



# Dealing With Conflict In A Health care Workplace

Presented by:

All Medical Personnel

[www.allmedstaffing.com](http://www.allmedstaffing.com)



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## Memorable Quote

“Man’s greatest discovery is not fire, nor the wheel, nor the combustion engine....

Man’s greatest discovery is teamwork by agreement”——

B. Brewster Jennings





## Defining workplace conflict

- **Conflict**
- **Sabotage**





## Defining workplace conflict

Ongoing conflict and sabotage cost an organization millions of dollars a year in lost productivity, search fees, and training costs for new personnel.



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## The Cost of Conflict in the Workplace

- To replace an employee dismissed in a conflict can cost up to 160% of his or her salary.
- It is estimated that HR managers in a structured environment will spend **45%** of their week dealing with conflict...
- A company that does not have a method for dealing with conflict and ensuring its employees are safe can be out of step with **Worker's Compensation Board guidelines.**





# The Cost of Conflict in the Workplace

## Results of unresolved conflict

- Stress, frustration, and anxiety
- Loss of sleep
- Strained relationships
- Grievances and litigation
- Employee turnover
- Loss of productivity



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## Have you heard? – Do you agree?

- In 2002 two surveys of health care professionals uncovered the following:
  - “Conflict and Sabotage are alive and well in health care environments.”
  - “Bad behavior and conflict exist among staff members, physicians, and administrators-even patients and families have noted this.”
  - “Managers are baffled on how to reduce and eliminate rotten behavior....dealing with workplace conflict is rarely fun, it is a defining moment for all-leaders, managers, and support staff members.”



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## Health care = Toxic workplace syndrome?

- **No other industry has been through more dramatic change than health care has over the last 20 years.**
- **Health care and change**
- **Detoxing is in order!**



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## Difficult people titles-Recognize any?

- Passive
- Stubborn
- Negligent
- Disorganized
- Distracting
- Uncooperative
- Poor follow-through
- “Bully boss”
- “Bully co-worker”



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## What is **Red Ink** Behavior?

**It is the working manners, habits, and styles that can effect the bottom line of a unit, department, or facility directly and negatively.**

**Money is what today's health care managers are in search of.**



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## Red Ink Behavior-Sound Familiar?

- Annie is always late for her shift.
- Sandy does not respond to issues until there is chaos.
- Joe consistently withholds information from co-workers.
- Amanda is cryptic in her communication with co-workers leaving staff members guessing what she really means.
- Tom waits until the last minute for prepping, then gets others to drop what they are doing to assist him.



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## Is **Red Ink** Behavior in Your Midst?

- If there is overtime, is it excessive, and why is it needed?
- Is productivity lower in your department or office than in others that are similar?
- Is the domino factor in play?
- Are deadlines repeatedly missed?
- Is absenteeism high?
- Is there a high level of tardiness?



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## The “black & red” of conflict in the health care workplace.

**The cost of conflict and sabotage equates to:**

- New equipment cannot be purchased
- Supplies will run low
- Educational support and training reduced or eliminated
- Valued employees will find employment elsewhere
- Patients will go elsewhere for treatment
- Practices/Physicians reduce profit margins



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# Conflict Styles

## Malaspina University-College

1. Avoidance
2. Accommodation
3. Compete/Directive
4. Compromise
5. Collaborate



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[www.isms.org](http://www.isms.org)

Practice  
managers

are "off the charts" -

and an essential piece of  
the health care team.



## Conflict Styles

# Avoidance

- Will take necessary steps to avoid conflict or confrontation
- Is most concerned about avoiding the “unpleasantness” associated with conflict



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## Conflict Styles

### Example: Avoidance

Someone makes a sly comment and the person it was aimed at simply walks away.



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## Conflict Styles

# Accommodation

- Will often give in to maintain the relationship and gain acceptance and approval
- More concerned with the stability of the working relationship than with meeting own or organizational needs or goals



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# Conflict Styles

## Example: Avoidance

The lead MA continues to comment on the color of scrubs that another MA is wearing, the scrubs are acceptable by the practice, yet the MA being badgered accommodates and purchases scrubs to please the lead MA.



