

ASSESSMENT OF INTER PROFESSIONAL CONFLICT AMONG HEALTH WORKERS IN GENERAL HOSPITAL HADEJIA JIGAWA STATE

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Abstract

Inter-professional conflict is a persistent challenge within healthcare systems, particularly in multi-disciplinary settings where diverse professionals collaborate in patient management. This study assessed inter-professional conflict among healthcare workers at Hadejia General Hospital, Jigawa State, Nigeria, with a focus on identifying causative factors, evaluating its impact on patient outcomes, and examining the role of professionals in conflict resolution. A descriptive survey design was adopted, and 120 healthcare workers were sampled using stratified random sampling. Data were collected with a structured questionnaire and analyzed using descriptive statistics. Findings revealed that conflicts were most common between nurses and community health extension workers (32%), followed by nurses and physicians (29%). Major causes of conflict included superiority complex (21%), professional bias (13%), and role

Introduction

Inter professional conflict has been a great challenge to the patient or client care and health care industry, due to multi professional approach in the patient's management because of the increasing complexity and scope of patient problems presenting to the health care environment, patient care routinely combines the efforts of health workers of different profession, such as skilled nursing professionals, laboratory scientist and technicians, pharmacist, radiologist, community health workers and many other professional. Comprehensive

duplication, particularly in laboratory investigations (20%). The consequences of inter-professional conflict were significant, with 44.1% of respondents reporting patient complications, 22.5% citing deterioration of patient condition, and 46.6% identifying burnout in healthcare delivery systems. The study also showed that management efforts such as communication with staff (80%) and policies like equal opportunities frameworks (40%) were key strategies in mitigating conflicts. The study concludes that inter-professional conflict negatively affects patient outcomes, teamwork efficiency, and job satisfaction. It recommends strengthening inter-professional collaboration, enforcing clear role delineation, and instituting robust conflict resolution frameworks to improve healthcare delivery.

Keywords: Inter-professional conflict, healthcare workers, patient care, conflict resolution, Hadejia General Hospital

patient care is often achieved by trying to solve problems which are beyond the scope of expertise of any of the provider, (Vein, 2018).

Conflict exist in every organization where people interact and work together (William, 2019). The existence of conflict in groups is considered a natural consequence of human interaction. The concept of conflict within a company or organization has become a point of interest for many researchers (Austin, 2018).

The cost of inter- professional conflict aside from patient safety and care is evidenced by the lack of retention of direct patient care employees. The national average of voluntary resignations resulting from unresolved conflict is 65%, a figure which is surely higher in the health care (Lyon, 2019).

Assessment of Inter professional conflict among health care workers in Hadejia General hospital seen to be challenging point to the successful and proper patient management at the center.

Statement of Problem

Inter professional conflicts have been one of the great challenges facing global health intuitions. Physicians and nurses are universally not properly related due to professional ethnocentrism "which is an idea that one feels his view, is important than others view" (Chandra, 2017).

A conflict-related study in the kingdom of Saudi Arabia has shown that the nature of administration, cultural understanding, and incompatible request from different sources including educational background and occupation had a significant influence on igniting misunderstanding between and among health care providers (Hamid , 2013).

Collaboration among a health care team is important, in a medical settings , health care professionals need to have the skills to be able to continuously collaborate with others. Conflict is an inherent outcome of inter professional team, unfortunately, conflict has a negative effect on patient care, job satisfaction and professional productivity (Cox, 2015) Predominantly in sub Saharan Africa, Nigeria in focus inter professional conflict has influence the activity of health care team members with superiority and inferiority crisis that need to be assessed and provide solutions to their rectification (Olivia, 2015).

World Health Organization, (WHO, 2016) formulated five common factors that lead to conflict situation within misunderstanding, Poor communication, Lack of planning, Poor staff selection, Frustration, stress and burnout.

During routine posting at general hospital Hadejia, it's observed that Inter professional conflict occur due to multi professional approach especially between nurses and physician, community health extension workers and laboratory technicians, nursing and clinical assistants which brings many problems to patients, such as mismanagement of patient's care, deterioration of patient condition and other complications.

