

Zapping Conflict in the Health Care Workplace

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NOTHER INDUSTRY HAS GONE THROUGH THE DRAMATIC CHANGES that health care has during recent decades. The words *health care* and *change* practically are synonymous. When change is in play, a greater degree of conflict surfaces and is energized in the process. The majority of nurses are not thrilled with a lot of change and certainly not with an organization that is challenged by conflict. Health care today is riddled with toxic workplace syndrome. Detoxing is in order.

All Is Not Well in Health Care

Results of two surveys of health care professionals show that all is not well in health care.¹ The conflict survey was distributed by mail to 3,000 health care professionals in the spring of 2002 and had 1,670 respondents. The second survey, conducted online, was completed in August 2002 and had 1,338 respondents. The responses to a variety of questions about conflict in the workplace show that conflict and sabotage are alive and well in health care. Many respondents said, "Yes, we know there is bad behavior and conflict among staff members, physicians, and administrators—even the patients and their families agree with us often."

When managers are asked what steps are being taken to reduce and eliminate rotten behavior and conflict in their facilities, the answer usually is silence, stammering, or a statement such as, "I'll get back to you." Dealing with workplace conflict is rarely fun. It is a defining moment for all—leaders, managers, and support staff members.

Conflict and Sabotage

Conflict occurs when two or more people assume opposing positions in a situation. The difference can be expressed verbally or nonverbally and can be presented overtly or covertly. Sabotage occurs when someone consciously or unconsciously undermines or destroys another's personal or professional integrity; creates mayhem in another's personal or professional life; damages another's personal or professional credibility; or reduces or destroys another's self-esteem.

If conflict and sabotage are not resolved in a timely manner, morale decreases; loyalty diminishes; teams are splintered; distrust grows; and turnover increases. Ongoing conflict and sabotage cost an organization millions of dollars a year in lost productivity, search fees, and training costs for new personnel.

In Brief

- Results of two surveys of health care professionals show that all is not well in health care.
- If conflict and sabotage are not resolved in a timely manner, morale decreases, loyalty diminishes, and turnover increases.
- If leaders choose not to put an end to this behavior, their organizations will continue to lose good people at a cost of millions of dollars a year.

Forty-five percent of survey respondents said they had resigned or transferred to another department because of abusive behavior. Forty-seven percent said the behavior was perpetrated by a manager or administrator.

In general, when it comes to conflict and sabotaging behavior, men do not discriminate—they behave unprofessionally toward both genders. Their style of creating conflict and undermining others is different from women’s—men are more inclined to be overt and very direct; they let you know if they intend to undermine you. This is considered “frontstabbing.”

When a woman creates conflict and sabotages others, her target is more likely to be another woman, and her style is likely to be covert and indirect. Sometimes her target does not even know where the sabotaging behavior has come from. This is considered “backstabbing.”

The Surveys Say . . .

Surveys indicate that conflict has increased during the past decade (Table 1). Managers and staff members agree that it has increased, but they do not agree why (Table 2). Conflict can be resolved, but it takes work and commitment by all parties.

If conflict is not addressed truthfully, it can mean the difference between black and red—

black meaning there are funds in the department to continue to support its needs and red meaning the department (and/or facility) is losing big money. It is highly unlikely that the OR will disappear. What is likely is that new equipment will not be purchased; supplies will run low; educational support and training will be reduced or eliminated; and valued employees will throw in the towel and seek work somewhere else.

In 2002, an article titled, “Nurse-physician relationships: Impact on nurse satisfaction and retention” was released by VHA, Inc, Irving, Tex, a health alliance that represents 26% of the nation’s community hospitals.^{1 (pXV)} The study included 1,200 health care professionals—nurses, physicians, and executives at various VHA facilities.^{2 (p26)} Not only did a majority (92.5%) of respondents report that they had observed disruptive behavior by physicians toward nurses, 30.7% of the nurses surveyed knew of at least one nurse leaving his or her position because of the behavior.^{2 (p28)} The study also found that disruptive physician behavior and institutions’ responses were key factors affecting a nurse’s morale and his or her decision to stay in or leave his or her position.

