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COMMENTARY

Team conflict and the neurologist

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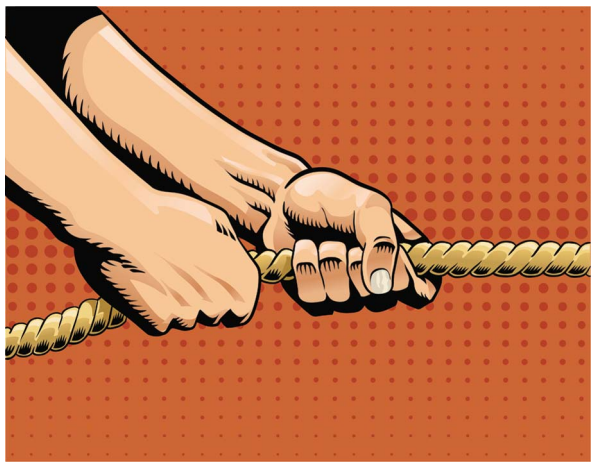
Abstract

Collaboration within a complicated organization is inherently challenging and can be fraught with discord. Recent emphasis on interdisciplinary and collaborative teamwork in neurology has brought this issue to the forefront of daily practice. The health care system can be complex and opaque, and the stakes—human life—are high. Medical team conflict has been associated with decreased subjective effectiveness, less job satisfaction, and increase in errors. As specialists, neurologists are necessarily embedded within a network of providers and must be adept in the understanding and management of conflictual situations. For the practicing neurologist, it is important to understand team conflict dynamics. Here, management strategies are provided that illustrate how individual neurologists can serve as effective leaders who mitigate harmful effects and capitalize on benefits of team conflict on performance.



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As patient care has grown in complexity and specialization, health care systems have increasingly relied upon medical teams to improve clinical outcomes.[1] In neurology, multidisciplinary teams can improve mortality in inpatient and outpatient settings, such as in stroke and amyotrophic lateral sclerosis.[2,3] Multidisciplinary team-based care has extended to patients with headache, dementia, multiple sclerosis, epilepsy, movement disorders, and back pain, among others.

Changes to the structure of medical training and neurologic care delivery have necessitated increasing adoption of a team approach. Hospital consolidation, physician burnout, duty hour restrictions, a growing emphasis on outcomes, the empowered patient-as-consumer, and increasing utilization of urgent care and telehealth resources are just a few of the factors contributing to the rising value of effective team collaboration.[4] This evolving landscape affects all neurologic providers, from the private practitioner to the community hospital consultant to the grant-funded basic scientist. Future neurologists must be able to function successfully in a multidisciplinary team.

Given the advantages of effective teamwork, it is unsurprising that failures in teamwork contribute to adverse events.[5] Team conflict is one important source of such failure and has been associated with medical errors at a national level.[6] Conflict is defined as tension or disagreement among individuals, typically arising from differences in experience, background, values, or opinions. Although these varied perspectives may encourage problem solving and innovation, they may also lead to polarization and discord. Neurologists must therefore be knowledgeable in team conflict and its potential management strategies.

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Changes to the structure of medical training and neurologic care delivery have necessitated increasing adoption of a team approach.

Team conflict in medicine

Health care workers perceive team conflict as common and detrimental. Over one-third of intensive care unit (ICU) nurses report personal involvement in team conflict during a given week.[7] Conflict between medical professionals lowers perceived performance effectiveness and job satisfaction.[8,9] A national survey of more than 6,000 medical residents revealed an association between conflict with colleagues and medical errors, adverse outcomes, and involvement in malpractice claims.[6]

Many factors influence the experience and outcome of medical team conflict (table 1). Educational differences, imbalanced resources, lack of advancement opportunities, and bureaucratic barriers are institutionally associated with team conflict.[10] Interprofessional outpatient teams report poorly delineated responsibilities and lack of accountability as common conflict sources.[11] Emergency room physicians note self-serving behaviors and disengagement promote conflict, while heterogeneous ICU teams identify varying skill levels and inconsistent goals as contributors; both find poor communication to be a common source.[12,13] As might be expected given the hierarchical structure of medical culture, power dynamics have been identified as a particularly frequent and high-stakes source of medical team conflict.[14]

Team conflict in neurology

Literature describing team conflict in neurology is scarce, but limited evidence suggests that neurologists may be particularly likely to encounter team conflict.[15] Primary care physicians perceive neurology as the most difficult medical specialty about which they have the least confidence.[16] This discomfort may cause non-neurologists to have heightened sensitivity to disagreement caring for neurologic patients, leading to more frequent or intense conflicts, particularly if neurologists are annoyed or impatient with uneasiness in their colleagues. Consider a patient with epilepsy pregnant in the third trimester. When she has a seizure, her obstetrician may have very different thresholds for emergency evaluation and imaging than her neurologist. Differences in comfort with neurologic illness increase the potential for discord, particularly if communication is ineffective or inadequate.

