

Case II: Conflict Recognition— The Case of the Misdirected Faculty

Diane C. Hoelscher, D.D.S., M.S.; Robert W. Comer, D.M.D.

Abstract: Early recognition is fundamental to managing conflict. Successful leaders rely upon their ability to recognize conflict before it escalates into crisis. This article reviews the signs and sources of conflict along with related management theories. Conflict management includes understanding the sources and types of conflict as well as the impact potential; in the case presented, the leaders were unaware of conflict. Dr. Forester, the faculty member “in the middle,” was in a precarious position. Her performance evaluation reflected unacceptable accomplishments. However, her self-assessment, based on the hiring agreement, was successful. Her requests for guidance and clarification were unproductive. What does she do now? The management theories that apply to the case of “the misdirected faculty” include analysis and discussion of communication, feedback, and expectancy theory. Action alternatives are presented to explore some of the options available to stimulate discussion and to provide readers with an eclectic approach to applying a case analysis.

Dr. Hoelscher is Interim Chairperson, Department of Operative Restorative Dentistry, University of Detroit Mercy, School of Dentistry, and Dr. Comer is Associate Dean for Patient Services, School of Dentistry, Medical College of Georgia. Direct correspondence and reprint requests to Dr. Robert W. Comer, Associate Dean for Patient Services, School of Dentistry, Medical College of Georgia, Augusta, GA 30912-1241; rcomer@mail.mcg.edu.

Key words: conflict recognition, conflict management, sources of conflict, types of conflict, organizational conflict, faculty development, leadership development, expectancy theory, communication, feedback

Conflict is inevitable.¹⁻³ The influences of conflict have significant impact on the organization and may result in either positive or negative outcomes. Conflict is recognized as the underlying power that stimulates innovation, but it is a force with enormous destructive potential.⁴ In either case, leaders and managers may expect to devote more than one-fifth of their time to conflict-related activities.⁵

The first purpose of this article is to review the signs and sources of conflict. Second, a case study of “the misdirected faculty” is presented to illustrate a typical academic problem. Finally, the central issues in the case are presented along with pertinent management concepts. Readers interested in advancing their leadership skills may use this article as foundation material to improve their analytic abilities and conflict management skills.

Conflict Recognition

Conflict is omnipresent. Even though the signs and symptoms may not be recognized, conflict will be present. In any organizational setting, individuals consciously or subconsciously are involved in roles of conflict as they compete for resources, recognition, and rewards. It is the leader’s responsibility to recognize that conflict is present and then collabo-

rate with managers to identify the cause, resolve the conflict, or redirect the energy of discord to a positive outcome.⁴

Sources of Conflict

The basis for recognizing, evaluating, and managing any conflict begins with identifying the underlying causes. Several general sources may precipitate conflicts. Tucker identifies potential sources as resource inequities, personality clashes, student/faculty assessment, change, and ideology.⁶ Montana identifies resource competition, differences in goals, dependence on external constituents, communication, and the organizational structure.⁷ Taylor’s somewhat novel approach to the sources of conflict includes differences among generations, old versus new knowledge, adapting to new technology, ideological variations, and personalities.⁸

During the ADEA Leadership Workshop, participants identified examples of Taylor’s conflict sources. The first was *generational differences*. Younger faculty may neither accept nor appreciate traditional values of teaching, research, and service espoused by senior faculty. They may not have developed institutional allegiance. They may, instead, present an attitude of independence and recognize the employee advantage in a supply-side economic environment.

A second source of conflict may be the dichotomy of *new knowledge versus old knowledge*. Senior faculty members tend to focus on tradition which newer faculty members neither understand nor appreciate. Experience may be a prevailing value of senior faculty, whereas knowledge and opportunity may be more valued by junior faculty. This source of conflict between old and new extends beyond interpersonal relationships and may influence student/faculty interactions in the classrooms. Today's students may be inclined to gravitate to the younger faculty members' philosophy and values and demand a curriculum shift to new knowledge. According to Taylor, students may be less interested in reading, listening to lectures, personal interactions with faculty, or adherence to schedules. Family, jobs, and entertainment may take precedence over the regimentation of classroom instruction.

