Rumination and Avoidance – Conflict Resolution Style among Allied Healthcare Professionals

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Abstract

The present study is a quantitative, descriptive study that examines the relation between Rumination and Avoidance-Conflict Resolution Style among Allied Healthcare Professionals working in the Thiruvananthapuram Corporation Area. It also further explored potential differences in these constructs across demographic variables such as age, educational qualification, department, registration status, experience, and number of working hours. A sample of 201 Allied Healthcare Professionals, aged between 22 and 50, was drawn from the population using non-probability purposive sampling. Doctors, Nurses, Allied Healthcare students and Pharmacists were excluded. Work-Related Rumination and Avoidance Conflict Resolution Style were measured using the Work-Related Rumination Questionnaire and Thomas-Kilmann Conflict Mode Instrument, respectively. Independent sample t-test, One-Way ANOVA and Correlation methods were used to statistically analyze the data with the help of SPSS. The findings reveal that higher levels of rumination do not necessarily correspond to an increased tendency toward avoidance as a conflict resolution strategy. Instead, heightened rumination is associated with improved problem-solving abilities. Additionally, no significant gender differences were observed in rumination or avoidance conflict resolution styles. Significant differences were observed in the relationship with age, educational qualification, and department. In contrast, factors such as working hours, gender, and registration status showed no significant influence on these constructs. These findings provide valuable insights into the adaptive role of work-related rumination in leading to active conflict resolution strategies within high-stress professional environments. The study underscores the need for targeted interventions to mitigate rumination, particularly among young workforce and

encourage psychological detachment to prevent burnout. Results also imply the need for considering the role of moderators and further longitudinal studies for causal inferences.

***Keywords**: Work-Related Rumination, Avoidance-Conflict Resolution Style, Problem-Solving, Detachment, Allied-Healthcare Professionals, Work-Related Rumination Questionnaire, Thomas-Kilmann Conflict Mode Instrument*

Introduction

Allied Healthcare professionals face significant challenges that equally affect their physical and mental wellbeing. Major stressors that contribute to rising burnout rates include high patient loads, risk of infection, staffing shortages, workplace dynamics and power struggles. A resultant that may stem from extended workplace stress is Work-Related Rumination, a process in which professionals continually and repeatedly think about work-related topics outside of working hours as measured by using Work-Related Rumination Questionnaire (WRRQ). Rumination has been linked to heightened depression, anxiety (Nolen-Hoeksema *et al.* 2000), cognitive and interpersonal impairment (McLaughlin, K. A Nolen-Hoeksema S, 2011), which can impact job performance and thus, delivery of quality patient care. Cropley et al. (2009) proposed the three-factor model of work-related rumination:

- Affective Rumination- Intrusive and negative thoughts related to work beyond working hours, often leading to stress and tension (Pravettoni *et al.* 2007). Attempts to suppress these thoughts can make them more persistent (Erber & Wegner, 1996).
- Problem-Solving- Constructive work-related rumination that fosters creativity and innovation which emphasizes solutions (Baas, De Dreu, & Nijstad, 2008; Spoor, De Jonge, & Hamers, 2010).
- Detachment- Ability to unwind, and mentally disconnect from work, linked to better well-being and work-life balance (Etzion, Eden, & Lapidot, 1998; Sonnentag & Bayer, 2005).

Further, intense stressful environments, communication barriers, excessive workloads, role ambiguity and personal differences can lead to conflicts between healthcare professionals. The Thomas-Kilmann Model measures five "conflict-handling modes," Competing, Accommodating, Avoiding, Collaborating, and Compromising. They are described along two

dimensions, assertiveness and cooperativeness (Thomas & Kilmann, 1974, 2007). Avoidance Conflict resolution style is unassertive and uncooperative, the individual neither pursues his concerns nor those of others'. They often sidestep, do not deal with the problem or postpone until a better time. Reliance on Avoidance conflict resolution style, may provide temporary relief but tend to maintain unresolved issues and psychological distress.