Table 1 Factors associated with medical team conflict and general management strategies to address them

Factors associated with team conflict	
Institutional factors	
Examples	General management strategies
• **Lack of advancement opportunities** • **Insufficient resources** • **Bureaucratic barriers**	• Team alignment • Accountable leadership
Practice-level factors	
Examples	General management strategies
• **Clinical discomfort with neurology** • **High clinical uncertainty**	• Team alignment • Accountable leadership
Team factors	
Examples	General management strategies
• **Poor communication** • **Varying skill or experience levels** • **Poorly delineated responsibilities** • **Lack of accountability** • **Poorly delineated goals**	• Individual support • Communication management • Team alignment • Capitalizing multidisciplinary advantages
Individual factors	
Examples	General management strategies
• **Self-serving behavior** • **Disengagement**	• Team alignment • Individual support

Specific leadership strategies within each category are outlined in table 2.

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Many neurologic illnesses also necessitate multidisciplinary care, heightening opportunities for conflict between providers.[17] A patient with amyotrophic lateral sclerosis may see a neurologist, primary care physician, pulmonologist, palliative care physician, case manager, speech and physical therapist. Imagine this patient falls and fractures his clavicle. How might each provider feel about operative intervention? How would they counsel the patient and family? Such varied perspectives amplify the potential for disagreement.

Finally, neurologists frequently operate under considerable clinical uncertainty.[18] When a diagnosis, prognosis, or treatment strategy is unclear, there are many opportunities for difference in opinion. Consider an elderly patient with subacute cognitive impairment and psychosis. A consulting neurologist may collaborate with a hospitalist, psychiatrist, and an outpatient primary care physician to determine appropriate workup. If workup does not reveal a neurologic cause, what threshold will each provider have to diagnose a primary psychiatric illness? A neurologist must be adept in conflict prevention and management to care for patients effectively in such circumstances.

Conflict and team performance

Since medical teams act to improve clinical performance, it is unsurprising that most evidence suggests team conflict in health care is an intrinsically negative process.[8,9] However, there may be certain narrow circumstances in which team conflict is advantageous.[19] Consider a neurocritical care team deciding upon the appropriate blood pressure target for a patient with traumatic intracerebral hemorrhage and increased intracranial pressure. Such an important and complex task may benefit from rigorous debate and critical analysis. However, to harness this opportunity, team members must have sufficient cognitive resources to process and discuss the case, without hindrance from interpersonal discord or confusion about roles and responsibilities. If no one knows whose job it is to place the order for a vasopressor, lengthy deliberations on blood pressure target will only complicate the situation. Furthermore, even if roles are clearly defined, hostile or contentious discussion is unlikely to be productive. Neurologists must therefore act as leaders to create an environment in which conflict—in the form of respectful debate—has the opportunity to advance patient care.

Addressing conflict: Leadership as opportunity

Evidence strongly suggests that an effective team leader can reduce conflict formation and mitigate detrimental effects of conflict on performance.[20,21] Outpatient primary care teams implicate leaders as the primary enactors of conflict resolution.[11] Nurses report attending physicians are particularly helpful resources in conflictual situations.[7] However, team leaders are not always successful conflict managers and may even serve to fuel conflict.[22] So how can neurologists effectively mitigate conflict in their teams and even harness its potential benefits? Table 2 summarizes specific potential strategies.

Neurologists may also have an opportunity to enhance team performance by harnessing potential benefits of team conflict.