Research Objectives

1. To identify the factors responsible for Inter professional conflict in general hospital Hadejia
2. To determine the impacts of inter professional conflict on the outcome of patient care.
3. To identify individual professional role in inter professional conflict resolution.

Research Questions

1. What are the factors responsible for causing Inter professional conflict in health care industry?
2. What are the impacts of Inter professional conflict on the outcome of patient care?
3. What are the individual professional roles in Inter professional conflict?

Significance of the study

The study will provide solutions to the great menace of inter professional conflict that obstacles health sectors, and promote efficiency of health care team members. It will also help the community to gain maximum care from the health facility.

The study will help the professionals to become aware and enlightened on the evil of Inter professional conflict. And it will also help government to achieve health promotion to her best ability through harmonious and co-operative activities of health care team.

Scope of the study

The study will assess the inter professional conflict among health workers at General hospital Hadejia

REVIEW OF RELATED LITERATURE

This chapter comprises of literature review, concept and type of conflict, Factors responsible for causing inter professional conflict. Impact of inter professional conflict on the outcome of patient care, individual professional role in inter professional conflict resolution, conflict resolution strategies, theoretical and empirical review.

Conceptual review

According to Thomas, (2016), inter professional conflict is defined as misunderstanding and misperception among interpersonal relations across licensure level, where the norms, independent of xenophobia are different and are confirm to work under a single team. While (Kaplan et al, 2015) defined inter professional conflict as manifestations of individual personalities irrespective of professional conduct and performance of health care team, many factors can influence the effectiveness of inter professional team, the flowing factors can enhance the effectiveness of inter professional team.

Necessary attention on time dedication to the development of team, norms, conflict resolution, organizational support, mentor intervention as well as the establishment of an environment that promote inter professional works and their absence can lead to the conflict of Inter professional team(Sunvers, 2017).

Inter professional conflict is also defined as the emergence of deterioration and absenteeism of harmony in the multi professional group, which is manifested with crisis and poor sense of formation in the activities of the team (Wale, 2016).

Inter professional conflict is the disappearance of norms and standards thereby deterioration of focused discipline in the pattern of conduct of the multi professional team (Frank, et al, 2018).

There are more than 1000 cases of inter professional conflict in united states (Wang, 2019).

About 77% of these conflict more than 50% exist between nurses and physician, this immense problem results in increased risk of patient's mortality, increased complications and in effective patient's care, effect in health care involved loss of motivation and knowledge, lack of efficiency, unequal professional relationship, high employee turnover ,limited staff contributions and impede efficiency,(Kolade,2018).

According to United States Department of Health and Human Services (2017),estimates that about 60% of inter professional conflict is mostly due to differential salary between health personnel, inter professional intimidation and discrimination of other personnel,

competitions between professionals ,limited resources ,change and lack of clearly defined roles and expectations.

Emperical review

A study conducted by Wang, (2019) at Stanford university California on causes of inter professional crisis at Hospital, result shows that inter professional conflict is caused by duplication in health care workers responsibilities which include chemistry laboratory (20%) and executing medical services (11%).

Claris,(2018) "A research conducted on the impacts of inter professional Conflict on the Quality Care" the findings revealed that inter professional Conflict has a negative effect on outcomes of the patients care(85%) ,Improving communication and collaboration between nurses and physicians can improve their morale (60%), and can improve patients' satisfaction and quality of care (80%) . In contrast, poor communication and inadequate resolving of disagreement can have potentially serious consequences for patient care (85%). Poor quality teamwork is associated with higher rates of medical errors and adverse events for patients (89%).

Kelly, (2019) conducted a study at Hail general hospital India on effect of inter professional conflict on health care delivery system ,the result shows that the hospital management fail to meet their need of providing health care services to individuals (60%).

A study conducted by Maria, (2018) at the University of Nicosia on the topic "conflict management among health professionals in hospital of Cyprus", the result shows that the majority of the health professionals encounter conflicts at their workplace, with the main parties involved being doctors and nurses (70%). The most common method for managing conflict in a clinical setting was avoidance (60%), followed by negotiating for mutual benefit (54.2%) and compromise (40.5%).