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## Conflict Styles

### Compete/Directive

- Will not give in as considers own solution best or own needs as most important
- More concerned with achieving the goal or having needs met than with the stability of the relationship



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## Conflict Styles

### Example: Compete/Directive

Someone starts spreading rumors about you, so you do the same in return in an attempt to discredit the power of the other person's word.



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## Conflict Styles

### Compromise

- Willing to meet the other half way
- While concerned about both the goal/needs and the relationship, the approach is to “split the difference” to avoid lengthy conflict or discussion



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## Conflict Styles

### Example: Compromise

Two of your medical receptionist are arguing over who does most of the front end office duties. It is time to sit them down and delegate duties with each party offering their solution.



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## Conflict Styles

### Collaborate

- Searches for a solution which meets the needs of both or all parties
- Is concerned with both the goals to be achieved and the stability of the working relationship



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## Conflict Styles

### Example: Collaborate

Your “star” medical assistant and RN are constantly bantering over duties, lack of effort, and overall personality issues....and doing this in front of your patients. This is a serious conflict and definitely affects the bottom line of your practice.



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## Bullying

An on-line survey conducted on 1000 people who claimed to have been bullied at work found the following:

- 37% were eventually fired
- 33% quit their jobs

**700 of 1000 people surveyed needed to be replaced due to “Bullying”**



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## What is “Bullying”

Bullying is the reversal of the typical childhood scenario, in which unpopular and apparently weak kids are picked on most. Adult victims in the workplace tend to be very capable and charismatic people.



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# Resolving the **Red Ink** Conflict

## Analyze and think about the problem

Spend time determining what the issue and problem is from everyone's perspective involved.



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# Resolving the **Red Ink** Conflict

## Set time to have a discussion

Arrange a meeting with the employee when everyone has the time. Disrupting the daily activity to resolve a conflict can cause stress on the rest of the staff and patients.



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## Resolving the **Red Ink Conflict**

**Don't talk to your employees in anger**

Do not engage in a discussion while feelings are escalated; when you are angry your ability to use rational, problem-solving skills is impaired.



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# Resolving the **Red Ink** Conflict

## Communicate Effectively

Use good communication skills. It is also vital to have written information and a checklist of the topics you wish to discuss.

Make sure everyone understand the companies goals and expectations.



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# Resolving the **Red Ink** Conflict

## Don't Vent to others-Be Confidential

Discourage gossip and don't put people in the position of spying or reporting on each other.



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# Resolving the **Red Ink Conflict**

## Work together to solve the problem

To really solve the problem it needs to be a mutual, sincere process of identifying, exploring and evaluating options in relation to what each person needs and wants.



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# Resolving the **Red Ink Conflict**

## Show Your Commitment

Provide appropriate training for all employees. Teach everyone conflict resolution skills, and expect people to use them.

Recognize and praise accomplishment.



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## A Staffing Solution

Is it time to ask for help?

*Medical Practice + Health care Staffing Firm*

*Equals*

*A True Partnership*



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## The Benefits of Working with a Health care Staffing Firm

A **health care office manager** is the driving force behind the **profitability** of the medical practice.

When the **Practice Manager** has more time to concentrate on their business, they can actually generate more **profit**.



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## The Benefits of working with a Health care Staffing Firm

- Work with staffing firms who are exclusive in the health care arena and are experts at the complex, time consuming staffing process.
- Make sure your firm offers a complete approach that encompasses temporary positions, direct hire placement and flexible temp-to-hire options.
- Look for a firm who wants to partner with you on your needs, not push “warm bodies” into your organization.



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## The Benefits of working with a Health care Staffing Firm

- **Greater Efficiency**
- **Higher-Quality Personnel**
- **Assured Compliance**
- **Consistent Background Checks**
- **Better Workforce Control**



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# The Benefits of working with a Health care Staffing Firm

## What your bill rate should cover

- Free ad placement
- Extensive candidate interviewing
- Skill Assessments
- OSHA Training and Certification
- HIPPA Training and Certification
- Needle Safety Training
- Employee Benefits
- 24-Hour On-Call Service
- Background Checks
- Workmen's Compensation Coverage
- Temp-to-hire program
- Liability Insurance Coverage
- Unemployment protection
- Web-timekeeping option
- Quality Assurance communication and documentation



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# Working Together

*Coming Together Is A Beginning,  
Keeping Together is Progress,  
Working Together is Success.*



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# ISMS Practice Management Educational Series



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# Who is ?

