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Contemporary challenges in european and national health care systems

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Interpersonal and Organizational Tensions in Medical Collaboration

Coming together is a beginning; keeping together is progress; working together is success."– Henry Ford



- Conflict is an inevitable aspect of human interaction and frequently arises in healthcare settings, including clinical environments, academic training, and interprofessional teams.
- Although conflict may be uncomfortable, it can serve as a valuable opportunity to identify underlying issues, question assumptions, and improve decision-making.
- When managed effectively, conflict can enhance teamwork, patient safety, professional relationships, and healthcare outcomes.
- **This course examines the causes and types of conflict, along with evidence-based strategies for conflict management, with a particular emphasis on healthcare settings where effective communication and collaboration are essential.**

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Learning Objectives for Healthcare Professionals:



- ✓ **Analyze** the etiology of conflict and its behavioral manifestations within clinical interactions.
- ✓ **Appreciate** the role of constructive conflict in fostering clinical innovation and enhancing interprofessional understanding.
- ✓ **Evaluate** the Thomas-Kilmann Conflict Mode Instrument (TKI) to categorize responses: competing, avoiding, accommodating, collaborating, and compromising.
- ✓ **Acquire** evidence-based conflict resolution strategies specifically adapted for healthcare teams and multidisciplinary settings.

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Definition of Conflict

Lat. conflictus – clash, clash of opposing interests, goals, views, attitudes. Conflict causes intense unpleasantness.

A distinction is made between:

- Psychic (clash of opposing incompatible tendencies which cannot be realised simultaneously).
- Social (can be between social groups, states, nations, social movements, interest groups, classes, genders, political parties, ethnic racial or religious groups).

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Potential Causes of Conflict:

1. Basic Needs

•Fundamental requirements for survival and safety (e.g. adequate rest, nutrition, personal safety)

•In healthcare settings: heavy workloads, long shifts, lack of staffing or resources

•Unmet basic needs can increase stress, fatigue, and irritability, making conflict more likely

2. Psychological Needs

•The need to feel competent, valued, respected, and accepted by others

•In medical and pharmacy education and practice: recognition of professional roles, autonomy, and contributions

•Conflict may arise when individuals feel ignored, undervalued, or unfairly criticized

3. Different Values

•Differences in beliefs, cultural background, ethical perspectives, or worldviews

•In healthcare: variations in attitudes toward patient care, professional responsibilities, ethics, or religion

•Value-based conflicts are often complex and require sensitivity, respect, and open dialogue

4. Different Perceptions and Interests

•Different interpretations of the same situation or information

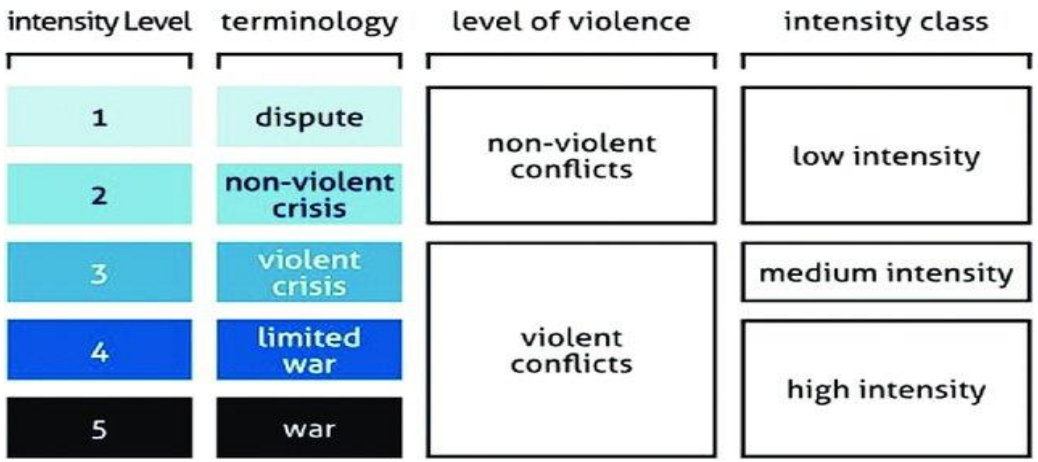
•Competing priorities, goals, or interests among team members

