IN THIS STUDY. I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER.*

_____ _____

Participant's Signature Date

_____

Printed Name of Participant

_____ _____

Researcher's Signature Date

Exhibit 6 - Questionnaire for Employees

1. Demographics
   - i. What is your age?
   - ii. What is your gender?
   - iii. How many years have you been employed by ECS?
   - iv. What department do you work in?
   - v. Do you manage other employees?
   - vi. If you manage employees, how many employees do you manage?

2. Employment
   - i. What is it like to work at ECS?
   - ii. What do you find to be pluses in your job?
   - iii. What do you find to be minuses in your job?
   - iv. How would you describe employee morale?
   - v. What are some key factors that raise morale?
   - vi. What are some key factors that lower morale?
   - vii. Overall, are you satisfied with your job? Why or why not?
   - viii. Do you have any comments or suggestions to make ECS a more satisfying work environment?

3. Policies and Procedures Manual.
   - i. Are you satisfied that the information contained in the current policies and procedures manual enables you to perform your job? Please explain.
   - ii. What problems do you have at work and what information do you have (or lack) to deal with those problems?
   - iii. What types of information would you like to see in a policies and procedures manual made available to employees?

4. Conflict Resolution System.
   - i. What type(s) of conflict(s) have you personally encountered at ECS?
   - ii. Was/were the conflict(s) resolved? If so, how?
   - iii. Was/were the conflict(s) resolved to your satisfaction?

Exhibit 7 - Data Codes

Positive Aspects
- Enjoyable/challenging
- Co-workers like family
- Laid back/friendly
- Caring and understanding
- Good schedules
- Good physicians
- Flexibility
- Monthly bonus incentive
- Advancement
- Autonomy
- Patients
- Open door policy
- Teamwork

Negative Aspects
- Poor communication
- Inconsistent pay/underpaid
- Lack of annual performance review
- Inconsistent work flow
- Biased/intimidating physicians
- Gossiping
- Lack of structure/confusion
- Lack of staff meetings/information
- No accountability
- Lack of recognition/appreciation
- High turnover
- Policies not adhered to
- Lack of department cohesion
- Lack of teamwork
- Minimal recognized holidays off
- Unprofessional employees/troublemakers
- Unresponsive administration
- Inability to spend time together
- High cost of health insurance
- No enforcement of chain of command

Ways to Raise Morale
- Better communication
- Annual performance review/pay increase
- Follow-through by management

- Staff meetings/employee of the month or quarter
- Information relayed about company
- Monthly bonus incentive
- Fairness and firmness
- Benefits (better insurance)
- Appreciation
- Lunch meetings
- Open door policy
- Peer reviews
- Teamwork
- Ability to cover other jobs
- Less confusion, more order
- Holiday parties
- Set and adhere to chain of command
- Consequences/enforcement of policies and procedures
- Reimbursement for meals if traveling out of town
- Employee Assistance Program
- Hold employees accountable for performance/lack of
- Respond to suggestions
- Respect
- Evenly distributed workload

Ways Morale is Lowered

- Unfairness in job advancements
- No recognition, acknowledgement or appreciation
- No information about Company direction
- Fear of being outsourced
- No performance review/annual increase
- Poor insurance
- No order/confusion
- Administration ignores suggestions/no feedback
- No help when overloaded

Policies and Procedures Manual

- Organized and professional
- Vague in areas
- Include information for funerals, continuing education
- Follow policies and procedures
- Include policy for annual reviews/pay increases
- Include discipline policy
- Explain in staff meetings/discuss changes
- Include process to hold people accountable