- Human Resources +  
Technological Resources =  
HuTech Resources (1995)





## Overview

- Identify the real problems that are basic to healthcare in the United States
- Discuss what you might expect from the government and/or private sector to address basic problems
- Discuss what you can do to structure your practice to take advantage of changes
- Discuss what you can do to better align your practice or yourself to accommodate to the changing situation



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## Is Health Care Broken?

- \$2.3 trillion spent on health care annually (2006)
- 17% of GDP is spent on health care
- Health care expenditure is expected to be at 20% by 2016
- Medical bills are most common reason for bankruptcy





## Is Health Care Broken? (cont'd)

- In 2000 the WHO rated the US:
  - 1<sup>st</sup> in per capita spending
  - 37<sup>th</sup> in overall performance
  - 72<sup>nd</sup> out of 91 in overall health
  - 41<sup>st</sup> for lowest infant mortality
  - 45<sup>th</sup> in the world for longest life expectancy



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## Is Health Care Broken? (Cont'd)

- Increasing number of underinsured and this number is likely to grow
- 78% increase in premiums for family coverage while wages and inflation are up 19% and 17% respectively since 2002



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## Symptom vs. Problem

- Of the items listed, which are problems?
- Which are symptoms of problems?



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## Real Problems (impediments to healing):

- Inappropriate Incentives
  - Providers get paid to treat sick people
  - Insurance companies receive premiums and then must give the money back
  - People pay for health insurance and then receive no benefit unless they are sick



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## Real Problems (Cont'd)

- Lack of continuity in health care
  - Access to professional management is difficult; expensive and hard to find
  - Communication is difficult
  - Standardization is also very difficult



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## What do we expect to encounter in the next 2-3 years?!

- Consumer Directed Health care; aka “Cost Shifting”

*and*

- Competition



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## The transition of cost continues

In past years,

- \$1 spent on hospital services = \$.03 out of pocket
  - \$1 spent on physician services = \$.10 out of pocket
- 
- How does CDH change this picture?



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## ISMS Practice Management Educational Series

# The Employer's Decision



### Renewal on Insurance (Actual)

Illustration	HSA 1500	Renewal	%age Increase	PPO ALT Annual \$	Increase
	\$700 Company				
Employee	2007 180	2008 233	29.44%	500/1000 387	1848
Emp + Spouse	279	399	43.01%	662	3156
Emp + Kids	386	495	28.24%	821	3912
Family	585	661	12.99%	1096	5220



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## My Plan (\$2500 Deductible)

- Of the \$6000.00 in expenses:
  - Employee Pays           \$3,700.00 (my money)
  - HSA Plan                 \$1,500.00 (my money)
  - Total paid by me:     \$5,200.00     87%
  
  - Insurance pays:     \$800.00



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## Consumer Directed Health Care

- HRA/HSA (Savings Plans) =  
More patient out-of-pocket costs

As patients spend more of their own money,  
They will be more careful;  
They will assert themselves more  
They may not come to see you if they  
perceive better alternatives



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## Meeting New Consumer-Driven Expectations

- Offer services w/ greater convenience
- Step outside of the ‘normal’ reimbursement methods
  - “Cash Friendly Practices” (Dermatology; other specialties)
  - Be prepared with financing options





## Are you prepared for CDH?

- How are you positioned in these consumer-driven areas?
  - Convenience?
  - Quality?
  - Price?
  - Preparation at the front desk to collect amounts owed?





# The MGMA list eight “domains” of management:

- Business & Clinical Operations
- Financial Management
- Governance and Organizational Dynamics
- Human Resource Management
- Information Management
- Planning & Marketing
- Professional Responsibility
- Risk Management



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# Competition

What is competition in health care?  
Where will your competition come from?

