

Role of Training Dental Surgeons and their Residents at Graduate Level to Avoid Conflicts at Workplace

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ABSTRACT

Objective: The environment in medical facilities is constrained due to the nature of the profession and on account of the difficulties and challenges they face daily. The dental professionals (surgical and non-surgical specialists) work in coalition with their residents and are responsible for the well-being of their patients collectively. The present study focuses on the conflict of interest between dental surgeons and their residents.

Materials and Methods: A qualitative study was designed to evaluate the impact of graduate-level training to avoid conflicts in the workplace. The semi-structured face-to-face interviews with dental surgeons and specialists from Rawal Dental Hospital have been selected as the data collection instrument. Based on thematic saturation, 20 dental surgeons were selected from whom the detailed in-depth interview is conducted. NVivo qualitative data analysis software was utilized to transcribe the data into structural, axial and selective coding.

Results: The results showed that interaction between the dental specialists and residents is inevitable and is essential for the smooth running of the daily tasks and schedule. The conflicts can best be resolved by engaging in open and direct communication, a positive collaborative approach and effective training emulating the challenging and stressful scenarios of the medical field. In this regard, ethicality can be useful in controlling and managing conflicts.

Conclusion: Although more research is needed to identify the underlying mechanisms, the results suggest a need to sensitize students and educators about the role of training to avoid conflicts in the workplace.

Keywords: Conflict, Dental Surgeons, Empathy, Roles, Residents

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INTRODUCTION

The medical profession heavily relies on teamwork, from the emergency room to the board room. The staff members are required to work and perform in a manner together in teams that lead to the achievement of common goals. Conversely, when individual members are brought together to accomplish tasks, the discrepancies in the individual opinions, backgrounds, beliefs, and interests lead to the development of the intragroup conflict. Gu, Yu¹ studies that on average four conflicts and differences in opinion arise among the team members during a surgical procedure. Normally, these conflicts are developed due to a difference of opinion relating to the treatment of patients, concerns over reputation and status, and also can be a product of personal incompatibilities.² Intragroup conflict has depreciating effects on the functioning and performance of the team, and there is over 50 years' worth of literary evidence to support the fact that differences in power, knowledge and experiences can lead to the development of differences within the medical teams, and these differences often lead to conflict development. However, despite continued research and focus on this area of study, there is a continued debate about the effects of the intragroup conflict on the outcomes of the team. Practitioners and scholars have suggested that intragroup conflict may facilitate higher performance, innovation, and creativity. From a practical standpoint, this notion suggests that conflict within teams should be encouraged.³⁻⁵ Another school of thought suggests that intergroup conflicts impair the performance of teams and diminish the morale of the associates/residents.⁶

In dentistry, the behaviours performed by the dental surgeons and the residents are to improve the quality of the patient's service. Moreover, the dental surgeon and the residents have to work together in the workplace to create an environment that helps to improve patient satisfaction.⁷ However, in dental education now it is considered compulsory by dental faculty to train the students about the competencies needed in performing the caring services.^{6,8} Earlier, the residents were not considered important to get training for working in the clinics⁹, specifically on ethical grounds. But now the role of training the dental surgeon and residents is considered necessary to maintain a suitable environment and to avoid conflicts in the workplace.¹⁰

In a professional context, dental specialists are regarded as primary medical practitioners/consultants while the dental resident is considered a crucial member of a dental team whose job is to support the dental operator in every possible way to provide more systematic, well-planned dental treatment.^{11,12} Together they can ensure the best dental care delivery system. The absence of acknowledgement of the part played by the dental residents, absence of admiration from the dental specialist or substandard communication with the patients can have serious consequences and can lower the morale or self-regard of the dental resident.¹³ There are many types of conflicts that can happen in a dental clinic. They vary from insignificant dissents, personal clashes, mordacity, trenchancy, bitterness, distrust, hostility, resentment, and fuss and it can even give rise to physical encounters.^{14,15} Effective communication also plays an important role. Any impediment in this communication can seriously attenuate the quality of care services to the patients. The literature has shown that the resolution of conflicts within the team is important as they diminish the effectiveness and productivity of the performance. However, little to no acknowledgement of the development of conflicts between doctors and residents has been discussed. Also, there is a lack of evidence suggesting that conflict management training for medical students who are going to pursue the respective education professionally will reduce the rate of conflict development in a practical setting. Thus, this study was designed to identify the reasons and effects of these rivalries in a dental clinic working environment. This will also include an overview of the role of training to avoid these conflicts in the first place.

