

## The dysfunctional relationship between trainer and trainee: mother of all problems

Minal Mistry and Javed Latoo

Healthcare organisations are a fertile breeding ground for interpersonal conflict and the development of dysfunctional relationships. The supervisory relationship between trainer and trainee is a particular area of concern for junior doctors. Aside from a problem trainee, such conflict can arise from a difficult supervisor, poor communication, personality clashes and power inequalities. This article will come from a trainee's perspective in emphasising how these factors relate to the difficult supervisor. Recommendations are made for organisations and individuals on how the causes and consequences of this problem can be addressed.

### The nature of working relationships

"Like a successful personal relationship, both sides must be able to acknowledge their goals, the obstacles they perceive in achieving their goals, and must be willing to compromise ..."<sup>1</sup>

Working relationships, like personal relationships, are embedded in a complex and diverse world with people of different personalities, backgrounds, motives and desires. Getting on with our fellow humans is a fundamental part of living and a challenge in our working lives. Garelick and Fagin (2004) have explored this area and have identified what facilitates a good working relationship (figure 1):

<b>Figure 1:</b> Factors that encourage good working relationships <sup>2</sup>
Clarity about the organisation's tasks and objectives
Clarity about the authority structure, with clear lines of accountability
The presence of a common goal or objectives
The opportunity to participate and contribute
The ability to trust and compromise
The possibility of setting aside inessential differences
Respect for alternative viewpoints
Protection of the weakest member of the team
Good leadership
A balance between individual aspirations and corporate needs
Sharing similar life experiences or cultural background

### Dysfunctional Working Relationships

"Differences of perspectives ... lead to interpersonal conflict that spirals into dysfunctional relationships"<sup>3</sup>

*Interpersonal conflict* is a "dynamic process that occurs between interdependent parties as they experience negative emotional reactions to perceived disagreement and interference with the attainment of their goals"<sup>4</sup>. Interpersonal work conflict can impact in terms of satisfaction, well-being, work disability, and mental health outcomes such as psychiatric morbidity, depression, fatigue and psychological distress<sup>4</sup>. Factors that can play a role in conflict include perceived disagreements about tasks, ambiguities in role definition, or if the responsibilities are unclear<sup>4</sup>.

One of the central issues inherent in workplace disputes is irrational behaviour on the part of one (or both) of the employees when the facts get confused with their highly charged feelings<sup>5</sup>. In an attempt to avoid conflict the other individual may be uncomfortable about raising the issue, feel intimidated by someone with greater authority or power, or suspect a personal agenda, but does not want to sound argumentative. This can result in an emotionally charged situation with layer upon layer of faulty assumptions building up to a proverbial house of cards and the development of entrenched beliefs<sup>3</sup>. Therefore what started as a misunderstanding can lead to a *dysfunctional relationship*<sup>3</sup>, which can result in multiple problems impacting on the organisation and the individuals involved. Specific consequences include complaints of bullying and racism against the trainer, labelling of the trainee as a doctor in difficulty, or the trainer developing a reputation as a "difficult supervisor".

### Causes of trainer-trainee conflict in medicine

In the field of medicine, particularly given the hierarchical structure of the profession, the potential for conflict is accentuated. Trainees tend to rotate around jobs, and educational supervisors, every 6-12 months. Trainees and trainers are expected to adapt to working with each other with differences in personality, styles of working, and expectations. It

is therefore inevitable that difficulties will develop. The fundamental causes of the conflict between trainer and trainee in healthcare are:

*1. The problem trainee*

The problem junior doctor is a well-established area of concern <sup>6</sup>. This type of doctor may be inflexible, clinically incompetent, arrogant, have poor time keeping or organisational skills, refuse to do what is asked, exhibit poor communication skills, lack enthusiasm, lack educational objectives, or have a difficult personality. Despite the “doctor in difficulty” being regarded as a “problem trainee” the dysfunctional relationship between trainer and trainee in medicine is usually a product of both parties.

