

# 6 Conflict Management

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*"Meaning well and trying hard do not guarantee a good outcome."*

Harles Cone

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Summary

Conflict is inevitable.

Whenever people work together, conflict will exist. This is especially true in a crisis-oriented environment such as the emergency department. Conflict is a natural consequence of incompatible behaviors and unmet expectations.

A prehospital care worker bringing an ill patient to the emergency department may expect a receptive, attentive, respectful staff who will stop what they are doing to attend to the new patient. Instead, he or she finds a busy, overwhelmed and somewhat rude staff member who expresses disappointment and anger on arrival of the emergency medical technician (EMT).

A patient with a perceived emergency wants to receive treatment **NOW** by a polite, respectful, competent and confident healthcare worker. The healthcare worker arrives in the patient's room one-half hour later to find a sarcastic and irritable patient claiming: "I thought you must have forgotten about me."

An emergency nurse in an understaffed department may not be able to keep up with the urgent patient care needs. A private attending leaves a busy office and arrives in the emergency department demanding that the nurse leave an acutely ill patient and attend to his or her (patient's) needs.

An emergency physician becomes increasingly frustrated as it seems that nothing is getting done and patients are languishing.

This chapter describes the origin of conflict in the emergency department and proposes effective techniques for managing conflict. Because most conflict is resolved at the personal (individual) level, the methods of resolution primarily address the individual.

## BENEFITS OF CONFLICT

Conflict can be beneficial. High functioning organizations are not conflict free. Those who ignore the value of conflict may also overlook the conflicts that exist within their own organization and in so doing allow them to grow. Conflict seen as opportunity has many advantages including the following:<sup>1</sup>

- Improved solutions—A disagreement voiced and examined allows a deeper look into the problem, perhaps incorporating a perspective not yet considered. Attention to alternate views may integrate a broader solution responsive to several perspectives.
- Improved efficiency—Conflicts ignored or managed poorly lead to brooding and an unwillingness to participate in the solution. The organization will no longer function efficiently. Conflict addressed early diminishes anger and likely renders earlier success.
- Enhanced morale—Individuals recognize that they are respected and their ideas can contribute to the solutions of complex problems. Addressing the issues of people within the organization strengthens relationships and enhances competence.

When the conflict of an unhappy client, customer, or patient is acknowledged, the organization has an opportunity to change to meet the needs of those it attempts to serve (see Chapter 63). It is not enough to want to provide high quality. Quality can be sustained only in an organization that cares about the people who produce its products and deliver its services.

## CONFLICT AND COMMUNICATION

When we learn, work, play, and worship, we are often participating in a group. Group interaction requires effective communication. Skillful communicators recognize the relative importance of words, tone, and body language when trying to persuade others of their belief.

Verbal content plays a relatively small role in the way we

communicate. Less than 10% of persuasion is a result of the actual words that are used. The majority of persuasion results from other forms of communication—the tone, posture, expression and movement of the communicator.

For example, we have all been to lectures where the lecturer was brilliant and the information important, but the presentation was in monotone; there was no movement and perhaps the presenter was reading from notes. In these situations, attention begins to wander, we become distracted and learning stops. Alternatively, those who speak with enthusiasm, expression, and movement are more engaging and, as a result, convincing.

Albert Mehrabian, one of the foremost experts in communication, performed experiments to demonstrate the importance of verbal and nonverbal communication (Box 6-1).<sup>2</sup> He looked at the contribution of verbal content, vocal expression, visual cues to persuasion, and believability. Morabian found that only a small percentage of what is communicated are the words that are actually used.

When speaking with people, we tend to overemphasize the content and try to convince them with the words. It is just as important to pay attention to expression and delivery.

### Verbal Incongruence

On occasion, we encounter verbal incongruence. This occurs when there is disparity between the words and body kinetics, or the nonverbal expression such as tone and behavior. The following examples illustrate verbal incongruence:

- A parent yells at a child: "I'm not angry with you!" But the lips are tight, the body is tense, the posture is threatening and looming.
- An ataxic slurring patient in the emergency department with a strong scent of alcohol on his breath says: "I only had a coupla beers."
- On learning of his wife's sudden death, a grieving husband begins shaking uncontrollably and continues to say: "I'm fine! Really, I'm just fine!"