The online survey, conducted in the fall of 2002, asked a variety of questions about abusive behavior in the workplace. In all, 1,338 health care professionals—62% in nursing, 28% managers or administrators, 4% educators, and 6% in dentistry—responded to the survey.^{1 (pXV)} The questions and responses are as follows.

- Have you ever resigned from an organization or transferred to another department because of abusive behavior? Forty-five percent said yes.^{1 (pXVI)}
- Was the behavior bullying, sabotage, harassment, other, or all of the above? Almost half (48%) answered all of the above.^{1 (pXVI)}
- Was the behavior perpetrated by managers/administrators, coworkers, or both? Forty-seven percent said managers/administrators; 17% said coworkers; 31% said both; and 5% did not answer.^{1 (pXVI)}
- Would you consider working for the organization again if the abusive parties were terminated? Fifty-two percent said yes, and 48% said no.^{1 (pXVI)}
- The 48% who said no gave a variety of

Table 1: Has Conflict in Your Workplace Increased?¹

	Managers/ administrators	Employees
Increased	85%	88%
Decreased	7.5%	0%
No change	7.5%	12%

1. J Briles, *Zapping Conflict in the Health Care Workplace* (Denver: Mile High Press, 2003) 16.

reasons. Forty-one percent reported that the problem was too invasive in the organization; 24% said the problem was poor leadership and managers who could not manage; 22% said that it was not worth it; and the remaining responses included erosion of confidence, tarnished reputation, and damaged credibility.^{1 (pXVI)}

These responses are incredibly telling. First, the primary reason for the reported nursing shortage is not a lack of personnel—rather, it is a result of too many nurses choosing not to work in nursing. Second, if the leaders of an organization would acknowledge that there is conflict, sabotage, and bullying in their organization, they could work to resolve it. Third, if leaders choose not to put an end to this behavior, their organizations will continue to lose good people. The cost is millions of dollars a year in replacing and training employees. Until managers and nurses confront perpetrators of abusive behavior and create a “no tolerance” zone, the shortage will continue to increase. The toxic health care workplace must be changed.

Red Ink Behavior— The Curse of the Workplace

Consider these hypothetical scenarios. Brenda has been late for her shift at least once a week for the past six months. Patricia knows just about everything about a patient’s family that anyone could imagine, and she gleans the information in chatty conversations with the family members preoperatively. Dennis does not respond to any issue until it moves into chaos. Caroline consistently withholds information from her coworkers. Martha is cryptic in her communications, leaving her coworkers and managers to guess what she really means. Tom waits until the last minute to do any prepping, then gets others to drop whatever they are doing to assist him. Bertha is cynical about every new idea that is presented at staff meetings. Does any of this sound familiar? This is “red ink behavior.”

What is red ink behavior? It is the working manners, habits, and styles that can affect the bottom line of a unit, department, or facility directly and negatively. Sometimes these behaviors are unconscious—people truly are not aware of what they are doing and what the impact is on others. Most times, though, the perpetrator is aware of the behaviors that

irritate others and how they disrupt the workplace. In either case, productivity suffers. Consequently, money is lost. It takes more time to complete tasks, resulting in overtime or even the hiring of additional personnel. To determine whether red ink behavior is a factor in your workplace, answer the questions in Table 3.

Table 2: Key Causes of Conflict¹

Cause	Managers/ administrators	Employees
Too much change	40%	29%
Mergers	31%	27%
Downsizing	38%	22%
Workforce not committed	31%	24%
Confusion	30%	34%
Too much turnover	30%	41%
Not enough turnover	15%	7%
Education training reduced	4%	34%
Employees unmotivated	8%	27%
Employees incompetent	30%	15%
Employees underpaid	19%	39%
Employees overpaid	15%	5%
Managers unmotivated	19%	34%
Managers incompetent	8%	32%
Managers underpaid	15%	5%
Managers overpaid	8%	15%
Managers follow fads	11%	12%
Managers unclear with goals, objectives	19%	68%
Poor retention	4%	12%
Nursing shortage	4%	15%

1. J Briles, *Zapping Conflict in the Health Care Workplace* (Denver: Mile High Press, 2003) 17.

Most organizations are not aware of the cost of red ink behavior—money. And money is what today’s health care managers are in search of. Can a manager make a reasonable guess at what bad behaviors cost? A manager must. It is a smart thing for employees to do as well. Imagine how much money is wasted when coworkers and managers do not do what they are supposed to.