A third conflict source, *old versus new technology*, is an extension of old versus new knowledge. The rapidity with which junior faculty or students may embrace or expect the adoption of new technology may be quite different from the acceptance level by senior faculty. In endodontics, for example, students may expect primary instruction in the use of rotary instruments. Senior faculty may expect the students' preliminary experience to be the instrumentation of filing canals with hand files. What one group may consider primitive, the other may consider a necessary state of the art. Therein lies a potential source of conflict in the introduction of a newer technology.

A fourth source of conflict may be *ideological*. Senior faculty tend to understand, embrace, and continue an ideological position. Even though the position may be an appropriate position, junior faculty may fear being subsumed by the older philosophy. However, there is an undercurrent of concern that the ideological standard-bearers may be out of touch, especially with the expectations of students. The junior faculty member may gravitate toward excellence in teaching, for instance, rather than the traditional ideological expectation of excellence in the tripartite commitment of teaching, research, and service.

Personalities are a fifth source of conflict. Managing personalities may present the most challenging aspect of conflict management. In the academic arena, a manager's ability to recognize and reward faculty has inherent constraints. As an example, faculty recognize that major financial rewards are unlikely in the academic advancement process. As a result, they may place a lower value on finan-

cial rewards than on promotion, tenure, public acclaim, or other recognition. However, if intangible rewards and recognitions are not judiciously applied, money becomes the only yardstick by which the faculty are measured. Unfortunately, in an environment of salary compression or moderate incremental differences in salary, conflict may arise when a faculty member's self-assessment does not correspond with the administration's recognition and reward systems.

Types of Conflict

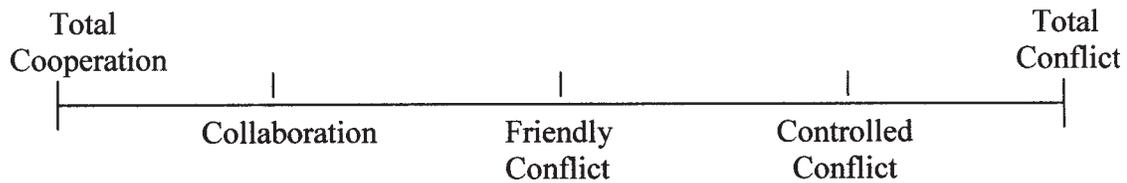
The types of conflict are interpersonal, intrapersonal, intergroup, and organizational.^{1,4,5} *Intrapersonal* conflict occurs within oneself. The individual must recognize and focus on the internal conflicts of professional and personal relationships and goals. *Interpersonal* and *intergroup* conflicts occur between two or more individuals or groups. These generally arise from personality conflicts, communication breakdowns, or competition for dominance. Finally, *organizational* conflict occurs between one's organization and other competing organizations or external constituent groups.⁵ A school of dentistry may be in conflict with another school when in competition for state appropriations, for example. Similarly, a school may be in conflict with other internal agencies such as third-party payors, private dentists, regulatory agencies, or consumers at large.

Impact of Conflict

Conflict varies on a continuum between *total conflict* and *total cooperation*.⁶ Neither of the extremes is desirable. Total conflict will lead to chaos and organizational destruction. *Total cooperation* implies an absence of underlying competitive pressures that tend to drive personal advancements, organizational progress, or product improvements. Without these stimuli or pressures, stagnation or status quo is the most likely outcome. In a competitive environment, the status quo will result in decline. Conflict may vary along the sliding scale of a conflict continuum as presented in Figure 1, which is a modification of Tucker's model.

Collaboration implies that competing units or individuals cooperate for mutual advancement. Both make concessions; both commit their resources; and both are rewarded for the combined efforts. *Friendly conflict* frequently promotes competition that stimu-

Figure 1. The conflict continuum



Source: Tucker A. *Chairing the academic department leadership among peers*, 2nd ed. New York: Macmillan Publishing Company, 1984.

lates conflicting groups to produce at a higher level. In industry, prizes for exceeding sales quotas exemplify friendly conflict. In academics, subtle competition for recognition by students who present “Golden Apple” awards would be a type of friendly conflict. *Controlled conflict* recognizes that resolution of conflict is unlikely, but that competing groups can coexist and prosper together.