Cilia et al, (2018) conducted a study on the topic " The role of head nurses in preventing inter professional conflict", and their result revealed that, the study shown the most effective measures a nurse can take in preventing inter professional conflict are; avoidance (25%), negotiating for mutual benefit (30.8%) and compromise (16.6%).

Research Design

A descriptive survey was used to assess inter professional conflict among health care workers working in general hospital Hadejia.

Research Setting

The study will be conducted in general hospital hadejia. General hospital hadejia is located at Hadejia local government area along Ramin zaki road, hadejia general hospital

was commissioned by late premier of northern Nigeria sir Ahmad Bello Sardauna of Sokoto in the year 1961. The Federal Ministry of health took over the main structure of the hospital and general hospital was transferred to another site of former local government Secretariat which becomes its permanent site. The population of the health workers at are working in the hospital are the Doctors, Nurses, midwives, community health workers, laboratory scientist/technicians, pharmacists, clinical assistants. The hospital facility comprises of nursing department, medical surgical department, primary health care department, medical laboratory department, radiology department, and administrative department.

Target population

The target population for the study comprises all health care workers working at Hadejia general hospital

Sampling size

Taro Yamane's formula was used to determine the sample out of the target population using formula:

$$n = N \div (1 + N (e)^2)$$

n = sample size

N = total number of population

e = Marginal Error.

Data: n = ?

N = 171

e = 0.05, which is constant

$$n = 171 \div (1 + 171 (0.05)^2)$$

$$n = 171 \div (1 + 171 \times 0.05 \times 2)$$

$$n = 171 \div (1 + 171 \times 0.0025)$$

$$n = 171 \div 1 + 0.4275$$

$$n = 171 \div 1.4275$$

$$n = 119.7 \sim 120$$

$$n = 120$$

My sample size = 120

Sampling Technique

A stratified random sampling technique was used to select the sample from the target population. The aim is to enhance representativeness. Each cadre consider as a stratum, Simple random sampling technique was used to select the corresponding number of samples from each cadre.

Instrument for data Collection

A self- structured questionnaire was used to collect the data from the respondent. The questionnaire was made up of four sections, A, B, C, and D. Section A consists of demographic data of the respondent, and section B, C, and D which concerned with research topic information based on the stated objectives.

Validity of the Instrument

The questionnaire was taken to the project supervisor to check for the content and face validity, before the final draft to the respondents.

Reliability of the Instrument

A test-re-test method was used to detect reliability of the Instrument. Firstly, 10% of the questionnaire was given to health care workers that are working at general hospital hadejia and was collected at the same time, then after 3 days I will administer it again to the same health care workers at general hospital hadejia, and I collected it at the same time, the result was analyzed and compared to ensure the consistency of the questionnaire

Method of data Collection

The questionnaire was distributed to the health care workers that are working at general hospital hadejia (respondents), the questionnaires were administered to the respondent with help of assistance and they submitted it back after filling. An instruction regarding the filling of questionnaire was explained to the respondents.

Method of data Analysis

The collected data was analyzed using descriptive statistical method such as frequency distribution tables and percentage.

Ethical Consideration

An introductory letter was obtained from the research ethical committee of the school. The letter was submitted to the hospital management of Hadejia general hospital and they gave a written consent to go ahead to conduct the research, also full explanation was made to the participants about the objectives and significance of the study to avoid deception. In the study there was high level of confidentiality and the participants have the right to withdraw from the study at any time, and also they were informed about the benefit and risk of the study.

Data analysis and Presentation

Table 1 Socio demographic data (n=120)

Variable	Frequency	Percentage (%)
Sex		
a. Male	70	58
b. Female	50	42
Age		
a. 18-22	10	8
b. 23-27	30	25
c. 28-32	43	36
d. 33-above	37	31
Religion		
a. Islam	113	94
Christianity	7	6
Tribe		
a. Hausa/Fulani	112	93
b. Yoruba	5	4
c. Igbo	3	3
Professional discipline		
a. MBBs	5	4
b BNSCs	20	10
c. CHEW	15	3
d. Pharmacist	5	6
e. MLT	60	60
f. RN	5	10
g. RMs		

