

From “Caprice Medicine” To “Equal Responsibility Medicine”: Objectives, Technologies And Specificity Of Conflict Management In A Multidiscipline Private Clinic

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Abstract

The article provides a substantiation of introducing a conflict management system into the work of a medical organization of the private sector, reducing the number of ethical and legal conflicts arising in the course of providing medical care. An analysis of the conceptual foundations, regulatory framework and the specifics of the use of conflict management tools in solving organizational and managerial problems in a private multidisciplinary clinic is presented.

Keywords: organizational and managerial activity, conflict management, patient-centeredness, multidisciplinary private clinic

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The increasing complexity of organizational management forms in the field of health care, the dynamic change in the external conditions of work of institutions and organizations in the health care sector, the increasing human rights activity of patients and the media lead to an

avalanche-like increase in the number of management tasks [1, 2, 3].

It requires special attention to the streamlining and standardization of organizational and managerial activities in medical institutions - in the context of solving resource, technological, financial and economic problems, and conflict management, the formation in a medical organization of a system for reducing and preventing conflicts with patients, legal representatives of patients [4, 5, 6].

The head of a modern multidisciplinary clinic must be a competent manager - understand the significance of modern management goals and objectives, have the competencies necessary to solve complex organizational and managerial issues, the skills of seeing a specific problem in the context of indicative operational management and strategic planning, and present the specifics of work in a highly competitive environment.

Management processes exist and are being improved along with the development of the medical organization itself, either private or public and therefore must accurately follow its basic target aspirations, primarily socially oriented and financial and economic, based on the organization's existing and potential resource capabilities.

Features of solving organizational and managerial tasks in a medical organization

The leading theorist in management, Peter Drucker, figuratively defined the basic idea of the target assignment of management as a type of particular activity aimed at turning the crowd into an efficiently functioning organized group [1]. Moreover, this is so, something can be predictable and planned when it ceases to be Brownian motion.

Due to the particular complexity of the object of management, which is a multidisciplinary private clinic, and the multitasking of organizational and managerial issues it solves, the methodological basis for their study is an integrated systems approach that considers the clinic as a whole in all the variety of its systems and subsystems.

As a rule, managerial work in a medical organization as a whole, in a multidisciplinary private clinic, in particular, is a set of activities of its leadership and management structures aimed at resolving issues:

- operational management and strategic planning of the organization's activities;
- determination of motivational determinants and legal statuses of subjects interacting during the organization and provision of medical care;
- providing the types and forms of activity control accompanying the treatment and diagnostic process.

The effective practical solution of organizational and managerial tasks involves carrying

out - at the stage before the development of plans and management tools - analysis of information about the object of management and existing management mechanisms (in the case of a multidisciplinary private clinic, these are organizational development strategies, pricing policy, programs for expanding the product line, etc.), about practice-oriented management tools (standards, norms, etc.).

The outstanding Russian methodologist, the developer of the theory of management as a particular type of activity, G.P. Shchedrovitsky, singled out the following types of management as simultaneously existing but requiring separate study:

- management of social groups activity, social management of people's behaviour;
- management of the organizational structure of any institution;
- management as a guide to regulate specific actions, management units, and operations to streamline them for monitoring and forecasting activities [2].

As can be seen further in the article, each of the named types of management applies to the solution of organizational and managerial problems that arise in the work of a multidisciplinary private clinic.

One of the objective realities of the last decade has become the increasingly active establishment of various forms of self-government in various spheres of professional activity. First of all, an example of self-government in medicine is the activity of professional self-regulatory organizations, which in the classical typology of G.P. Shchedrovitsky first type of management.

With a certain degree of conditionality, self-regulation can be attributed to the regulation of activities through the standards of operational procedures as unique tools for self-organization and self-examination, since they imply not external, but "internal" audit, checking the employee himself within the framework of his functionality. As the organization develops, it becomes an increasingly valuable tool and resource. In the typology of management activities G.P. Shchedrovitsky, this can be presented as an example of the third type of management - the regulation of specific activities.

