INTRODUCTION

Unresolved conflicts among health care professionals may lead to difficult patient care consequences.¹ Unproductive tension and conflict across boundaries and hierarchies will remain significant issues in health care.²

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Health care institutions are units where complex ambiguities and multiple unpredictable complicated processes arise more often than in other units.³ From hospital administrators to physicians and nurses and support staff, collaboration is needed in health care settings not only to ensure patient compliance and satisfaction but also to foster a healthy work environment and personal relations.⁴ Effective interprofessional teamwork is a critical component of providing safe healthcare to patients, as it contributes towards the improvement in clinical performance and patient outcomes.⁵ Understanding conflicts between health care professionals involves several interconnected dimensions, such as sources, consequences, and responses to conflict.⁶

OBJECTIVE: Conflicts are inevitable in all human interactions. Clinicians at workplaces experience both personal and professional conflicts. Dental clinicians engage in multidisciplinary teamwork during their practice, which exposes them to a variety of conflicting situations. The study aimed to explore the trend of different conflict management styles practiced by dentists while working in collaborative practices.

METHODOLOGY: The study was cross sectional descriptive survey in which 146 dental clinicians from multiple institutions participated with voluntary and informed consent. Rahim Organizational Conflict Inventory-II (ROCI-II) tool was used to collect data against the use of conflict management styles namely, Collaborating, Accommodating, Competing, Avoiding and Compromising. The obtained data were analyzed through SPSS 25.0. The data were categorized according to the 5 styles of conflict management and association with the variables of gender, position in organization, and type of organization was seen for each conflict management style.

RESULTS: The study revealed that 54.8% of participants had collaborating style followed by avoiding style (18.5%) whereas, competing style was least predominant (3.4%). Both genders had collaborating style as most predominant style. No strong difference was seen in the frequency of conflict management styles between the dentists belonging to private and public institutions.

Every cadre of clinicians was more inclined towards "collaborating" and "avoiding" conflict management style. Besides these two styles, house officers and demonstrators were more "accommodating" while residents and assistant professors were more "compromising".

CONCLUSION: Dental clinicians in the present study mostly used collaborative style for conflict management in their practices. The awareness of conflict management styles is important so that the use of positive conflict management styles could be maximized. The use of effective conflict management styles should be taught to young dentists in order to equip them with necessary tools for everyday collaborations at clinical workplaces.

KEYWORDS: Conflict, Conflict management, dentists, workplace


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Working in Collaborative Practice: Conflict Management Styles in Dental Professionals

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Collaborative teamwork in Health care settings leads to conflict between the team members leading to compromised interrelationships and reduced patients’ satisfaction. The provision of quality healthcare is dependent on a positively directed work relation between the team members of the healthcare system.\(^7\) The Oxford Online Dictionary defines the term "conflict" as "a situation in which people, groups or countries participate in a serious disagreement or argument." Literature shows that conflicts in workplaces are raised due to individual, interpersonal, and organizational sources of conflict. The individual sources are dependent on personal traits like self-focus, self-esteem, and regulation of emotions.\(^2\) Interpersonal conflicts are rooted in disagreements around healthcare goals and behaviors, workflows, or collegial relationships.\(^1\) Breakdown in interpersonal communication is also a key feature for such conflicts, whereas organizational factors may include ambiguity in professional roles, the scope of practice, job satisfaction, and a demanding work environment.\(^1\) The person's mental and physical health as well as the conflict management styles affect both the conflicts and consequences.

The primary strategies listed in conflict management include integrating, dominating, avoiding, obliging, and compromising.\(^8\) Gunkel et al. (2016) proposed a two-dimensional taxonomy of conflict handling styles by merging two major perspectives established in the literature regarding conflict management strategies from Rahim (1983) and Thomas and Kilmann (1974).\(^9\) The taxonomy is shown in Figure 1 (adapted from Gunkel et al).

Conflicts are an intrinsically unavoidable feature of human activities. The conflict management styles dictate the success or failure of teamwork. It is important to identify the conflict management styles of dentists in our health care units. Dental clinicians engage in multidisciplinary teamwork during their practice, which exposes them to a variety of conflicting situations.