- Enrollment in medical schools is down
- Currently there is a shortage in many geographic locations of physician extenders
- We have:
  - Fewer doctors in the pipeline
  - New physicians have a desire for a + QOL
  - Increasing demand for extenders



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## The Future Scenario

- Fewer physicians
- Non-physician providers in greater numbers
- Older patients in greater numbers
- More demanding younger patients
- Declining reimbursement





# Competition

## Where will it come from?

- Did I mention that we spend 17% of our gross domestic product on health care?
- \$2.3 Trillion dollars (\$2,300,000,000,000)
- Health care is perceived as a cottage industry



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## How do you see your practice?

- Business?
- Any business has these elements:
  - Customers
  - Vendors & Suppliers
  - Support Entities (infrastructure)



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# Your customers

- Where are “your” patients going?



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## What will be important?

- Remember the 3 A's?
  - Availability (Access)
  - Affability (Perceived)
  - Ability (Perceived)

Another?

- Affordability



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## Availability!

- Access, scheduling, calling for answers and expecting a response
- If you are open 5 days a week with one hour off for lunch = 38% available
- If you are open 4 days a week with one hour off for lunch = 30% available



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## Availability!

- Do you have a call center that takes calls during closed hours?
- Does your website allow access to app't requests
- Can patients ask questions and expect to get answers?
- How does the information flow?





## Potential ways to provide Access:

- Telephone consultations
- Web based interaction with patient
- Group sessions
- Wave scheduling (open schedules)



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# Concierge Practice: *“Ultimate Availability”*

- This practice concept continues to grow and may have some significant benefits for patients in the future.



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# Affability!

- Does your office environment provide a pleasant experience?



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# Ability!

- How do you demonstrate this to your patients?



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## Affordability!

- The question you will be asked is
  - What is the cost?
  - And of course, you won't be asked the question most of the time; the nurse, the MA, or the receptionist will be asked.
  - So how will you answer?



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## Other considerations:

- The Electronic Health Record
  - Provides efficiency in opening up information to selected staff for purposes of speaking with the patients



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## Consider the patient > 65!

- Reimbursement is low and going lower.
- Medicare patients are often demanding of your time.
- Increasing numbers of doctors are limiting their exposure to Medicare patients
- Does this scenario present an opportunity?



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## What will you need to do in this environment?

- Learn to compete; no matter what your situation
  - Improve Access
  - Improve convenience for the patient/payer
  - Improve information available to your patient
    - Lab results, Rx renewal, answers to health questions



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# Get more proficient at the front!

- Collect not only co-pays, but deductibles and co-insurance
- Make it a better experience for those who come





# Learn to focus on health care!

- Cardinal Rule:

*If an activity does not directly relate to patient care, consider moving it out of the practice!*



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# Industry Trends

- **Improved access to payer information (+)**
- **POS adjudication (+)**
- **Electronic submission & remittance improvements across a greater spectrum of payers (+)**
- **Declining # of health insurance companies (+)(-)**
- **Declining reimbursement (-)**
- **Increasing overhead (-)**
- **Contract negotiation improvements (+)**



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## Moving forward with viable options

- Stay as you are and prepare
- Seek to be acquired by hospital/health care organizations
- Organize around a strong foundation of business services
  - Financially integrated
  - Clinically integrated
  - Operationally integrated



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## Stay as you are and prepare

- Difficult, but there will still be room for the small practice that is proactive
- Manage effectively
- Marketing advantage: Some patients feel better in this environment





## Seek to be acquired by hospital or health care organizations

- How will this move benefit you in real ways?
  - Compensation – longer term (?),
  - quality of life – shared responsibility,
  - marketing – more and better patients (can you deal with them),
  - networking – improved information and management
  - contracting with payers – assistance and potentially better reimbursement
  - longevity of practice – do you still have some control over your future?
  - tools of practice – how much say will you have over your environment?



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## Organize around a strong foundation of business services

- Financially integrated;
- Clinically integrated – MedSouth and IHA
- Operationally integrated. – OIHM



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*Thank You*

**Questions?**



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