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Health Education England

Conflict in the Workplace

Online Learning Programme

Developing people
for health and
healthcare

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Start

Obs and Gynae FY2

" A while ago I found myself caught up in a conflict with the cardiology registrar. I'd asked him to come and see a 36 week pregnant 30 year old patient, as I was worried about the ECG. Anyway, the registrar told me to bring the ECG over to him in Outpatients. Although the patient was stable, I still thought she should be seen by the cardiologist, and I said this.

The next thing I know the cardiologist is yelling at me down the phone, telling me how he didn't have time to come and see the patient, she was stable and if I couldn't be bothered to bring the ECG over then that was my problem, not his. Then he slammed the phone down on me!

It completely knocked me sideways - I'd never experienced anything like that before. I spent the next few days worrying about it, wondering what I had done wrong. "

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Registrar

" Not so long ago I asked a CT1 to take a patient's blood, but it didn't get done. When I asked her why not, she told me she'd asked an FY1 to do it.

The FY1 was not prepared to take the blame and stood up for himself. The next thing I know there's a full-blown row going on between the two of them! The CT1 was adamant that the year 1 trainee was to blame for the blood not being taken. "

What is conflict?

- Conflict occurs in all workplaces and the healthcare sector is no exception. Some might say that conflict is even a normal and natural part of the workplace, and that it can help to effect constructive change.

- The Oxford English Dictionary defines conflict as:
'A serious disagreement or argument, typically a protracted one.'

- The healthcare workplace is a fertile breeding ground for conflicts because of the stress, the dynamics and interdependency of the various relationships that exist between and among care providers, patients and families.

This short module addresses conflict in the healthcare setting, **specifically from the perspective of the trainee doctor**.

It looks at some of the factors which commonly lead to conflict in the medical workplace. It goes on to consider barriers to communication that may affect how well conflict is resolved, followed by communication skills which are most effective in resolving conflict.

It also provides guidance on where to go for support, protection or redress for those trainees who find themselves involved in a conflict situation.

Session 1 of 2:
Causes of Conflict in the Workplace

Have you ever been involved in a conflict at work?

YES

NO

What would you say was the main cause of the conflict? Select one or more options from the list.

- ☐ [Poor communication](#)
- ☐ [Personality clash](#)
- ☐ [Power differentials](#)
- ☐ [Organisational problems](#)
- ☐ [Incompatible work styles](#)
- ☐ [Heavy workloads](#)
- ☐ [Stress and fatigue](#)
- ☐ [Unwillingness to assist](#)

Causes of conflict

Causes of conflict in the workplace are many and varied.

Poor communication is often at the heart of conflict situations – it is often not what people say, but the way they say it that most influences how people react.

Take a quick look at one of the other factors or press "Next" to move on within the module

- ☐ **Poor communication**
- ☐ Personality clash
- ☐ Power differentials
- ☐ Organisational problems
- ☐ Incompatible work styles
- ☐ Heavy workloads
- ☐ Stress and fatigue
- ☐ Unwillingness to assist

Next

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Causes of conflict

Causes of conflict in the workplace are many and varied.

Conflict can also arise **when personalities clash**, or when people bring their personal problems to work with them.

Take a quick look at one of the other factors or press "Next" to move on within the module

- ☐ [Poor communication](#)
- ☐ **Personality clash**
- ☐ [Power differentials](#)
- ☐ [Organisational problems](#)
- ☐ [Incompatible work styles](#)
- ☐ [Heavy workloads](#)
- ☐ [Stress and fatigue](#)
- ☐ [Unwillingness to assist](#)

Causes of conflict

Causes of conflict in the workplace are many and varied.

Sources of conflict relating to **hierarchy** and the inability to resolve conflicting interests are quite common - tensions are heightened by **power differences**. An **unwillingness to assist** can also be a symptom of power plays.

Take a quick look at one of the other factors or press "Next" to move on within the module

- ☐ Poor communication
- ☐ Personality clash
- ☐ **Power differentials**
- ☐ Organisational problems
- ☐ Incompatible work styles
- ☐ Heavy workloads
- ☐ Stress and fatigue
- ☐ **Unwillingness to assist**

Next

Previous

Causes of conflict

Causes of conflict in the workplace are many and varied.