In many cases, the best way of reducing team conflict is to prevent its emergence. Preexisting trust between team members mitigates future conflict,[12] and leaders can facilitate an environment that promotes trust formation.[20] This includes deliberate efforts to engage team members, showing interest in their work and acknowledging their effect on patient care to demonstrate appreciation and respect. These efforts build a reservoir of experiences upon which to form trust. Furthermore, since inconsistent goals can be a source of conflict,[13] neurologic leaders should highlight common goals between team members and clearly define those goals before situations of uncertainty arise. It is much easier to decide whether to anticoagulate a patient with dementia, atrial fibrillation, stroke, and a gastrointestinal hemorrhage once clinical priorities are aligned.

Once conflict arises, neurologic leaders should acknowledge and accept responsibility to address it; ignoring conflict is usually unhelpful.[22] When addressing conflict, neurologists should maintain a calm, professional manner that does not escalate emotional tension.[23] This will reduce distraction due to interpersonal dynamics and make discussion more productive. If emotional pressure is running high, neurologists can defuse tension by ensuring team members each have opportunity to voice concerns, validating and supporting them while troubleshooting solutions. If discussion goes astray, neurologists can also remind team members of their shared vision and goals, both refocusing attention to productive topics and motivating the group to persevere.[21]

Neurologists may also have an opportunity to enhance team performance by harnessing potential benefits of team conflict. For example, conflict among teams who feel psychologically safe among one another can improve their performance.[24] Team members who feel psychologically safe are willing to take interpersonal risks, speaking their minds even when doing so might incite conflict with another

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Table 2 An overview of specific strategies for leaders in neurology to use in the management of medical team conflict, as well as example statements demonstrating each strategy

Specific leadership strategies	
	Example
Team alignment	
Share a clinical vision	*"We have real potential to be the area referral center for normal pressure hydrocephalus."*
Define team member roles and responsibilities	*"The triage nurse can then recommend a follow-up call from the neurologist, if needed."*
Define team goals and highlight commonalities	*"In the end, we all want what is best for the patient."*
Individual support	
Personal engagement activities	*"Before we begin, let's each share one thing we'll be happy to return home to tonight."*
Demonstrate appreciation	*"Those outside medical records you found made a huge difference in the care of this patient."*
Normalize human error	*"I often find it difficult to make time to review imaging myself, not just look at the report."*
Validate team members	*"Electronic medical record systems can definitely be really frustrating!"*
Communication management	
Maintain calm, professional manner	*"It seems as though I've upset you. Help me to understand."*
Defuse emotional tension	*"This is a tough situation for everyone and I really respect how hard everyone is trying."*
Allow individuals opportunity to voice concerns	*"You look reflective. What do you think about this change?"*
Capitalizing multidisciplinary advantages	
Celebrate differences	*"We are fortunate to have a clinician with such a unique training background!"*
Reward innovative thinking	*"I love how bold your idea is. How do you envision coordinating with the Emergency Room?"*
Accountable leadership	
Act as advocate for team	*"My team really needs a quiet environment where we can huddle."*
Assume personal responsibility	*"I will see the patient in my clinic next week. Here's my cell phone number just in case."*

person. Such team members also are willing to keep an open mind to other opinions and do not feel compelled to double down on their own simply to avoid appearing "wrong." Neurologists therefore can increase psychological safety of their teams by normalizing human error, celebrating differences between members, and rewarding innovative thinking. The figure provides an illustrative case highlighting multiple sources of conflict and potential leadership strategies used in resolution.

Medical team conflict is associated with increased error and decreased subjective performance and job satisfaction. In neurology, the high prevalence of clinical uncertainty in combination with particularly consequential diagnostic errors suggests team conflict may be especially high stakes.[25,26] However, the complexity of neurologic disease also offers a particularly rich opportunity to use effective teamwork to improve patient care. With the guidance of a skilled leader, a healthy debate between team members who trust each other may prevent anchoring on the diagnosis of a multiple sclerosis flare in a patient is suffering from an opportunistic infection related to disease-modifying therapy. Neurologists are in a prime position to be such leaders and should seek to prevent conflict development in their teams by enhancing trust and reinforcing common goals. When conflict arises, neurologists can