Table 1: Above shows that, majority (58%) of the respondents are male, only (42%) are female. It also shows that (36%) of the respondents are between the age range of 28-27 years, followed by (31%) at 33 years and above, followed by those at 23-27 years with (25%) and those at 18-22years of age with (8%). It also shows that (94%) of the respondents are practicing Islamic religion, followed by (6%) of the respondents who are practicing Christianity. It also shows that (93%) of the respondents Hausa/Fulani, then Yoruba with (4%), followed by Igbo with (3%). It also shows that (60%) of respondents are Nurses, CHEW with (10%), RM with (10%), MBBS with (7%), MLT with (6%), BNSC with (4%), followed by pharmacist with (3%). It also shows that (37.5%) of the respondents had working experience of 6-10 years, then 1-5 years with

(33%), then 11-15 years with (16.6%), only (13%) of the respondents worked for 16 years and above.

Table 2 Factors Responsible for Inter professional Conflict. (n=120)

Variables	Frequency	Percentage (%)
The conflicts mostly occur between		
a. RNs and MBBs	35	29
b. RNs and CHEW	38	32
c. Pharmacists and RN	32	26.6
d. MBBs & MLS	15	12.5
Reasons for the Conflicts among the Healthcare workers		
a. Superiority complex	25	21
b. Inferiority complex	15	10
c. professional ethnocentrism	10	6
d. Professional bias	70	13
responsibilities that are duplicating among the healthcare workers		
a. serving medication	25	9
b. prescribing medication	30	10
c. laboratory investigation	55	20
d. carrying out procedures	10	11

Table 2 above shows that majority (32%) of the respondents believed that conflict occur mostly between Nurses and CHEW, followed by (29%) who believed that the conflict mostly occur between Nurses and medical doctors, followed by (26%) who believed that the conflict mostly occur between Nurses and Pharmacist, followed by (12%) who believed that the conflict mostly occur between Medical doctors and Laboratory scientists. It also indicated that (21%) of the respondents believed that superiority complex is the reason of the conflict, followed by (13%) of the respondents that believed that professional bias is the reason for the conflict, followed by (10%) that believed that inferiority complex is the reason for the conflict, followed by those who believed that professional ethnocentrism is the reason for the conflict with (6%). It also shows that (20%) of the respondents believed that laboratory investigations are major responsibilities that are duplicating, followed by those that believed that carrying out procedures are the major responsibilities that are duplicating with (11%), followed by (10%) of the respondents that believed that prescribing medication is the major responsibility that is duplicating, followed by (9%) of the respondents that believed that serving medication is major responsibility that is duplicating.

Table 3. Distribution of table base on Impacts of Inter professional conflict on the Outcome of the patient (n=120)

Variables	Frequency	Percentage (%)
Effect of inter professional conflict on the outcome of patient care		
a) Deterioration of patient condition	7	22.5
b) patient ending with complication	53	44.1
c) Under treatment of patient	25	10.8
d) mismanagement of patient	20	10
Effect of inter professional conflict on health care delivery system		
a) Failure in achieving their goal	9	20
b) Dis harmony among health care workers	5	10
c) Burn out in health care delivery system	70	46.6
d) d. Deterioration of working satisfaction by workers	20	10.8

Table 3 above shows that majority (44.1%) of the respondents believed that inter professional conflict lead patient to end with complications, followed by (22.5%) that believed that inter professional conflict cause patient's condition to be deteriorated, followed by (10.8%) of the respondents who believed that inter professional conflict lead to under treatment of patient, followed by (10%) of the respondents who believed that inter professional conflict lead to mismanagement of patient. It also indicated that (46.6%) of the respondents believed that inter professional conflict can cause burn out in health care delivery system, followed by (20%) of the respondents who believed that inter professional conflict can cause health care delivery system to fail in achieving their goal, followed by (10.8%) who believed that deterioration of working satisfaction is the major impact of inter professional conflict on health care delivery system, followed by (10%) of the respondents who believed that inter professional conflict lead to dis harmony among health care workers.