The next pole on the scale is *total conflict*. Sustained total conflict may quickly evolve into chaos. In academics, there is a possible danger to organizational stability and effectiveness if pressures are skewing the profile conflict to the right. The academic environment encourages open forums and challenges to authority and tradition. These challenges are frequently disguised as friendly conflict when challengers play the devil’s advocate. In academic administration, one must be cautioned to recognize individuals who play such a devil’s advocate role. Although this privilege is sacred in academic circles, there is a fine line between playing the role of the advocate versus personifying the devil incarnate. The quality of leadership may determine if the conflict strengthens or compromises the organization.

Case Review: The Misdirected Faculty

For four years, Dr. Sandy Forester has taught in and directed the AEGD program at the same midwestern dental school from which she received both her dental degree and AEGD certificate. After her husband took an engineering position in a nearby state, she sought an appointment at Nobel University School of Dentistry (NUSD), a small private school in an urban area with a longstanding tradition of educating highly qualified clinical dentists. At the time of her application, Dr. Steve Williams, the chair

of the Department of Restorative Dentistry, informed her that she could choose either a tenure-track or clinical track position. Dr. Forester considered her love of clinical dentistry as well as the fact that she and her husband were ready to start a family and opted for the clinical track, reasoning that she would be better able to balance her responsibilities without the pressure to obtain tenure. The concept of a clinical track appointment was a relatively new one for NUSD at the time of Dr. Forester’s appointment.

At NUSD, Dean Carol Markin was very concerned about the low level of research activity at the school and the fact that faculty, especially junior faculty, were very heavily assigned to clinic and courses. She had reduced the teaching assignments of junior tenure-track faculty and facilitated the hiring of clinical track faculty whose primary responsibility was teaching in the clinic. Faculty at the school had mixed feelings about these changes. Those in the tenure track were relieved that they now had more time for scholarly activity; however, many were uneasy that the role of clinical track faculty was not well defined.

During the next five years, Dr. Forester demonstrated excellence in teaching and was named a clinical group leader. At the same time, she was very busy in her personal life, giving birth to two children two years apart. Each year she received positive feedback during her performance evaluation, which included student and peer evaluations. She was very busy teaching, but she also continually sought new challenges and opportunities for growth.

At the same time, Dean Markin and Dr. Williams were busily increasing research activity at the school. The restorative department now had an active program with many small grants. The department members collaborated well with one another, and Dr. Forester took the opportunity to participate in several small projects that lead to IADR abstracts and a couple of manuscripts. She worked hard to fit in her research activities with her heavy teaching and

administrative commitments. This, in addition to meeting her young family's needs, took up much of her time and, as a result, she was not involved much with committees or organized dentistry. Dr. Williams felt that Dr. Forester's research activity was important, and he was impressed by her motivation to pursue an area that was not part of her job description. He wasn't concerned that service was not a major area of emphasis for Dr. Forester, and he told her this on several occasions. Dr. Forester appreciated that Dr. Williams gave her the freedom and support to develop in an area that was important to her.

In the meantime, the Faculty Governance of the dental school made changes to its bylaws and promotion and tenure documents to include this new group of faculty. Because this was done after many of the clinical track appointments were made, the changes were somewhat vague and open-ended. However, Faculty Governance did pass strict limitations on the number of clinical track appointments and made it clear that faculty could not switch from tenure to clinical track or vice versa. Interestingly, it wasn't until after most of the revisions were made that clinical track faculty were given the right to vote on Faculty Governance issues.

Last year Dr. Forester was transferred to the newly formed Department of General Dentistry. At the time she was concerned her new chairperson, Dr. Tony Marino, might not be as supportive as Dr. Williams. Indeed, Dr. Marino was busy with clinic administration and was unavailable to mentor her as had Dr. Williams. Dr. Forester was more than a little anxious as she prepared for her annual performance review. Both of her appointments with Dr. Marino for performance review were interrupted by phone calls, and they never actually addressed her concerns. She tried a few other times to schedule appointments with Dr. Marino, but they were all cancelled at the last minute due to pressing clinic issues.

Still, Dr. Forester hoped to apply for promotion to Clinical Associate Professor in the next year. She knew that her evaluations by students and peers were excellent, and she was commended regularly on her effective management of her clinical group. But she had no idea how supportive Dr. Marino would be.