There are also likely to be a number of organisational sources of conflict, for example: an ineffective, out of date NHS system or a process that frustrates and irritates. This might include difficulties with resource allocation, the distribution of duties, workload and benefits, different levels of tolerance for risk taking, and varying views on accountability.

Take a quick look at one of the other factors or press "Next" to move on within the module

- Poor communication
- Personality clash
- Power differentials
- **Organisational problems**
- Incompatible work styles
- Heavy workloads
- Stress and fatigue
- Unwillingness to assist

Next

Previous

Causes of conflict

Causes of conflict in the workplace are many and varied.

People have **different ways of working**, have different approaches to specific tasks, and this is a common source of disagreement.

Take a quick look at one of the other factors or press "Next" to move on within the module

- ☐ [Poor communication](#)
- ☐ [Personality clash](#)
- ☐ [Power differentials](#)
- ☐ [Organisational problems](#)
- ☐ **Incompatible work styles**
- ☐ [Heavy workloads](#)
- ☐ [Stress and fatigue](#)
- ☐ [Unwillingness to assist](#)

Causes of conflict

Causes of conflict in the workplace are many and varied.

Heavy workloads, stress and fatigue are all major contributors to conflict situations, and the reason why people do not always help each other, even if they want to.

Take a quick look at one of the other factors or press "Next" to move on within the module

- ☐ [Poor communication](#)
- ☐ [Personality clash](#)
- ☐ [Power differentials](#)
- ☐ [Organisational problems](#)
- ☐ [Incompatible work styles](#)
- ☐ **Heavy workloads**
- ☐ **Stress and fatigue**
- ☐ [Unwillingness to assist](#)

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Unresolved conflict can have a very negative effect on the individuals involved. Resulting in a variety of emotions, including dissatisfaction, unhappiness, hopelessness, and depression.

It can affect people's sleep, their relationships and their performance in the workplace, occasionally leading to resignation.

We'll hear from Robert now, an CT1 Gastroenterology trainee, and find out what happened to him.....

Causes of conflict: Scenario

> **❝** Yes, so, a few months ago I arrived on the ward to review a patient before the consultant round – these things are planned within the hour, which means that everything needs to be running like clockwork, and you really do have to be on it.... **❞**

Robert: *(talking to himself)* So where are the notes?
(he frantically looks around) Where the hell are they?
(failing to find the notes, he says sarcastically…) Great!

Robert turns to address the two nurses on the other side of the room. He approaches them with an expressionless, surly face, wanting something right away, with no regard for the pressure that the nurses are under. He is expecting trouble.

Robert: Anita, have you got a minute?
The nurse comes over.
Robert: *(slightly arrogant)* The consultant's going to be here soon, and I can't find this patient's notes. Any ideas?
Nurse: *(dismissive)* No, sorry. Haven't got a clue. I guess you'll just have to keep looking. (Mutters to herself: Probably one of your lot who put them in the wrong place anyway!)

While Robert is searching for the notes, the ward sister passes by.

Robert: Errrm... Sister, it's the consultant round in a minute and I can't find this patient's notes anywhere?
Ward Sister: *(curt and impatient)* I'm sorry, but I've just had 2 admissions arrive in the middle of my medicines round and I really haven't got time to look for patient notes. They're probably with the prescription?

Causes of conflict: Scenario

Robert: *(surly and annoyed)* No, they're not. I've already looked.

Ward Sister: *(irritated and cross and having a cursory look for the notes)* It would help if people put the notes back in the right place. But you never do! This happens time and time again and we're supposed to suddenly magic them up from nowhere!

Robert: *(losing it now, arms crossed)* LOOK! I realise you're under pressure, we all are, but if I don't find those notes the consultant's not going to be best pleased, are they!

Ward Sister: *(still irritated and cross, arms akimbo)* Sorry, not my problem!

Robert: *(sarcastic, arms still crossed)* 'Sorry', but my understanding is that we're supposed to be working as a team?

Ward Sister: *(also losing it now)* Excuse me, but I've been Ward Sister at this hospital for over 10 years, and I think you'll find that I know a bit more about team work than you ever will! I think we've all just had about enough of your attitude around here, OK!!