Table 4. Distribution of table base on Individual professional roles in Inter professional Conflict resolution (n=120)

Variables	Frequency	Percentage (%)
Role played by the management to reduce inter professional conflict among healthcare workers		
a. communicate with workers about their interest	70	80
b. assigned any one to carry out his responsibility	10	4.1
c. improve their morale	25	10
d. Established the professional code of conduct	15	5.8

Variables	Frequency	Percentage (%)
Policies formulated by the management to reduce inter professional conflict among healthcare workers		
a. Accountability framework	30	30
b. Equal opportunities policy	38	40
c. Ethics statement	6	10.9
d. Conflict of interest policy	22	11

Table 4 above shows that majority (80%) of the respondents believed that hospital management played a role to reduce the conflict by communicating with the health workers about their interest, followed by (10%) of the respondents who believed that hospital management improve the health worker's morale to reduce the conflict, followed by (5.8%) of the respondents who believed that the hospital management established a professional code of conduct to reduce the conflict, followed by (4.1%) of the respondents who believed that the management assigned any one to carry out his responsibility to reduce inter professional conflict. It also indicated that (40%) of the respondents believed that the hospital management formulated Equal Opportunities Policy to reduce the conflict, followed by (30%) of the respondents that believed that the hospital management formulated an Accountability Framework to reduce the conflict, followed by (11%) of the respondents who believed that hospital management formulate Conflict of Interest policy to reduce the conflict, followed by those that believed that Ethics statement is formulated to reduce the conflict with (10.9%).

Discussion of finding

Regarding socio demographic data of the respondents: The finding on socio demographic showed that majority of the respondents are male (58%) due to the male to female ratio of the health care workers that males outnumber females (42%).

This finding showed that (36%) of the health care workers are between the age range of 28-32 while those between the age range of 33-above with (31%), then those within the age range of 23-27 with (25%) followed by those that are between the age range of 18-22 with (8%).

This findings showed that (60%) of the respondents are registered nurses, followed by Community health extension workers with (10%), MBBs (7%), MLT (6%), BNSCs with frequency of (4%) and pharmacist with the lowest frequency of (3%) this is due to the facility being the secondary health institution, and nurses were the abundant workers there.

This finding showed that (93%) of health care workers are from Hausa/Fulani tribe, followed by the Yoruba with (4%) and then the least one Igbo with (3%), this is because Hadejia general hospital is located at Hausa/Fulani dominating area.

This finding indicated that (94%) of the health care workers working at General hospital Hadejia are from Islamic religion with the percentage and the rest were from Christianity religion with (6%.)

This finding showed that (37.5%) of the respondents have worked for almost 6-10years in the facility, and (33%)of the respondents worked for 1-5 years in the facility, and those with (16.6%)of the respondents have worked for almost 11-15years, and minority of the respondents with percentage of (13%)have worked for 16-above years.

Regarding Factors responsible for causing Inter professional Conflict: Majority (38%) of the respondents indicated the presence of inter professional conflict among the health workers in Hadejia general hospital; and most of the conflict occur between nurses and community health extension workers CHEW with (32%).This is contrary with the findings of a study conducted by Maria,(2018) in Nicosia who revealed that majority of the health professionals encountered conflicts at their workplace, but the main parties involved being doctors and nurses(79%). The finding indicated that duplication of responsibilities such as laboratory investigations(20%) and carrying out procedures (11%) are the major cause of inter professional conflict among health care workers at Hadejia general hospital, this is in line with the study conducted by Wang, (2016) at Stanford university California on causes of inter professional crisis at Hospital, result shows that inter professional conflict is caused by duplication in health care workers responsibilities which include chemistry laboratory (20%) and executing medical services (11%).The findings indicated that major factors responsible for causing the conflict are professional bias, (13%) and superiority complex, (21%).This in line with the research conducted by Inter professional team in Europe (2014) who stated that the Inter professional conflict is inevitable due to ethical variability of the professions (13%) and attitudinal egocentrism (21%). On the other hand, the findings contradicted the findings of Tope Femi, (2014) where the result show that, the ten most important cause of crisis (based on ranking of both the project managers and contractors):failing to share credit (12%), Questioning others motive (7%), disgruntled client (3%), diverse perspective (34%), Arrogance (10%), Assumptions (9%), lack of trust (6%), feeling judged (4%), competitive personality (10%), competitive culture (5%).