Our communication skills, both verbal and nonverbal, play a major role in the development or resolution of conflict in a nonstressed environment. Poorly developed skills often heighten discord and dissention in an emergency department—an environment intrinsically prone to chaos.

### ORIGIN OF STRESS AND CONFLICT IN THE EMERGENCY DEPARTMENT

Stress is rampant in emergency departments. We confront situations daily for which we have little or no ability to find

positive solutions. Many patients waiting to be seen believe that their problems are of an emergent nature and require immediate attention. Some of them are quite ill. Others may be in the hallway staring or even glaring at you while they wait. Meanwhile, the staff may be getting further behind and feeling overwhelmed, with raw nerves and "buttons" all ready to be pushed—a crisis in the making.

### Patient Expectations—The 4 Cs

Patients arrive with certain expectations of the care and caring they will receive (Box 6-2). Their expectations in descending order of importance are as follows:

- **Convenience (Rapid Care)**—It is almost axiomatic that the most important aspects of emergency care from the patient's perspective are time and convenience. When patients have a choice about emergency care, they generally choose the place that will get them in and out most quickly. Patients place time pressure on us. We place time pressure on ourselves. After all "rapid assessment" is the *sine qua non* of emergency care.
- **Caring**—The next most important aspect of patient care is "caring." Rapid rapport and trust must be developed. Initially, the patient judges the staff not by the level of care but by the level of caring. Our responsibility is to take care of people's needs, both physical and emotional. Caring goes beyond providing a high standard of care. Patients have difficulty judging the level of care they receive. Most patients prefer a warm, friendly and concerned healthcare provider who delivers "good" care to a cold, unfriendly, and distant provider who practices on the cutting edge.
- **Care**—Because the actual quality of care is quite difficult for the patient to assess, this expectation generally is considered only when there is no improvement or "something goes wrong."
- **Cost**—Patients who are treated expeditiously, with caring and quality, tend to be less concerned about the cost of their care. Alternatively, cost may become an issue when a patient perceives that one or more of these aspects of care are glaringly absent.

### The Healthcare Environment

An increasingly important factor in generating stress in the emergency department is the ever changing healthcare milieu. Healthcare reform brings with it pervasive pressures to contain costs while maintaining quality services. Managed care groups and hospitals carefully review and critique the use of resources in the emergency department and promote an increasingly limited battery of tests and procedures. Con-

BOX 6-1

PERSUASION: THE INFLUENCE OF VERBAL AND NONVERBAL COMMUNICATION	
Mode	5%
Verbal content	10%
Vocal expression	38%
Visual cues	47%

BOX 6-2

PATIENT EXPECTATIONS: THE 4 CS	
Convenience	1
Caring	2
Care (Quality)	3
Cost	4

versely, specialty training, increasing malpractice fears, and quality review organizations at the national, state, and local levels create pressure to leave "no stone unturned."

### Organizational Climate

The organizational climate in which we work places further stress on us. There is a significant inequality of status and pay. By these measures, physicians outrank the nursing staff; nurses outrank other nurses; and technicians and secretaries are often considered less significant team members. Intensifying this stress is the traditionally held belief that one person must be in charge of the patient care decisions. When the speaker has power over the listener and the situation is one of stress and crisis, the potential for conflict is far greater.

To some extent, we have created a downward customer service spiral. The increasingly limited financial resources of many institutions have resulted in substantial staff "downsizing", outdated equipment and facilities, and more prolonged "holding" of patients waiting for disposition. The result is poorer service. These and a multitude of other repercussions create further staff stress by frustrating our attempts to achieve goals of meeting the patients's needs and providing a quality service.

### An Unhealthy Work Environment

We used to believe and promote that emergency healthcare workers were among the most psychologically stable workers. We thought that emergency personnel were a "special breed" who thrived on chaos and the high pressure and responsibility of the emergency department.