Robert: *(shocked but retaliates)* I think we'd all be making much better progress if we didn't have to navigate jumped-up, self-important individuals like you, on a daily basis!

Ward Sister: Self-important!? I like that, coming from you! Why should I be expected to run around after trainees, cleaning up their mess and looking for lost notes?

The ward sister storms off.

Robert: *(talking to himself, looking upset and crestfallen)* Thanks. Thanks a lot.

What do you think was the main cause of this conflict? Select an option from the list below

- ☐ Poor communication
- ☐ Personality clash
- ☐ Power differentials
- ☐ Organisational problems
- ☐ Incompatible work styles
- ☐ Heavy workloads
- ☐ Stress and fatigue
- ☐ Unwillingness to assist

Previous

Causes of conflict: Scenario

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Yes. In fact … *All* these factors contributed
to the conflict depicted in the scenario.

Robert, the trainee doctor, is unsure of where he fits into the team hierarchy. He
counteracts this uncertainty by over-compensating with a slightly superior attitude, which
irritates the nursing staff, making them less willing to help him.

- ☐ **Poor communication**
- ☐ Personality clash
- ☐ **Power differentials**
- ☐ **Organisational problems**
- ☐ **Incompatible work styles**
- ☐ Heavy workloads
- ☐ Stress and fatigue
- ☐ **Unwillingness to assist**

Robert: 'Sorry', but my understanding is that we're supposed to be working as a team?
Ward Sister: (also losing it now) Excuse me, but I've been Ward Sister at this hospital...

Ward Sister: …They're probably with the prescription?
Robert: (surly and annoyed) No, they're not. I've already looked.

Causes of conflict: Scenario

Yes. In fact … *All* these factors contributed
to the conflict depicted in that scenario.

The nursing staff are typically under a lot of time pressures, particularly the Ward Sister in this instance. She uses her experience and age to put Robert firmly in his place, but worse, she does this in full view of everyone on the ward. There also seems to be something of a parent-child paradigm at play here.

- ☐ Poor communication
- ☐ Personality clash
- ☐ **Power differentials**
- ☐ Organisational problems
- ☐ Incompatible work styles
- ☐ **Heavy workloads**
- ☐ Stress and fatigue
- ☐ **Unwillingness to assist**

Ward Sister: Why should I be expected to run around after trainees, cleaning up their mess and looking for lost notes?

Causes of conflict: Scenario

Yes. In fact … *All* these factors contributed to the conflict depicted in that scenario.

It's well-known that those working in the medical profession often have **heavy workloads**, so they have a lot to do and to think about. This, combined with the long-hours culture, means that people get tired. This might also mean that they are less willing to help a trainee, when required. Sometimes they might just feel that it would be easier and quicker to do the job themselves.

Stress and fatigue affect people's judgement, can compromise their decision-making skills, and when people are tired and under pressure their communication skills are the first to suffer, and this scenario was a good example.

- ☐ Poor communication
- ☐ Personality clash
- ☐ Power differentials
- ☐ Organisational problems
- ☐ Incompatible work styles
- ☐ **Heavy workloads**
- ☐ **Stress and fatigue**
- ☐ **Unwillingness to assist**

Causes of conflict: Scenario

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Yes. In fact … *All* these factors contributed
to the conflict depicted in that scenario.

It is likely Robert hasn't taken the time to build relationships with the nursing staff.
Without establishing things in common with each other, they default to their 'tribes'
and their communication breaks down into a 'them and us' exchange.

☐ **Poor communication**
☐ **Personality clash**
☐ Power differentials
☐ Organisational problems
☐ Incompatible work styles
☐ Heavy workloads
☐ Stress and fatigue
☐ Unwillingness to assist

Nurse: *(Mutters to herself*) Probably one of your lot who put them in the wrong place anyway!

Ward Sister: (Still irritated and cross) Sorry, not my problem!
Robert: (sarcastic) 'Sorry', but my understanding is that we're supposed to be working as a team?

Causes of conflict: Scenario

Yes. In fact … *All* these factors contributed
to the conflict depicted in that scenario.

