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☛ **Trust** is an essential component of **good interpersonal relationships**.

Relationships with colleagues

Individuals vary in their capabilities to form and sustain relationships, and early personal experiences shape later relationships. For example, elements of 'sibling rivalry' may emerge in the interactions between colleagues of similar seniority, whereas relationships between senior and junior colleagues may resemble those of parent and child (Garelick & Fagin, 2004).

Emotions

Personal characteristics and capacity for emotional self-regulation vary between individuals. At work, emotions such as anger, frustration, disappointment, anxiety, fear, envy and jealousy can surface. They may appear as behaviours such as rudeness, impatience, obstruction, hostility to patients or staff, or as difficulties with colleagues. Emotions may be projected on to 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

When interpersonal difficulties occur, 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 issues

☛ **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. 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 the amount of support they receive (e.g. from local managers, tutors, trust management) (Garelick & Fagin, 2004). This can create difficult working relationships and barriers to effective communication.

Relationships between seniors and juniors

A '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 listed in the preceding section and additional factors include (adapted from Gray, 1997):

☯ situation: when working in a dysfunctional team or organisation, the senior and/or trainee react to the dynamics and their behaviour suffers

☯ personal problems: overwork, stress at work and/or at home, isolation and ill health

☯ attitude: trainee makes an error or fails their exams, and as a result is 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.

☛ A 'problem' trainee may have problems in one or more areas of their life, both long-standing and 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, 2013).

Trainees may have problems with (adapted from Steinbert, 2008):

⇨ 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

⇨ personal life: relationship problems, financial difficulties, substance misuse, loneliness, emotional difficulties, problems with travel, fatigue, mental or physical ill health.

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 resources and lack of support for a particular role, for example as a teacher (Steinert, 2008). An organisation can have a culture of fault-finding, criticism and bullying.

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):

1. Has this person taken an active part in **causing** the problem?

2. Does this person **consistently** cause problems?

3. 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?

☛ Is it affecting other people?

☛ Is it a professional or performance issue?

☛ Is it a personal or an organisational issue presenting as a personal one?

☛ Has anyone else had similar difficulties?

☛ What was the situation before the current difficulty?

☛ What is the nature of the relationship between the parties having difficulty (peers, senior and junior, other)?

☛ What has already been tried to resolve the situation?

☛ Who could you approach for advice and support?

☛ Are you being bullied or are you whistle-blowing? (See Recommended reading.)

Managing difficulties between colleagues

Adapted from Garelick & Fagin (2004).

☛ Don't avoid the issue hoping it will go away.

☛ Try to see the difficulty from the other person's viewpoint.

☛ Have an informal chat about the situation with a friend or colleague.

☛ Share the problem with an independent and trusted colleague.

☛ Find time to deal with the issues.

☛ Find a local supporter/mentor.

☛ Be prepared to learn from your mistakes.

Managing difficulties in trainees

A framework for the management of trainees in difficulty is available from the National Association of Clinical Tutors (2013). The process includes:

- assessing trigger or event (Is patient safety affected? Does this really matter and need attention? Do you need advice about this? Who is the best person to give advice?)

- defining the problem (investigate and collect information from several sources; keep records and avoid reaching hasty conclusions)

- deciding whether the cause is an individual or organisational issue, or both.

A framework for managing trainees in difficulty in Scotland includes ten guiding principles, a classification system and examples of resources for remediation (Anderson *et al*, 2011).

For serious concerns

- Keep records of events, contacts and actions taken.

- Seek advice from the clinical and medical directors.

- Consider contacting your organisation's human resources department.

- Obtain advice from your defence organisation.

For advice and support on resolving performance concerns about doctors, dentists and pharmacists, contact the National Clinical Assessment Service.

Recommended reading

For problems with bullying behaviour, see the Psychiatrists' Support Service guide 6 ('Bullying and harassment'). Whistle-blowing is the topic of guide 3 ('Whistle-blowing and passing on concerns').

The GMC has guidance on raising and acting on concerns about patient safety (2012). Additionally, see *Understanding Doctors' Performance* (Cox *et al*, 2006).

Cox J, King J, Hutchinson A, et al (2006) *Understanding Doctors' Performance*. Radcliffe Publishing.

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National Association of Clinical Tutors (2013) *Managing Trainees in Difficulty (version 3): Practical Advice for Educational and Clinical Supervisors*. NACT UK (http://www.gmc-uk.org/Final_Appendix_5_Trainees_in_Difficulty.pdf_53816759.pdf).

Obholzer A, Roberts VZ (1994) *The Unconscious at Work: Individual and Organizational Stress in the Human Services*. Routledge.

Steinert Y (2008) The 'problem' junior: whose problem is it? *BMJ*, **336**, 150–153.

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