We now believe, however, that emergency healthcare workers are among the most psychologically unhealthy workers. Characteristics considered unhealthy in a work environment that are shared by emergency care givers include the following:

1. Intensive: The work is exhausting.
2. Dangerous: Emergency care is often a matter of life and death. The margin for error is slim and mistakes cannot be tolerated. Contagious diseases and increasing violence in our environment also carry personal risk to the healthcare provider.
3. Litigious: The fear of malpractice is pervasive among most emergency care practitioners.
4. Unpredictable: There is always a sense of the unknown pending. One moment the emergency department may be empty and 1 hour later full of multiply injured and severely ill patients.
5. Unmet expectations: When the patient or private attending arrives, only your total attention now will do.
6. Uncontrollable: There is often a sense of crisis and being out of control.

Shifts are often without break; sleep patterns are irregular. An increasing body of knowledge describes the biologic stress of changing sleep habits.

In describing stress and burnout among emergency care givers, Debra Slapper noted that:<sup>3</sup> "individuals prone to burnout are high achievers who have intense schedules, do more than their share on every project and don't admit their limitations . . . [And further] As we age, our bodies tolerate the physical stresses less well. Twelve-hour shifts, eating on the run, no time for . . . breaks and sleep disturbances make us

feel 70 when we are only 35." When combined with a lack of control over patient load, job insecurity, problems with professional and patient relations, and the emotional 'roller-coaster' of routine practice, it is understandable that many providers cannot cope with full time practice.<sup>4</sup>

## MANAGING ORGANIZATIONAL STRESS AND CONFLICT

The institution of a continuous quality improvement (CQI) program is an excellent method of reducing departmental conflict. Unlike traditional quality assurance, with its emphasis on blame-fixing and outlier behavior, CQI emphasizes improvement in processes rather than in performance. CQI encourages staff input in process improvement, acknowledging their expertise in making systems work more efficiently. This arrangement philosophy diminishes departmental stress by sharing governance and placing value on staff input and function. Both elements are crucial in fashioning a team approach to problem solving and ultimately conflict resolution.

In an organization committed to CQI, management will often meet one on one on a regular basis with employees to identify evolving problems or issues. Judgments about who is right or wrong are deemphasized; instead staff are empowered to work with management toward positive solutions. Issues are discussed in a timely manner and disagreement is acceptable. In short, creating a supportive and nurturing environment for staff and management alike will resolve many conflicts before they happen.

## PERSONAL RESPONSE TO STRESS AND CONFLICT

On a personal level, how do we respond to stress and conflict? We respond by habit. Habits are simply learned patterns of behavior. Habits can be good. They allow us to perform without thinking. We perform thousands of minor activities during the day that have become habit and do not require conscious effort. When driving a car, habits allow one to watch the scenery, release a clutch, press a gas pedal, turn a steering wheel, and listen to the radio all at the same time.

The blending of our patterns of behavior comprise our individual personalities. We exhibit both routine (nonstressed) behavior patterns and "crisis patterns" when we are under stress. Although these behaviors may be effective in some environments, they are less productive in others. Some people confront stressful predicaments with maladaptive behavior patterns that exacerbate the situation, such as provocation, accusation, and/or disdain. We observe this repeatedly in people around us whom we describe as difficult.

## CHANGING BEHAVIOR

The first step in changing behavior is recognizing that the only person over whom we have any significant control is ourselves. Why should we change our own behavior in response to a stressful situation?

### Why Change

If you frequently become frustrated during times of stress and crisis, your conduct and communication skills may be part

of the problem and merit review. If you walk away upset, try to recall what happened and ask yourself, "What is my role in this?"

Think about one of the last difficult encounters you had at work. It is common to believe, "It sure seems like there are a lot of difficult people out there. And for the most part, I don't do anything to provoke them." Don't count on it. Often, the most difficult people don't realize that they are triggering stressful interactions.

Behavior patterns are difficult to change. They are fundamental components of our personalities. The adage that people learn from their mistakes is often untrue. Frequently, we repeat previous behaviors whether successful or not. Extrapolating from the experiments of the psychologist Guthrie, responses to stimuli tend to become habitual, or patterned behavior.<sup>5</sup> Thus it is likely that an inappropriate response to a stressful situation will occur again and again when confronted with similar circumstances. In fact, in times of crisis we tend to repeat a single individualized consistent personality style or behavior pattern learned in childhood as a response to stress.