She got her answer the morning of her performance review. After anxiously waiting twenty minutes for Dr. Marino to arrive, she entered his office. He cleared a pile of clinic activity sheets from the chair and invited her to sit. He told her that she had achieved all possible performance points for teach-

ing and for her administrative work. Then he asked her why she sat on only one school committee and belonged only to the IADR. He stated that she was weak in the service area of her development and that she would lose several performance points because of that. Dr. Forester felt her face flush as she asked him how many points she earned for her research activity. He told her that there were no points awarded for research since she was on the clinical track. He then suggested that she join the Admissions Committee.

Dr. Forester knew that the weekly meetings and interviews would take what little time she had set aside for research. She cautiously asked Dr. Marino if there was any chance she could be released from clinic one half day a week to meet these additional responsibilities. She could see Dr. Marino's jaw clench as he told her that she was no longer working for Dr. Williams and that she was now in a department with a heavy clinical focus. She would need to rearrange her priorities to meet the mission of the department. Dr. Marino further suggested she work on her research in the evenings or on weekends; after all, he said, that's how he had completed much of his research.

The sudden ringing of the phone caused Dr. Forester to jump. After hanging up, Dr. Marino quickly excused himself and was out of the room before she could even respond.

Dr. Forester sat in her seat unable to move. She thought of her two little girls and husband. She had a happy life and liked it at NUSD. She had never had a negative performance review. Now it appeared that she would not be supported in her development, let alone for promotion. She knew she was locked into the clinical track and that there was no precedent for what she was trying to do. For the first time in six years, the option of leaving NUSD entered her mind.

Case Analysis

Conflict is a vexing problem. Organizational change leads to conflict, and conflict stimulates organizational change. Heifetz and Laurie describe conflict as the "engine of creativity and learning."⁴ In academics, as any other organization, conflict should be expected. However, successful recognition of the sources of conflict and the underlying problems is essential in management.⁵

A significant potential for conflict exists whenever people with differing values and expectations are involved in an organization. Administrators with leadership ability understand the origins of conflict, anticipate its occurrence, and develop skills and techniques for managing conflict. They are likely to be more successful and satisfied with their responsibilities and results. This case illustrates key issues and concepts that interrelate when conflict recognition and management are needed.

In this case, neither the dean, Dr. Markin, nor the department chair, Dr. Marino, is aware of the conflict. From their perspective, the problem is defined as unacceptable outcomes from Dr. Forester. Therefore, neither is likely to take the leadership initiative to resolve the conflict. Dr. Forester's perspective, of course, is quite different. She defines the problem as lack of leadership, poor communication, or failure of administration. If she expects a favorable resolution of her problem, she will need to take the initiative to lead her superiors into constructive discussions or accept the consequences of their assessment of her performance. Regardless of the perspective, the sources of this conflict are ideological and personality differences. The type of conflict is interpersonal between Drs. Forester and Marino.

Central Issue #1: Unacceptable Performance

Dean Markin had engineered an organizational change that moved Dr. Forester from one department to another. There was an ideological difference among all the players in this scenario. Dr. Forester assessed her own performance as excellent, and it was acceptable as defined by her former chair, Dr. Williams. However, after a performance review, the new chair, Dr. Marino, decided that her accomplishments in service were unacceptable. Even though her teaching and research assessments exceeded expectations, Dr. Marino informed Dr. Forester that her overall contributions were unacceptable.

Relevant Management Concept: Communication and Feedback. Communication and reinforcing feedback are essential tools for managing conflict.³ An administrator's essential task is to clarify the institutional goals, identify the importance of the staff's role in the organization, and articulate the benefits of the organizational expectations and direction. The concept is basic. However, the potential for escalating conflict is enormous if administrators are

unsuccessful. In this case, the communication and goals relating to Dr. Forester's transfer were not clearly understood or relayed from Dean Markin through the chair (Dr. Marino) to Dr. Forester.

