



## THE CUTTING EDGE

Conflict can damage relationships, but it can also be healthy and conducive to positive change. How does conflict affect you?

As noted attorney and TED speaker Jonathan Marks has observed, “We are constantly told that conflict is bad and that compromise is good; that conflict is bad and collaboration is good. But in my view, that’s far too simple a vision of the world. We cannot know whether conflict is bad unless we know who is fighting, why they are fighting, and how they are fighting.”

Physician-physician conflict, physician-nurse conflict, nurse-nurse conflict, provider-patient-family conflict, health care provider-insurance conflict — the list of conflicts in health care is seemingly endless. The subject at hand is often the source of conflict that can, if not handled appropriately, result in a dysfunctional environment and can compromise patient safety, not to mention burnout for health care workers.

“Conflict is a complex behavior,” Cheryl M. Patton, author of *Conflict in Health Care: A Literature Review*, wrote. “It can occur on various levels — intrapersonal, interpersonal,

intragroup, or intergroup.” It can be dysfunctional and destructive, or potentially positive. What can be done to minimize or deal with conflict? Patton offers several suggestions.

Many health care providers are Type A personalities who hold strong opinions regarding diagnosis and treatment. Issues such as prolonging life or allowing natural death to occur can cause heated arguments. In my own experience, I have seen tremendous reluctance for physicians to accept the concept of palliative care, care that eases patients with chronic conditions into accepting that their lifespan might be limited. Many doctors still do everything to rescue patients and prolong life at all costs. Patients and their families need to question if this care is necessary, introducing more conflict.

Not surprisingly, one of the top reasons conflict occurs is lack of communication. While one of the goals of the electronic health

record was to help remedy the communication malady, it has actually caused its own conflict among physicians who lament the time required for documenting and charting.

Patton said another source of conflict was blurred job boundaries. What is the difference between care offered by a primary care physician, a nurse practitioner, or a physician’s assistant? Despite the potential for conflicts, all care providers ultimately navigate the potential minefields of disagreement with the end goal in mind — great patient care.

Patton concludes her literature review by noting that understanding sources of conflict is essential. Conflict needs to be managed so it does not become dysfunctional, resulting in medical errors, burnout, stress, and job dissatisfaction.

*For works cited: go to [www.phikappaphi.org/forum/summer2019](http://www.phikappaphi.org/forum/summer2019)*

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