•Limited resources (time, medications, beds, funding) can intensify disagreements

•In interprofessional teams, differences in training and perspective may shape how problems are understood and addressed

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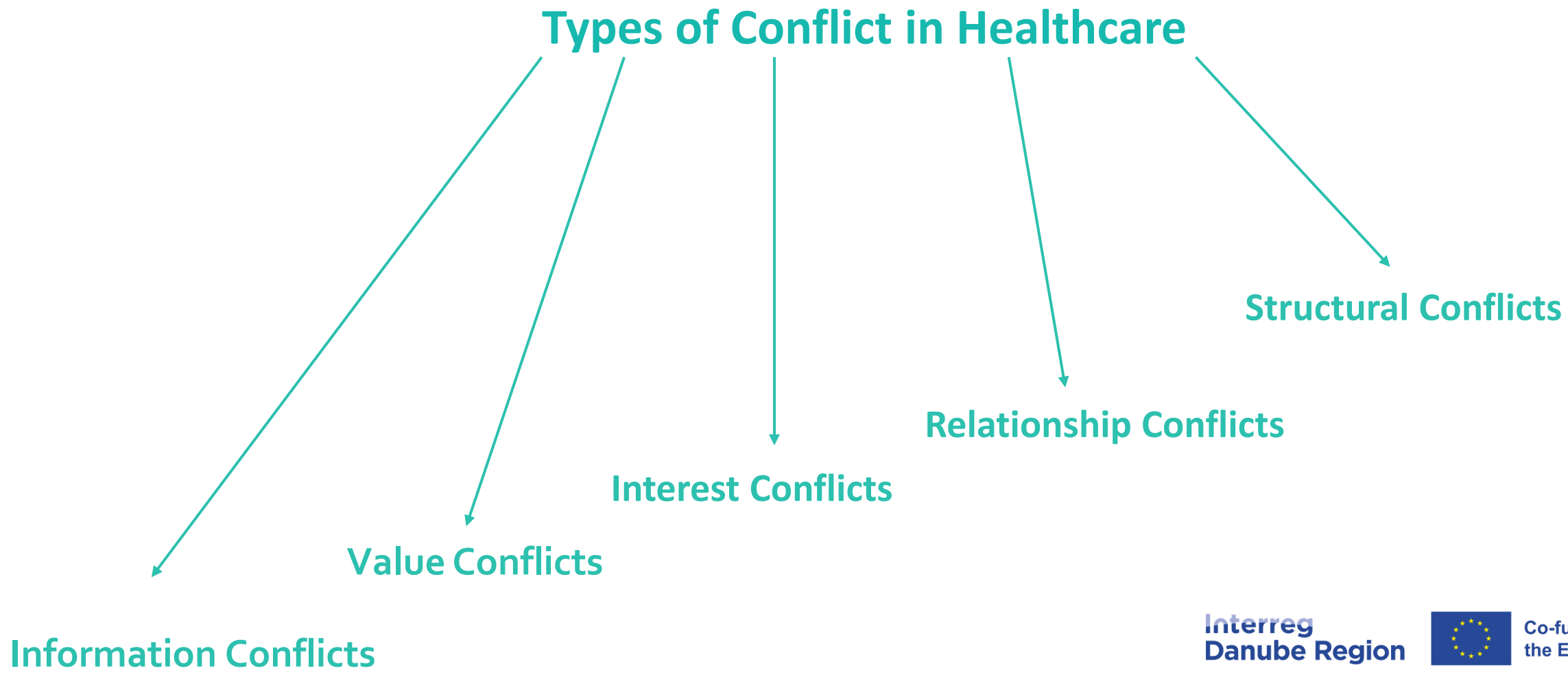
Intensity of Conflict:



In healthcare settings, higher conflict intensity can seriously disrupt communication, impair teamwork, and lead to errors in clinical decision-making. Working in an environment marked by unresolved or intense conflict is particularly dangerous in healthcare, as **it can compromise patient safety and ultimately place patients' lives at risk.**

(de Jong, De Bruin, Knoop, & van Vliet, 2021)

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Information Conflicts



When there is different or insufficient information available or a disagreement on what information is relevant.