Although it is not always the case, interpersonal conflict in the workplace can be the symptom of underlying and unresolved problems with team work and inter-professional relationships.

Pressures on service can exacerbate personal and professional tensions. A familiar scenario is when a particular unit or individual fails to meet an organisational or departmental target.

In an ideal world, such difficulties would be mitigated by effective leadership and management, with a clear focus on its primary task – to provide a good clinical service.

- ☐ Poor communication
- ☐ Personality clash
- ☐ Power differentials
- ☐ **Organisational problems**
- ☐ Incompatible work styles
- ☐ Heavy workloads
- ☐ Stress and fatigue
- ☐ Unwillingness to assist

Next

Previous

… to try other options

Ref: Obholzer, A & Roberts, V. Z. (1994) The Unconscious at Work: Individual and Organizational Stress in the Human Services. London: Routledge.

Causes of conflict: Scenario

There is no doubt that the trainee doctor's life can be very stressful, especially for those who are inexperienced and already under pressure.
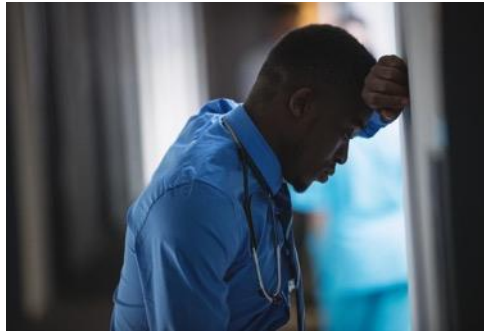
> " I've had run-ins with that Ward Sister before, but that one definitely rates as the worst. She has this way of making me feel about 2 inches tall – you know, totally humiliated. I went home that night feeling really demoralised, dreading going back onto the ward the next day - I just didn't know how I was going to deal with her. " **Robert**

> " Well, you know, you do your best for these trainees, but some of them really do try your patience. They seem to think that we're here at their beck and call, ready to drop everything the minute they have a little problem.
>
> And the way that trainee was talking to us the other day was unbelievable! Who does he think he is? He's still got a lot to learn, that young man, he really has! " **Ward Sister**

So it seems there is stalemate here. Neither party is acknowledging their part in the conflict – they both feel it is the other person who is at fault.

Causes of conflict

Body language often contributes to conflict situations more than we realise. Here are some negative examples that you might see in the workplace. **Consider how each pictures makes you feel.**

Finger wagging

Expressionless face

Arms crossed

Arms akimbo

No eye contact

Causes of conflict

Other barriers include **lack of attention to, or interest in the other person**, differences in perception and viewpoint.

Language and cultural differences and the difficulty in understanding unfamiliar accents can also present a barrier. The norms of social interaction also vary greatly in different cultures, and the way in which emotions are expressed. An example of this might be when one person is used to exchanging pleasantries with colleagues, when the other is not, or

Expectations and prejudices can lead to false assumptions or stereotyping, for example, when someone expects their request to take priority, or when one individual feels that they or what they are doing is more important. Medical professionals also some may have a tendency to adopt a 'what can you do for me' attitude, rather than 'what can I do for you'.

Another common barrier is created **when people hear what they expect to hear**, rather than what is actually said, and then jump to the wrong conclusions.

The next part of this module considers how conflict situations can be avoided and if not, how they can be resolved.

Session 2 of 2: Resolving Conflict

If you had been in Robert's shoes, what would you have done?

☐ [Left the Ward Sister to carry on with her own duties](#)
☐ [Pursued the matter with the Ward Sister immediately](#)
☐ [Taken the matter up with my supervisor](#)
☐ [Got some advice from a colleague](#)
☐ [Discussed the incident with the Ward Sister later](#)
☐ [Communicated the problem differently](#)

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☐ **Left the Ward Sister to carry on with her own duties**
☐ Pursued the matter with the Ward Sister immediately
☐ Taken the matter up with my supervisor
☐ Got some advice from a colleague
☐ Discussed the incident with the Ward Sister later
☐ Communicated the problem differently

Temperatures were running high, so if Robert had been more sensitive to the Ward Sister's own work pressures, he would have known not to pursue the matter of the missing notes with her.