The study aimed to explore the trend of different conflict management styles practiced by dentists and correlate them to variables of gender, organizational structure, and position in a hierarchy.

### METHODOLOGY

A cross-sectional descriptive study design was employed targeting the dental practitioners working in healthcare and academic institutions. The Ethical approval for the study was obtained from the Institutional Review Board of Shifa international Hospital (Reference # IRB# 321-21). Convenience sampling was used. Sample size was calculated by using a population of 1000. Open Epi calculator was used that yielded a sample size of 200 with a confidence level of 90%. Out of 200 professionals included in the study, a total of 146 participated in the study. The participants were briefed about the purpose of the study and participation in the study was voluntary. Informed consent was taken participation was taken from the participants electronically prior to filling the data collection questionnaire. Rahim Organizational Conflict Inventory-II (ROCI-II) tool was used to collect data regarding the different conflict management styles of dentists when they encounter conflicts with their colleagues.

The ROCI- II tool is a self-reporting tool comprising a 28 items questionnaire measuring the conflict management styles of the individual.\(^10\) The questionnaire measures 5 independent styles of conflict management which are Collaborating, Accommodating, Competing, Avoiding, and Compromising. Each style is measured by a set of statements in the questionnaire given in Table # 1. Each statement is marked on a 5-point Likert scale, with the higher value representing the greater use of the said strategy. The collected data were analyzed by the researchers using SPSS version 25.0. The data were categorized according to the 5 styles of conflict management and association with the variables of gender, position in an organization, and type of organization was seen for each conflict management style.

### RESULTS

The questionnaire was administered to 200 professionals, out of which 146 responded. The response rate was 73%. The sample included house officers, demonstrators, residents, registrar/assistant professors, and professors from both public and private institutions. For analyzing the conflict
management style of individuals, the score of each participant was calculated for all five styles addressed in the questionnaire. The style with the highest average score was identified as a conflict management style for that particular participant. It was found that more than half (54.8%) of the participants adopted collaborating conflict management style followed by Avoiding style (18.5%), whereas Competing style was the least predominant style (3.4%). The distribution of the sample along with the frequency distribution of the styles adopted by the participants is given in Table-2.

Table 2: Frequency distribution of conflict management styles of the sample

<table>
<thead>
<tr>
<th>Conflict management style</th>
<th>Frequency (n=146)</th>
<th>Gender</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male (n=47)</td>
<td>Female (n=99)</td>
<td>Public (n=38)</td>
</tr>
<tr>
<td>Collaborating</td>
<td>80 (54.8%)</td>
<td>60 (55.3%)</td>
<td>54 (54.5%)</td>
</tr>
<tr>
<td>Avoiding</td>
<td>27 (18.5%)</td>
<td>20 (21.4%)</td>
<td>16 (16.2%)</td>
</tr>
<tr>
<td>Accommodating</td>
<td>19 (13.2%)</td>
<td>12 (12.8%)</td>
<td>13 (13.1%)</td>
</tr>
<tr>
<td>Compromising</td>
<td>15 (10.2%)</td>
<td>7 (7.4%)</td>
<td>12 (12.1%)</td>
</tr>
<tr>
<td>Competing</td>
<td>5 (3.4%)</td>
<td>4 (4.2%)</td>
<td>4 (4%)</td>
</tr>
</tbody>
</table>

In terms of gender association, it was seen that the most adopted style was "collaborating" in both gender groups with 26 (55.3%) males and 54 (54.5%) females. It was interesting to note that more males (23.4%) were inclined to have an "avoiding" style than females (16.2%). Also, females (12.1%) were more "compromising" as compared to their counterparts (6.4%). The comparison of conflict management styles within each gender group is represented in the bi-directional bar chart given in Figure 2.

Figure 2: Bi-directional bar chart for conflict management style and gender

No strong difference was seen in the frequency of conflict management styles between the dentists belonging to private and public institutions. The results of association for the association of institutional setup to conflict management styles is given in Figure 3.

The comparison of various positions at a workplace concerning the conflict management styles is displayed in Table-3. As observed in the case of gender and institution, every professional position group was more inclined towards "collaborating" and "avoiding" conflict management style.