*2. The difficult supervisor*

The most important factor in determining trainee satisfaction has been shown to be the quality of supervision provided by the consultant trainer <sup>7</sup>. However the difficult supervisor, often a consultant, is an issue that is underreported. The problem consultant comes in various guises shown in figure 2:

<b>Figure 2:</b> The problem consultant <sup>2</sup>
Authoritarian and bullying
Controlling
Indecisive and disorganised
Burnt-out
A consultant who is never there
A consultant biding time to retirement
The flirtatious consultant
Poor teacher and communicator

Generally a problem consultant would have, over the years, established a reputation as a difficult person to work with, usually confirmed by their peers and trainees. Unfortunately this aspect of their personality is ignored when they complain about a new trainee. Therefore the consultant is never identified as a difficult supervisor. Knowledge of what constitutes a bad supervisor should be accompanied by what is a good supervisor. In the field of psychology the notion of a good supervisor applies to any supervisory relationship (figure 3).

<b>Figure 3:</b> Good supervisor <sup>8</sup>
Straddling the potentially conflicting roles of mentor and evaluator
Providing impartial and thorough evaluation within contexts that respect supervisee’s integrity
Having expertise
Being trustworthy
Modelling respect of differences in values, expectations and experiences
Tolerant of mistakes and facilitating trainees progress
Providing direct and clear feedback to trainees
Open to feedback about their own style of working

*3. Communication problems*

A supervisor should possess good communication skills in the form of: active listening, demonstrating understanding, using open questions, building areas of agreement and being open. As a good communicator the supervisor should refrain from stating unreasonable expectations, views, or opinions. They should avoid offering incentives / warning of consequences or revealing feelings. In the workplace, in times of pressure, dysfunctional communication is instrumental in trainer-trainee conflict.

These communication problems are prominent in the area of feedback <sup>9</sup>. Feedback is a key role of the supervisor <sup>10</sup>. Feedback should be honest, relevant, objective, specific, timely, and planned <sup>9</sup>. It should be based on accurate information rather than hearsay and focused on behaviour and performance rather than personality and attitude. It should be constructive, conducted in private, descriptive rather than evaluative, and designed to avoid personalising and blaming <sup>9</sup>. Feedback should not be given on things the trainee cannot change e.g. personality.

Should the trainee feel offended by feedback at any point then it may be that the supervisor has a hidden agenda or is a bully. A delay in feedback impedes efficient working so the giving and receiving of feedback should also be a balanced ongoing process in order to boost morale and motivation, leading to greater effectiveness and job satisfaction <sup>9</sup>. If the supervisor has a good relationship with the trainee then constant feedback should be given about his/her performance: the final report should never be a surprise <sup>11</sup>.

*4. Personality clashes*

Conflict may also reveal itself in personality differences between trainee and trainer. Personality characteristics of the latter that can significantly affect an otherwise healthy relationship include a trainer who is preoccupied with details, order, organisation and schedule. Such trainers may be seen as perfectionist, pedantic, rigid and stubborn, and often insist that others submit to their way of doing things, according to their own self-proclaimed high standards.

Personality clashes may arise from poor communication or underlying factors including racism, sexism, religion, or jealousy and envy interfering with the relationship on both sides <sup>12</sup>. The crucial question to ask is whether the trainer-trainee conflict is a result of a difficult trainee, or whether it arises when a trainee does not fit the supervisor’s scheme of things.<sup>11</sup>

*5. Power differential*

The trainer/supervisor also has an evaluative function in relation to the trainee and therefore the potential for abuse and trainee vulnerability in respect of the supervisor, is clear <sup>8</sup>. The dependence of trainees on trainers for references creates a “potential power imbalance and in some cases may lead to intentional or unintentional harm to the trainee” <sup>13</sup>. This harm may be identified in the trainer’s assessment of the trainee when

completing the end-of-post evaluation. The trainer taking a proactive approach in writing complaints and sending emails to sabotage a trainee's career may also demonstrate abuse of power.

