NURSES’ PERCEPTION OF ANTECEDENTS TO INTERPROFESSIONAL CONFLICTS AMONG HEALTH PROFESSIONALS IN A NIGERIAN TEACHING HOSPITAL

by

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BACKGROUND OF STUDY
Conflict can be described as a process in which one party perceives that its interests are being opposed or negatively affected by another party (Patton, 2014; Kreitner & Kinicki, 2010). Direct patient contact health care employees such as physicians, nurses, and technologists work in complex, stressful environments that are prone to conflict. The total avoidance of conflict is more a fairytale than a realistic expectation (Patton, 2014).
Conflict is inevitable when individuals work together on a team or project. Due to the inter-professional nature of health care teams and the separate education, ethics, and ideologies that come with each profession, these teams are at especially high risk for conflict (McNeil, Mitchell & Parker, 2013). Conflict within the health team is a recognized problem known to hinder quality health care service delivery. In order to achieve the objective for which a hospital is set up, interactions between all members within a medical team must be conducted in such a way that conflicts are minimized as much as possible (Asuzu, Obembe & Olajide, 2015).
To deal with a conflict effectively, it first needs to be analyzed and understood. Conflict analysis is the most important and necessary step that has to be taken before any conflict intervention can be carried out, and aims at gaining a clearer and deeper understanding of the origin, nature and dynamics of the conflict in question. It enables the identification of the reasons for the conflict. It can also provide information on how the conflict is seen (for example, manifest, latent), its dynamics, the relationships and hierarchy of positions between the conflicting parties, and their interests, needs and motivations (European union & Council of Europe, 2017).
Based on the fact that few studies have been conducted in Nigeria on antecedents to conflicts in health care, the researcher intends to examine nurses’ perception of antecedents to inter-professional conflict among as proper understanding of this phenomenon will aid conflict resolution and prevention of recurrent incidents of conflict based on a cause.
STATEMENT OF PROBLEM

The general assumption is that conflict tends to have negative consequences for both the individual and the organization. However, some specific effects include; inattentiveness to other things, lack of interest in work, job dissatisfaction, work anxiety, estrangement or alienation from others, frustration, excessive smoking, alcoholism, under eating or overeating, aggression towards others or work sabotage and decreased communication (Ashimi & Bernard, 2014). During clinical posting at University of Ilorin Teaching Hospital (UITH), the researcher observed that conflicts exist and is almost constant in the hospital setting among the doctors and nurses. It had psychological effects on the health professionals in form of anxiety and job dissatisfaction (to mention a few) and prevented harmony in the health care team which is essential for optimum quality of patient care.
It also affected the way patients view the health professionals as they often give the doctors and nurses questionable looks whenever conflict arose.

Understanding of the causes of conflict in health care is essential in devising strategies for conflict management and only a few studies have been carried out on this issue in Nigeria, hence, the need for the researcher to examine nurses’ perception of antecedents to inter-professional conflict.
OBJECTIVES OF THE STUDY

- Examine nurses’ perception on the causes of inter-professional conflict in UITH
- Determine nurses’ perception on the impacts of conflict on health care delivery in UITH
- Identify perceived ways of resolving inter-professional conflict in UITH
SIGNIFICANCE OF THE STUDY

The findings of this study will provide information on nurses’ perception of antecedents to inter-professional conflict in the hospital setting. It will provide insight, hence promoting mutual understanding and laying foundation to effective conflict management among health professionals which will reduce the negative impact of conflict on both health professionals and their clients. In addition, this study will contribute to the already existing body of knowledge on conflict in health care and help policy makers in health care identify the areas that need to be addressed in order to curb the negative effects of conflict.
RESEARCH QUESTIONS

1. What is the perception of nurses on the antecedents of inter-professional conflict in UITH?
2. What is the perception of nurses on impact of conflict on health care delivery in UITH?
3. What is the perception of nurses about ways of resolving inter-professional conflict in UITH?
RESEARCH HYPOTHESIS

- There is no significant relationship between age of respondents and their perception of antecedent to inter-professional conflict.
- There is no significant relationship between gender of respondents and their perception of antecedent to inter-professional conflict.
- There is no significant relationship between year of working experience of respondents and their perception of antecedent to inter-professional conflict.
LITERATURE REVIEW

