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Partner Conflicts: Fatal or Solvable?

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Conflict Is Inevitable

"Hell," the philosopher Jean-Paul Sartre once wrote, "is other people."

Many physicians who have practice partners learn this lesson the hard way. Sometimes the doctors they choose as partners may have a problem with alcohol or drugs. Some may have mental health issues. Some may have difficult or ornery personalities. Some may have or develop issues with physical health.

By far the most common problems, contends attorney Ellen F. Kandell, JD, president of Alternative Resolutions, a conflict-resolution firm in Silver Spring, Maryland, arise from normal business situations and may create conflict based on differences in values and personality traits. Depending on how they are handled, they could either spell the end of a relationship, lead to further problems due to simmering hostility, or be solved effectively. Kandell offers some examples.

A young doctor buys into a practice for a hefty six-figure sum. As low person on the totem pole, the doctor is given more call than more senior partners. At first, the doctor accepts this situation, but when it hasn't changed years later, the doctor feels taken advantage of. She is reluctant to speak up, but the wound begins to fester. She brings it up to her partner at a meeting, but the doctor refuses to discuss it, although the junior doctor makes several attempts to broach the subject. In this situation, the doctor's productivity may slump. She may start burning out. She may eventually threaten to quit and, in an attempt to recoup her financial investment, she may sue the practice.

Or suppose the lead physician or practice founder decides to transition into semi-retirement. As a result, he may work fewer hours. His call may also be reduced—or sometimes eliminated—while he may actually be taking more money out of the practice than before, leaving his partners with more call and ultimately less compensation. Although this may leaving them fuming, they may nevertheless be loath to speak up, Kandell says. This may be because the top doctor was vindictive in the past when partners complained, perhaps exacting retribution in the form of less time off and more call. But if the situation isn't addressed, some partners may decide to leave the practice *en masse*.

Competition among partners can lead to passive-aggressive behavior. For example, an older physician with more clinical experience clashes with a younger partner whose medical knowledge may be more current because he recently completed residency training. Or the practice rainmaker might "steal" patients from younger partners to maintain his high productivity. Or an older doctor publicly puts down a younger doctor, nurse, or member of the administrative staff, sending ripples of unrest through the practice.

In another possible scenario, the practice adopts an electronic health record (EHR). The younger doctors, who grew up with computers, may quickly master the basics, even though they may have some gripes. To some of the older doctors, though, it's a hard-to-learn, unintuitive, error-prone, time-wasting, depersonalizing intrusion into patient care, an attitude that their younger colleagues may treat with disdain. The upshot: The older doctors vent their anger and frustration to the staff; to their younger colleagues, who express little sympathy; and worst of all to patients, cleaving the practice into feuding camps which threatens to undermine the *esprit de corps*.

"Every practice will change over time," Kandell observes. "Change and growth are good," she maintains, "but they generate conflict, and most doctors don't manage conflict well." If this sounds like you, she offers some advice.

Don't Ignore Conflict

Ironically, Kandell says, lead physicians may not always think of themselves as leaders, with all the responsibilities that leadership entails. Instead, like other doctors in the practice, they may immerse themselves in seeing patients, oblivious to what is going on around them, such as conflict simmering between partners. Or they may look the other way because they don't know how to intervene. Or they may not even realize that the job of a lead physician is to lead.

More junior partners who have a beef tend to do the same thing: avoid confrontation, and because they don't know how to handle the situation, they fear that their anger or frustration will cause them to inappropriately explode if they let their feelings out, making matters worse. So they don't express their feelings and their

anger continues to build.

But bottling up emotions isn't a solution, Kandell warns. Avoidance may cause depression, anxiety, or burnout; incite physicians to make inappropriate remarks or behave in unprofessional ways out of suppressed anger; or spark a physician to seek employment elsewhere, where some variation on the situation may repeat, because conflict is an unavoidable part of life.

Even when other doctors in the practice aren't verbalizing their gripes, they often signal from their facial expressions, body language, tone of voice, or office gossip that something isn't right. A doctor who is sarcastic, snappish, or critical when she wasn't that way before, who looks unhappy, who begins to come in late for work or takes long lunches, or who has an I-don't-care rather than a gung-ho attitude, probably has an issue that should be recognized, drawn out, and aired.

As US Supreme Court Justice Louis D. Brandeis observed, "Sunlight is the best disinfectant." And without sunlight, a host of problems may arise.

"Regardless of the nature or severity of the conflict, the adverse impacts include direct costs such as low patient satisfaction, litigation payouts, quality and safety issues, high staff turnover rates, decreased efficiency, and reduced productivity," Kandell says. "Indirect costs include bad press and public relations."