Although previous studies have examined rumination and conflict resolution styles independently, limited empirical attention has been given to their interrelationship, specifically how rumination leads to the adoption of avoidance conflict resolution style. Moreover, existing research especially within Indian contexts largely focus on doctors and nurses, with relatively less emphasis on allied healthcare professionals. The present study aims to examine the relationship between work-related rumination and avoidance – conflict resolution style among allied healthcare professionals in Thiruvananthapuram Corporation Area.,

Review of Literature

Treynor *et al.* (2003), differentiated between brooding, strongly associated with increased depressive symptoms and maladaptive, and reflective rumination, which is adaptive over time. Research in healthcare contexts, reveals that rumination contributes to burnout, emotional exhaustion and reduced well-being among such professionals (Vandevala *et al.* 2017; Kamalifar *et al.* 2025). Studies on conflict management among healthcare professionals indicate increased reliance on avoidance strategies (Pitsillidou & Farmakas, 2018; Raykova *et al*. 2020), associated with increased psychological distress (Handal *et al.* 2022). Study by Rehman & Rehman, 2025 indicated that rumination in healthcare settings, along with avoidance strategies, leads to emotional exhaustion.

Statement of the Problem

Rumination and Avoidance-Conflict Resolution Style Among Allied Healthcare Professionals

Hypotheses

1. There will be significant relation between Rumination and prevalence of Avoidance Conflict Resolution Style in Allied Healthcare Professionals.

2. There will be significant relation between Rumination and prevalence of Problem-Solving in Allied Healthcare Professionals.
3. There will be significant difference in the prevalence of Avoidance Conflict Resolution Style among Allied Healthcare Professionals based on gender.
4. There will be significant difference in rumination levels among Allied Healthcare Professionals based on gender.
5. There will be significant difference in Rumination levels among Allied Healthcare Professionals based on age.
6. There will be significant difference in the prevalence of Avoidance Conflict Resolution Style among Allied Healthcare Professionals based on experience.
7. There will be significant difference in the prevalence of Rumination levels among Allied Healthcare Professionals based on registration status.
8. There will be significant difference in Rumination levels among Allied Healthcare Professionals based on working hours.
9. There will be a significant difference in Rumination levels among Allied Healthcare Professionals based on their department.
10. There will be significant difference in the prevalence of Avoidance Conflict Resolution Style among Allied Healthcare Professionals based on their department.
11. There will be a significant difference in Detachment among Allied Healthcare Professionals based on their department.

Research Design

The present study is a quantitative, descriptive study that examines the relation between Rumination and Avoidance-Conflict Resolution Style among Allied Healthcare Professionals working in the Thiruvananthapuram Corporation Area.

Participants

201 samples were drawn from Allied-Healthcare Professionals working in Thiruvananthapuram Corporation Area using Non-Probability Purposive Sampling. Doctors, Nurses, Allied Healthcare students and Pharmacists were excluded. Age range: 22–50 years.

Table 1: Description of Sample, Total Number and Percentage

	Category	N	%
Age-Group	22-34	132	65.7%
	35-47	67	33.3%
Gender	Male	40	19.9%
	Female	161	80.1%
Educational Qualification	Diploma	98	48.8%
	Degree or PG	103	51.2%
Department	Radiology	32	15.9%
	Laboratory	90	44.8%
	Ophthalmology	45	22.4%
	Others	34	16.9%
Registration Status	Registered	161	80.1%
	Non- Registered	40	19.9%
Years of Experience	<5 Years	95	47.3%
	5-20 Years	85	42.3%
	20- >35 Years	21	10.4%
Working Hours (per day)	5-8	142	70.1%
	9-12	59	29.4%

Instruments

- **Personal Demographic Sheet-** The demographic information questionnaire consists of several questions regarding the participant's name, age, gender, qualification, years of experience, dependent family members, and experience at work.

