1 **DOI: https://doi.org/10.47391/JPMA.797**

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3 A narrative study on work place based conflicts in obstetrics & 4 gynecology department

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12

13 **Abstract**

14 **Objective:** To explore the patterns in research and underlying factors of conflicts 15 in obstetrics and gynaecology and its effect on restricting the quality of education 16 and training of residents.

17 **Methods:** The narrative study was conducted at the Obstetrics and Gynaecology 18 Department, Lady Aitchison Hospital, King Edward Medical University, Lahore, 19 Pakistan, from October 2018 to January 2019, and comprised narrative essays by 20 residents associated with the department. Data was subjected to thematic analysis.

21 **Results:** Of the 27 residents, 26(96.3%) were females and 1(3.7%) was male. 22 Overall, 19(70.3%) were aged 25-30 years and 8(29.6%) were aged 30-35 years. 23 Three levels of conflict were identified: organisational, interpersonal and 24 individual. Causes of organisational conflict included inadequate facilities, poor 25 security and unclear duty appointments. Interpersonal factors included lack of 26 communication, lack of patient autonomy, non-cooperative co-workers, illiteracy 27 of attendants and unprofessional behaviour. Individual factors were 28 overburdening duty hours and duty negligence.

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Conclusion: There was found to be a need to design education programmes, like workshops, that may enable post-graduate residents in obstetrics and gynaecology to handle conflicts at workplace.

Key Words: Conflict, Work, Hospital, Gynaecology, Residents, Patients, Doctors.

Introduction

Inter-personal conflicts exist in every organisation, including challenges of minor and major degrees[1]. These challenges commonly lead to conflicts between patients and hospital staff, and this situation is observed increasingly now-a-days [2].

Conflicts can occur due to difference in interests, needs, desires, responsibilities, perceptions, values, ideas and objectives[3-4]. There can be positive and negative aspects to conflict, or, in technical terms, conflict can be destructive or constructive[5]. Conflicts at workplace are defined as disagreements, differences or incompatibility between an individual and his/her superiors, subordinates, patients, administrative staff or peers. Conflict can be task conflicts, emotional conflicts and process conflicts[6]. Conflicts are quite common at workplace, especially in hospitals, as it involves interactions of many individuals with varying backgrounds during time of stress, pain and anxiety[7]. Doctors have long duty hours and they spend long time with their seniors, colleagues, peers, subordinates, patients and administrative staff, and have more chances of interpersonal conflicts. Workplace conflicts can occur in labour room, outpatient department (OPD), intensive care units (ICUs), and wards and even in duty rooms, and may lead to compromising patient safety[8].

Previously studies have been conducted on inter-personal conflicts among residents, but no study has completely focussed on scope and varieties of conflicts which hospital staff encounters on a daily basis[9]which has been cited as an important area of concern[10].

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57 The current study was planned to explore the range and varieties of conflicts
58 which arise during daily working in a gynaecology and obstetrics department.
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60 **Materials and Methods**

61 The qualitative narrative study was conducted at the Lady Aitchison Hospital,
62 Lahore, Pakistan, from October 2018 to January 2019. After approval from the
63 institutional ethics review board, residents at the Department of Obstetrics and
64 Gynaecology (OB-GYN) were enrolled using purposive sampling method. All
65 the post-graduate (PG) residents were included and written informed consent was
66 obtained from all of them. Data was collected using narrative essays as the
67 instrument of choice because it allows participants to tell their experiences,
68 which, in turn, allows researchers to make meaning out of reflective essays[11].
69 First-hand data about conflicts arising in the daily working of the department was
70 observed and narrated by the participants in the form of reflective essays. The
71 tool was selected because of ease of collecting data as working in the department
72 as consultant for several years makes residents hesitant to talk in face-to-face
73 interviews about conflicts, while direct observation could have made them
74 uncomfortable. Presentations were made for all the subjects and they were
75 assured about confidentiality and anonymity. They were explained what was
76 expected of them. To make it easy for them, templates were provided to them
77 according to which they could describe their story (Figure). In the morning,
78 questions were asked about conflicts in the preceding 24 hours from the batch on
79 duty, and if there was any conflict, the resident concerned used to present that
80 conflict in detail after which the narrative was done by the resident. Confirmation
81 about the episode was subsequently got done from the senior registrar on call.
82 The essays were obtained till data saturation as the analysis was being done
83 manually simultaneously.