Wake Up and Smell the Coffee

Are there telltale signs that disruptive and unproductive behavior exists? Yes. Countless managers and employees complain and grumble about staff members, coworkers, and managers. Some know employees who have quit and gone to work somewhere else because their workplace environment is so unpleasant. Poor and abrasive managers or bullying and noncollaborative coworkers top the list of reasons employees leave. It is toxic workplace syndrome, a chronic disorder that costs facilities money—overtime and replacement costs, including signing bonuses, orientation, and possible moving reimbursement. Too many nurses have left their positions because of abusive and subversive behaviors.

The Domino Effect

There is a difference in how men and women respond to the rotten players in their offices and work environments. Rotten players are riddled with red ink behaviors. Men are more inclined to evaluate a coworker's behavior and either confront the offender or decide that it is not worth their time and drop the situation.

In general, women react differently. They are more inclined to sidestep the conflict creator and then tell their friends, coworkers, and anybody else who is in listening range about the issue.

They will share how upset they are and how it hurts or affects them. Their listeners usually are sympathetic—after all, it is likely that they have borne the brunt of bad behavior as well. This is known as the domino effect—everyone gets caught up in it. Time is lost in the retelling of the tale, which costs money. Whose pocket does it come out of? Do men participate in the domino effect? Yes, but usually to a lesser degree than women. Women outnumber men in the health care workplace; therefore, these differences are more apparent.

Creating Star Teams

For many, the phrase *team player* almost has a tainted air about it. In the past, being a team player meant keeping your mouth shut, working long hours, and not speaking up when someone else took the credit. Teams can be breeding grounds for conflict and sabotage.

As the health care industry evolves, teams will be a critical element—not just people coming together to work on a project or a report, but teams made up of key players. These teams become star teams. Today's star teams accomplish their tasks with a high degree of energy, harmony, and enthusiasm.

A star team will win more than it loses. It will focus on getting results, not just on personalities, processes, and rules. In the workplace, it will tap talent, time, and energy to get things done. For any team to succeed, all the players must have a common vision and the desire to achieve their goal.

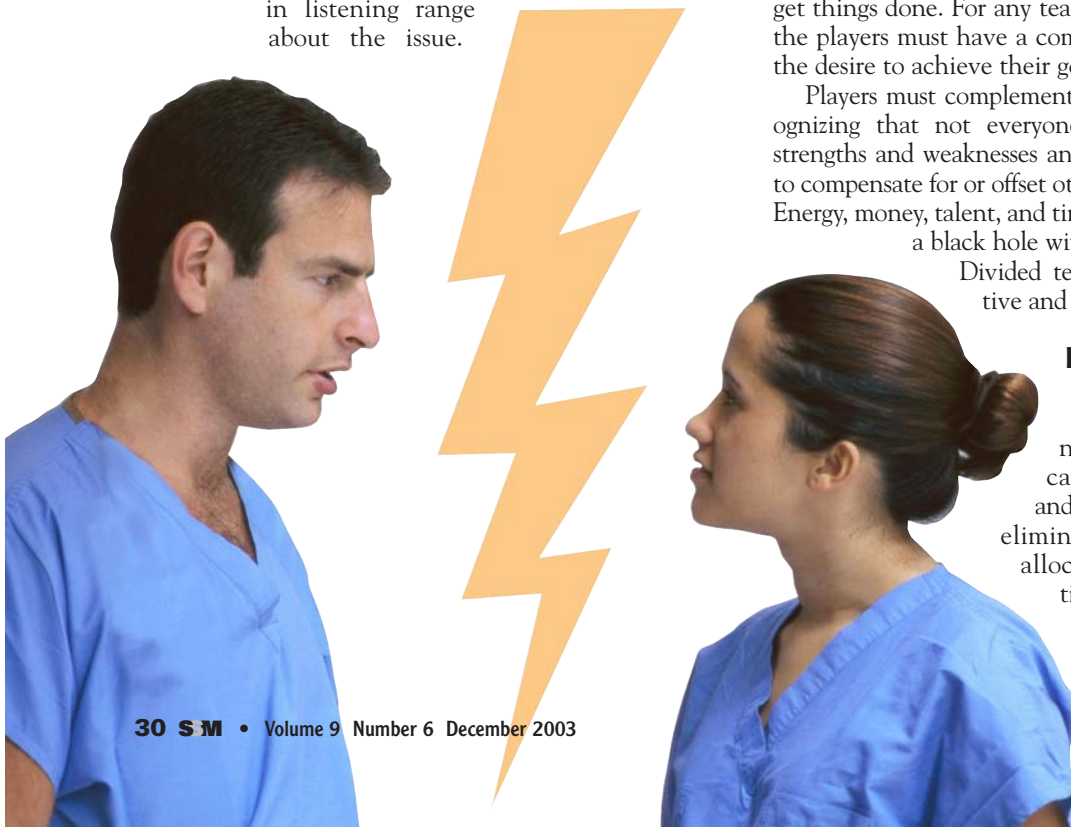
Players must complement each other, recognizing that not everyone has the same strengths and weaknesses and being prepared to compensate for or offset others' weaknesses. Energy, money, talent, and time disappear into a black hole with divided teams.

