

# Conflict-Management within clinical and administrative stakeholders in medical structures

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## Introduction

Conflict management, largely known in business relations and family dispute has its impact in all organisations and conglomerates of people. In a hierarchy of Conflicts (1) we learn about the different stages and the possibilities of intervention. We have to distinguish between attitudes and desired results i.e., voluntary and involuntary, friendly and unfriendly, contact continuation and rupture of the contact.

The tools of resolving a conflict lie in the hands of public courts with their set of possibilities once the trial has reached prosecution or in the hands of the parties with and without assistance of a 3<sup>rd</sup> person. The most comprehensive procedure is mediation (2) within the set of all ADR (Alternative Dispute Resolution) (3) possibilities.

In medical organizations i.e., clinics, hospitals, medical practices and supporting organizations we find an established and traditional hierarchy; the climate of human practice is top down (4).

That is true for other formations and establishments too.

## A German case

Dr. Jo is a well recognized member in his department and the hospital. His patients have respect and confidence in his work. This is known to Dr. Jo's superior the head of the department. Dr. Jo is continuing his education through applied research and he is well respected in the academic society. He likes his professional environment and his present hospital.

After a couple of years he now wants to develop into more responsibility and squints to his departments boss' succession who is in an age to retire.

His desire for personal progress is widely supported by his

wife and his family, they even push for a change.

Through his contacts to other hospitals he considers an offer as head of department. This change includes more responsibility, more risk, and a more challenging system of remuneration but the impassibility for family relocation and further uncertainty. When discussing his professional promotion with his superior he had to learn, that there are other colleges in the hospital who want to get to the top. And it is known that there were outside applicants knocking at the departments door.

Now, who is making a decision-his superior and/or the administration and what is influencing this process? Is this selection biased or unbiased?

Parallel to the race for the next leader, the climate in the department is changing. Everybody knows about the change process and is watching the steps of competing colleagues. The assistants, the nurses and even the administration are less open, less friendly; a fear of change. Rumour goes on about mobbing but nobody complains officially.

Director Sheila confronted with Dr. Jo's intentions and the departments perturbation withdraws with the argument of the direction to follow intern rules.

How to get along without bursting the climate?

Dr. Jo developed his strategic plan. He suggests to organize a confidential meeting and to involve a 3<sup>rd</sup> party as mediator and facilitator. Who to choose? Who to suggest? What makes a good mediator (5)?

All participants accepted Tim as mediator. Tim came from outside and was totally impartial but with a high level of social competence.

In the mediation rules (6) it was agreed that the mediator had the responsibility for the mediation process-not for the

results; that the process was voluntary and discrete and none of the conflict team would question Tim as witness.

During the first session Tim explained the 5 stages of mediation (7) and insured, that everybody had well understood and accepted the “rules of the game”.

Every conflict party had to describe the situation and concern from his point of view and had to tolerate the opposites assessment. After working through the conflict Tim encouraged the group to make suggestions with a later evaluation. Finally, after discussing the best alternative (8) a common agreement on how, when and under who’s responsibility the results were to be transposed.

The results included a written protocol of understanding in privacy. In a period of two years Dr. Jo would move in his job with more competence gaining from the present head of department with the possibility of additional liquidation from private patients. The cost of the mediation was shared, one half the clinic, one half Dr. Jo.

The results of new responsibility were announced in the department which calmed down the uncertainty and the stress.

### Lessons to learn

I. Mediation helps to find a conflict solution without loss of face, quick and economical;

II. Contracts in labour and business should include a Mediation Clause. This clause clarifies place, value of claim, language and applicable law;

III. Private-, national and international organizations (9) offer mediation and other practices in the ADR set.

“The warrior who wins without fighting is the real hero”. Chinese proverb.

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### References

1. Glasl Friedrich. Confronting Conflict. Hawthorn Press;1999.
2. Available online: <http://en.Wikipedia.org/wiki/Mediation>. 2011
3. Available online: [www.hg.org/adr.html](http://www.hg.org/adr.html). 2011 (among others)
4. Kanigel, Robert. The one best way:Friedrich Winslow Taylor and the enigma of efficiency. MIT Press;2005.
5. Alaska Judicial Council. Five Steps to Choosing a Qualified Mediator. Available online: <http://www.mediate.com/articles/choose.cfm>
6. Hamburger Mediationsordnung für Wirtschaftskonflikte. Available online: [www.hk24.de](http://www.hk24.de)
7. Redlich, Alexander: Konfliktmoderation. Hamburg 2006.
8. Fisher R, Ury W. Getting to Yes: Negotiating Agreement Without Giving In. New York, N.Y.: Penguin;1991.
9. ICC international, -CELA China and Germany-DIS Germany, -CIETAG China.

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