Equally an overpowering consultant may, consciously or unconsciously, take advantage of the situation by going on a fault-finding mission. This can become part of a self-fulfilling prophecy. If the trainee is perceived to be poorly performing the supervisor may feel under more pressure and become hostile towards the trainee, without addressing the main problem<sup>12</sup>. The result is that the supervisor engages in "continuous criticism and academic humiliation"<sup>12</sup> which causes the trainee to feel more useless and helpless. This can lead to the trainee becoming a scapegoat in an already dysfunctional team<sup>12</sup>.

Another consequence of the power imbalance is that it causes a state of confusion for trainees who want things to change but will often tolerate the problem and endure it to avoid jeopardising their career prospects. The trainee may feel powerless and fearful about addressing the current problem and choose to be silent on the matter, rather than risk an unpleasant situation<sup>12</sup>. Unfortunately such passive behaviour may result in the problem escalating and the trainer may, unconsciously and unwittingly, bully the trainee<sup>8</sup>.

#### How to deal with trainer-trainee conflict?

"Conflicts are really a house of cards ... you can bring them down by getting to the bottom and getting to the facts"<sup>3</sup>.

Dealing with trainer-trainee conflict involves good emotional intelligence, self-awareness (being self aware and taking an honest look at oneself), self-regulation (ability to control emotions), empathy (ability to identify and understand the wants, needs and viewpoints of others), being well-motivated, and having good social skills<sup>14</sup>. In other words, successful conflict resolution relies on first understanding ourselves, being aware of our personality, our prejudices, why we like some people and not others, and recognising that certain things will annoy us and not others<sup>11</sup>.

From a trainee's perspective conflict with the supervisor should be addressed at an early stage to prevent escalation of the problem<sup>12</sup>. This should include self-appraisal, thinking about the root of the problem in a factual and non-personal way, and informal discussion with a discreet colleague to gain another perspective. Trainees should find out how their predecessor got on in the post. Finally, problems should be freely discussed with the supervisor. However, there may be supervisors with whom it is difficult to have a discussion; therefore the trainee must involve others to deal with the issues which escalate or remain unresolved. If the supervisor is considered the source of the problems there are steps to take to ensure the power of the supervisor is not misused against trainees (figure 4):

<b>Figure 4: Steps to deal with a difficult supervisor<sup>13</sup></b>
College / speciality tutors and clinical tutors / programme directors have an obligation to act as the trainee's advocate
Where tutors and programme directors fail to act appropriately, a direct approach by the trainee to the local postgraduate dean or relevant college may be indicated
The local trainees' committee, trade union, and its officers / representatives may also be helpful in acting as the trainee's advocate in appropriate circumstances
Deanery contact monitoring and training programmes' approval visits, involving the College and conducted on behalf of the Postgraduate Medical Education and Training Board, also afford opportunity to raise concerns about supervisors
If trainees consider their health affected by the stress of working with a difficult supervisor they should seek help from their occupational health department or postgraduate dean, who may offer confidential services and helpful advice for the assessment of mental health problems affecting doctors

Trainees may be reluctant to take the steps described in figure 4. The power differential between trainer and trainee, as well as acting as an antecedent to the conflict, is a perpetuating factor that ensures nothing is done about it. The difficult supervisor may be underreported for the same reasons seen with workplace bullying, namely, fear of making matters worse, belief that nothing will be done, concerns regarding confidentiality, fear of victimisation, and concerns about being labelled as a troublemaker<sup>15</sup>. Ultimately it is the fear of the consequences that deters trainees from speaking out, though it is worth remembering that Franklin D Roosevelt stated in his first inaugural speech, "the only thing we have to fear is fear itself".