### How Does One Change: The Four Stages of Learning<sup>6</sup>

Most of our behavior patterns were learned as children and have become unconscious habits. To change behavior patterns as adults requires bringing the behaviors into consciousness and actively modifying them until they become unconscious again.

**Stage I: Unconscious Incompetence.** The first stage involves the recognition and determination that a new behavior is desirable. Generally, the processes necessary to accomplish the goal are poorly understood.

Child: wants to ride a bicycle, but doesn't know he or she can't.

Adult: wants to change a behavior but is unaware that his or her habits of interaction prevent success.

**Stage II: Conscious Incompetence.** The awareness of our inability can come in a variety of forms, many of them negative. Learning often occurs with falls and occasional psychologic injuries. It is key to recognize the feedback during change as an opportunity to improve.

Child: tries to ride the bicycle and falls off, becoming immediately aware of his or her inability.

Adult: receives input or criticism suggesting that the new behavior is ineffective.

**Stage III: Conscious Competence.** Trying to change what we do, to be different, is both a difficult and deliberate process.

Child: learns to ride by becoming attentive to balancing, turning the wheel, pedaling, speeding up, slowing, down, stopping, and more balancing.

Adult: with a conscious and determined effort, and occasional mishaps, behaves differently.

**Stage IV: Unconscious Competence.** Changing one's own behavior is difficult. It takes 18 months to 2 years of rigorous discipline for an adult to make a new behavior feel comfortable.<sup>6</sup> However, once a new habit successfully becomes a new pattern of behavior, "It's like riding a bike."

Child: rides easily without thinking about the process.

Adult: without conscious effort behaves differently.

## CONFLICT RESOLUTION: GENERAL PRINCIPLES

### Creating Trust

Effective communication occurs most easily in an environment of trust and respect. Supervisors and managers who reside in their offices except when criticizing or espousing memoranda create an environment of distrust and apprehension. It is the responsibility of the leadership to get close to the people providing the service or product so that they can understand the issues and conflicts first hand. Feedback or criticism of the night staff by emergency department leaders who never work nights or weekends may "fall on deaf ears." These comments may be resented and perceived as manipulating, self-serving, and condescending.

Alternatively, when a person identifies with you and believes you understand their issues, they are more likely to listen. It is necessary to both understand and be perceived as understanding the issue from the other's perspective before effective listening by the other side can occur.

### Effective Listening

Effective emergency care often requires rapid problem identification. There is a tendency in some situations to move too quickly. Some healthcare providers interrogate patients with hurried, impatient questions and interrupted answers. Yet, success in obtaining information often depends on the trust and rapport we develop. If the person with the problem believes his or her issues are not being heard, he or she may well become frustrated, reserved, and vague, resulting in a breakdown in communication. Effective listening is a first step toward understanding the problem.

There is a tendency to believe we understand the problems of others because of our own past experiences. This is a projection of our own viewpoint, ignoring the speaker's. Without going through the process of listening, it is unlikely that we will understand.

Successful responses are neutral and without criticism. They simply accept the speaker's concerns and allow him or her to continue to explore and perhaps clarify feelings. Think of someone who "really listens" and the types of resources that person uses to make them effective listeners. There are several styles of listening including passive, reflective, and empathic.<sup>10</sup> Before reading the following responses, consider how you might respond to the comment:

"I just can't stop thinking about the child from the accident."

**Impatient Response:** "You're overreacting. You're getting too emotional about it. I would just put it out of my mind if I were you." Although perhaps well meaning, this advice attempts to substitute the perspective and experience of the listener for the feelings of the speaker. The speaker communicates criticism, dismissal, and lack of concern for the speaker's distress.

**Passive Response:** "Oh?" Passive listening simply requires the listener to be quietly attentive. This behavior generally will encourage the speaker to continue discussing the issue and often allow him or her to get to the crux of the problem. People problems take time to divulge and, like onions, may

the opponent's own negative energy to move through space without affecting the master. It is difficult to maintain a steady stream of anger at someone who does not participate.