This chapter discussed the following: introduction to conflicts among health professionals, types of conflict, antecedents of inter-professional conflict, sources of conflicts, consequences of conflicts, managing inter-professional conflicts, de-escalation, conflict management strategies, empirical studies and conceptual framework.
Application of theory conflict theory of Karl Marx

- Class 1: Nurse (RN)
- Class 2: Doctor (MBBS)
- Clash in Interests (Antecedent)
- Conflict (Class Struggle)
- Resolved
- Unresolved/Repressed
- Positive Impact (Structural Change)
- Negative Impact

Application of theory conflict theory of Karl Marx
RESEARCH METHODOLOGY
Research design

A descriptive cross sectional survey was used in this study. This design was chosen by the researcher because it obtains information about people’s action, knowledge, intention, and attitude by means of self-report through participants response to a set of question (Polit & Beck, 2012).
RESEARCH SETTING
The research was carried out in University of Ilorin Teaching Hospital (UITH) Ilorin, Kwara state, Nigeria. UITH is a tertiary health institution in Nigeria. The hospital covers a large landmass, located along old Jebba road, Oke-Ose, Ilorin. The University of Ilorin Teaching Hospital belongs to the second generation of teaching hospital, which was established by law on the 2nd May, 1980. It started operation in July 1980 using the then general hospital and maternity hospital which was owned by the Kwara state government as its temporary site. The permanent site of the hospital was declared open by his Excellency, president of Federal Republic of Nigeria, Chief Olusegun Obasanjo in May 2007 while complete movement took place in April 2010.
The hospital consist of different departments which include administration, clinical, medical laboratory, supportive services, training schools, it also consist of different wards, among which are the accident and emergency unit, the obstetrics and gynaecology emergency unit, the emergency paediatric unit and the general outpatient department to mention but a few. The management one point agenda is “total quality care that guarantees patient’s satisfaction”. The institution serves as teaching hospital and referral center for neighbouring communities
TARGET POPULATION
The target population for this study were nurses working in University of Ilorin Teaching Hospital.

SAMPLE SIZE CALCULATION
The sample size that used for this study was calculated using fisher’s formula

\[ n = \frac{z^2 pq}{d^2} \]

where:
- \( n \) = Number of sample
- \( z \) = 1.96
- \( p \) = 0.5
- \( q \) = 1 – \( p \)
- \( d \) = 0.05
\[ n = \frac{1.96^2 \times 0.5 \times (1-0.5)}{0.5^2} \]

\[ n = \frac{0.9615}{0.0025} = 384.6 \]

\[ S = \frac{n}{1 + \frac{n}{N}} \]

\( S = \text{sample size} \)

\( N = \text{target population} = \text{total number of nurses in UITH} = 584 \)

\( n = \text{Number of sample} = 384.6 \)
\[ S = \frac{384.6}{1 + \frac{384.6}{584}} = 231.9 \]

Attrition rate = \( \frac{10}{100} \times 232 = 23.2 \)

Sample size = 231.9 + 23.2 = 255.2

Questionnaires were administered to 255 nurses.

**SAMPLING TECHNIQUE**

A simple random sampling technique was used to select 255 nurses to participate in this study.
The instrument for data collection was a questionnaire that was developed by the researcher to suit the purpose of the study. It consists of four sections:

Section A was designed to elicit socio-demographic data from the respondents.

Section B was designed to assess the nurses’ perception of causes of inter-professional conflict.

Section C was designed to assess nurses’ perception of the impacts of conflict in health care delivery.

SECTION D was designed to identify perceived ways of resolving inter-professional conflict.
VALIDITY/RELIABILITY OF INSTRUMENT
The face and content validity of instruments was ensured by the researcher by giving the self-structured instruments to the supervisor and other lecturers of the department for critique and suggestion. The corrections made were effected.
The reliability of the instrument was measured using Cronbach’s Alpha and a Cronbach alpha coefficient was obtained.

METHOD OF DATA COLLECTION
The researcher administered the questionnaires to nurses in UITH and enough time was given to them to fill before collection.
METHOD OF DATA ANALYSIS
The data collected was input into the computer using Statistical Product Service Solution (SPSS) version 20 for data analysis and the results were presented using descriptive statistics in form of table, percentage, pie chart and bar chart and inferential statistics in form of chi square was used to test the hypotheses.

