

Bad attitude? Conflict in GP training.

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Introduction

- Conflict for doctors in training is well recognised¹
 - Hospital environment
 - Between healthcare staff and patients
- Often preventable
- Financial costs of conflict
- Intersect with personal costs
 - Attrition (\$3.8 billion)²
 - Absenteeism (\$4.7 billion)³
 - Lost productivity (30-50% of managers time)⁴
 - Legal costs⁵



"DR. WILLIAMS WILL BE WITH YOU SHORTLY.
HE'S CONSULTING WITH A COLLEAGUE."



Rationale

Lack of data regarding conflict in GP training in Australia



Aim

 To identify the sources and contexts of conflict within GP supervisor/practice manager relationships with registrars



Method

Participants (N = 121)

- 43 GP supervisors
- 33 Practice managers
- 45 GP registrars

Materials and Procedure



- Monash Human Research Ethics Committee approval (#28176) September 2021
- Anonymous online survey, open between Oct-Nov 2021
- Sociodemographic factors, experience/observation of conflicts, actions taken to address/resolve conflict, and processes/resources that were helpful.



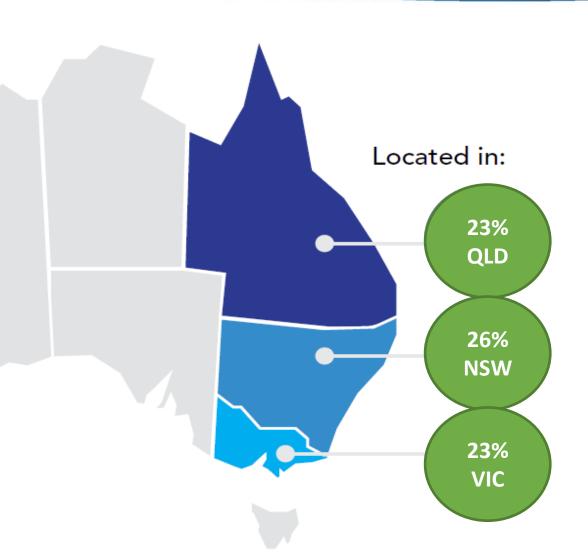
Socio-demographics



Age group	%
< 35	22
35-44	27
45-54	19
55-64	28
65+	3

Main GP practice location

49% State/Territory capital 51% Outside capital





Sources of conflict

Employment

- Base salary or bonuses
- Employment conditions
- Leave entitlements
- Rosters / scheduling
- Problems with billing
- After hours / on-call work availability
- Professional competence
- Patient safety
- Quality of patient care
- Assessments /Fellowship exams
- Clinical skills and knowledge

Psychosocial/interpersonal

- Attitude of registrar or supervisor
- Poor communication
- Giving or accepting feedback
- Interpersonal skills
- Personality differences
- Cultural differences
- Lack of trust
- Approach to teaching
- Mismatch: registrar and the practice
- Mismatch: registrar and practice patients
- Mismatch: registrar and the local community



Top 10 sources of conflict

1	58%	Attitude of registrar or supervisor
2	41%	Giving or accepting feedback
3	41%	Communication
4	33%	Rosters / scheduling
5	31%	Base salary or bonuses
6	31%	Personality differences
7	29%	Interpersonal skills
8	28%	Employment conditions
9	26%	Professional competence
10	25%	Approach to teaching



GP supervisors (n = 43, all locations)