Next

Previous

... to try other options

Resolving Conflict

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☐ Left the Ward Sister to carry on with her own duties
☐ **Pursued the matter with the Ward Sister immediately**
☐ Taken the matter up with my supervisor
☐ Got some advice from a colleague
☐ Discussed the incident with the Ward Sister later
☐ Communicated the problem differently

This would have been the least advisable route. With temperatures already running high, this would most likely inflame the situation, making it worse.

Resolving Conflict

☐ Left the Ward Sister to carry on with her own duties
☐ Pursued the matter with the Ward Sister immediately
☐ **Taken the matter up with my supervisor**
☐ Got some advice from a colleague
☐ Discussed the incident with the Ward Sister later
☐ Communicated the problem differently

Taking the matter up with your Educational Supervisor would help to plan how to deal with situations like this in the future.

Next

... to try other options

Resolving Conflict

☐ Left the Ward Sister to carry on with her own duties
☐ Pursued the matter with the Ward Sister immediately
☐ Taken the matter up with my supervisor
☐ **Got some advice from a colleague**
☐ Discussed the incident with the Ward Sister later
☐ Communicated the problem differently

Some trainees find it helpful to talk things like this over with a colleague – another trainee doctor who may be a few years further on in their training, who has more experience, who knows the ropes and where there are no barriers of seniority.

Resolving Conflict

☐ Left the Ward Sister to carry on with her own duties
☐ Pursued the matter with the Ward Sister immediately
☐ Taken the matter up with my supervisor
☐ Got some advice from a colleague
☐ **Discussed the incident with the Ward Sister later**
☐ Communicated the problem differently

Perhaps one of the most constructive courses of action would have been to talk the incident over with the Ward Sister herself, at a time when both parties were in a less pressured situation, and had had time to reflect on what had happened. An apology can also go a long way in resolving conflicts like this.

Next

Resolving Conflict

- ☐ Left the Ward Sister to carry on with her own duties
- ☐ Pursued the matter with the Ward Sister immediately
- ☐ Taken the matter up with my supervisor
- ☐ Got some advice from a colleague
- ☐ Discussed the incident with the Ward Sister later
- ☐ **Communicated the problem differently**

Of course, the situation could possibly have been avoided altogether if Jonathan had been more empathic and had first acknowledged that the Ward Sister was already under pressure.

Conflict often begins when a trainee approaches other staff with an expressionless face, 'wanting something immediately, with no regard for the pressure that the other person is under.

The trainee will then begin the interaction with the assumption that the person they are asking for help is going to be difficult, without considering that the other person might be stressed and having difficulty in coping with their own workload.

... to try other options

Resolving Conflict: Scenario

We'll hear from Robert now and see how his conflict with the Ward Sister was resolved.

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> "That whole thing with the Ward Sister really got to me, so I ended up talking to a friend of mine about what had happened. He's in his fourth year of Paediatrics now, so he's seen this kind of thing before.
>
> It really helped me to get some perspective on what had happened. He told me that I had a reputation as a bit of a hothead, which came as quite a surprise, as no-one's ever said that to me before. I always thought I was 'Mr Cool, Calm & Collected'.
>
> Coming from her it was easier to accept and it made me think about my behaviour, you know, the way I am with people, and how easy it is to give the wrong impression.
>
> Anyway, I've got a meeting with my Educational Supervisor next week. Although I know I didn't handle things well that day, the nursing staff weren't a whole lot better! I think there's something to learn there for us all."

Resolving Conflict: Scenario

In this case, the paediatrics registrar spoke with the sister who he knew quite well.

It turned out that she had been having difficulties at home with her oldest son, who was physically disabled and increasingly dependent on her, putting added pressure on the family who were all finding it increasingly difficult to meet his needs.