Table 3: Conflict management styles and positions at the workplace

<table>
<thead>
<tr>
<th>Conflict management style</th>
<th>Position at workplace</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>House officer (n=32)</td>
</tr>
<tr>
<td>Collaborating</td>
<td>16 (50%)</td>
</tr>
<tr>
<td>Avoiding</td>
<td>6 (18.8%)</td>
</tr>
<tr>
<td>Accommodating</td>
<td>6 (18.8%)</td>
</tr>
<tr>
<td>Compromising</td>
<td>1 (3.1%)</td>
</tr>
<tr>
<td>Competing</td>
<td>3 (9.4%)</td>
</tr>
</tbody>
</table>

Besides these two styles, house officers and demonstrators were more "accommodating" while residents and assistant professors were more "compromising".

DISCUSSION

Healthcare providers work in collaborative practices daily and the development of positive conflict resolution styles among them is the dire need of contemporary workplaces. Workplace conflicts result in stress, psychological turmoil, and emotional exhaustion in medical professionals. A study conducted to explore the health care professional’s experiences with conflicting situations and their nature showed that factors responsible for conflicting situations include disagreements on patient care served as a primary trigger. As dentists work in close collaboration on dental rehabilitation clinical cases, the disagreement arising from the difference in treatment options could be one factor. Hospitals and organizations tend to look for individuals that have positive interactions with colleagues and foster a healthy working climate.

The studies done on other health care providers show consistent results as the present study. A study conducted
on nurses in Turkey revealed that nurses prefer collaborating conflict resolution style followed by the compromising, avoiding, competing, and accommodating approaches as it has a positive influence on the situations of conflict. The study aimed to explore the factors related to organizational conflict and it was seen that many factors affect the type of conflict. Similarly, many factors dictate which style of conflict resolution is chosen by nurses during a conflict. A study conducted in Nigeria on medical doctors, nurses and administrative staff showed that the professionals who use collaboration, accommodation and compromise style in conflict management experience more career and job satisfaction and hence the conflict management styles have significant positive relationship with overall career satisfaction.

Literature suggests that cultural factors affect the selection of conflict management styles by individuals. The variables of position, gender, organizational structure studied in the present study suggest that conflict management style may be affected by the individual characteristics and the surrounding environments. Effective conflict resolution has been shown to enhance team performance, increase patient safety, and improve patient outcomes. Interprofessional and multidisciplinary collaborative events may help improve relations and reduce conflicts in the workplace.

The personal abilities of interprofessional team members and their interactions improve professional relationships, collaboration, and quality of care for patients. It is crucial to build a climate of teamwork and trust amid complexity and uncertainty in the health care setting. While the capabilities are usually considered with individuals, researchers believe that they can apply to teams and have the potential to optimize a team's effectiveness. Studies reveal that most conflicts orig within teams rather than with individuals. Working in a team is probably much more complex than expected and the true dynamics of the workplace are defined by how well individuals work together. Professional health care delivery encompasses immense focus on patient care and the professionals must be free to focus their energy on patient care rather than issues among the staff members hence each professional has the responsibility to provide interactive opportunities for multidisciplinary interactions so that effective conflict resolution and conflict management skills could be fostered and have a positive effect on the interpersonal environment.

The present study was not without limitations. The sample size of the study is small and there is unequal distribution among the various positions of dentists. Future studies can be conducted to target a greater sample size which ensures equal representation of all the involved hierarchical positions. A future study could be done to explore the pertinent factors that result in conflicts when dental clinicians work in collaboration on advanced dental rehabilitation cases.

CONCLUSION

Dental clinicians display the use of different conflict management strategies in collaboration at their workplace. The awareness of conflict management styles is important so that the use of positive conflict management styles could be maximized, and the destructive consequences of inevitable personal and professional conflicts are minimized. The use of effective conflict management styles should be taught to young dentists, thus enabling them to practice with necessary tools at clinical workplaces.

AUTHOR CONTRIBUTION

All Authors contributed towards the data collection, analysis, and preparation of the manuscript for submission in the journal.

DISCLAIMER

The information provided in this article is the original work of the authors and has not been submitted before to any journal. However, the author has acknowledged all resources used and cited these in the reference section.

CONFLICT OF INTEREST

None declared

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