84 Data was subjected to thematic analysis done by manual analysis. Codes were
85 identified through open coding process which means “working intensively with

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86 data line by line, identifying themes and categories that seem to be of interest”,
87 and then explicated themes from the interconnection of these categories, which is
88 selective coding. Finally, by the merger of the open and axial codes, sub-
89 categories were made and arranged under a core category/theme.
90

91 **Results**

92 There were 49 narrative essays contributed by 27 residents; 26(96.3%) females
93 and 1(3.7%) male. Overall, 19(70.3%) subjects were aged 25-30 years and
94 8(29.6%) were aged 30-35 years (Table 1).

95 1) Themes identified in the study categorised conflict into organisational,
96 interpersonal and individual levels (Table 2). The themes were coded
97 according to sub-themes (Table 3) and residents' year-wise pattern of
98 conflict (Table 4)
99

100 **Discussion**

101 The study revolved around three main areas of research which were conflicts on
102 an organisational level and what caused them; conflicts on an interpersonal level
103 and what caused them; And conflicts on an individual level and what caused
104 them.

105 One interesting finding was that organisational conflicts were more common in
106 senior residents so there was a need to bridge the gap between administration and
107 clinical departments by capacity-building. On the other hand, interpersonal
108 conflicts were more common among junior residents so there was a need to
109 improve professionalism and communication skills at that level.

110 The immediate manifestations of these conflicts included delay in patient
111 treatment, verbal exchanges in case of interpersonal conflict, threats, punishments
112 and confrontation, involvement of media and defaming of the organisation by
113 angered patients and their attendants, and mistakes while giving treatment leading
114 to increased chances of patient mortality.

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115 Lack of adequate facilities has proven to be a major problem for workplace
116 efficiency in all fields of work, not just healthcare, including business
117 professionals who admitted to a correlation between workplace conflict and lack
118 of tools and resources available to them[12-14]. CEO of a hospital in Zimbabwe
119 mentioned in a report that lack of drugs and essential medical equipment was a
120 major contributing factor to the workers' accelerating frustration with their jobs[15].
121 This sentiment was shared by a healthcare assistant working at a health facility in
122 New Zealand who said it was 'soul-destroying' to see the lack of funding
123 compromising patient health[16].
124 A study aimed at discovering the conditions of public hospitals in Africa
125 concluded that poor infrastructure and lack of resources further aggravated the
126 already skyrocketing workload due to flooding of hospital with patients of human
127 immunodeficiency virus (HIV) / acquired immunodeficiency syndrome
128 (AIDS)[17].
129 Organisational deficit was also seen to result from a poor security system. A case
130 of security breach at Jinnah Hospital, Lahore, was reported in January 2016 when
131 an assailant opened fire in the emergency department (ED), injuring patients.
132 Working doctors were interviewed and they mentioned that the highly unpleasant
133 security situation of the hospital included absolutely no guards or walkthroughs.
134 Cases of harassment of female doctors were also reported due to the same cause[18].
135 Research suggests that both doctors and nurses were in many cases seen to be
136 misinformed of their own as well as the other party's duties, leading to occurrence
137 of conflicts[19]. Similar outcomes appeared in a hospital as alarming conflict, the
138 worst being delay in patient treatment because unclear professional roles
139 contribute to work-related stress and consequent poor performance[20].
140 On the interpersonal level, the study revealed involvement of doctors, nurses,
141 patients, attendants, administrative staff and paramedics in such conflict arising
142 due to factors like work overload, poorly set priorities and lack of communication
143 amongst team members[21].

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Duties of the doctor also include maintaining a healthy doctor-patient relationship[22]. The third theme focussed on conflict that occurred due to individual factors. Participants mentioned working excessively without any clearly-defined duty hours, and that too on bare minimum wages. In one incident reported from Newham General Hospital, London, an anaesthetist accidently gave a three-year-old patient nitrous oxide instead of oxygen, leading to her death. The cause for this blunder was the stressful and busy hospital environment the physician was coping with[23]. Physician 'burnout' was seen to target around 40% of doctors in the developed country, ultimately interfering with patient wellbeing.[24] This proved to be a vital contributor to conflict on an individual level in the shape of stress and burnout, and on an interpersonal level as strained relationships due to burnout.