Age	%
group	
< 35	7
35-44	26
45-54	16
55-64	42
65+	9

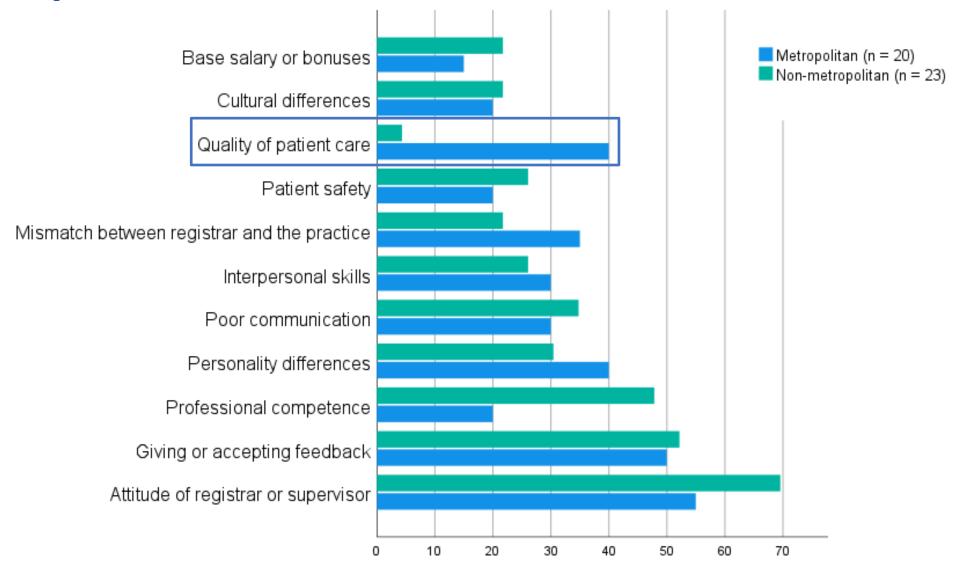
Represented across all Australian States/Territories

54% outside State/Territory capital

1	63%	Attitude of registrar or supervisor
2	51%	Giving or accepting feedback
3	35%	Professional competence
4	35%	Personality differences
5	33%	Poor communication
6	28%	Interpersonal skills
7	28%	Mismatch between GPR and practice
8	23%	Patient safety
9	21%	Cultural differences
10	19%	Base salary or bonuses



GP supervisors: Metro vs non-metro





Practice managers (n = 33, all locations)



Age group	%
< 35	6
35-44	15
45-54	39
55-64	39
65+	0

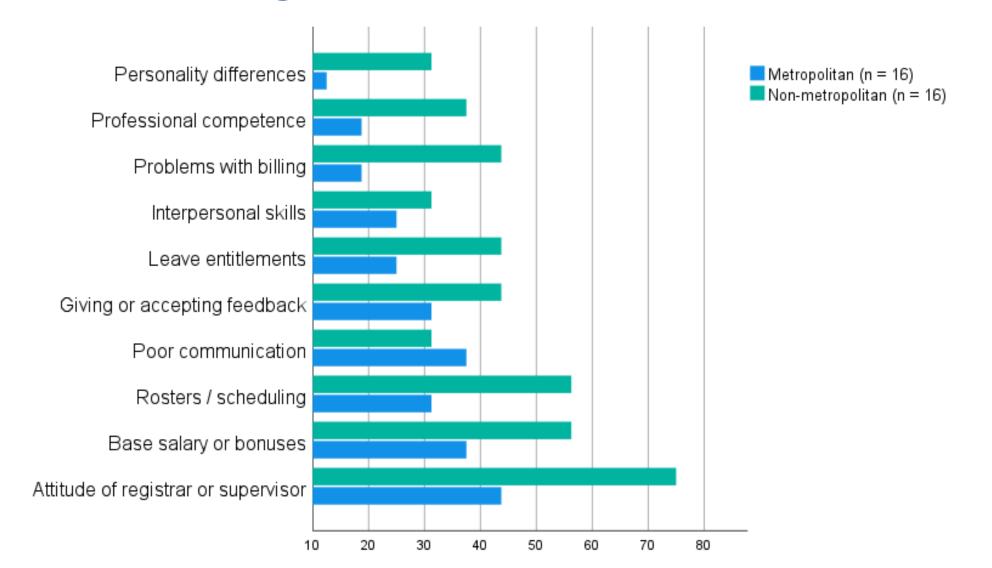
Represented across most Australian States/Territories

50% outside State/Territory capital

1	58%	Attitude of registrar or supervisor
2	49%	Base salary or bonuses
3	42%	Rosters / scheduling
4	36%	Poor communication
5	36%	Giving or accepting feedback
6	33%	Leave entitlements
7	28%	Interpersonal skills
8	30%	Problems with billing
9	27%	Professional competence
10	24%	Personality differences