Both Drs. Forester and Marino may have subconsciously resisted the change for several reasons. The source of resistance may have arisen from perceptions of fear of the unknown, personal insecurity, failure to see the need for change, threatened self-interests, or changes in working relationships.⁵ A successful leader, Dean Markin in this case, should have anticipated a resistant response to change and initiated some proactive measures to ensure conflict was minimized and the transition was orderly. In the absence of this preparatory communication, Dean Markin's next challenge may be more difficult. Is it important to keep Dr. Forester in the organization? If so, how could he maintain a positive attitude and productive atmosphere? What damage control measures would be necessary to improve the relationship between a valuable chair and a valuable faculty member? If one assumes that maintaining an employee is desirable and developing a positive relationship is possible, then the administrator's charge should be clear. The administrator must focus on communication. Leaders and managers both have important roles and both could be successful. If they are effective communicators, each should concentrate on reinforcing the mission with feedback.

Central Issue #2: Victimized Faculty

Dr. Forester exhibited signs that she was frustrated and had been victimized by the change in her assignments. Her frustration arose from a shift in management styles as a result of the recent reorganization. She was consulted about neither the change in assignment nor the shift in her expected priorities by the administration. She was perplexed, leading her during the course of the meeting to figuratively throw up her hands and ask, "What do you expect?" This case thus presents the management challenge of balancing the staff member's expectations with her ability and effort. Recognizing this expectancy gap early simplifies the redirection or resolution of the conflict.

Relevant Management Concept: Expectancy Theory. Interpersonal conflict is evident between Dr. Forester and her chair. Compounding the problem is her intrapersonal (internal) frustration in being un-

able to define or accept the expectations of Dr. Marino.

Expectancy theory provides some insight into this dilemma. Expectancy theory addresses relationships between performance and satisfaction.^{5,9} Satisfaction for many is internalized as an outcome of reward and effort expended. This reward:effort ratio determines effort. Effort subsequently is influenced by abilities and values, and it determines performance. Diagrammatically, these relationships are illustrated in Figure 2.⁸ The cycle of performance (starting with the right segment of the diagram) may be exemplified by the employee who is satisfied that an effort of 10 percent yielded a 5 percent reward. Because of the low reward:effort ratio, one might expect the employee to demonstrate the same ability and values, yet the effort may be proportionally lower.

A second scenario is common. Frequently, all employees in a group receive equal percentage salary increases. The employee may translate this reward of effort as average, while assuming individual efforts have been high. Management may interpret the equal raises as a gesture of fairness for a group all of whom performed similarly whether excellent or average. In either case, there is a disparity in which the employee's internal reward system reaches a conclusion of excellence, whereas the external rewards system of management judges performance as mediocre. Employees' internal assessments may be sharply influenced by the internal values of energy expended and length of a CV, while management's external rewards support the intrinsic value of teamwork and outcomes instead of effort or ability. In either situation, communication is required to chan-

nel the employee's efforts and abilities to achieve the externally moderated rewards that are valued to the organization.

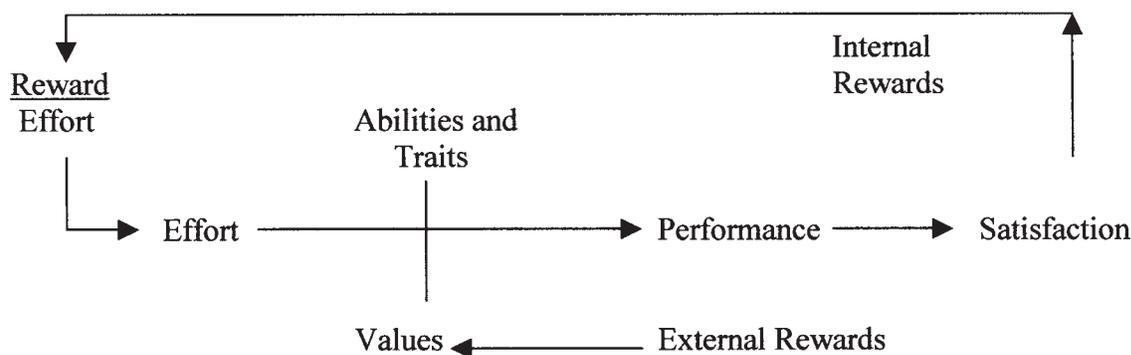
The leadership challenges are diverse for the principals in this case. Dean Markin should have been aware of the potential for conflict. She should have initiated reinforcing communication to ensure that Dr. Marino understood, communicated, and motivated his subordinates. Dr. Marino's leadership challenge was to recognize and be sensitive to the intrapersonal strife of Dr. Forester. He should then have initiated further communication and evaluation sessions for reinforcement. And, finally, Dr. Forester should have taken the initiative to meet with Dr. Marino with a specific agenda to clarify her role and expectations.