Divided teams are destructive and unproductive.

Education and Training Count

Since the mid nineties, health care has slashed, and in many cases eliminated, money allocated to education and training.

In the conflict survey, 34%



of staff member/employee respondents said that the reduction of education and training was the reason conflict had increased in their workplaces.^{1 (p17)} Only 4% of managers and administrators thought it was an issue.^{1 (p17)}

Add in the issue of lower productivity. Employees reported that when unresolved conflict and sabotage are active in their areas and departments, it takes two to four times as long to get their work done. Using data from the US Department of Labor for the number of women in the workplace coupled with the median income and the percentage reporting that they have experienced or are experiencing undermining activities, it can be estimated that these problems cost facilities billions of dollars a year.

The issue of staffing shortages always surfaces in team discussions. Managers need to get rid of marginal employees, just as administrators need to let go of marginal managers. Marginal employees bring down the group—they do not do their share; others step in to make sure the work is done; and this costs the department money. Always consider the drain on total group productivity and turnover that is the result of maintaining incompetency. The potential financial costs should talk. The question becomes whether anyone is listening.

Summing Up

The majority of staff members and managers are not thrilled with change and certainly not with an organization that is riddled with conflict. Under these circumstances, going to work is not a joy; for some, it is a chore. If the workplace were healthier, the nursing shortage would not exist. Selling shoes is less stressful than dealing with ongoing rotten behavior—be it from a manager or a coworker. It is time to detoxify the workplace.

Detoxing starts with the following.

1. Recognize that soft skills—effective communication and conflict resolution—are critical.
2. Teach and demonstrate effective tech-

Table 3: Is Red Ink Behavior in Your Midst?¹

- 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 work just not getting done?
- Are you getting complaints or hearing others continually complain about others?
- Is the domino factor in play?
- Is there someone who everyone avoids dealing with?
- Are deadlines repeatedly missed?
- Is absenteeism high?
- Is there a high level of tardiness (coming to work as well as returning from breaks)?
- Do people ask to transfer to another department or quit—and tell the exit interviewer that the reason they are leaving is for a “better” opportunity or to be closer to home?
- Do you feel that your workplace is the pits?

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

niques to enhance communication and conflict resolution among all employees.

3. Identify red ink behaviors and styles and address them.
4. Managers must be willing to let marginal employees go; staff members must be willing to leave. Not all units are toxic.
5. Create a “no tolerance” policy whereby bad or uncooperative behaviors are not allowed—period.

Every organization and group has conflict—it is more common than not to have it. The idea that all conflict is bad is a myth. The key, though, is to address conflict when it surfaces, manage it, and resolve it. If this does not happen, good employees will leave. The reward for resolution is increased retention, higher productivity, increased patient satisfaction, and a less stressful workplace. **SM**

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

2. A H Rosenstein, “Nurse-physician relationships: Impact on nurse satisfaction and retention,” *American Journal of Nursing* 102 (June 2002) 26-34.

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