MATERIALS AND METHODS

This qualitative study based on exploratory research design aimed to explore the role of training at the graduate level the dental surgeons and residents for managing the relationships and avoiding conflict at the dental clinic/hospitals. Ethical approval was taken from Institutional Review Board and Ethics Committee at Shifa International Hospital, Shifa Tameer-e-Millat University, Islamabad before the commencement of the study (Ref. No. IRB # 153-21). This study has utilized the chain referral sampling in which respondents were selected on the specific criteria that involve dental surgeons having experience of 5 years or more while

excluding the surgeons with less than 5 years of experience. The semi-structured face-to-face interviews with dental surgeons and specialists from Rawal Dental Hospital have been selected as the data collection instrument. Based on thematic saturation, 20 dental surgeons were selected from whom the detailed in-depth interview is conducted.

After the data was recorded from the interviews, the researcher transcribed the data using the NVivo software (Qualitative data analysis computer software package produced by QSR International, Australia). Then each of the responses was scrutinized to formulate distinct themes. The coding and analysis process began with; structural coding, where the data is coded concerning research questions, which resulted in the formation of 7 nodes or codes i.e., interaction,

perception, relationships, reasons for conflict development, conflict resolution, effects of training and training at the graduate level. After this step, the researcher reviewed the coded data again and used the axial coding strategy to review and evaluate the data. Axial coding is another qualitative research method that involves evaluating the data and relating the data together to reveal categories, codes and subcategories ground and reflected within the participant's voices. This step helped the researcher categorise the data into three codes: teamwork, collaboration, and training. The last step of evaluation included the usage of a selective coding strategy which revealed the main theme of the results and discussion. A diagrammatic representation of the whole process of data analysis via NVivo is presented in Figure 1.

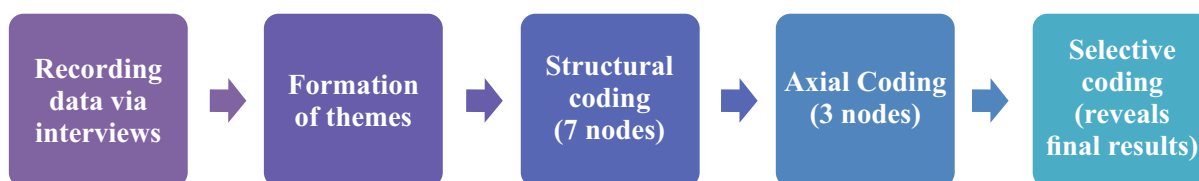


Figure 1: Flowchart of Data Analysis Plan

RESULTS

The overall sample consisted of 20 dental surgeons and specialists with work experience distributed in three categories i.e., 5-7 years (n=6), 7-8 years (n=8) and 8-10 years (n=6). The sample is equally divided between male (n=10) and female (n=10) participants with the majority (n=14) from the age group of 35-45 years.

The structural analysis of the raw data resulted in the formation of 7 nodes/codes or themes i.e., interaction, perception, relationships, reasons for conflict development, conflict resolution, effects of training and training at the graduate level. The data was then evaluated based on these nodes and the responses of the participants were coded into each node.

The first code/node is related to the context of the interactions between the specialist and residents. In this regard, Participant 1 stated that *“I need to interact with my residents for various support activities during the day. I require my residents for the various procedures involved in the treatments of the patients”*. The response

of this participant shows the proximity of the working relationship. Another participant stated that *“I have to interact with my residents for the purpose of knowing about my appointments with the patients, for cleaning my workspace and also to perform important administrative and clinical tasks”*.

