# **Medicaid Leadership Institute**

A leadership initiative of the Center for Health Care Strategies

# **Mediating Conflicts**

By Ed O'Neil, O'Neil & Associates

nvariably, the best of managers and leaders find themselves in a position of having to mediate issues between two direct reports that have gone sideways. It is important not to get in a series of separate conversations with the parties. You will wind up in the middle of the conflict, resulting in a no-win situation.

It is always best to avoid these situations by making sure that goals, roles, and key processes — such as communication, decision-making, and accountabilities — are clear, consistent, and continually reinforced. My experience is that while leaders believe that these matters are clear, they often are not — and touchy concerns like roles, decision authority, and accommodation of others' needs are often glossed over or ignored.

## Leadership Tips

Leadership Tips is an ongoing series produced by the Center for Health Care Strategies' Medicaid Leadership Institute in collaboration with O'Neil & Associates. The series is designed to provide general guidance to help leadership of state agencies and their senior managers develop and refine the skills and expertise necessary to successfully lead their state programs. To view the full series, visit www.chcs.org/leadership-tips.

Even with these preventive matters well in place, things can go

off track. It will be inevitable that the conflict will come to your attention in a one-on-one conversation with one of the parties. Do your best to listen, ask questions for clarification, pass no judgment, and indicate that you would like to discuss the situation one-on-one with the other person involved. Again, in this second conversation you are there to ask, listen, and learn.

Then it is time to convene the two parties. First, send out a set of rules prior to the meeting. Here are some that I like to share ahead of time as a way of setting the stage for a productive discussion:

- I want us to have a chance for an open and honest exchange that is safe for all of us.
- This means listening to each other, focusing on the problems and issues (not each other), withholding judgment, and maintaining civility.
- I would like us to be able to identify, agree, and focus on one problem at a time. If multiple problems are related, we can identify them and still focus on one particular problem or issue at a time. It may help to think through issues that are important to you beforehand and write them down.
- I will go in to our meeting assuming that all of us are motivated by good intentions and invite you to do the same.
- My goal at the meeting will be for us to have a shared understanding of the problem or issue and for us to come up with ideas on how we can address these as we go forward. If it is possible, I would like to leave the meeting with a better appreciation of each other's positions and understandings. My aim will be to help us get to some specific, positive next steps that we can all take in support of improving this situation.
- I hope we can all come to the meeting with some genuine curiosity and seek to improve your understanding of the dynamics that have gotten us to where we are.

At the meeting, try to maintain complete neutrality and model the kind of curiosity that you have suggested they bring to the meeting. You will need to actively moderate the discussion. Do not allow personal attacks and be sure to call out all judgments for what they are. Try to keep them focused on facts, not how they interpret them.

If it gets too emotional, you may need to suggest that the discussion stop for the day and reconvene, but make sure you summarize what progress they have made and also offer some thoughts about next steps.

If you do make progress on having them better understand each other and the problems, make sure you reserve 15 minutes or so at the close of the meeting to focus on practical steps that all parties, including you, can take to make sure the relationship works well moving forward. A commitment to a small test of changed behavior is much better than a promise to "change everything." I would suggest that you offer to draft a summary of the conclusion, share this in an email, and ask them for their input. This should then be the basis for the next meeting.

The next steps are "rinse and repeat," until there are clear rules for behavior, acceptance and understanding, and a lowering of tensions.

Also, after this first meeting, all future discussions of these issues need to involve all of the concerned individuals — otherwise, you will be back in the middle. You can use the same approach if you find yourself mediating between two peers on a team. It just requires that you alter your role a bit to be more collegial.

#### About Ed O'Neil

Ed O'Neil, PhD, MPA, is the owner of O'Neil & Associates, a management consulting and leadership development firm focused on change and renewal in the health care system. He was previously professor in the Departments of Family and Community Medicine, Preventive and Restorative Dental Sciences, and Social and Behavioral Sciences (School of Nursing) at the University of California, San Francisco (UCSF). At UCSF, he served as the director of the Center for the Health Professions, a research, advocacy, and training institute that he created in 1992. His work over the past three decades has focused on changing the US health care system through improved policy and leadership. To learn more, visit **www.oneil-and-associates.com**; contact Ed O'Neil at herringoneil@gmail.com.

### About the Medicaid Leadership Institute

The *Medicaid Leadership Institute*, an initiative of the Robert Wood Johnson Foundation led by the Center for Health Care Strategies, helps Medicaid directors develop the skills and expertise necessary to successfully lead their state programs in an ever-changing policy environment. In addition, CHCS *Medicaid Academies* provide policy and leadership training for senior Medicaid staff as well as colleagues across partnering state and county agencies. Ed O'Neil has advised numerous MLI Fellows and Medicaid senior managers over the past decade. To learn more, visit **www.chcs.org/medicaid-leaders**.

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