"Recognize that members of your practice will have changing needs, and that some of those changing needs will cause conflict," she says. "And once you see conflict, don't ignore it."

Getting to Yes

Conflict is normal, even inevitable. Yet most people are nonconfrontational by nature. Physicians are no different. If a partner doesn't seem okay but doesn't say anything, that shouldn't suggest that everything is fine. The longer a problem is allowed to gestate and aggravate, the worse it tends to get. Nip it in the bud, Kandell advises.

One way to do this is to invite a doctor whom you sense is unhappy out for lunch or a drink after work, and then ask a leading question like, "So, Fred, how's it going? I thought something might be wrong. Is everything all right?" Half of the battle in addressing a conflict is learning what it is, Kandell says. Make it safe for a partner who may not be comfortable with confrontation to express feelings that he may fear are unacceptable to verbalize, even when he has a point.

Even if the physician isn't ready to open up or admit that anything is wrong, at least you've signaled that you know something isn't right, and that you're willing to discuss and try to correct it. This may not be enough to solve the problem, but at least it promotes a positive message.

Another way to stimulate honest feedback is to hold regular, perhaps weekly, staff meetings "at which partners are encouraged to be open about conflict and are encouraged to raise issues without concern for retaliation," Kandell says. By creating a safe environment for views to be aired, problems can be addressed in a timely manner rather than being allowed to fester and potentially affect the rest of the practice. Often one partner's issues are shared by other partners as well.

Also wise is to "add dispute-resolution language to your employee handbook," Kandell says. This would spell out how physicians are expected to interact with each other. Talking about a doctor behind her back, criticizing a doctor to other doctors and even to the doctor's patients, showing disrespect to nurses and administrative staff, and stealing another doctor's patients are examples of behaviors that should be explicitly noted as unacceptable. You would think that people as intelligent as physicians would know this, but often they don't, Kandell contends.

The need to spell out rules for appropriate conduct isn't limited to physicians. Most businesses of any size itemize—often in minute detail—types of behavior that won't be tolerated, and it isn't just for the benefit of the lowest-ranking employees, either. Even a small physician practice should have an employee handbook, Kandell maintains. Each new employee should receive a copy as part of the orientation process and sign a document attesting that it has been read and understood.

A simple but effective measure for learning about dissension among partners before things get out of hand is to install a comment box in a semi-private area of the practice that allows physicians to raise issues anonymously that they may be uncomfortable raising in person. Suggestion box comments can then be reviewed and discussed at the weekly partner meeting. Larger practices should consider designating a conflict-resolution committee to draft guidelines for early identification and resolution of problems, Kandell advises.

When All Else Fails

Sometimes conflicts among partners resist ready resolution. High turnover among doctors and staff due to long-standing practice dysfunction; contractual disputes with partners; resistance to new technology in the practice; resistance to selling an independent practice to a hospital system; having a partner—or an entire practice—deselected by a health plan; fallout from a malpractice suit against a partner or the practice, or productivity problems—such as failure to complete charts in a timely manner—may require outside help.

Such help is available in two forms: coaching and mediation. A physician coach may be another physician, psychologist, social worker, or executive coach from the business world and serves the same role as a coach for an elite athlete, actor, or musician: to help a client address performance issues.

For example, a doctor who becomes lead physician may be an excellent physician but lack the skills to effectively lead. A partner who doesn't know how to deal with conflict, who is burning out, or who can't manage his or her workload may benefit from outside help.

A physician coach works confidentially with individual doctors, usually over a period of weeks or months, to develop the necessary coping skills, explains hospice and palliative care specialist Gail Gazelle, MD, an associate professor of medicine at Harvard Medical School in Boston, Massachusetts, and a professional coach for physicians and physician leaders. Recognizing and addressing small problems before they become big problems, for example, is a skill that can be taught.

For more on coaching, contact the Institute of Coaching in Boston.

Another option is to hire a professional mediator to serve as a neutral party between those in conflict. Mediation is also confidential, Ellen Kandell says. "That's what makes it attractive to professionals."

A mediator, much like a marriage counselor, enables disputing partners to hear each other's grievances without shutting each other down before communication can occur. The mediator guides the conversation so that a way can be paved for them to arrive at a mutually acceptable resolution.

Many law firms offer mediation services. Search online using the keywords "physician" and "mediation," or contact the National Association of Certified Mediators or the American Arbitration Association, both in New York, or the National Academy of Distinguished Neutrals in West Palm Beach, Florida.

However, creating a work environment where problems can be aired and addressed in a timely manner, without recrimination, is the best solution, Kandell stresses. When partners look forward to coming to work each day, when they feel respected and part of a team, conflicts are easier to resolve.

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