## CONFLICT RESOLUTION: SPECIFIC SKILLS

We cannot change the personalities of others. However, if appropriate feedback is given, others may change their behavior toward us.

To encourage change, it is frequently necessary to provide feedback. In the heat of a stressful interaction, it is difficult for even the most composed to "put on the other person's shoes" and be open to criticism. Even with people we like, complaints are often met with resistance.

Feedback and communication begin with listening. Properly used techniques can enhance conflict resolution, whereas imprudent feedback can exacerbate a poor interaction.

### Avoid Negativism

First, eliminate the word *criticism* from your vocabulary. It connotes censure, condemnation, and disapproval. Using terms such as input or feedback will be more readily accepted as they connote a more objective observation. Second, when structuring feedback, focus on yourself, not the other person. This allows them to maintain self-esteem. Third, avoid labeling, personal attacks, and generalizations. For example, how would the following criticism be received: "You are always too argumentative!" This comment, while perhaps attempting to create positive behavior change, is more likely to lead to defensiveness and anger. It contains a labeling, generalized personal attack.

Well-formulated behavioral feedback includes a clear description of the behavior and how it affects you. This should include what you perceive and what you would like to see happen.

Gordon suggests structuring the feedback in the three parts:<sup>9</sup>

When . . . . ,  
I feel. . . . ,  
because. . . .

For example:

When we argue,  
I feel frustrated,

Because you don't give me respect for my ideas.

The "when" statement should be specific, concrete, and observable. Simply and objectively recount the occurrence, "When we argue." Be particularly careful to avoid attacks and labeling here. Avoid statements such as:

When: - you act the way you do (nonspecific)  
- you behave like a jerk (labeling attack)

The "I feel" statement should contain a real and understandable emotion that is consistent with the situation. I feel angry, upset, embarrassed, or frustrated. Avoid nonfeelings phrases such as:

I feel: - like a child (how does a child feel?)  
- like an idiot (not a feeling)

The "because" statement should be a specific result in the real world. You will discover and share your own motives. Avoid the temptation to blame. Focus on the way the behavior affects you and your perception.

Other common examples include a person who believes his or her opinion is overlooked:

When I'm ignored

I feel frustrated

Because I don't think that you trust my judgment or the recipient of a degrading comment:

When comments like that are made,

I feel angry,

Because it's demeaning

Putting it into a three part complaint lets you and the other person know the problem, how it affects you, and why. If you can clarify it for yourself, you can clarify it for the other person. Adding, "What do you think?" or "How do you feel about it?" may help generate further discussion. The input of each party is required to effect change.

### Avert Public Ridicule

We have all seen an angry person verbally abuse another person in a public venue. It makes everyone uncomfortable, and the unfortunate subject of the ridicule is likely to feel humiliated by this inconsiderate form of public exposure. The person expressing his or her discontent may not even recognize the inappropriateness of the behavior. You may be able to interrupt this dysfunctional communication and change behavior.

If a disruptive situation is occurring at the nursing station and you are uncomfortable with the expression of emotion in such a public arena, simply "move the melee." This could be a patient, a co-worker, a private physician, or an administrator. Do the following:

- Stand in front of the speaker, gain his or her attention, establish eye communication.
- Quietly and firmly say: "I want to talk with you about this over here" and move toward a more private space and then deal with the issue.

Few people will stand alone and continue to argue at nobody. Most will walk with you. The movement itself will begin to decompress the situation.

### Responding to the Complainer

In our busy emergency departments, it is difficult to meet everybody's expectations. One of the results is complaints. Two of the most common are forms of: "It's taking too long!" or "You don't care!" People who are both waiting for a prolonged time and treated rudely may be particularly adamant in their expression of discontent.

