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Managing difficulties between colleagues
Adapted from Garelick & Fagin (2004).

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Trainees in difficulty
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Relationships with colleagues

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EMOTIONS

Individuals vary in their personal characteristics and in their capacity for emotional self-regulation. At work, emotions can surface as anger, frustration, disappointment, anxiety, fear, envy and jealousy. They may appear as behaviours such as rudeness, impatience, obstruction, hostility to patients or staff, or as difficulties with colleagues. Emotions may be projected onto others, who in turn experience the emotion through transference, ‘projective identification’ and ‘splitting’ into good and bad ‘objects’. Effective leadership and clarity of boundaries can enhance the stability of staff relationships within organisations (Garelick & Fagin, 2004).

DEFENCE MECHANISMS

During interpersonal difficulties, colleagues may employ various defence mechanisms to cope with or relieve stress. It is important to recognise that this may delay or even prevent the resolution of underlying problems. The following examples are adapted from Steinert (2008).

- Denial: makes excuses for the person, thus fails to accept that the problem exists
- Displacement: undertakes more clinical work, so avoids or delays investigating and tackling the issue
- Reaction formation: becomes angry and frustrated, blames the other person, loses objectivity and does not tackle the cause of the problem
- Sublimation: wants to rescue or protect the individual, may take on more work to avoid exposing the other person to challenges, rather than addressing the underlying problems.

Relationships between peers

At work, many factors can lead to difficulties between those of the same or similar grade (Garelick & Fagin, 2004). Colleagues tend to compare their workload (e.g. case-load, on-call duties, complexity of work), their working environment (e.g. office, furnishings, clinics), resources (e.g. number of skilled team members, dates of annual leave, opportunities for training and personal development, financial remuneration for similar work and monies for services), and support (e.g. from local managers, tutors, trust management) (ibid.).

- Bullying is the topic of a separate guide (no. 6, On Bullying and Harassment).
- How to deal with difficult colleagues

CHANCES OF SUCCESS IN CHANGING BEHAVIOURS: THREE Cs

First decide whether you are likely to succeed in getting this ‘difficult colleague’ to change their behaviour towards you by asking these questions (Houghton, 2005):

- Has this person taken an active part in causing the problem?
- Does this person consistently cause problems?
- Is there a consensus that this person generally causes problems?

If the answers are ‘yes’, Houghton advises asking yourself what the chances are that this person will modify their behaviour for you. The following tips may help you to decide how to proceed.

ASSESSMENT (adapted from Garelick & Fagin, 2004)

- What is the difficulty?
- What are the issues (specific or general, type)?
- Why has the problem arisen?

Health of organisations

Sometimes difficulties between colleagues are generated by problems within organisations. The health of organisations fundamentally affects the working relationships within and between professional groups (Obholzer & Roberts, 1994). Common system problems affecting staff include having unclear standards and responsibilities, excessive workloads, complex patients, lack of feedback or appraisal, as well as lack of support for a particular role, for example as a teacher (Steinert, 2008).
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Relationships between seniors and juniors

‘PROBLEM’ SENIOR

The ‘problem’ senior can affect trainees in any of their senior roles as a teacher, team leader, mentor, clinical supervisor and manager. Underlying causes can be similar to those above and additional factors include:

- situation: working in a dysfunctional team or organisation, the senior and/or trainee react to the dynamics and behave badly
- personal problems: overwork, stress at work or at home
- attitude: trainee makes an error or fails their exams, leading to them being viewed as incompetent or useless
- behaviour: senior is critical, undermining and intimidating
- boundaries: senior makes sexual advances, hurtful jokes, bullies or ridicules trainee (alone, in presence of peers or team members)
- selfishness: senior loads trainee with work, takes all school holidays for self, absent from the service, so trainee lacks supervision and training (adapted from Gray, 1997).

‘PROBLEM’ TRAINEE

The ‘problem’ trainee may have problems in one or more areas of their life, which can be long-standing or recent. They may present with ‘difficult’ behaviours or poor standards of work. It is essential to find the underlying causes and contributing factors (National Association of Clinical Tutors, 2008).

Trainees may have problems with:

- knowledge: lacks sufficient basic medical or psychiatric knowledge
- attitude: lacks understanding of others’ and own behaviour, lacks motivation, feels challenged, is anxious or fearful, does not seem to enjoy psychiatry
- skills: has poor clinical judgement, poor organisational skills, problems with time management, poor interpersonal or technical skills
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MANAGING DIFFICULTIES BETWEEN COLLEAGUES
Adapted from Garelick & Fagin (2004).
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For more serious concerns
Seek advice from the clinical and medical directors.
Consider contacting the human resources department.
Keep records of events, contacts and actions taken.
Obtain advice from your defence organisation.