

Understanding Medical Disputes Through the Lens of Conflict Resolution

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ABSTRACT. *The number of medical dispute cases has been increasing greatly for the past two decades in China and requires greater attention from society and the academic community. Through the lens of conflict study, this paper examines four conflict resolution theories and discusses how theories in the field of conflict resolution can work for helping manage medical disputes and improve the satisfaction of patients in practice. This article also suggests that the toolkit of doctors and nurses should be filled with more useful conflict resolution skills, so medical disputes can be better managed and de-escalate at an earlier stage. The paper provides scholars and doctors with a practical perspective and is valuable for studying medical disputes.*

KEYWORDS: *medical disputes, conflict resolution skills, conflict resolution theories*

1. Introduction

The current global epidemic has brought people's attention back to the medical field and teaches everyone a lesson of how important the medical resources are, while in China at this moment we have still witnessed some bloody tragedies caused by the medical disputes. On March 21, 2020, a physician working at the hemodialysis room in the Ordos central hospital was stabbed by her patient more than 10 times and soon lost consciousness and fell in blood[1]. Three months ago, another physician from the Beijing commercial aviation general hospital was brutally killed by a son of her patient with a knife[2]. The relationships between patients and doctors have been getting intense in China and many studies are listing the increasing number of medical disputes in the past two decades [3-5]. Although the number of medical dispute cases has increased worldwide since the beginning of the new century[6], Chinese medical disputes have distinctive causing factors if compared to other countries suffering from the growing cases of medical disputes.

First of all, China is on the halfway of carrying out its ambitious national health care reform developed one decade ago[7]. The goal of this medical reform is to provide more affordable and convenient medical services to all Chinese citizens through building a comprehensive universal medical system. While the motivation of the reform is to cut the expensive cost of medical care, it causes so-called “defensive medicine”, which many doctors take as an effective strategy to avoid troubles[8]. By definition, defensive medicine refers to the situation where doctors purposefully avoid certain high-risk patients or procedures for concerns about malpractice liability[9]. It is usually triggered when doctors self-evaluate the expected benefits are relatively small, while the costs and latent risks are high[10]. One of the key policies in the Chinese health care reform is that the accountability of doctors for medical malpractice and over-prescription becomes larger than before. Although the purpose of the policy is to get the price of expensive medicines down and better guide doctors, strict rules cause defensive definitions and doctors become extremely careful for the fear of getting sued by their patients.

Furthermore, the distribution of medical resources in China has concentrated in big cities, while in villages and small towns numbers of doctors are in shortage, and medical technology relatively lags [11]. It worsens the relationships between doctors and patients in those primary level hospitals where the skills of doctors and medical technology are not as good as that of well-equipped hospitals in developed cities. However, it does not mean that doctors in big and well-equipped hospitals can easily build good relationships with patients. As almost all patients believe that they can get better doctors and treatment in big cities, so they all flood to famous hospitals in big cities and then significantly lead to the increment of the workload at the side of doctors and nurses. In some departments, a doctor has to cope with more than 100 patients per day, so the time allocated to each patient is very short and it can also make patients disappointed and dissatisfied.

Moreover, the lack of humanistic care of hospitals is believed an important factor causing medical disputes[12]. As discussed above, medical resources in China are inadequate and doctors and nurses are all busy, so patients do not have enough time to communicate with their medical staff and may have a feeling of being neglected. According to a research survey, ineffective communications and the block of the communications channel caused by the intensive schedules of doctors caused more than 80 percent of medical disputes in China[13]. Many empirical studies have well examined the importance and effectiveness of humanistic care in solving disputes between doctors and patients[14-16]. Although humanistic care and building effective communication bridges between doctors and patients indeed play an important role in helping reduce medical disputes, providing good humanistic care requires much manual power and lots of time that can further intensify the busy schedule of doctors and nurses and increase the cost at the hospital side. Thus, only a limited number of hospitals can provide humanistic care to patients in practice.

The above-mentioned discussions introduce some Chinese distinctive factors in causing medical disputes from different aspects. Although many scholars have given suggestions for helping resolve medical disputes, the causing factors from the perspective of conflict analysis and resolution have not been fully discussed in the

literature. Theories in the conflict resolution field do not only provide scholars and practitioners a good lens of how causing factors are produced, but can also offer useful strategies for better solving difficult issues and intractable problems. Through examining some key theories in the conflict resolution field, this paper applies CR theories in analyzing the causing factors for medical disputes and make suggestions for both current medical policies and future studies focusing on medical disputes.