When a person confronts us with his or her dissatisfaction, we are faced with an opportunity to provide immediate satisfaction in our response to the complainer. How we choose to respond may lead to immediate resolution or substantially exacerbate the problem.<sup>10</sup>

**Blaming a Blamer.** It is first necessary to recognize the person as a "blamer." Habitual blamers tend to be angry perfectionists who believe they should get their way and anything less is a catastrophe. They may believe that they have not gotten what they deserve because people are insensitive and purposefully obstinate. Blamers may use lots of personal pronouns, generalizations, and extremes of language to make their point. They tend to be dramatic, both in tone and gesture. Blamers may shake their finger, pound their fist, and

even be verbally threatening. The blamer, in essence, tries to place the responsibility for his or her problem on someone else. For example, a blaming patient who is tired of waiting might exclaim:

"Why is it that every time I come here, I always have to sit around and wait for hours and hours! Don't any of you people care about anyone! Can't you see that I'm in agony!"

Translation: "I want to be taken care of now!"

There are many ways to respond to this person. Before choosing, it is critical to recognize that this is *not* an attack directed at you. Although, it is tempting to take it personally, don't take the bait. Taking it personally, a blaming professional might respond by saying:

"You know, we're very busy and we're getting to you as fast as we can. You are constantly interrupting the staff and delaying our getting to you. If you will just sit quietly and wait, we'll take care of you when it is your turn. There are people here who are really sick!"

Blaming a blamer rejects the placement of responsibility and places it back on the blamer. Joining this mud slinging contest only gets you dirty. There are no winners. Inevitably, it leads to escalation of the conflict. When the opportunity arises, the other person will get you back. It may be a letter to your chief executive officer or even the editorial section of the local newspaper.

**Placating.** Placating is in many ways similar to blaming.<sup>10</sup> The placater is self-blaming. The placater acts as if he or she is unworthy and personally responsible for the problem. The placater again uses many personal pronouns, generalizes, and places emphatic stresses on words. However, instead of being aggressive and placing the responsibility for the problem on others, a placater is apologetic and appears to assume the responsibility. A placater who is frustrated with waiting might say:

"I don't know why it is that I always seem to come when it is so busy. I'm not a complainer, and I know that you doctors and nurses are so busy and my problem is so insignificant."

Translation: "I want to be taken care of now!"

It is quite common for professionals in a service business such as healthcare to placate. The placating professional apologizes and seems to assume responsibility, such as:

"I'm very sorry, I wish I could have been here sooner. You must be upset. Thanks for being so patient, I'm very sorry."

Placating in response to conflict works—to some degree. Generally, it avoids escalation and allows the other side to blame this obliging apologeter. This behavior however, causes the placater to feel inept and impotent. Further, it doesn't substantially improve the situation.

**Being Objective and Then Giving Them What They Want.** A more effective way of responding is to be objective and give them what they want.<sup>10</sup> This method eliminates all blame, deals directly with the issue of concern, and provides the complainer with what he or she really wants—attention and responsive behavior. The objective response avoids dealing with who is responsible. It is quite specific, limits the use of personal pronouns, and is even toned.

Objectively repeating the complaint back to the complainer from their perspective demonstrates that you understand the issue. Then, give them what they want—meet their need. In response to the complaint of taking too long, one might say: "Yes, it is frustrating to wait when ill. I am here to take care of you now. What is wrong?" If you are unable to provide the solution now, then let them know when you will, and do it.

To demonstrate all of these responses together, let's assume that a woman with severe chest pain is brought to the emergency department by ambulance. She is accompanied by her husband who is told to go out and provide registration information. He turns to you and says: "How can you think about paper work at a time like this!" You respond by . . .

**Blaming:** "You've got to do it or we can't do anything (e.g., radiographs) for your wife!" (You've just made him responsible for delays in his wife's care.)

**Placating:** "I know how you feel. I'm sorry, but we really need the paper work completed. Please do it. Sorry." (He'll probably do it, begrudgingly.)

**Being Objective, Then Meeting the Need:** "It is difficult to think about paperwork at a time like this. It is necessary. I will take care of your wife now." (You've listened to him, understood his underlying issue—his wife—and you are meeting his need.)

## SUMMARY

The other person must be considered an equal who has real issues and real needs. The other person is not an adversary who must be overcome. Winning at another's expense does not work if future collaboration is necessary. Success requires collaborative solutions in which both sides get their needs met. Each must be respected. It is important to work to satisfy their needs while attaining personal goals—to provide quality care for the patient in an environment of shared respect.

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