Further strengthening the findings of the current study, one study suggested that health care workers are more particularly susceptible to work-induced stress[25]. According to a survey, the data was alarming when they were asked to answer questions regarding their levels of burnout: 45.8% doctors displayed at least one sign of work-induced burnout; 37.9% had high levels of mental exhaustion; 29.4% displayed excessive existentialism; and 12.4% had poor self-appreciation[26].

Some narratives further explained how individual factors contributed to interpersonal conflict. Some of the temper outbursts of the doctor on duty were either due to workload or other reasons like personal differences. A disruptive physician exacerbates the stress in the work environment which affects the morale of other workers around him[27].

The current study has limitations as sampling was limited to one department and one specialty in a single centre. This limits the scope of the study. A larger sample size involving all medical specialties in various medical schools is recommended.

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Conclusion

The conflicts were mainly categorised into three types: organisational, interpersonal and individual. Contributing factors included lack of security, lack of communication, inadequate facilities, unclear duty appointments and lack of awareness regarding maternal healthcare.

Disclaimer: None.

Conflict of Interest: None.

Source of Funding: None.

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266 **Table 1: Participants' Characteristics.**

Characteristic	Frequency
Gender	
Female	26
Male	01
Age Group	
25-30 years	19
30-35 years	08
Year Of Residency	
First year	06
Second year	09
Third year	06 +1
Fourth year	05
Type of post graduate qualification	
FCPS trainee	21
MS trainee	06+1
Location	
Living in the same city of residency	23
Not living in same city of residency	4

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270 **Table 2: List of themes and subthemes found in the study**

THEMES	SUBTHEMES	No. of Codes (56)
Conflict on an Organizational	Inadequate facilities Poor Security System Unclear duty appointments Gap between administration and clinical department Lack of coordination between different specialties	22
Conflict on an interpersonal level	Doctor-Doctor conflict Doctor-Patient Conflict Doctor-Attendant Conflict Doctor-Staff/Administrator Conflict	28
Conflict on an individual level	Burnout/exhaustion Duty Negligence	6

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274 **Table 3: Distribution of codes among themes and subthemes identified.**

	Subthemes	Codes	Frequency (22)
Conflict on an Organizational level	Inadequate facilities	Lack of operation theatre	7
		Lack of laboratory investigations	4
		Unavailability of Blood units	3
	Poor security system	Lack of security personal	2
		lack of watchman	1
	Unclear duty appointment	Lack of communication regarding duty	2
	Gap between administration and clinical department	Lack of understanding	1
	Lack of coordination between different specialties	Lack of coordination	2
			Frequency (28)
Conflict at inter-personal level	Doctor-Doctor conflict	Lack of communication	5
		Distrust of co-worker	4
		Lack of cooperation with co-workers	6
	Doctor-patient conflict	Lack of patient autonomy	2
		lack of compliance	3
	Doctor- Attendant conflict	Illiteracy of attendants	2
		Incorrect duty perceptions	4
	Doctor-Staff/Admin/Paramedics conflict	Lack of cooperation	1
		Unprofessional behaviour	1
			Frequency (6)
Conflict at Individual level	Burnout of doctors	Over-burdening duty hours	3
	Duty negligence	Lack of commitment	1
		Dissatisfaction from job	1
		Lack of incentives	1

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284 **Table 4: Resident's year-wise pattern of conflict**

THEMES	Total No. of Codes (56)	1st year	2nd year	3rd year	4th year
Conflict on an Organizational level	22	4	3	8	7
Conflict on an interpersonal level	28	8	9	6	5
Conflict on an individual level	6	0	1	3	2

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Questions participants were asked to answer

1. What Happened?
2. How did you feel about it?
3. What did you feel?
4. Why you think this happened?
5. What did you learn from the event?
6. What do you plan to do for the future?

288 **Figure: List of Questions.**

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