2. Conflict Resolution Theories

2.1 Schools of Theories

Conflict resolution is considered as methods and approaches to help facilitate the peaceful ending of disputes and retribution. Although it is a relatively new subject emerging in the middle of the last century, it plays a more important role in many interdisciplinary studies[17]. To date, there are two main schools of theories in the conflict resolution field, according to their different approaches. The first one is the behaviorist school in which scholars and researchers believe that the root causes of the conflict lie in human nature, so psychological factors of human beings should be carefully studied and understood[18]. Scholars in the behaviorist school normally launch their studies at the micro-level, focusing on explaining people's behaviors, for example, frustration-aggression theory. In contrast, the second main school in the conflict resolution field approaches causing factors of conflict at the Macro level, and scholars in this school prefer to examine causing factors from the bigger picture such as power, distribution of resources, and economic gains[19]. This school is called the classic or traditional school by its' approach to conflict. However, it also worths noting that some conflict resolution theories neither fully fall in the classic school, nor the behaviorist school. In analyzing the causing factors of disputes, these theories absorb arguments from both the traditional school and the behaviorist school and try to provide a more comprehensive understanding. Figure 1 shows the different schools of theories in the conflict resolution field.

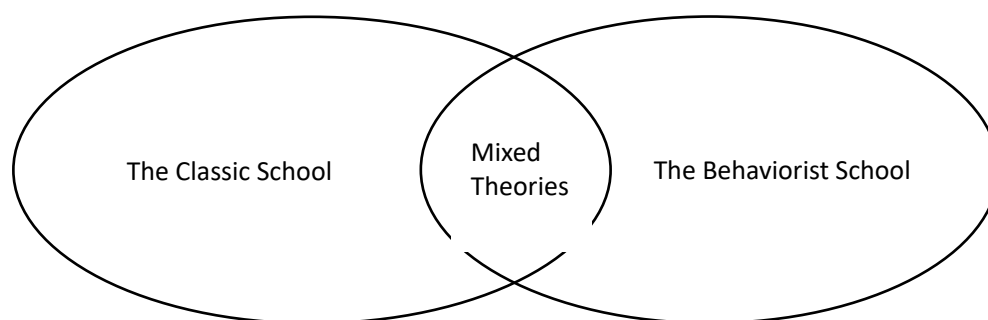


Figure 1 Chart of the different schools of conflict resolution theories

2.2 Frustration Aggression Theory

Frustration-aggression theory was originally developed by American scholars John Dollard and Neal Miller[20] and provides a perspective of the behaviorist school. It argues that a conflict could be produced when a great amount of frustration has become aggression after “a person’s efforts to attain a goal” keep being held back[21]. In frustration-aggression theory, human beings and parties are assumed to be naturally goal-oriented, so if their efforts to obtain their goals are always held back and voided, they get infuriated and become aggressive. Although being aggressive is not only the outcome triggered by frustration and there are some other types of behaviors to respond to frustration, frustration is still considered a necessary condition for triggering conflict in analyzing causing factors of disputes[22].

2.3 Human Needs Theory

The hierarchy of human needs was first discussed by Maslow in the middle of the last century[23]. According to Maslow, human needs can be grouped into five different layers in order. The needs at the lowest layer represent the basic human needs that people have to have met for survival. When the basic needs are met, human beings will pursue other needs at a higher level, for example, safety needs. The five different needs levels respectively are basic needs, safety needs, belonging needs, esteem, and self-actualization. In the beginning, Maslow argued that the satisfaction of needs at the lower level is the precondition for entering the higher layer of needs. For example, to enter the belong needs in the third layer, people have to make their safety needs met. However, later in the 1980s, Maslow changed his thoughts and believed that people do not need to have a need 100 percent met for going to the next needs layer[24]. Maslow's needs hierarchy is provided in figure 2.

In the field of conflict analysis and resolution, the human needs theory has improved with the efforts of scholars. The major difference between Maslow's theory and the improved human needs theory is that Maslow's theory focuses more on individuals' psychological development and Maslow believed that some needs are more important than other needs, while the improved human needs theory enlarges the scope of basic needs and points out that safety needs, emotional needs, and needs of participation are all basic but essential to individual well-being[25]. Thus, failing to satisfy these basic needs may lead to a conflict.