Practice managers: Metro vs non-metro





GP registrars (n = 45, all locations)



Age group	%
< 35	49
35-44	38
45-54	7
55-64	7
65+	0

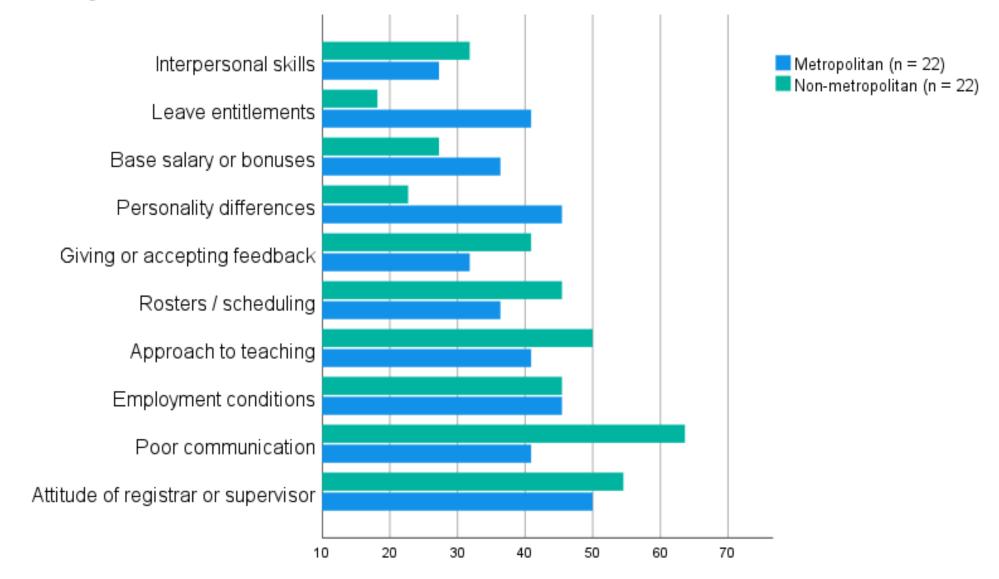
Represented across all Australian States/Territories

50% outside State/Territory capital

1	53%	Attitude of registrar or supervisor
2	51%	Poor communication
3	47%	Employment conditions
4	47%	Approach to teaching
5	42%	Rosters / scheduling
6	36%	Giving or accepting feedback
7	33%	Personality differences
8	31%	Base salary or bonuses
9	31%	Leave entitlements
10	29%	Interpersonal skills



