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Interspeciality Othering: A Qualitative Analysis of Physician Interpersonal Conflict at the Time of Admission From the Emergency Department
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Purpose: Communication, teamwork, and conflict navigation among physician colleagues are core competencies for graduate medical trainees.1 Yet, how these core elements of professional behavior are enacted in practice remains poorly characterized, and interpersonal interactions continue to be a central source of workplace conflict.2,3 While this threat to an effective learning environment has been described in the nursing literature,4 physicians’ experience of conflict with other physician colleagues remains poorly characterized. The goal of this study was to gain a more nuanced understanding of interphysician conflict to provide foundational guidance for how training communities can support best practices and curricular innovation regarding communication.

Methods: Using a constructivist grounded theory approach, the authors explored the perceptions of interpersonal interactions of emergency medicine (EM) and internal medicine (IM) clinicians, using conversations regarding hospital admissions as a critical interface between members of these 2 disciplines. The authors used a purposive sampling approach to recruit participants and included EM residents and attending physicians and IM attending physicians who serve in the triage hospitalist role. Two authors conducted hour-long, semistructured interviews over Zoom. The 2 primary investigators then coded the transcripts according to Charmaz’s5 3 stages of coding: initial, focused, and theoretical. Investigators used a constant comparative and integrative analysis to refine the interview guide, and interviews continued until thematic sufficiency was reached.

Results: The authors interviewed 18 participants for this study, including 9 IM faculty and 9 EM providers (4 faculty, 5 residents). Participants identified primers, modifiers, consequences, and solutions to interphysician conflict. They described how preconceived perceptions of their colleagues’ specialty and misalignments in expectations around clinical care primed the learning environment for conflict. EM and IM providers also emphasized the role of word choices in creating mutual feelings of being undervalued, disempowered, and having their clinical judgment questioned. They described important personal and professional consequences that occurred secondary to this conflict, such as stress, burnout, job dissatisfaction, self-doubt, questioning their choice of medical specialty, and concerningly they expressed these encounters reinforced bias and stereotyping among specialties. Finally, providers suggested strategies to repair conflictual interactions and improve communication. They noted that focusing on honesty, empathy, teaching, and active team formation could be used to resolve or avoid conflict.

Discussion: Our data suggest that interpersonal conflict between physicians is a pervasive issue. Participants describe that these encounters impact both their professional and personal wellness, which aligns with the broader workplace conflict literature. Interspecialty “othering” and preexisting biases and stereotypes prime the workplace for these conflictual interactions. They also serve as a lens to interpret misaligned expectations and difference of opinion as error, clinical incompetence, and work avoidance, which further propagate conflict. Trainees are exposed to interspeciality othering and expressions of other specialties’ relative inferiority early in training. These attitudes are often modeled by supervisors and play a role in specialty identity formation. Finally, propagation of bias and stereotyping is a concerning consequence of interphysician conflict and may serve to further the divide between EM and IM providers. Empathy, honesty, and mutual teaching are important strategies to combat stereotyping and othering and may help mitigate the deleterious consequences of interphysician conflict.

Significance: Educators should specifically target interventions to foster improved interspecialty communication to promote conflict navigation and teamwork competencies. Learners need to not only understand how to give a structured handoff but also have strategies for both preventing conflict and navigating it once it does occur. Additionally, it is critical for educators to be mindful of the role that our words, actions, and attitudes play in influencing trainees’ perspectives of other specialties.

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