ETHICAL CONSIDERATION
The researcher obtained a letter of introduction from the Department of Nursing Science which was taken to the ethical review committee of UITH for permission to conduct the research. A letter of permission signed by UITH ethical review chairman to conduct the study was issued to the researcher to conduct the research.
The letter was taken to the head of nursing services to obtain information required for the study. The respondents were given adequate information about the study. They were informed that autonomy and confidentiality would be upheld and that they had freedom to withdraw at any point.
DATA PRESENTATION/ FINDINGS
figure 1 showing professional qualifications
figure 1 showing their ranks

![Bar chart showing ranks and frequencies for different categories: NO I, NO II, SNO, PNO, ACNO, CNO, and ADN. The frequencies range from 70 to 1.]
Findings 1: Nurses’ perception of antecedents to inter-professional conflict

Majority of the respondents (85.7%) agree that wrongful accusation is an antecedent to inter-professional conflict in University of Ilorin Teaching Hospital. Based on the results, wrongful accusation is the mostly highly perceived cause of inter-professional conflict with work overload (76.5%) and stressful environment (69.1%) following closely behind. These factors are closely interrelated and support the socio-demographic profile that hints at a reduction in the rate of employment leading to an unfavorable nurse-patient ratio (work overload) which in turn leads to a stressful environment that can bring about confusion and wrongful accusations causing conflict. This corroborates the findings of Chipps et al. (2013) and Muganza (2014) which explains that a stressful work environment leads to conflict-producing verbal communications including wrongful accusations which in turn results into conflict.
It is worth mentioning that all factors presented to the respondents had a higher rate of affirmation than disagreement excluding unfair transfer in which 43% of the respondents disagreed, 39.6% agreed and 17.4% were undecided. This is probably due to the fact that nurses in federal teaching hospitals are employees of the government under the federal ministry of health and posting and movement of nurses is a function of the nursing division (Federal Ministry of Health, 2017) unlike in private hospitals were nurses may be employed by doctors. Other factors affirmed include; role ambiguity (Patton, 2014; Wright et al., 2014), value differences (Patton, 2014), poor communication (Wright et al., 2014, Chipps et al., 2013) and culture pattern of gender role (Patton, 2014; Maria, 2010).
Findings 2: Nurses’ perception of impact of conflict on health care delivery

Analysis of data obtained from the respondents showed that the greatest perceived impact of conflict on health care delivery was loss of commitment to work (70.4%) with reduced productivity and negative emotions; frustration and anger at 69.6% and 69.2% respectively. This is line with the findings of Muganza (2014) in which respondents reported loss of commitment to work and reduced productivity as negative impacts of conflict. From the results we can deduce that the above-mentioned impacts coupled with the earlier mentioned leading antecedents could lead to; broken relationships (66.1%) harm to the patient (60.4%) and waste of time and resources (50.9%).
It is also clear that although more than half of the respondents agree to almost all positive impacts of conflicts, the respondents tend to rate the negative impacts above the positive impacts. The highest rating of a positive impact was improvement in team relationships rated at 60% and the lowest being improvement in health policies and decision making of which 46.6% agreed and 53.4% disagreed. This supports the view of Patton (2014) that society tends to see conflict in a negative light often overlooking the positive impacts. It is likely that if the respondents were asked to list the impacts of conflict they would favour the negative impacts and few will acknowledge the positive impacts.
Findings 3: Perceived ways of resolving conflict among health professionals in UITH

Majority of the respondents felt that the best way to resolve conflict is by working together to achieve each other’s goals (94.8%). This is a collaborative approach which requires high level of trust and respect. It is resource intensive but fosters healthy relations (Thomas-kilmann, 2015). This may be considered as the best method of resolving conflict as both parties come out winners. Other highly favoured methods of conflict resolution include; open, honest and transparent communication (93.5%), knowledge and application of effective conflict management skills (93%), accommodating the view of others (90%) and making apology for your part in a conflict.
This supports the view of Registered Nurses’ Association of Ontario (RNAO, 2012) where some of the abovementioned factors were identified as steps to managing conflict among health professionals. The respondents tend to favor a calm and friendly approach. It is worthy of note that 62.6% of the respondents disagreed to the use of an authoritative approach. This approach according to Thomas-Kilmann (2015) is competitive and assertive and may breed hostility or resentment. However, it is effective in emergencies or when a quick decision is required. The disagreement of the respondents to this approach explains why more than half of them do not agree that conflict brings about improvement in quality of decision making and 50.9% claim that it brings about waste of time and resources.
Findings 4: Statistical illustration of relationship between age of respondents and their perception of antecedent to inter-professional conflict