- **Work-Related Rumination Questionnaire-** 15-item self-report scale developed by Cropley *et al*. Measures three subscales Affective Rumination, Problem-Solving Pondering, Detachment. It is scored on a 5-point Likert scale (1 = Strongly Disagree to 5 = Strongly Agree). Psychometric Properties: Good convergent validity (r = 0.60–0.80 with RRS and RRQ), cross-cultural validity, High internal consistency (Cronbach's α = 0.87).
- **Thomas-Kilmann Conflict Mode Questionnaire-** Developed by Thomas & Kilmann, it assesses five conflict styles. Present study focuses on Avoidance Conflict Resolution Style dimension only. Scores are categorized as: High (>8): strong tendency to avoid conflict, Moderate (5–7): situational use of avoidance, Low (<5): direct engagement in conflict. Psychometric Properties include Test–retest reliability: 0.61–0.68, Established convergent and construct validity

Data Collection

Participants were approached in person with questionnaires and asked to fill out the form. Rapport was established and instructions were provided. Informed consent was collected and confidentiality of the responses were ensured.

Statistical Analysis

The tabulated scores of the participants were processed in the SPSS software to run descriptive statistics, Karl Pearson correlation, Student's t-test, & ANOVA.

Results

Table 2: Results showing the correlation between Rumination, Avoidance - Conflict Resolution Style and Problem-Solving in Allied Healthcare Professionals.

		Avoidance- Conflict Resolution Style	**Problem- Solving**
Rumination	Correlation Coefficient	-.23	.219**
	Sig. (2-Tailed)	.746	.002
	N	201	201

1. The correlation between rumination and avoidance conflict resolution style was negative (r = -.23) but not statistically significant, p >0.05.
2. Rumination was positively correlated with problem-solving (r =.219, p = .002).

Table 3: t-test of results of variables

Variable	Category	Gender	N	Mean	Std. Deviation	t	Sig (2-tailed)
Avoidance-Conflict Resolution Style	Gender	Male	40	6.08	1.67	1.49	0.138
		Female	161	5.65	1.59	1.447	0.153
Rumination	Gender	Male	40	13.8	5.473	.214	.83
		Female	161	13.61	4.941	.202	.841
Rumination	Age	22-34 years	132	14.21	4.986	2.404	.017
		35-47 years	67	12.42	4.958	2.408	.017
Avoidance-Conflict Resolution Style	Experience	<5 years	95	5.73	1.512	-.083	.934
		5-20 years	106	5.75	1.702	-.084	.933
Rumination	Registration Status	Registered	161	13.88	5.01	1.331	.185
		Non-Registered	40	12.7	5.1	1.316	.193
Rumination	Working hours (per day)	5-8 hours	142	13.95	5.178	1.33	.185
		9-12 hours	59	12.92	4.643	1.391	.167

1. Avoidance conflict resolution does not differ significantly based on gender (male, female) and experience (<5 years, 5-20 years).
2. Rumination does not differ significantly based on gender (male, female), registration status (registered, non-registered), and working hours (5-8 hours, 9-12 hours).
3. A statistically significant difference in Rumination was found between the age groups 22–34 and 35–47, with younger allied healthcare professionals showing higher rumination scores (M = 14.21, SD = 4.99) than the older group (M = 12.42, SD = 4.96), p = .017.

Table 4

One-Way ANOVA of variables

Variables	Department	N	Mean	Std. Deviation	Std. Error	f	Sig
Rumination	Radiology	32	13.91	5.921	1.047	.589	.623
	Laboratory	90	14.07	5.292	.558		
	Ophthalmology	45	13.11	3.868	.577		
	Others	34	13	4.893	.839		
	Total	201	13.65	5.038	.355		
Avoidance- Conflict Resolution Style	Radiology	32	5.97	2.071	.366	.424	.736
	Laboratory	90	5.72	1.522	.16		
	Ophthalmology	45	5.56	1.439	.215		
	Others	34	5.79	1.61	.276		
	Total	201	5.74	1.611	0.114		
Detachment	Radiology	32	15.84	3.87	.684	3.618	.014
	Laboratory	90	14.9	2.829	.298		
	Ophthalmology	45	15.56	2.849	.425		
	Others	34	17.12	4.676	.802		
	Total	201	15.57	3.449	.243		

1. Rumination and Avoidance conflict resolution style does not differ significantly across departments (radiology, laboratory services, ophthalmology, Others).
2. There is a statistically significant difference in Detachment levels across departments, with radiology (M = 15.84, SD = 3.87), laboratory services (M = 14.9, SD = 2.829), ophthalmology (M = 15.56, SD = 2.849), and the highest detachment observed among professionals in Others department (M = 17.12, SD = 4.676) which included physiotherapists, psychologists, occupational therapists, and clinical dieticians among others.