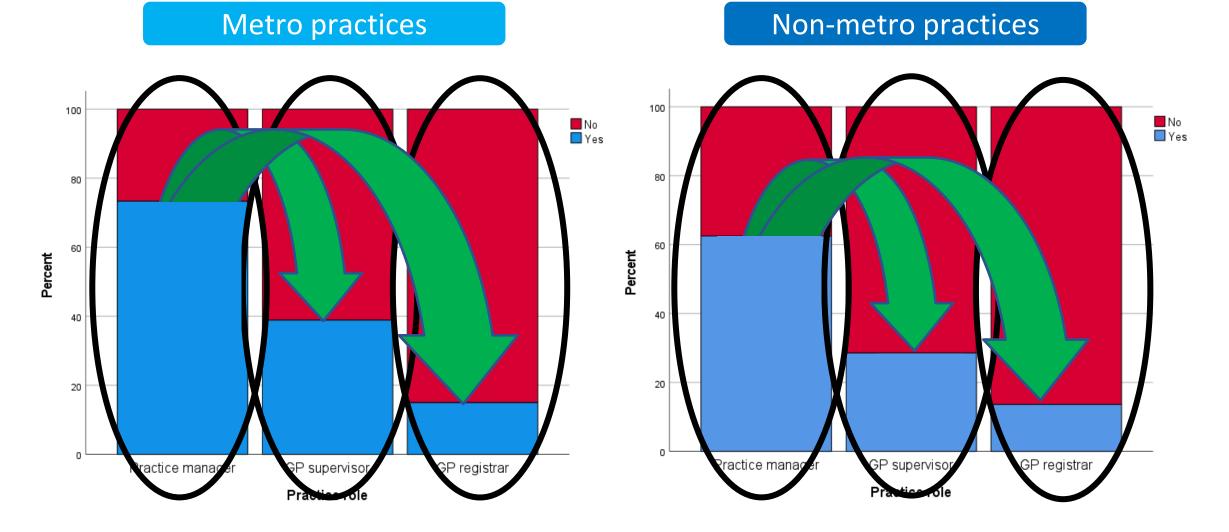
GP registrars: Metro vs non-metro





Are conflicts easy to resolve?

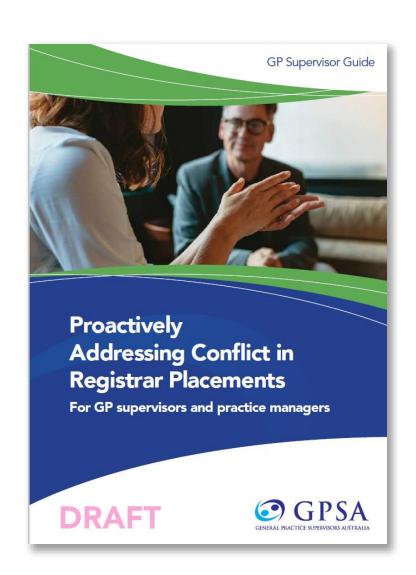






Solutions?

- Stage 1: online survey
 - Data informed the development of a guide to proactively address conflict in Australian GP training
- Stage 2: workshops/interviews
 - Industry-wide consultation, feedback and evaluation of guide
- Stage 3: inform policy
 - Training tools





Top three tasks to prevent and manage conflict

- 1. Optimise the employment, orientation and induction process
- 2. Identify, communicate and manage expectations
- 3. Conduct monthly employment and training check-ins





Discussion

- Conflict in Australian GP training is common
- Top 10 sources of conflict for GP supervisors, practice managers and GP registrars

Employment-related matters
Rosters / scheduling
Base salary or bonuses
Employment conditions
Professional competence

Psychosocial/interpersonal factors
Attitude of registrar or supervisor
Giving or accepting feedback
Communication
Personality differences
Interpersonal skills
Approach to teaching

 Unlike practice managers, most GP supervisors and GP registrars do not believe that conflicts are easily resolved



Discussion

Policy/practice implications

- Collected and analysed over 40 hours of interview/workshop data from GP supervisors, practice managers, and GP registrars
 - Stage 2 preliminary results
 - Validate the findings presented here
 - Provide insight regarding conflict resolution

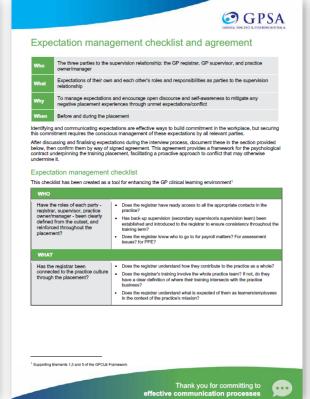
Future research

- Trial the implementation of GPSA's conflict mitigation and management tools
 - Evidence-based best practice

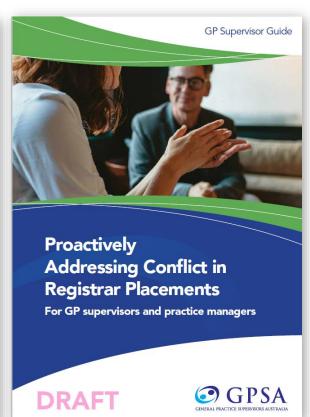


Watch this space!











References

- 1. Cullati S. et al. When Team Conflicts Threaten Quality of Care: A Study of Health Care Professionals' Experiences and Perceptions. Mayo Clin Proc Inn Qual Out 2019;3(1): 43-51
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Acknowledgements

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Thank-you