Once all this was out in the open, the Ward Sister felt a lot better, and adjustments were later organised by her manager so that she could reduce her hours in the short term while she arranged her son's rehabilitation.
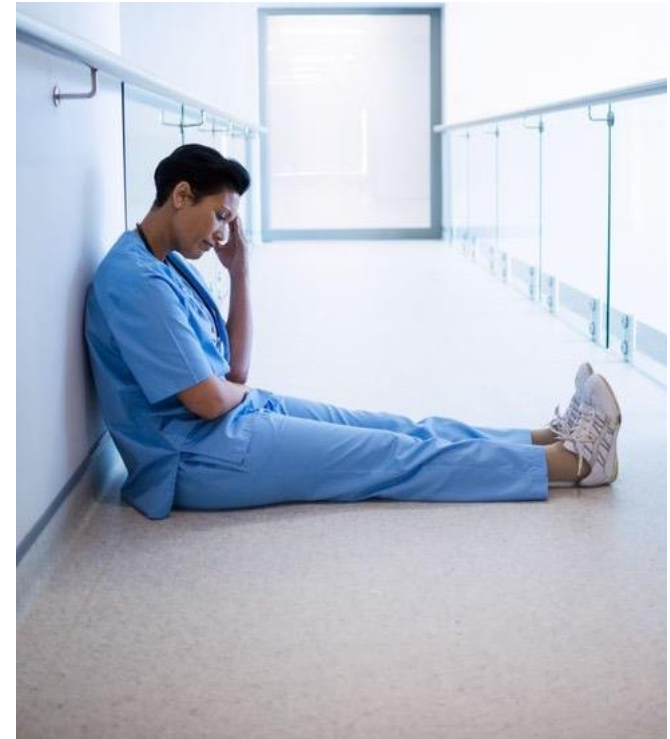
Resolving Conflict: Scenario

Here's Robert in conversation with his Educational Supervisor

Ed Sup: So you feel you could've handled things better?

Robert: Yes, I do. But in the heat of the moment I just lost it. It wasn't helped by the fact that the first nurse I asked was just as dismissive and unhelpful. These underlying tensions with the nursing staff just always seem to be there. And I've heard it from other trainees too.

Ed Sup: It does seem to come with the territory, I'm afraid, but you'll find you'll get better at handling these situations. With experience, most trainees do. But what do you think the real problem was?

Robert: Well, I think there's more than one. Most of the nurses are really busy, I know that, but sometimes they treat us like school kids, when all we're trying to do is gain experience, you know, get better at the job!

Ed Sup: So you feel they're purposely obstructive?

Robert: I do, actually, yes.

Ed Sup: But you can see that the way you approached them that day might've got their backs up, made them less inclined to help you find the notes.

Robert: Yes, I can see that, sure. And I'm going to make sure I don't fall into a trap like that again! It's been one almighty headache that I can really do without, especially with my ARCP coming up soon too.

Ed Sup: Putting yourself in other people's shoes is not always easy, and of course this cuts both ways.

Robert: You mean we're all a bit deficient in the empathy stakes?

Ed Sup: Yes, especially when we're in a hurry and under pressure. Have you had a chance to talk to the Ward Sister herself since it happened? Because that can often defuse things really well.

Robert: I wanted to, but I think she went on leave soon after. But I will try and do that, yes.

Ed Sup: OK, Robert, I know you spoke to a Year 4 trainee about this, but it's good that you've come to see me about this too. These aren't things that you should deal with alone. If they're aloud to fester, it can lead to all kinds of problems, you know, affect your health, your performance, that kind of thing.

Robert: Yes, yes, I know. It upset me more than I realised, to be honest.

Ed Sup: And if you feel you need to take it further, then I can put you in touch with the right people.

Robert: Well, I don't want to make more of than I need to, or make life even more difficult for the Ward Sister, but I'll have a think about it.

Resolving Conflict: Scenario

Let's turn the clock back now and see how the missing notes scenario might have been handled differently.

Robert: *(talking to himself)* So where are the notes?
(he frantically looks around) Where the hell are they?
(failing to find the notes, he says sarcastically) Great!

He turns to address the nurse on the other side of the room.

Robert: Anita, have you got a minute?

The nurse comes over.

Robert: *(apologetic tone, open body language)* Sorry, I can see you're really busy, but I don't suppose you know what's happened to the notes, only the consultant's going to be here soon?
Nurse: No, sorry. I'd like to help but I need to review a patient and I've just been bleeped to go and help

Robert continues searching for the notes. The ward sister then passes by.