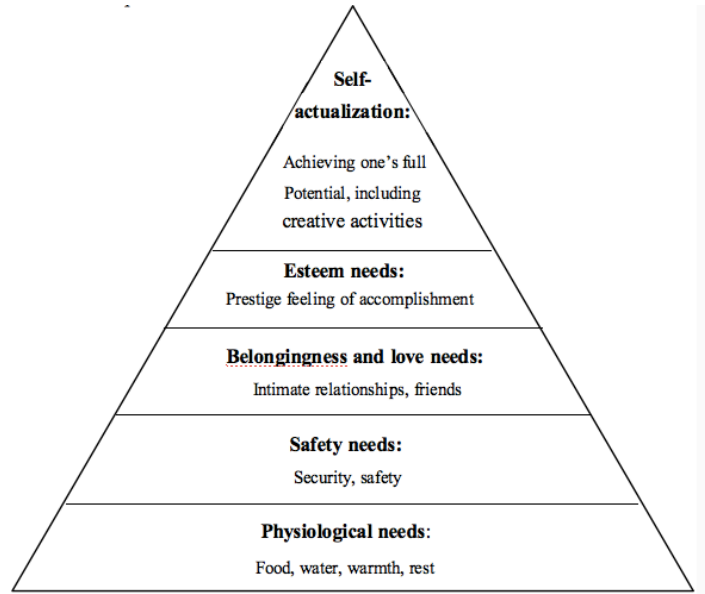


Figure 2 Maslow's Hierarchy of Human Needs.

2.4 Reflective listening

Reflective listening is a special type of listening, which involves paying respectful attention to speakers and understand the content of the conversations[26]. There are at least three steps in reflective listening. First of all, carefully listen to the information sent by the speakers. Then, catch and extract the key meaning of the information received. The third step is to reflect the meaning extracted back to the information senders to check if the meaning is fully understood. Below is a chart to show the three steps procedure of reflective listening.

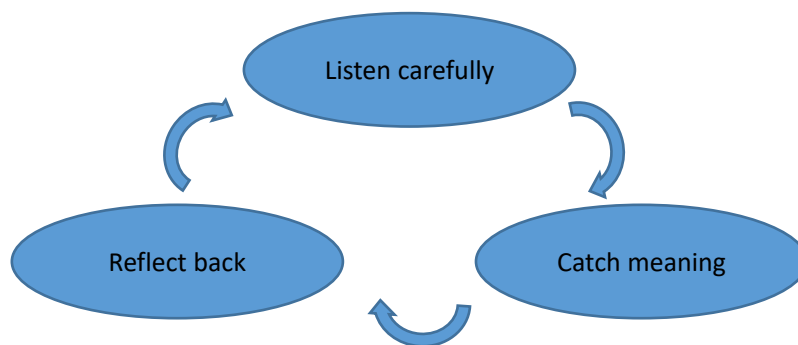


Figure 3 Three steps of reflective listening

Reflective listening is popularly used in many situations, especially resolving disputes. It needs to point out that reflective listening, as a conflict resolution skill, is not only used for helping one party to check out the problem of causing disputes but both the information senders and information receivers can be provided a chance to review and analyze the core factors with the reflective process of information. The importance and usefulness of reflective listening in managing medical disputes will be discussed in detail in the next section.

2.5 Position-Interest-Need Theory

Through the lens of conflict analysis, many causing factors of disputes are hard to identify and hidden. What people can see at the surface of disputes usually are positions and emotions of the parties, but not the real causing factors of conflict[27]. To better identify and analyze causing factors covered by positions of parties in conflict, the position-interest-need theory was created and applied to study conflict. The position-interest-need theory assumes that in conflict relationships among a party's positions, interests, and needs are from high to low and from tangible to intangible. That is to say, a party's position normally is clear and can be observed by other parties. Underlying the party's position is its' interests which are relatively hard to be seen[28]. Underlying the party's interest is its' basic human needs. A party's position is driven by their interests and basic human needs. A party can change or soften its position, but they have to make its basic human needs met. The relationships among positions, interests, and human needs are explained through the following chart, figure 4.

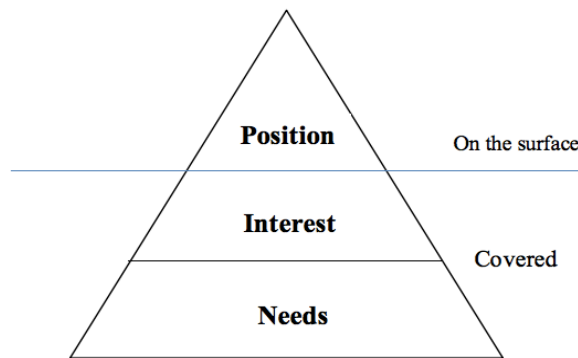


Figure 4 Position-Interest-Needs Model

3. Theory Application and Discussion

Theories in the field of conflict analysis and resolution provide a distinctive perspective to study medical disputes, from analyzing the causing factors to finding

mutually acceptable resolutions. Based on the above-mentioned four conflict resolution theories, how these theories can be applied in studying medical dispute cases are discussed in this section.