Lost or missing medical notes, information missed off a prescription and poor handovers are all common examples.

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Value Conflicts



Incompatible belief systems or trying to impose personal values onto others.



Values do not tend to be negotiable and this can often lead to conflict between the member of staff and whoever they deem responsible.

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Interest Conflicts:



Competition over needs or resources such as money or time.

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Relationship Conflicts:



Negative emotions, distrust, misconceptions or poor communication between people.



The reasons for such conflicts can be many, as stressful environments and emotional situations can breed these emotions very easily.

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Structural Conflicts



Oppressive behaviour toward others, a lack of resources or opportunities and the structure of an organisation.



Healthcare organizations can have a high turnover of staff.

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Strategies for Managing Workplace Conflict in Healthcare:

Stay Calm	Speak calmly and respectfully
	Avoid raising your voice or reacting emotionally
Address the Issue Directly	Focus on the problem, not the person
	Use simple and clear language (e.g. “I feel…”, “I am concerned about…”)
Ask for Help if Needed	If you cannot solve the conflict alone, involve a supervisor, tutor, or senior colleague
	Asking for support is a professional behavior, not a weakness
Choose the Right Place and Time	Talk in a private and neutral space
	Never discuss conflicts in front of patients or their families
Listen Actively	Let the other person explain their perspective
	Clarify misunderstandings and check that you understand each other
Work Together on a Solution	Look for a solution that supports teamwork and patient safety
	Agree on next steps and responsibilities
End on a Professional Note	Thank the other person for the discussion
	Maintaining good relationships is important in healthcare teams

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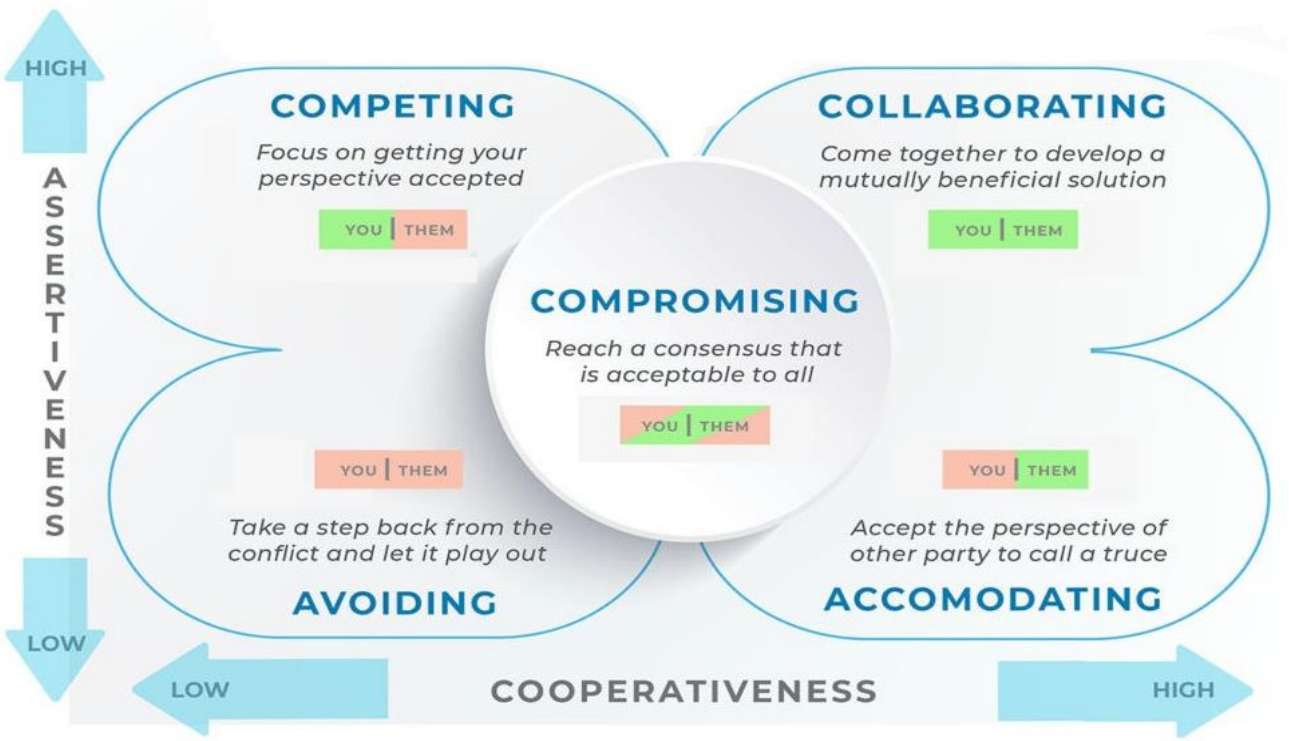
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PART IV: Conflict Handling Styles