Managing the profitability of a private clinic: natural and "symbolic" capital

An increase in the profitability of a clinic is not determined solely by the management of its revenues and expenses, but at the same time, presupposes a clever marketing and communication policy (brand building, reputation support, etc.), including with executive authorities, insurance companies, and media representatives. Why are organizational technologies, standards of activity and interaction developed and introduced into clinics' work,

including ones aimed at conflict management, reduction and prevention of growth in the medical organization of ethical and legal conflicts?

Conflicts with patients, especially those that have received a broad resonance in the media and affecting the excellent name, cause the reputation of a medical organization to cause the loss of potential patients, so the loss in the “symbolic” capital (the term of the famous sociologist Pierre Bourdieu) turns into actual tangible losses in the profit of a private clinic.

Of course, the clinic’s management does not set the utopian task of “preventing all possible conflicts” for managers at all levels of the management chain. Conflicts related to the inadequate quality and safety of medical care, medical errors, and the characterological characteristics of doctors and patients, exist and will continue to exist in medicine.

However, where the ethical and legal conflict with the patient arose as a result of either the lack of proper medical and legal training of doctors, while knowledge of the basics of legislation on the protection of the health of citizens is enshrined in a separate provision in their job descriptions, or such a conflict was the result of a lack of necessary medical -the legal awareness of patients and their legal representatives about their legal status, their rights and obligations, the rights and obligations of a doctor - this is all the area of responsibility and a shortcoming of managers, specialists of the clinic’s personnel department.

The rhetorical question is, no matter how many pre-conflict situations with patients would develop into an actual conflict, if the population of the country - actual and potential patients - knew about the doctor’s right, legally enshrined in 1993, in the absence of an urgent situation, to refuse to lead a patient if it does not work out with him therapeutic cooperation (see Art. 70 of the Federal Law “On the Fundamentals of Health Protection of Citizens in the Russian Federation” dated November 21, 2011, No. 323-FZ¹).

It seems productive to divide the management of activities in the clinic into two independent areas of management activity - medical management itself, aimed at regulating the processes of providing the clinic with material, technical and human resources, and organizational and managerial management, aimed at supporting the effective interaction of all participants in the organization-providing-receiving medical help.

Under this task, a combination in planning the activities of a multidisciplinary private clinic is required, on the one hand, the analysis of economic instruments - studying the validity of pricing, regulating the cost of medical services provided, reducing costs through the complete formalization of the processes and functions of clinic workers, introducing resource-saving

¹Federal Law of November 21, 2011 No. 323-FZ "On the Basics of Health Protection of Citizens in the Russian Federation" // Collected Legislation of the Russian Federation. - 2011. - No. 48 (28.11). - Art. 6724.

technologies, patenting, application of innovations, etc.

On the other hand, since the efficiency of the clinic is critically influenced by the conflict-free interaction and the safety of activities, it is necessary to develop a Package of documents and information and reference materials containing information on the legally enshrined ethical and legal status of doctors and patients and algorithms from interaction (standard reminders doctor and patient, standards of management operating procedures, regulations on the work of teams, ethics committees, doctor and patient questionnaires, etc.).

The fundamental organizational technologies for the implementation of the conflict management system in the work of a medical organization are:

- conducted on an ongoing basis survey of patients about their awareness of their rights and obligations and the rights and doctor obligations (note that such a survey is also a kind of patient education tool);
- development of a standard Patient's Memo, in which separate blocks provide information on the legal status of the patient and the doctor, on the patient's responsibility for violations of the rights of other citizens, for offensive behaviour towards the doctor, for damage to the property of the clinic. The memo is issued against the signature of the patient during his first contact with the clinic, is located on the stands and the website of the organization;
- periodic training with medical and support staff on medical Law and professional medical ethics and deontology.