Action Alternatives

The administrative challenge in this case was to balance the department's output in teaching research, service, and faculty development. Dr. Marino's specific alternatives could include the following:

- *Communication.* Dr. Marino should have clarified the departmental expectations and presented an equitable overview of each faculty member's role in the organization.
- *Prompt intercession.* Dr. Marino was in a difficult situation. However, the frustration expressed by Dr. Forester had not yet escalated to a complex or crisis situation. Careful preparation would be essential for a follow-up conversation and continuing reinforcement of the balance between Dr.

Figure 2. Expectancy theory



Source: Taylor Robert L. Leadership strategies for department chairs and program directors. Lecture at Faculty Development Workshop, American Dental Education Association Annual Session, Chicago, IL, March 3, 2001.

Forester's expectations and departmental expectations. These conversations should demonstrate a positive attitude, be brief and clear, and acknowledge Dr. Forester's past accomplishments and future value.

- *Reengage promotion and tenure discussions.* Faculty need to be informed of the subtle shifts and vague nature of the promotion and tenure system. In this case, apparently the rules had not changed, but the norms were changing. Dr. Marino needed to review the tenure guidelines, negotiate for favorable application of the rules, consult with the faculty, and explore creative opportunities to get the faculty to "buy-in" to the process. The faculty needed to be invited as active participants in the development process.
- *Contingency development.* Dr. Marino should have considered the benefits or problems that may evolve from the following possible outcomes:
 - Dr. Forester may resign.
 - Dr. Forester may circumvent Dr. Marino and petition Dean Markin for support.
 - Promotion and tenure guidelines may change.

Conclusion

The first stage of resolving any conflict is to define the problem and then to identify the cause.⁸ In this case, the problems of inadequate performance and frustration of a faculty member are evident. The cause arises from administrative reorganization, which precipitates interpersonal conflict between Dr. Forester and Dr. Marino, even as the sources of conflict have ideological as well as personality influences.

The leadership challenge is to create a positive outcome for this or any other conflict. The critical task is establishing communication so that redirection or reengaging faculty in early stage conflict becomes possible. The awkward challenge for the administrator is to recognize the problem and develop a constructive environment for communication. These conversations must be positive, informal, and humane.

The expectations of the leadership, the faculty, and the faculty managers must be clear to all parties so that the sources of conflict will be minimized. The faculty and the administrator both must understand and support the expectations of the institution and the individuals within it. The manager must demonstrate a caring attitude and assume that a mutually beneficial outcome is attainable.

Acknowledgments

The authors appreciate the contributions, guidance, and support of Dr. Robert Taylor for his expertise as the faculty development workshop facilitator. Contributors to this case development included Wendy E. Kerschbaum, D. Denee Thomas, Carol-Ann Trotman, Robert Trombly, and the rest of the class of 2001 ADEA Leadership Fellows. Special thanks also goes to Dr. Karl Haden, Director of the ADEA Leadership Institute, for his support, leadership, and assistance.

REFERENCES

1. Autry JA. Love and profit: the art of caring leadership. New York: Avon Books, 1991.
2. Lucas AF. Strengthening departmental leadership. San Francisco: Jossey-Bass Publishers, 1994.
3. Higgerson ML, Cashin WE, Gmelch WH. Communication skills for department chairs. Bolton, MA: Anker Publishing Company, 1996.
4. Heifetz RA, Laurie DL. The work of leadership. In: Rosenbach WE, Taylor RL, eds. Contemporary issues in leadership. Boulder: Westview Press, 1998:179-94.
5. Buhler P. Management skills. Indianapolis: BookEnds, LLC, 2001.
6. Tucker A. Chairing the academic department: leadership among peers, 2nd ed. New York: Macmillan Publishing Company, 1984.
7. Montana P. Management. New York: Barron's Educational Series, 1991.
8. Taylor RL. Leadership strategies for department chairs and program directors. Lecture at Faculty Development Workshop, American Dental Education Association Annual Session, Chicago, IL, March 3, 2001.
9. Vroom VH. Work and motivation. San Francisco: Jossey-Bass Publishers, 1995.