3.1 Frustration of patients and their relatives

Aggressive behaviors of patients and their relatives can in part be understood from their frustration, especially for those patients suffering from chronic and prolonged diseases. As they have to endure the torment of diseases for a long time and undergo physical pain, their patience has heavily consumed and they could become more irascible. Not only can patients' temper become frayed with various chronic diseases, but their relatives who have to take care of them could also gradually lose their patience over time. When patients' hope of getting cured breaks, the strong feeling of frustration may lead part of them to aggression.

Tortures of diseases are not the only causing factor to disappoint patients and their relatives, but the long waiting line that always keeps patients waiting for two to three hours or even longer to see their doctors at many top medical centers also severely consume patients' time and patience, causing anxious and other negative feelings[29]. Besides, as discussed above, doctors at top-ranked hospitals are always busy and their time to allocate to each patient is relatively short. It may lead patients to have a feeling of being neglected. The negative experiences with doctors and hospitals may further turn their frustration and disappointment into aggressive behaviors.

3.2 Patients' emotional needs

As introduced in the theory segment, human needs theory in the conflict resolution field argue that physical and emotional needs are both essential to individuals. Traditionally, hospitals focus more on the physical problems of patients, while the emotional feelings of patients are not given enough attention. Emotional needs include patients' self-esteem, belongingness, and self-identity. Facing diseases, patients may be more sensitive to their feelings, so if their feelings are hurt and their emotional needs fail to be satisfied, conflict may be triggered[30]. At this point, doctors and nurses should pay more attention to the emotional needs of patients. Physically, patients need to be taken care of, but emotionally, patients also hope to be recognized as competent and capable in some fields. According to the human needs theory, if the emotional needs of patients are addressed at an earlier phase, it can lower the rate of medical disputes.

3.3 The use of reflective listening

The usefulness of bridging effective communication channels between doctors and patients in helping reduce medical disputes has been well discussed, while reflective listening as a communication skill has barely touched[31]. Given the fact

that many hospitals face the shortage of medical staff, doctors and nurses do not have enough time to communicate with their patients as they have too many to look after. Reflective listening should be learned and applied in communications among doctors, nurses, patients, and patients' relatives. The advantage of reflective listening in conversations is that both information senders and information receivers are provided channels to understand the key information, along with the outlet of emotional feelings. It is extremely applicable and useful when patients have strong emotional energy that may cause a dispute. Thus, nurses and doctors should be equipped with communication skills for more effective communications with patients. It is particularly necessary for nurses who normally spend more time with patients. Their role should be a sensor that can detect any latent grievance and worries that patients and patients' relatives may have. Once those latent risky factors are detected and identified with reflective listening, conflict may be managed more easily before escalation.

3.4 Understanding positions and interests of patients

In handling medical disputes, many mediators and doctors focus more on the technological aspect of the case such as medical malpractice or the complexity of the disease. Certainly, the skills of doctors and the technology of hospitals are an important factor in causing medical disputes, while it is not a sufficient condition, nor a necessary condition, in causing disputes from the lens of conflict resolution. For example, the behaviors of Chinese medical mobs who purposefully blackmail hospitals for money for the unhealed are not related to the skills of doctors but could be explained through their interests. Analyzing the interests and needs of patients in resolving medical disputes is a key step. Although the interests and needs are always hidden and hard to surface, learning and analyzing it could lead to a more mutually desirable solution for all parties involved. A party may have more than one interest and could have lots of different interests. Through developing side interests and addressing the needs of a party, a conflict could be better managed [32].

4. Conclusion and Suggestions

This article introduces theories in the field of conflict resolution and discusses how conflict resolution theories can help in managing medical disputes. It is worth noting that these conflict resolution theories are connected closely in practice. For example, human needs theory is always analyzed with position-interest-need theory together in managing conflict. As the interests of parties are driven by their needs, the needs of parties have to be understood and learned first for making possible solutions to address the interests of parties in conflict. In the process of learning the human needs of parties, reflective listening is frequently used to collect information[33]. Thus, conflict resolution theories are not isolated, but they all have important functions at different stages of resolving medical disputes.

One of the important lessons that we should learn from the perspective of conflict resolution to look at medical disputes is that doctors' and nurses' toolkit of

managing disputes should be filled with more useful conflict resolution skills. Enhancing the training of conflict resolution skills of medical staff is necessary and imperative. It can not only reduce the rate of medical disputes effectively, but some skills can also help improve patients' experiences of receiving medical treatment. For example, by paying more attention to the emotional needs of patients, patients could have a better feeling, a feeling of being respected. Besides, patients may build a closer relationship with their medical teams, which is also helpful for physical treatment.

In sum, this paper sheds light on how the perspective of conflict resolution study can help handle medical disputes, by discussing the working functions of a few important conflict resolution theories. It has demonstrated the importance of communication skills of medical staff in managing medical disputes and the significance of the emotional needs of patients and their relatives in triggering a conflict.

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