Tasks and specifics of conflict management in a multidisciplinary private clinic

Reducing the number of conflicts in the activities of a multidisciplinary clinic is facilitated by the conflict management work specially organized by its leadership, which implies the introduction of technologies and tools for the formation of conflict-free communication and responsible interaction with each other between doctors and patients, nurses, registrars, IT-specialists, accountingworkers, etc.

Of course, the focus should be on the interaction of doctors and patients. Not being the "main" subject of health care in general and medicine in particular - just as the one whose status arises concerning another subject (doctor, medical organization) cannot be the main subject - the patient is a system-forming subject of the industry, since it is around then and concerning they organize all types of activities and all forms of interaction and communication arise, at any stage of which conflicts can flare-up.

The task of ethical and legal conflict management is twofold here - to prevent preventable conflicts and resist the escalation of conflicts that have already arisen.

The ethical and legal status of the patient, equal with the doctor, has been progressively approved since the second half of the twentieth century (Nuremberg Code, WHO Recommendations about the patient as an active participant in treatment, etc.). In domestic health care, it began to be legislatively formalized in the early 90s of the last century as a result of the entry into force of the Federal Law "On Compulsory Health Insurance in the Russian Federation" dated November 29, 2010, No 326-FZ, which normatively enshrined the legal parity of a doctor and a patient. The Federal Law "On the basics of health protection of citizens in the Russian Federation" dated November 21, 2011, No. 323-FZ², which enshrined in Art. 19 of the Law formulating the universal rights of the patient.

The next logical step in developing the patient's subjective status was developing the concept of patientorientation and patient-centeredness as values and principles of activity in medicine and healthcare.

The patient-orientation program began to develop in the period 2013-2015 actively. At the Roszdravnadzor conference "Medicine and Quality" on November 30, 2015, the transition of Russian healthcare to the principle of patientorientation was identified as a priority practical task.

Since the origins of the patient-centred approach are in the so-called, client-oriented approach, this allows us to associate with it the image of "whim medicine", when more attention is paid to consumer values and interests of the patient, providing his emotional support, creating comfortable conditions for the patient's stay in a medical organization [4].

The primary tool that allows you to receive feedback on an ongoing basis for making organizational and managerial decisions based on a patient-centred approach is to conduct surveys of patients and their relatives about their satisfaction with the organization of medical care in the clinic.

Essential organizational technology for the implementation of the target tasks of the patient-centred approach is the training of medical workers in the basics of conflict-free communication, the invitation of psychologists, ethics, professional mediators for this purpose, organized by the clinic's management, as specialists in the pre-trial settlement of disputes.

The meaning of the Value-Based Healthcare, currently actively analyzed by economists, politicians and healthcare managers, where the patient is viewed as a recipient and, in one form or another, a payer of medical services, is to assess a direct causal relationship between the cost of treatment and the most significant outcomes for the patient, comparable to the economic and social parameters of the effectiveness of the services provided.

²Federal Law of 29.11.2010 N 326-FZ "On Compulsory Medical Insurance in the Russian Federation"
// Collected Legislation of the Russian Federation.

In this context, the status of “consumer of medical services” is added to the status of “patient”, with special rights enshrined in the Federal Law “On Protection of Consumer Rights” dated 07.02.1992 N 2300-1-FZ³, primarily the information and guarantee block.

Legislatively enshrined in both the status of the patient and the consumer of medical services, their rights and obligations meaningfully shift the focus of interaction between the doctor and the patient from patient-orientation to patient-centeredness. Of course, we are not talking about replacing one value principle of activity with another, but about a new arrangement of semantic and organizational accents necessary to ensure the redistribution of responsibility between a doctor and a patient provided for by Law, arising in the course of providing him with high-quality and safe medical services.

Patient-centeredness as a principle of activity obliges considering the patient as an equal subject of relationships, having a legislatively enshrined ethical and legal status - a set of rights and obligations, and interacting with him accordingly.

Responsibility for violation of the principle of patient-centeredness, the sources of which are presented in the norms of various branches of Law (constitutional Law, legislation on the protection of public health, civil Law) and the norms-recommendations of professional, ethical codes, is much higher in comparison with responsibility for violation of the principle of patient-orientation, the sources of which are presented in deontological norms-recommendations, the provisions of job descriptions [6].