The Thomas–Kilmann Conflict Model explains that people respond to conflict in five different ways—competing, collaborating, compromising, avoiding, and accommodating—based on how much they focus on their own goals versus the goals of others.

Thomas and Kilmann's Conflict Model



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PART IV: Conflict Handling Styles

THOMAS-KILMANN CONFLICT MODE QUESTIONNAIRE

THOMAS-KILMANN CONFLICT MODE QUESTIONNAIRE

Consider situations in which you find your wishes differing from those of another person. How do you usually respond to such situations?

On the following pages are several pairs of statements describing possible behavioral responses. For each pair, please circle the "A" or "B" statement which is most characteristic of your own behavior. In many cases, neither the "A" nor the "B" statement may be very typical of your own behavior, but please select the response which you would be more likely to use.

When done answering, transfer your answers to the scoring sheet on the last page, and sum each of the columns.

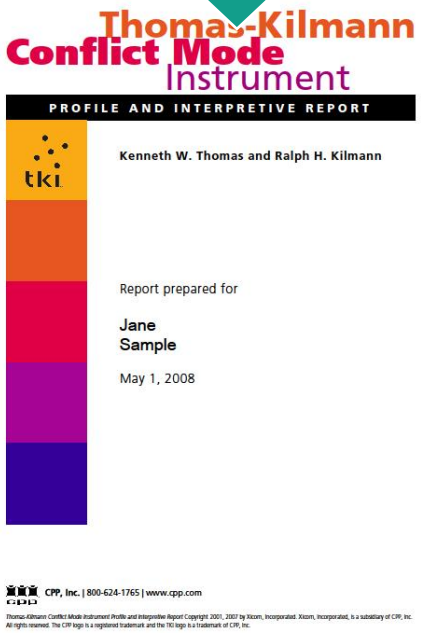
1. A. There are times when I let others take responsibility for solving the problem.
   B. Rather than negotiate the things on which we disagree, I try to stress those things upon which we both agree.
2. A. I try to find a compromise solution.
   B. I attempt to deal with all of another's and my concerns.
3. A. I am usually firm in pursuing my goals.
   B. I might try to soothe the other's feelings and preserve our relationship.
4. A. I try to find a compromise solution.
   B. I sometimes sacrifice my own wishes for the wishes of the other person.
5. A. I consistently seek the other's help in working out a solution.
   B. I try to do what is necessary to avoid useless tensions.
6. A. I try to avoid creating unpleasantness for myself.
   B. I try to win my position.
7. A. I try to postpone the issue until I have had some time to think about it.
   B. I give up some points in exchange for others.
8. A. I am usually firm in pursuing my goals.
   B. I attempt to get all concerns and issues immediately out in the open.
9. A. I feel that differences are not always worth worrying about.
   B. I make some effort to get my way.
10. A. I am firm in pursuing my goals.
    B. I try to find a compromise solution.
11. A. I attempt to get all concerns and issues immediately out in the open.
    B. I might try to soothe the other's feelings and preserve our relationship.