Discussion

The present study aimed to examine the relationship between work-related rumination and avoidance conflict resolution style among allied healthcare professionals in Thiruvananthapuram Corporation Area. The participants were Allied Health Professionals working in various laboratories, government hospitals, optics, private hospitals and diagnostic centers in Thiruvananthapuram Corporation area. They were approached and asked to fill a questionnaire which included Personal Demographic Sheet, Work-Related Rumination Questionnaire and Avoidance dimension of Thomas Kilman Conflict Mode Instrument.

Results indicate a slightly negative but not statistically significant association between rumination and avoidance conflict resolution style, which indicates that work- related rumination does not necessarily lead these professionals to adopt avoidance as a strategy when conflict arises.

Moreover, the study found a significant positive correlation between rumination and problem-solving, indicating that for the allied healthcare professionals in our sample these two cognitive processes often occur together. These individuals are more likely to think analytically towards a solution when they feel the emotional weight of a stressful event. The findings align with Vandevala *et al.* (2017), which emphasized the multidimensional nature of work-related cognitive activities.

Another finding is that there is no significant difference in avoidance conflict resolution style based on gender or years of experience. The finding is congruent to Sportsman and Hamilton (2007) study on nursing and allied health students using TKI scale, which reported

that conflict resolution styles does not differ significantly based on gender, licensure status and educational qualification. Similarly, Raykova *et al.* (2020), noted that while variations in preferred style are present among different professional groups, demographic factors do not act as strong predictors.

Rumination does not differ significantly based on gender, registration status, and working hours. This finding contrasts Treynor *et al*. (2003) who reported that women tend to exhibit higher levels of rumination, particularly brooding. However, the discrepancy may be attributed to differences in context, as the present study focuses on work-related rumination within a healthcare setting, while the former one focused on broader community samples. Wutscher *et al*. (2022) reported that longer working hours were linked to increased levels of work-related rumination among employees. An absence of such differences in this study may further emphasize the role of contextual and job specific factors that may be involved.

A statistically significant difference in Rumination was found between the age groups 22–34 and 35–47, with younger allied healthcare professionals showing higher rumination scores than the older group. This finding is consistent with Sutterlin *et al.* (2012), who reported that older individuals presented lower levels of rumination, which suggests possibility of early career stress and adjustment demands in younger professionals and improved coping and emotional regulation in older professionals.

Rumination and Avoidance conflict resolution style does not differ significantly across departments (radiology, laboratory services, ophthalmology, Others). This pattern appears congruent to prior research that shows health professionals, including nurses and allied health professionals often use avoidance, as well as compromise as a conflict management style (Delak & Sirok, 2022, Sportsman & Hamilton, 2017).

However, detachment levels varied significantly across departments with departments in the others category exhibited the highest detachment, compared to radiology, laboratory services and ophthalmology which are more technical in nature. This may indicate how role specific stressors can contribute to cognitive and behavioral aspects of work.

Conclusion

The finding of this study indicates that Allied- healthcare professionals who ruminate more tend to engage in problem-solving rather than avoiding conflicts. This might be because persistent overthinking keeps individuals mentally engaged with conflicts, making it harder for them to ignore or withdraw from issues.

Implications

Work-related rumination may have adaptive potential when channeled into active conflict resolution and problem-solving. Higher rumination in younger professionals supports evidence that rumination declines with age (Cropley *et al*. 2023). Interventions should target younger professionals to reduce maladaptive rumination. Promote structured reflection, problem-solving, and psychological detachment to prevent burnout. Findings highlight the need for early-career training and mentorship programs.

Limitations

Time constraints limited the ability to capture long-term trends and emerging variables. Limited sample size, restricting generalizability of findings. Cross-sectional design limits causal inference; longitudinal studies are recommended.

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