#### What can healthcare organisations do about supervisory conflict?

Organisations must be proactive in identifying and dealing with problems between trainers and trainees, who in turn ought to be aware of their responsibilities. Organisations may be tempted to sweep problems under the carpet but there are recommendations on how they can address the *causes* of trainer-trainee conflict (figure 5).

Paice (2002) describes an excellent mentor as someone who "will always inspire, teach by example, and excite admiration and emulation"<sup>16</sup>. Mentoring can be beneficial in facilitating the development of the trainee but "faculty mentoring should be avoided"<sup>17</sup>. In other words mentoring of doctors should not be carried out by the trainee's educational supervisor or line manager, nor should they be involved in their assessment or appraisal, to avoid blurring the distinction between the roles<sup>17</sup>. A good mentor should :

- Motivate
- Empower and encourage
- Nurture self-confidence
- Teach by example
- Offer wise counsel
- Raise the performance bar

However, the authors argue that these are the qualities that should be part of being a good supervisor<sup>17</sup>.

**Figure 5:** Steps for organisations to tackle the causes of trainer-trainee conflict

Cause	Solution
Problem trainee	Training of supervisors in not only how to identify the problem junior, but how to constructively manage the problem at the outset. Adopting a positive, non-judgemental and non-confrontational approach, and having a problem-solving mindset are essential
Difficult supervisor	Training of supervisors regarding their roles as a educational and clinical supervisor Training of supervisors in sensitive areas of diversity and equality, and self-reflection, with the support of college tutors and programme directors 360 degree feedback carried out frequently and acted upon promptly during the supervisor's appraisal
Communication Problems	Communication skills training Constructive feedback training
Personality Clashes	Training of supervisor and trainee in conflict resolution since there may be personality differences between the two, rather than an individual doctor in difficulty.
Power differential	Power imbalance of feedback can be countered if feedback from each trainee becomes part of appraisal and revalidation for consultants Colleges should collect anonymous feedback about educational and clinical supervisors from trainees and review their future role as supervisor Complaints of bullying and racism should be dealt with promptly and effectively by the organisation.

**Conclusion**

“Differences in power and status, and dependence on references, places juniors in invidious positions when they experience problems in their relationships with trainers”<sup>2</sup>

The relationship between trainer and trainee should reflect the same warmth and nurturing as in a parent-child relationship. There is a parallel with both types of relationship in that there is an imbalance of power that interacts with poor communication and personality conflicts. In medicine although the problem junior doctor is frequently highlighted it must be remembered that the trainer-trainee conflict may reflect a difficult supervisor. The supervisor needs to achieve a healthy relationship that is sensitive to the needs of the trainee, void of any of their preconceived beliefs and prejudices, and act as a role model in making a good doctor and achieving their full potential<sup>16</sup>. Interpersonal conflict can nevertheless develop and

escalate to the extent that the trainee may suffer in silence. Healthcare organisations can be more proactive in penetrating the causes of the dysfunctional working relationship. Trainees should be fearless in turning to existing support in face of a difficult supervisor.

KEY POINTS:
Professional working relationships are a major challenge in healthcare
Interpersonal conflicts can lead to a dysfunctional working relationship
Issues include problem trainees, poor communication, and personality clashes
Power inequalities and the difficult supervisor need to be addressed
Trainer-trainee conflict can be resolved with steps taken by the individual
Organisations must address the causes of dysfunctional working relationships
Trainees need to overcome their own fears when tackling conflict

**COMPETING INTERESTS**

None Declared

**AUTHOR DETAILS**

MINAL MISTRY, BSc, BM, MRCPsych, MSc, Hampshire Partnership NHS Foundation Trust, United Kingdom. JAVED LATOO, MBBS, DPM, MRCPsych, North East London NHS Foundation Trust, United Kingdom.  
CORRESPONDENCE: Dr MINAL MISTRY, Hampshire Partnership NHS Foundation Trust, The Lodge, Tatchbury Mount, Southampton, United Kingdom.  
Email: Email: minalmistry@yahoo.co.uk

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