Robert: I know you're really busy Sister, but it's the consultant round in a minute and I can't find this patient's notes anywhere? I was wondering if you had any clues?

Ward Sister*: (a little sympathetic)* I'm sorry, but I've just had 2 admissions arrive in the middle of my medicines round. They're probably with the prescription?

Resolving Conflict: Scenario

Robert: *(he's already looked there but he senses that the Ward Sister is in no mood to be interrupted. Takes a deep breath)* OK, I'll have another look, but if I can't find them can I come back to you?

Ward Sister: *(slightly more sympathetic but still grudgingly)* Yes, alright, but I can't promise I'll be any help....

Robert: *(Thinks)* Oh well, looks like I'll just have to face the music when the consultant gets here. Hmmm.

Robert to sister: Do you think you could join us on the round to help explain our predicament if we can't find them.

Ward Sister: Yes, OK then.

Robert: I owe you one - thanks

Resolving Conflict: Scenario

In this version of events, although Robert didn't get the help he was looking for, he did avoid the conflict which ensued in the first version, when he challenged the Ward Sister about the patient notes.

His whole tone was different – more conciliatory and less demanding. His body language was also much more open and less aggressive.

One simple, but effective technique when faced with potential conflict is 'the deep breath'....'power of the pause'.

Ward Sister: … They're probably with the prescription?
Robert: *(he's already looked there but he senses that the Ward Sister is in no mood to be interrupted. Takes a deep breath)*
OK, I'll have another look.

On a senior trainee's advice, Jonathan also decided to speak to the Ward Sister the next day to try and resolve the situation and avoid a similar situation happening again in the future.

Resolving Conflict: Scenario

In a corridor:

Robert: Hi Christina, I was wondering if you could spare a few minutes? I just wanted to have a quick chat about yesterday?

Ward Sister: *(a bit frosty and taken aback)* Yes? What did you want to say about it?

Robert: Well, I wanted to apologise really, you know, for my bad timing, for putting you under pressure about those patient notes...

Ward Sister: *(surprised and visibly softening)* Oh......yes....well, your timing wasn't the best was it! I was up to my ears in it and those missing notes of yours weren't exactly at the top of my list!

Robert: *(friendly)* No...no, I can see that now. It's just I was starting to feel a bit panicky... I know what Mr Coulson is like when the notes aren't to hand, and I lost it a bit, I'm afraid.

Ward Sister: *(surprised and further softening)* Yes, you did....and so did I. You have to understand that people are constantly putting their demands on me, and it gets a bit wearing....but, I should've known better than to lose my temper.

Robert: *(friendly)* That's OK. I totally understand.

Ward Sister: *(more formal again now)* Well, let's make sure it doesn't happen again then, shall we! (she marches off)

Robert: Yes, sure. Let's do that.

It was a good move on Roberts's part to approach the Ward Sister about the previous day's altercation/clash.

Although it took her by surprise, she accepted Robert's olive branch and responded fairly positively, even acknowledging her own part in the altercation.

Resolving Conflict: Theory

The Thomas Killman Instrument

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The Thomas Killman Instrument (TKI), is a well-known and accepted descriptor of the various ways in which people deal with conflict.

It identifies five approaches to conflict:
Competition, collaboration, compromise, avoidance and accommodation.

Each of these styles is described and discussed, and tips are provided on when to use each style. In addition, the advantages and disadvantages of each approach are outlined.

Collaboration is identified as the preferred method for resolving conflict, as it encourages people to work toward a resolution that allows everyone to get what they need, rather than trying to win or to defeat another person.

if you'd like to find out more about it, here are some useful links (links will open in your browser):