The perception code was created in effect to the discussion with the dental specialists related to their perceptions and feelings about the interaction with the residents. One of the respondents stated that *“This interaction helps me align different significantly important tasks around the day”*, whereas another one stated that *“In a way, this interaction is making my life and daily tasks easy, and on the other hand, it is also making my residents learn better regarding the practical field”*. Most of the dental specialists felt that the interactions with the residents were integral for the development of a functional and collaborative relationship, which is essential for increasing productivity and patient service quality. In this effect, one of the participants stated that *“I feel that this*

interaction is important for both the residents and the dentist”.

The next important code is relationship. The dental specialists were asked to describe the relationship that they share with their residents and on this front one of them stated that “My residents seek necessary learning from me, and I train my residents, on the other hand, I am also dependent on my residents for the achievement and manageability of my daily tasks, so this is a codependent relationship”. Most of the specialists replied similarly and found the relationship to be professional and co-dependent.

The next node or factor identified from the data was the reason for the development of conflicts between the specialist and the residents. The responses show that most conflicts arise due to problems in the administrative part of work.

In response to conflict resolution strategies, the respondents stated that “By listening to the side of the story of the residents and understanding the need of time”, “negotiating”, “By listening to all of the stories and events, and then reaching a solution according to the need of time”. Most of the respondents mutually agreed that for effective resolution of conflicts, it is essential to be open-minded, negotiate and be open to communication.

The next code was the effect of training. In this scenario, one of them stated that “The training was not sufficient to be efficient at the workplace during starting time to end time”. This response indicates that the simulated environment of dental or medical school isn't enough to prepare doctors and dentists for the actual scenarios they eventually have to face. Also, another respondent stated that he has learnt that “Excellent communication can make the client happy; this is also lacking in the training sessions”.

The final code is the training at the graduate level. One of the respondents stated that “In student life, they can learn about assessing the emergencies while staying at the college or university”. This shows that the specialists believe that effective training while in medical school can enhance the skills of the graduates. One of the participants also stated that “The role can be in the form of conducting artificial classes in a setting of a clinic where students can learn the abilities to manage work in real-life scenario”.

The next stage of coding analysis was axial coding which showed three nodes, i.e. Teamwork, Collaboration and Training. These were identified based on the initial nodes and categories from the structural coding, which were then used for uncovering the underlying beliefs, perceptions and opinions of the participants related to the subject of study.

Selective coding is the final stage of this coding-based analysis. This depicts the main theme emerging from the categories and codes for the overall analysis. The pictorial representation of structural, axial and selective codes is shown in Figure 2.

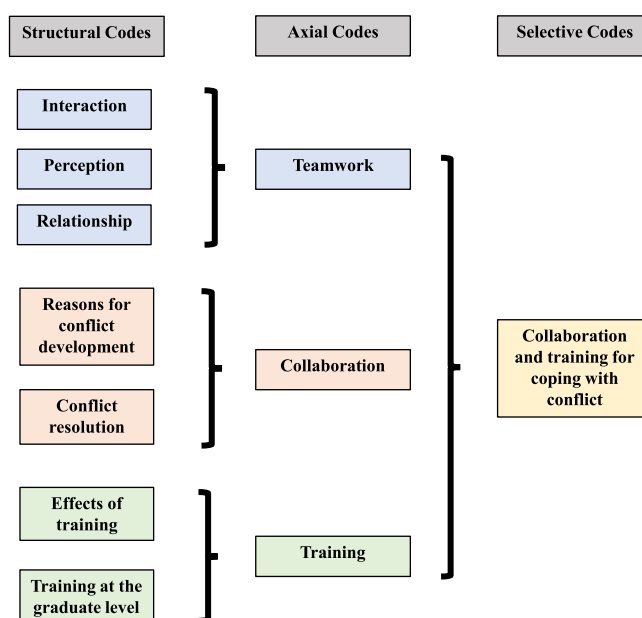


Figure 2: Pictorial representation of structural, axial and selective codes

DISCUSSION

The present study focused on dentistry and the workplace conflicts of training dental surgeons and their residents. There are many types of conflicts that can happen in a dental clinic.¹⁶ They vary from insignificant disagreements, clashes, mordacity, brutality, resentment, distrust, aggression, anger, and trouble and they can even give rise to physical encounters. Based on these issues, this study identified four main research questions to identify the factors responsible for the conflict between dental surgeons and staff members. These questions are the studying of underlying tensions among the dental surgery team that can lead towards conflicts, studying the impact of training and education in graduate studies towards

conflict management at the workplace and investigating how the training and education can be improved among the graduate doctoral and dentistry students by incorporating different materials so that the conflicts can be reduced at the workplace.