The researcher predicted that there is no significant relationship between age of respondents and their perception of antecedent to inter-professional conflict. However, the study revealed that there was significant association between age of respondents and their perception of antecedent to inter-professional conflict with $p=0.0420<0.05$. Since the $p$-value is less than the significance value (0.05), the null hypothesis was rejected and the alternate hypothesis accepted. Therefore, there is a significant relationship between age of nurses and their perception of antecedent to inter-professional conflict.
Findings 5: Statistical illustration of relationship between gender of respondents and their perception of antecedent to inter-professional conflict

The researcher predicted that there is no significant relationship between gender of respondents and their perception of antecedent to inter-professional conflict. The study revealed no significant association between gender of the respondents and their perception of antecedent to inter-professional conflict with $p=0.096>0.05$. Since the $p$-value is greater than the significance value, the null hypothesis was accepted. Hence, there is no significant relationship between gender of nurses and their perception of antecedent to inter-professional conflict.
Findings 6: Statistical illustration of relationship between year of working experience of respondents and their perception of antecedent to inter-professional conflict

The researcher predicted that there is no significant relationship between year of working experience of respondents and their perception of antecedent to inter-professional conflict. However, the study revealed that there was significant association between years of working experience of respondents and their perception of antecedent to inter-professional conflict with $p=0.000<0.05$. Since the p-value is less than the significance value, the null hypothesis was rejected and the alternate hypothesis accepted. Hence, there is a significant relationship between year of working experience of nurses and their perception of antecedent to inter-professional conflict.
SUMMARY
This research was carried out to examine nurses’ perception of antecedents to inter-professional conflict in University of Ilorin Teaching Hospital, Kwara state. Literature was reviewed on various aspects of conflict and conflict resolution. A descriptive, non-experimental design was adopted. Primary data was collected by self-administered questionnaire and secondary data from journals, e-books and websites. The data collected was analyzed using descriptive and inferential statistics and was presented in tables and figures. The study revealed that the most commonly perceived antecedent to conflict was wrongful accusations.
CONCLUSION
Conflict exists in every setting and cannot be absolutely avoided or prevented. The health system being a stressful environment increases the likelihood of conflict occurring. The goal of understanding causes of conflict and ways of managing conflict is not to eradicate conflict but to ensure that conflict and its negative impacts are reduced to the barest minimum. This will also reduce the incidence of unresolved or repressed conflict, thus, creating a balance between the positive and negative impacts of conflict.
IMPLICATIONS FOR NURSING

Teamwork is an important component of quality health care delivery. The health care team includes but is not limited to nurses and doctors. Members of the health care team are to work together to achieve the common goal that is patient well-being.

Based on the findings of the study, nurses’ believe that the best way to resolve conflict is by working together to achieve each other’s goal. This approach fosters healthy relationship. Nurses need to adopt this in order to build trust and respect. This in turn will reduce the likelihood of wrong accusations which was rated as the greatest antecedent to inter-professional conflict.
The reduction in wrongful accusation of nurse will bring about a decline in conflict and its negative impacts including loss of commitment to work and reduced productivity.

In a nutshell, nurses’ are trained to understand the importance of teamwork applying this to practice will have positive impact in relation to conflict, improve the quality of nursing care and uphold the standards and integrity of nursing profession.
RECOMMENDATIONS

With respect to the findings of this study, the following recommendations were made:

- The government should employ more nurses in order to reduce the incidence of conflict caused by work overload.
- The hospital management should organize seminars on conflict and conflict resolution for all members of the health care team to boost their understanding of these concepts and maximize the positive impacts of conflict.
- Nurses should apply their knowledge of effective conflict management skills to achieve the best results in conflict resolution.
There should be incentives (not necessarily monetary) for nurses to prevent and/reduce loss of commitment to work

Structural and functional modifications should be made to the health care system to suit the improving standard of nursing profession

Further studies should be carried out to determine the level of practice of conflict management strategies by nurses in University of Ilorin Teaching Hospital
References


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