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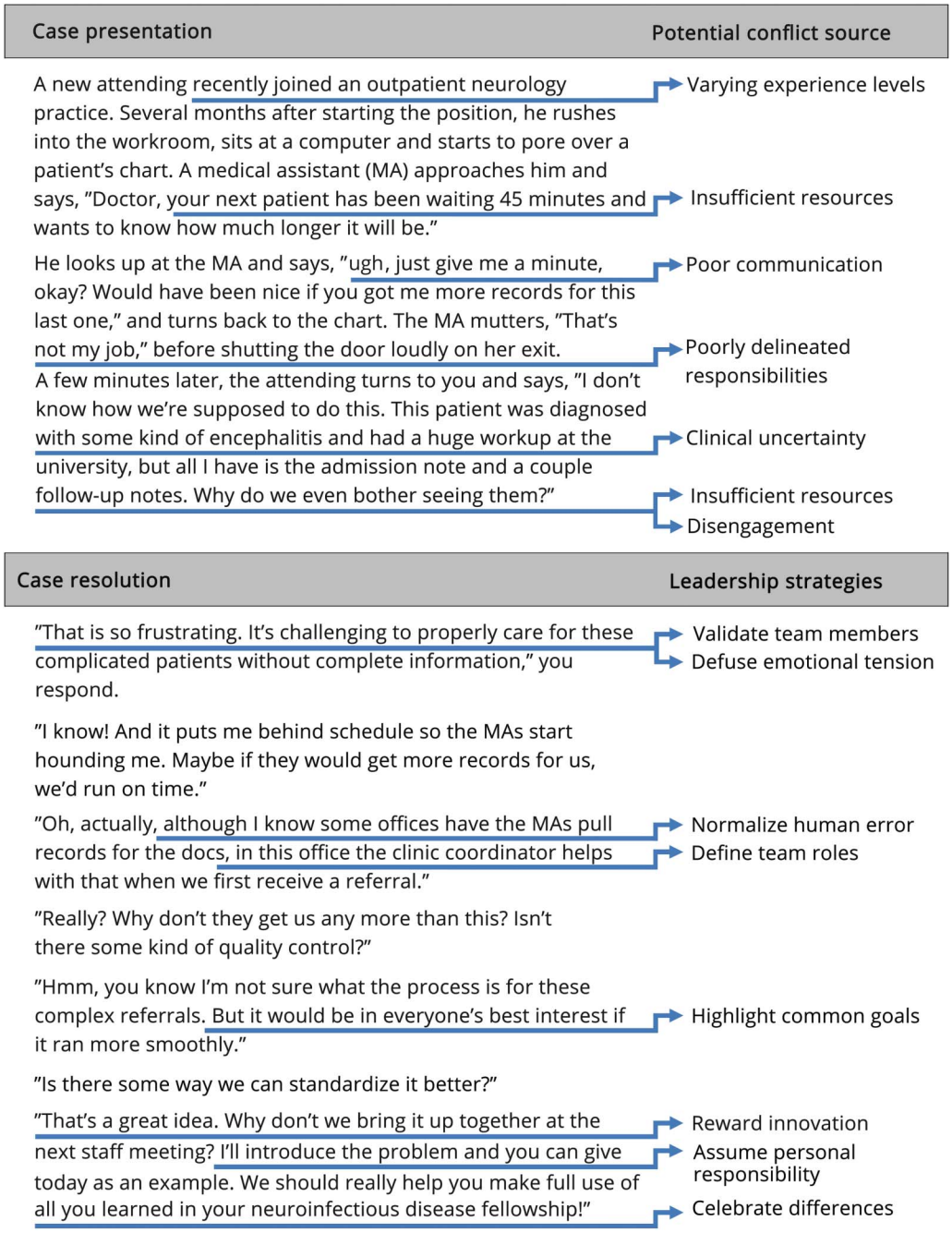
Figure Illustrative case



A case presentation illustrating multiple sources of conflict, including those at the individual, team-based, practice, and institutional levels. The case also highlights several leadership strategies successfully used to further conflict resolution.

mitigate the deleterious effects by addressing it professionally and calmly, hearing concerns, and validating them while reminding team members of their shared vision. Finally, neurologists can capitalize on the potential benefits of team conflict by creating environments of psychological safety where members feel comfortable voicing dissenting opinions in a manner that encourages productive debate. These conflict management techniques represent critical skills for neurologists to develop in the setting of an ever-growing emphasis on multidisciplinary patient care.

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Name	Location	Contribution
Megan Richie, MD	University of California San Francisco, Department of Neurology	Conceptualization, literature review, drafting manuscript, and revisions of manuscript for intellectual content
S. Andrew Josephson, MD	University of California San Francisco, Department of Neurology	Conceptualization and revisions of manuscript for intellectual content

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Practical Implications

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