Experience is the filter question in this study as it is used to filter out any surgical dentists having experience under 5 years. The experience variable is important due to the notion that experienced dental surgeons are more likely to provide relevant data. A study conducted by Yaneva-Ribagina and Antonova¹⁷ revealed similar results in terms of experience.

The results showed that interaction between dental surgeons/specialists and their residents is inevitable in workplace settings and it was vital for both groups to receive effective training to manage the interactions healthily. Doctors cannot perform all duties alone, the follow-ups, testing, administrative tasks and other such duties fall on the shoulders of their subordinates like residents. These parties need to communicate and interact effectively to provide superior patient care.^{3, 18} Studies have suggested that to keep interactions positive, the seniors must also allow themselves to listen to the opinions of their subordinates.^{19,20}

The perceptions of dental surgeons about the communication and interaction with their residents are also important. The results showed that doctors regarded their interactions with their residents as important and helpful in their daily routine as it allowed them to be more organized and effective, leading to the provision of better patient care. Previous studies have shed light on the ability to quicker job burnout for residents that feel underappreciated or not worthy.²¹⁻²³ Hence, it can be stated that it is vital to communicate the perceptions of helpfulness to the subordinates by the dentists. House and Havens²⁴ reported that residents and physicians perceive interactions between them allow shared decision-making, teamwork, and improved communication and collaboration.

Dental surgeons and specialists believe that they share a two-way relationship with their subordinates per the findings of the current study. It is mentioned that the relationship is based on give and take; subordinates learn new skills by working with the dental surgeons and specialists and they in return provide management and coordination in the activities of the

surgeons/specialists. This co-dependability of the nature of the residents-physician relationship is discussed in several studies in the past.^{25,26}

To identify the reasons for conflict development, the responses received by the interviewees pointed at disagreements between the surgeons/specialists and the point of view of the residents. It is indicated that most commonly, conflicts develop due to problems in the administrative part of the work. Studies have highlighted that workplace conflicts between healthcare workers are caused by variations of views and treatments needed or due to crossing of ethical bounds or norms.^{5,27}

Effective resolution of conflicts is essential to maintain workplace productivity in a healthcare facility. Respondents in this study agreed that for achieving an effective resolution of the conflicts between themselves and their residents, both groups needed to approach the issue with an open mind, negotiate fairly and look for means of open and effective communication. Group decisions and negotiations are supported by literature²⁸ instead of opting for aggressive style or rank pulling as this kind of tactic can further lead to the creation of a bad rapport between the surgeons and specialists with their subordinates.²⁹ It is commented in the findings that effective listening and negotiating are the key to effective conflict resolution.

Lack of training is considered to be the main issue in communication and coordination at the workplace. The doctors indicated that while they are effectively trained in medicine, communication is a skill that must also be enhanced in their study years. Communication with both patients and with subordinates or supervisors needs to be taught at medical universities effectively so that the medical staff can be overall more productive.^{30,31} The specialists, overall, in this study believe that effective training in medical school can enhance the communication and management skills of the graduates.