Suppose patient-centeredness as a value is primarily aimed at increasing the patient's trust and loyalty in relation to a particular doctor and a particular medical organization. In that case, patient-centeredness is aimed at forming a competent interaction between a doctor and a patient, which provides, based on an accurate understanding of the responsibility shared with the doctor, meaningfully motivated involvement of the patient in the treatment and diagnostic process.

At present, the specifics of the implementation of the principles and tools of patient-centeredness in the work of a multidisciplinary private clinic, in our opinion, are the following features of such activities:

- the particular importance of preventing ethical and legal conflicts with the recipient of paid medical services, taking into account the subsequent financial and reputational costs;
- the need for the simultaneous introduction of various technologies of a patient-centred approach, taking into account the variety of medical services provided in a multidisciplinary clinic;

³Federal Law of 07.02.1992 N 2300-1 "On Protection of Consumer Rights" // Vedomosti SND and Armed Forces of the Russian Federation. - 1992. - No. 15 (09.04.). - Art. 766

- the possibility of introducing various types and forms of patient-centred activity into the work of the clinic not gradually, but “on a one-off basis” - simultaneous surveys, informing patients with the help of specially developed information and reference materials, primarily patient reminders, conducting classes with staff, adapting local documentation of the clinic for the requirements of a patient-centred approach, which allows synergistic enhancement of the effect of each type of activity;

- the possibility of considering ethical and legal conflicts with patients not at the medical commission but special express meetings of groups or committees on the ethics of clinics.

An indicator of the successful solution of organizational and managerial tasks of patient-centeredness in a private multidisciplinary clinic may be the emergence of its management the ability to regulate conflict management processes remotely, not in “manual control”, but on “autopilot”, when the competently built a system of support for making correct organizational and managerial decisions, the importance of which has increased many times in connection with situations of high infectious risk.

All the considered types of activities based on the principles of patient-centrism, along with solving the main tasks - reducing the number of conflicts in the clinic, directly contribute to increasing its investment rating, justifying the participation of private-sector medical organizations in solving social problems of the state (participation of business structures in programs OMS, in various forms of PPP, socially-oriented business projects). It is essential both for business and the state, which, while ceasing to be paternalistic, does not cease to be social.

Since modern realities predetermine the immersion of all human activity in the global digital environment, becoming a patient, he also increasingly finds themselves in it.

IT specialists have this joke - “When in the digital world something is free for you, then you are the product.” Information as the new equivalent of gold or oil and the digitalization of life is gaining momentum by leaps and bounds. Indeed, receiving a digital copy of a person - information about his physical and emotional state, behavioural patterns, interests, and preferences - has many beneficiaries, from commercial structures accompanying a person’s daily life to the state’s security services.

Medicine and healthcare are not only accepting this trend, but in a sense, they are leading it. Of course, today, the trigger of the process is a pandemic, which has determined that the scale of non-contact is a critical feature of proper human behaviour. However, it is in medicine that the starting point of these processes has a reasonably long history - even though the federal Law on telemedicine (Federal Law of July 29, 2017, No. in the field of health protection ") was adopted in 2017, the first parliamentary hearings on telemedicine in Russia were held more than 20 years ago.

Long before the pandemic, these processes began to adjust the concept of patient-centrism towards making decisions about managing patient flows based on the aggregation of large amounts of data and the use of telecommunications. From the simple - electronic registries, electronic cards and prescriptions, temporary disability certificates, telerehabilitation technologies, etc., are widely developed - to the complex - already now one can observe a kind of virtual transformation of medical centers into parts of large digital agglomerations, and now not everything is clear with how these basic digital agglomerations will behave in the future - as “donors” or as “vampires” of the aggregated information. At each stage of the patient’s “immersion” in digital, new questions arise related to his patient-centrist ethical and legal status, which determines the research tasks of the nearest future.

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