Regarding the Impact of Inter professional conflict on the Outcome of Patient care: Finding from the study revealed that about (72.5%) of the respondents agreed that it has a negative effect on the Outcome of Patient. Majority of respondents (70.8%), believed that Inter professional conflicts prevent patient from receiving proper care, and (44.1%) believed that it lead to under treatment of patients. Compared with the findings

of Claris,(2018) "A research conducted on the impacts of inter professional Conflict on the Quality Care", the findings revealed that inter professional Conflict has a negative effect on outcomes of the patients care(70.8%), Improving communication and collaboration between nurses and physicians can improve their morale, and can improve patients' satisfaction and quality of care. The finding indicated that inter professional conflict lead to burn out on health care delivery system (46.6%),this is contradicted with the study conducted by Kelly (2015) at Hail general hospital India on effect of inter professional conflict on health care delivery system ,the result shows that the hospital management fail to meet their need of providing health care services to individuals (60%).

Regarding Individual professional role in Inter professional conflict resolution: The finding on the individual personal role in resolving Inter professional conflicts, revealed that most of the respondents (30.8%) negotiate with their colleagues when they are involved in any form of conflict, (27.5%) avoid being involved in any form of Conflict, (25%) has quickly inform the management to intervene, (16.6%) ignored their personal interest and work towards the interest of majority. Compared with a study conducted by Cilia et al, (2018) at the University of Nicosia on the topic "conflict management among health professionals in hospital of Cyprus", the result shows that the majority of the health professionals (30.8%) encountered conflicts at their workplace; with the main parties involved being doctors and nurses. The most common method for managing conflict in a clinical setting was avoidance (25%), followed by negotiating for mutual benefit (30.8%) and compromise (16.6%).the finding also shows that the hospital management formulate Equal opportunities policy to reduce the inter professional conflict between health care workers working at Hadejia general hospital with (40%),this is contrary with the study conducted by James ,(2015) at multi-Specialty hospital Malaysia on role of health care system in managing work place crisis, and His result shows that the hospital management provides the health care workers with their needs (60%).

Conclusion

This study revealed that interprofessional conflict is a common occurrence in healthcare settings and significantly affects the quality of care delivery, team performance, and patient outcomes. The findings suggest that conflict often arises from differences in professional roles, communication breakdowns, lack of mutual respect, competition for resources, and poor leadership structures. While some level of conflict may stimulate critical thinking and innovation, unresolved or poorly managed conflict results in reduced job satisfaction, increased stress among staff, high turnover, and ultimately compromises patient safety and quality of care.

The research also established that healthcare workers recognize both the negative and constructive aspects of conflict, but effective resolution strategies are not always in place. Overall, the study concludes that conflict in healthcare is inevitable, but its consequences depend largely on how it is perceived and managed within the system.

Recommendations

1. **Strengthen Conflict Management Training:** Healthcare institutions should organize regular workshops and seminars for all cadres of staff on effective conflict resolution, communication skills, and teamwork.
2. **Establish Clear Organizational Policies:** Hospitals should implement clear guidelines and policies on interprofessional collaboration and conflict management, ensuring that staff know the appropriate channels for addressing disputes.
3. **Promote Interprofessional Collaboration:** Team-based models of care, where doctors, nurses, pharmacists, and other professionals are encouraged to work jointly and respect each other's roles, should be promoted.
4. **Leadership and Mediation Structures:** Strong leadership is crucial in preventing and resolving conflicts. Nurse Managers, head of units, and hospital administrators should be trained in mediation and leadership skills to identify and address conflict early.
5. **Regular Team Meetings:** Structured and inclusive meetings among different professional groups should be held to foster communication, reduce role ambiguity, and address grievances before they escalate.
6. **Encourage a Positive Work Environment:** Institutions should create a culture of respect, mutual recognition, and fairness in the distribution of workload and resources to reduce rivalry and tension.

Further Research

More studies should be conducted across different levels of healthcare (primary, secondary, tertiary) and in different regions to provide comparative data and guide broader policy interventions.

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