

Corporate Conflict

Reducing the clinical-managerial divide

Corporate conflict tends to exist whenever individual or group interests appear to diverge within an organisation or where the organisational direction seems to be departing from the values or goals that the workforce believes are underpinning its true purpose. Within the NHS intra-organisational conflict between managers and clinicians is often very high, with each party appearing to have an agenda which is incompatible with the others. Whilst in the past organisations might have continued to survive in spite of this internal conflict, survival and growth in the new world will become increasingly difficult in those organisations where a clinical-managerial divide remains.

Conflict could be direct person-person or intra-group fighting

Before we go any further, it is probably important to define conflict in our terms. Conflict could be direct person-person or

intra-group fighting i.e. active, direct conflict by any common definition. However, we include the more pervasive, passive forms of conflict too, in which no active fighting occurs but in which there is an absence of positive collaboration i.e. resistance instead. All too many Trusts find themselves in passive conflict with their clinical workforce. Dangerous territory indeed.

New World imperative

The NHS in England continues to move through unprecedented change; Lord Darzi's "High Quality Care for All" with an emphasis on new ways of working, with many services shifting to the community whilst simultaneously centralising and streamlining many other services; World Class Commissioning and Practice Based Commissioning, with an emphasis on stimulating the market, improving quality and driving down costs; the imperative to acquire Foundation status by December 2010; the impending NHS recession commencing in 2011; all contribute to the risk of conflict in a melting pot for diversity of views, values and beliefs.

However, whatever our personal view, the NHS in England is changing and will

continue to change for the foreseeable future. Competition, new ways of delivering services, patient and public involvement are all here to stay whichever political party wins the next election. With change often comes an additional level of conflict. However, those organisations suffering from higher levels of internal conflict could risk being left behind by an increasingly competitive external environment. Whilst they wrestle with internal conflict, the world around them will move on, possibly without them. How real is the competitive effect?

All over the country there are Foundation Trusts developing business models to attract significant numbers of new users to their services from other surrounding Trusts, both Foundation and non-Foundation. There are private and voluntary providers developing community services whilst PCT provider arms themselves deal with developing new management structures (often associated with conflict) in readiness for permanent division from the commissioning PCT and a consequential requirement to enter the competitive game too. Unless the considerable energy spent in dealing with internal conflict is re-channelled, by the time these organisations wake up to the necessity





for internal collaboration, they may already find service erosion and possibly even loss.

The clinical wakeup call

Clinicians have always wanted to deliver high quality care to their patients and for the most part that has involved a relentless and applaudable focus on improving outcomes. Managers increasingly recognise that only the fittest survive. Fit has often been misdiagnosed to mean 'cheap' (which naturally suggests poorer quality) and yet to be "fit" we must use our finite resources efficiently and responsibly whilst also delivering on patient experience and clinical quality. If we do not achieve on this balance then we risk patients choosing to go elsewhere for their care or worse still, ending up with a Mid Staffs-type problem where financial health predominated over quality and experience.

To survive and thrive in the new world we have to be the best at our game. However, it is vital to recognise that 'best' is multifactorial. It is effective, efficient, safe care delivered by teams who work together to deliver high patient experience at an individual level. Furthermore, whether we

agree or disagree with the principles, it will also be care delivered flexibly, as close to the patient's home as possible, except where centralisation is necessary to improve the quality of outcomes. Survival and growth of organisations will occur where everyone understands their contribution to this and the organisational success as a whole, resulting in collaborative working for the greater good of the organisation rather than a focus on their own small piece of a much larger pie.

If you are in conflict, active or passive then you need to ask yourself what is happening in the world around you whilst you are fighting internally within the organisation. When you have finished fighting, regardless of whether you have won the battle, you need to be mindful of the wider war. What has happened to your service in the meantime? Are your preferred patients ebbing away, drawn to an evolving and competitive service nearby, along with the funding they carry with them?

Dissolving the internal barriers

Without question it is critical that this conflict, whether active, passive or just plain

competitive, is resolved if organisations are to flourish in the evolving environment. The challenge is just how do we go about resolving an issue that has been embedded for many years? Some solutions need to be delivered at an organisational level and others are just plain old practical exercises between individuals or groups.

The first step in most conflict situations is to gain a perspective that is wider than your own. This increased objectivity allows people to more readily rationalise how to move forward in a realistic and productive manner. One way of doing this is to use an exercise which enables you to see the problem from a number of different positions or perspectives. We'll describe...