➤ 3 min intro video
➤ Cheat sheet
➤ Official test & Sample profile and inerpretive report
➤ Unoffical free test 1
➤ Unofficial free test 2
➤ Unofficial free test 3
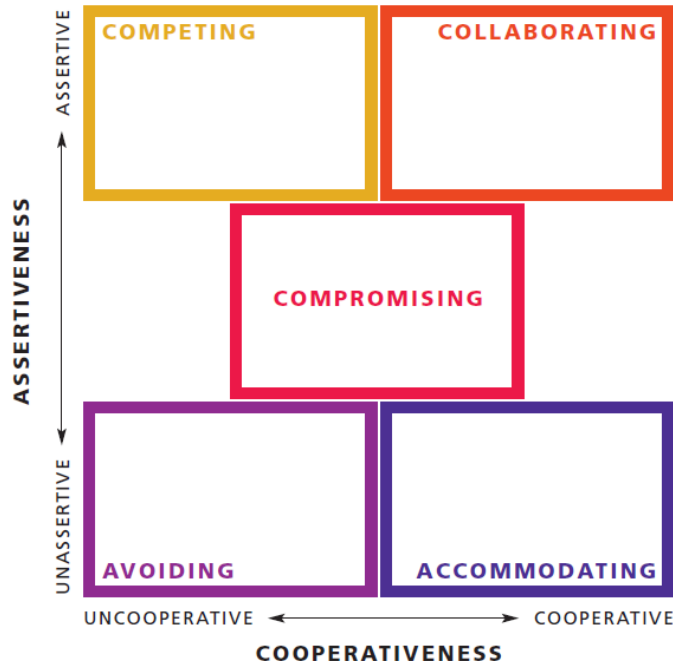
Resolving Conflict: Conclusion

The majority of difficulties in this area can be dealt with by using **common sense**, **maintaining a sense of perspective and balance**, and staying in touch with the fact that we are all fallible human beings, and that, after all, work is just one part of life.

Humour, **sensitivity**, the capacity to view things from a colleague's perspective (**empathy**) and **timing** are all important and helpful attributes.

Although the rotation system often makes it difficult to form good working relationships with other staff, informal conversations can really help manage those relationships, and to deal with day-to-day frictions and irritations, so it's important to ensure that there is sufficient unstructured time for this to take place.

Establishing relationships with the nursing team from the beginning of placement, exchanging pleasantries and getting to know them goes a long way in avoiding conflict situations, as does being reliable, and making time to discuss their concerns. This investment should ensure that, when under pressure, interactions between professionals won't erupt into conflict because the relationship is an established one

Resolving Conflict: Conclusion

Most healthcare trust policies advise that people involved in conflict situations should discuss, report or seek advice from their supervisor, and that HR can be approached for assistance too.

The reality is, though, that doctors in training rarely approach senior colleagues such as consultant supervisors and training programme directors for support, as they tend not to want to make a fuss or stick out in any way.

Not seeking support early can result in a more negative impact on the persons health and well-being. So, if you find yourself involved in a conflict situation, don't keep it to yourself – act early and talk to someone – peers, a senior trainee or a rep.

There are a number of other steps you can take.
- Firstly, speak to a friend, senior colleague, training rep, medical education manager or supervisor for advice and support as soon as possible.

- You could approach the person you are in conflict with face to face or by email and ask them what can be done to resolve the conflict. Stick to the facts, include actual examples of the concerning behaviour and how it makes you feel. Don't copy anyone into the e-mail at this stage.

- Although you may be reluctant it is important to seek help and advice from your clinical or educational supervisor as early as possible. Meetings and conversations with your supervisor will generally be confidential and their advice and support will be invaluable. Alternatively identify another consultant that you trust or your training programme director if you're not comfortable with approaching your own supervisor.

- The key message is seek support from your supervisor as soon as possible or a senior member of the team in your speciality.

- Always keep a record of incidents and interactions where you are in conflict with another person or team.

- If you witness a colleague or member of staff struggling with ongoing conflict the same principles apply.

On rare occasions conflict may quickly escalate and personal, racist or other verbally aggressive & threatening language may be directed at you.
- If your personal safety or well-being is threatened in such a way - move away from the patient area but ensure at least one member of staff stays with you.
- Ask a member of staff to call the senior manager for the area or HR manager stat who will advise you and manage the situation.
- This would not be an episode that any doctor in training should attempt to deal with themselves.

You have now come to the end of this module.

We hope you have found it useful and that it has provided you with some useful insights into conflict in the workplace, and guidance on what to do if you find yourself involved in a conflict situation at work.

And don't forget, for further information, references and links, you can go to the 'Resources' section.