SCORING THE THOMAS-KILMANN CONFLICT MODE QUESTIONNAIRE

Scoring the Thomas-Kilmann Conflict Mode Questionnaire

	Competing	Collaborating	Compromising	Avoiding	Accommodating
1.				A	B
2.		B	A		
3.	A			B	
4.			A		B
5.		A		B	
6.	B			A	
7.			B	A	
8.	A	B			
9.	B			A	
10.	A		B		
11.		A			B
12.			B	A	
13.	B		A		
14.	B	A			
15.				B	A
16.	B				A
17.	A			B	
18.			B		A
19.		A		B	
20.		A	B		
21.		B			A
22.	B		A		
23.		A		B	
24.			B		A
25.	A				B
26.		B	A		
27.				A	B
28.	A	B			
29.			A	B	
30.		B			A
	Competing	Collaborating	Compromising	Avoiding	Accommodating
TOTAL:					

PROFILE AND INTERPRETIVE REPORT



Thomas-Kilmann Conflict Mode Instrument Profile and Interpretive Report Copyright 2001, 2007 by Xicom, Incorporated. Xicom, Incorporated, is a subsidiary of CPP, Inc. All rights reserved. The CPP logo is a registered trademark and the TKI logo is a trademark of CPP, Inc.

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PART V: Case study

During a morning ward round on an internal medicine unit, **Dr. Emily Carter**, a junior physician, reviews the treatment plan of **Mr. James Wilson**, a 78-year-old patient admitted with a severe bacterial infection. The antibiotic therapy was initiated by Dr. Carter during the previous evening shift.

During the ward round, **Ms. Laura Bennett**, the clinical pharmacist assigned to the unit, reviews the medication chart and identifies that the prescribed antibiotic carries a significant risk of nephrotoxicity, particularly in elderly patients with borderline renal function. She notes that Mr. Wilson's recent laboratory results indicate reduced renal reserve.

Ms. Bennett raises her concerns and recommends considering an alternative antibiotic or adjusting the dosage.

Dr. Carter expresses hesitation, emphasizing the severity of the infection and the importance of maintaining prompt antimicrobial coverage.

The discussion takes place under significant time pressure and becomes increasingly tense. Other members of the healthcare team are present but do not intervene. Due to competing clinical priorities, the issue remains unresolved, and the ward round proceeds without changes to the prescription.

Later that day, follow-up laboratory tests reveal a deterioration in Mr. Wilson's renal function.

❑ **Identification of the Conflict**

1. What is the primary source of conflict between Dr. Carter and Ms. Bennett?
2. Is this conflict related to clinical decision-making, communication, professional roles, or a combination of factors?

❑ **Contributing Factors**

1. What factors may have contributed to the development and escalation of this conflict (e.g. time pressure, hierarchy, workload)?
2. How might the clinical environment have influenced the interaction?

❑ **Conflict Handling Styles**

1. Which conflict management style does Dr. Carter demonstrate according to the Thomas–Kilmann model?
2. Which conflict-handling style would be most appropriate in this situation, and why?

- **Impact on Patient Safety**

1. How did the unresolved conflict affect the patient's clinical outcome?
2. What potential risks arise when interprofessional conflict is not addressed in a timely and constructive manner?

- **Improving Communication and Collaboration**

1. How could Ms. Bennett have communicated her concerns more effectively?
2. How could Dr. Carter have responded to promote collaboration and patient safety?

- **Escalation and Responsibility**

1. When should a senior clinician or supervisor be involved in this situation?
2. What are the professional responsibilities of each team member when patient safety may be compromised?

- **Reflection and Learning**

1. If you were a student observing this interaction, how would you respond?
2. What key lessons can be applied to your future clinical practice regarding conflict management?

PART VI: Conclusion

•Conflict is a natural part of healthcare teamwork, but if it is poorly managed, it can negatively affect communication, collaboration, and patient safety.

•Understanding the causes of conflict and using appropriate conflict management strategies—such as those described in the Thomas–Kilmann model—helps healthcare professionals work more effectively together and deliver safe, high-quality patient care.



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Thank you!