Place 4 chairs in a circle back to back. Sit on the first chair and describe the conflict from your point of view. Why do you believe the things you believe? Why are you behaving in the way you behave? What are you really worried about losing if you do not get your way? What problems do you think will occur?

[Article continues onto the next page >](#)

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Now move to the second chair and describe the conflict from the other party's view point. Be absolutely sure you fully understand the problem from their perspective. How must they see you in this conflict? How must they feel about this conflict? What must be worrying them?

Now move to the third chair. Imagine now you are looking down from above on this conflict but as a neutral observer. What do you notice and observe. Where are the agreements? Where is the win-win? How could the problem be reframed (see below)?

Finally move to the 4th chair look at this conflict from both an organisational and bigger NHS perspective. What is happening whilst this conflict continues? What will be the long-term effect of this conflict? What is the pain associated with it? What's the result of the do nothing strategy?

Moving from chair to chair may seem pedantic but it definitely helps you see the problem from the 4 view points – it must be one of those weird psychological effects – spooky!

Conflict often develops because we do not take sufficient time to understand the other person or group's perspective. I sometimes have clinicians tell me they are in conflict with their managers. When I ask "when did you last sit down and talk with your manager to find out more about the things that are important to them and why" they all too frequently say never. Taking time to actively listen to another person has massive benefits. The key is to truly concentrate on listening to what they have to say without trying to solve the problem, interpret their words further or planning what you will say in retaliation once they stop. It is also important for them to feel listened to.

Paraphrasing what you have heard back to the colleague is an extremely useful skill which ensures you have acquired the correct meaning, preventing working on the wrong issues and unnecessary conflict. If you take this time to understand others then they will want to take time to understand your perspective; more importantly you will develop the knowledge which will enable you to start working on problems together.

A further step, and perhaps the most important one, is to step below the 'positions' people take and genuinely understand the needs underpinning them. It is on a platform of need that solutions can be built. The root of a solution is a common and shared problem. For a clinical team that needs to know they have done the best for the patient, whilst their management counterparts need to ensure financial stability, the common problem may look like this:

"How can we deliver the highest possible quality of care at a cost that is sustainable and maintains our overall balance?"

This simple technique of re-framing creates a working problem that has both parties' interests at heart. As long as both parties

truly subscribe to the win-win approach to resolving the problem, it provides a platform for truly innovative solutions. At the very least it's a collaborative problem where all parties shouldn't rest until the proposed solution is at least acceptable to all concerned.

Big issues sometimes need bold, if simple, solutions

In answer to the original problem, which involved breaking down the clinical-managerial divide in favour of a collaborative approach in the best interests of the organisation as a whole, there is a faster way. It's not a bug fix or a cheat and it is completely consistent with delivering long-term, collaborative working relationships. It doesn't even require anyone to compromise and it is proven too. What's more, it's as acceptable to clinical teams as it is to managerial teams and vice versa, with no losers either. Does it sound too good to be true?

Now, to truly challenge your belief, what if we told you it could be achieved in a day?

Working on an entirely different aspect of service success in the modern environment, we created a programme designed simply to educate and inform. However, when we delivered that programme, an annihilation of clinical-managerial divide turned out to be an unexpected and most welcome side effect. With the passage of time we have managed to assess whether it was artefact or a robust outcome of the programme itself. Fortunately, the latter has proved to be the case.

There's one catch and it's a simple one to resolve. If we tell 'everyone' about it, we may adversely affect its effectiveness and that would be a loss to all, given how common the problem is. So, the simple solution is two-fold. We can either tell you in private as part of a plan to resolve the issue for you, or you can hear it at the conference "Engaging Clinical Teams in the Business of Health" on 30th October 2009 in London. One problem, two options and if you are left thinking that sounds like a cheat, when you hear the solution you'll also understand why it's the right thing to do.

In summary, an increasingly competitive environment leaves no place for internal competition. In the new NHS there will be no place for underperforming departments and organisations. Given that organisational conflict and poor performance generally go hand in hand, the imperative to resolve it is clear. Whilst conflict remains prevalent, significant unproductive energy is wasted and organisations will remain ineffective and inefficient, saddled with inertia and indecision. Resolving conflict is fundamental not only for survival at an organisational level but also for the broader NHS.

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