The axial coding of this study emphasizes the importance of teamwork. The present study showed that the lack of communication, difficulty in adhering to the completion of tasks as assigned by the physicians, difficulty in managing administrative duties like filing and patient history, and lack of role clarity on part of the residents were some of the major reasons for the

development of conflicts between the physicians and their residents. To decrease these conflicts, the development of team spirit and teamwork is essential. The previous study also highlighted that teamwork is necessary for maintaining positive workflow and delegation of tasks and also for ensuring effective patient care.¹² The second category identified through the axial coding was collaboration. The relationships among the professionals in the healthcare teams are unequal due to the nature of stature and designation. The differences in knowledge and experiences in cases and specific issues confer responsibility on those who possess them. Precisely, due to this inequality in responsibility and authority, most conflicts arise. The physicians and surgical team have more authority and responsibility in comparison to the residents and thus in many instances, these parties find themselves at crossroads due to differences in opinions.^{12, 32} Also, communication and collaboration among the teams were found to be lacking in some instances, due to which the residents have incomplete information to work with. The data evaluation revealed that the physicians need to work together and in collaboration with their assisting staff to deliver effective patient care and also focus on building a mutually beneficial relationship. The last factor identified through the axial coding was training. There is a need for training of the hospital staff for ensuring that the underlying problems due to which conflicts arise can be tackled. The presence of a conflicting and unhealthy environment leads towards stressful conditions for the patients as well. The anxiety of the healthcare staff can also influence their performance. Thus, healthcare teams need to mitigate these conditions through effective training programs that instil teamwork, collaboration and communication.

The final stage in the data analysis was the evaluation of the transcribed information via selective coding. This method helps in evaluating the data to identify the main themes. The major theme identified through selective coding was the need for training to build collaboration and team spirit for coping with conflict. The manifestation of communication and teamwork challenges in the healthcare systems leads to coordination and neglect in the organization.¹² Managing the complex nature of the work is essential for ensuring harmony among professionals. Also, for eradication and control of a conflict, it is essential to

identify the root cause of the problem and communicate with the affected parties.^{33,34}

Every research is prone to a set of limitations, and this study has some limitations as well. The present study has been completed using the data collected from the dental professionals of the Rawal Dental Hospital. As the data has been collected only from a single institution, this can lead to some bias and generalizability issues in the results. It is recommended that in the future, the researchers focus on the collection of data from numerous resources i.e., multiple hospitals and health centres to supplement the findings. Also, the study reflects only the opinions of the physicians/specialists, this can also lead to a biased perspective. To portray and evaluate the opinions and issues of all members of the healthcare team, it is recommended that future researchers focus on collecting data from the residents, nurses and other associate staff while studying intra-disciplinary teams. The study relied on the methods of qualitative methods of data collection and analysis; this can lead to the presence of subjectivity in the results. Thus, to increase the applicability and generalizability of the study, it is recommended that future researchers should employ quantitative methods as well to increase the significance of findings. There is a need to focus on the causes of conflict development in the healthcare industry, as internal conflicts can influence patient care severely. The results of the present study are also imperial for administrators and policymakers. The study highlights the need to update the graduate-level curriculum to include subjects and content focusing on collaboration and conflict management. Also, the incorporation of workplace training can be helpful in the mitigation of a negative climate. These changes will create a productive working climate that mitigates the effects and outcomes of role stress. It also increases the efficiency of professionals.

CONCLUSION

This study found that while dental surgeons and their residents have a close working relationship, the manifestation of conflicting instances is inevitable. In such a scenario, patient care needs to be the utmost priority and teamwork is needed for the provision of high-standard quality care to patients. The results indicated that conflicts can be managed by training classes for conflict management focusing on group

dynamics, collaboration, teamwork and ethicality. Professional exposure at the graduate level is also recommended that may help in controlling the conflict developed in the hospital teams.

DISCLAIMER

None to declare.

CONFLICT OF INTEREST

There is no conflict of interest among the authors.

ETHICAL STATEMENT

Ethical approval was taken from Institutional Review Board and Ethics Committee at Shifa International Hospital, Shifa Tameer-e-Millat University, Islamabad, before the commencement of the study (Ref. No. IRB # 153-21).

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Acquisition of data: M. Akhwand

Analysis and interpretation of data: M. Akhwand, M.S. Shafi

Drafting of the manuscript: S. Anjum, S. Nawabi

Critical review of the manuscript: S. Asghar, B. Farooq

Approval of the final version of the manuscript to be published: M. Akhwand, M.S. Shafi, S. Anjum, S. Nawabi, S. Asghar, B. Farooq

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