Conflicts in Health Care Organizations

Health care organizations are multifaceted in their structure and operations. Collaboration and team works are invariably linked to the operations in a health care setting. As such, conflicts are common in health care organizations. Just like in any other organization, conflicts reduce the productivity and result in damaged relationships in teams of a health care organization. It will impede the ultimate goal of a health care organization to provide quality care. For these reasons, conflict resolution has become an important consideration for health care organizations. This paper is analyzing a given conflict scenario in a health care organization and attempts to find possible solutions.

Just like any other organization, health care facilities also are always exposed to issues related to workplace conflicts. In medical facilities, conflicts create stressful situations in almost all departments. Different conflicts including organizational conflicts, interpersonal conflicts, intra personal conflicts and intersender conflicts are common types of conflicts found in a health care setting. When various department in a medical facility compete each other for resources including equipment, personnel or financial requirements, organizational conflicts occur. Organizational conflicts are mostly detrimental for an organization because of the stress and less productivity resulted out of the conflict. However, in some cases, organizational conflicts may surface some inner issues for the benefit of the organization. When two professionals in the health care setting disagree, an interpersonal conflict occurs. In health care settings, inter personal conflicts are common and the impacts are mostly harmful. In many cases, patients are negatively impacted by the conflicts between the professionals who are supposed to give care for them. A third type of conflict in a health care setting is intrapersonal conflict. Professionals in a health care setting may

feel this type of conflict when they fail to find a balance between their job requirements and personal life or believes. Ethical dilemmas often create intra personal conflicts among the professionals in a health care setting. (Dodge, A)

The given scenario is an example of organizational conflict. Though the scenario appears to be an interpersonal conflict between Ms. Miller and Dr. Kincaid, the roots of the conflicts are organizational rather than individual. The immediate reason for the present conflict is the protest of the program manager after being fired by Dr. Kincaid, the program director. The fundamental cause of the issue was the inconvenience the program manager was creating already. The frustration and inconvenience resulted in numerous complaints from the providers against the program manager. Ms. Miller may be right in her stand against the program director as a non-clinical staff could not be fired by the program director. So, it is clear from the scenario that the conflict was a result of organizational conflict regarding duties, resources and deployment of the responsible personnel.

The conflict described in the given scenario will have definite impacts on the Bariatric Program and on the organization. Most probably, the impact on the Bariatric Program would be positive. A discussion on the issue and the conflict resolution efforts would definitely shed light to the existing problems in the functioning of the program. Providers may find this as an opportunity to raise their complaints against the manager regarding the inconvenient scheduling of the program. The management can investigate if the complaints about favoritism are worth consideration or not. Obviously, patients also were suffering from the mismanagement of the program. The occurrence of this conflict and the consequent resolution attempt will definitely

benefit the patients. There are increased chances of more satisfied customers for the Bariatric Program once the conflict is effectively handled by the concerned individuals.

The potential impacts on the organization will be a combination of both negative and positive effects. As the Bariatric Program is possible to be benefited with the conflict, the organization also can benefit from it. The satisfied customers or patients of the program will be the positive outcome of the conflict for the organization. At the same time, there can be more negative impacts on the organization as well. Most importantly, the conflict if not resolved tactically, may result in the concerned individuals leaving the organization. If the program manager feels unsatisfied with the resolution method or suggestion by those who manage the conflict, he may decide to leave the organization. Similarly, there are chances for both Ms. Miller and Dr. Kincaid to become unconvinced with the solution of the conflict as any of them may feel the solution is not favorable to them. If any one or both of them leaves the organization as a result of the conflict, the organization has to suffer in terms of decreased productivity and increased expenses for recruiting another personnel. Just like in any other complex organizations, this conflict will consume the valuable time of health professionals in this organization. If they are not much familiar with conflict management techniques, the impacts would be worse.

The potential solutions of the scenario may vary depending upon the techniques adapted by the conflict resolution personnel. If the concerned individual or group of individuals is equipped with sufficient conflict management strategies and tools, they can make best decisions to resolve the conflict. Such solutions would be able to foster the relationships between the health professionals involved in the conflict and at the same time be beneficial for the Bariatric Program and the organization as a whole. A potential solution must address the organizational issues

inherent in the conflict and should try to alleviate any communication issues that could have existing between the concerned parties and departments.

Considering the facts, it is obvious that there was a fundamental flaw in the scheduling of the program that resulted in providers' distress and patient's complaints. As the program manager was responsible for such inconsistencies in the program, Dr. Kincaid may not be blamed as he being the chief of the program. The conflict resolution team may consider that Ms. Miller was right in her point that non-clinical staff could not be fired by the program director as it could be against the guidelines of the organization. In that case, the team may comment on Dr.Kincaid's action on the program manager. The method used by the conflict resolution team will be in such a way to alleviate the issue and concerns of the parties involved. So, the team will try to convince all the parties about the real issues behind the conflict. Most probably the three people will continue with the organization with a convincing resolution of the issue. The program manager may get a position change considering the discrepancies in the functioning of the program. If the new position is not agreeable for him or if he feels the decision is detrimental for him, he may decide to leave the organization.

References

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