**1.0 INTRODUCTION**

**1.1 Background to the study**

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 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, 2015)

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, 2017).

Some conflict arise when the organizations requirements conflict with the opinions, attitudes, values, and beliefs of the individual (Brewer, 2013).

According to Jones, (2015), role conflict exists when different peoples or different groups of people with whom the worker interacts have conflicting expectations.

Inter professional conflict is defined as emergence of antagonistic state of divergence idea, interest and emotions of professionals of different discipline serving under the same team (Kelly, 2016).

The case of inter professional conflict experienced by health care team was examined in depth. Disagreement within the team was expressed covertly. In the face of conflicting perceptions, team members attempted to influence others, to agree with them, changes their own recommendations or try to find their area of compromise. Team members do not properly addressed differences, across discipline (Brown, 2014).

Interactions during these case, suggest team members see themselves as primary representative of the own discipline rather than as members of a team, different values and theoretical perspective seem to influence divergence of opinion. A need for a common value base, language and conceptual framework was evident; this was brought to the assessment of Interdisciplinary conflict among health care workers. (Katherine , 2014).

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, 2012).

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.

**1.2 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.

**1.3 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.

**1.4 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?

**1.5 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.

**1.6 Scope of the study**

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

**1.7 Operational Definition of teams**

**Assessment:** The action of assessing something or someone.

**Inter professional:** It involves two or more areas of learning in general hospital Hadejia.

**Conflict:** A strong disagreement between people, group or other professions, that result in often angry argument between ideas or feeling in general hospital Hadejia.

**Health workers:** Are medical officers, nurses, midwives, pharmacist, community health officers, medical laboratory scientist, medical laboratory technician, community health extension workers, (CHEWS), medical record officers, x-ray staffs, and dental staffs that are working in general hospital Hadejia

**CHAPTER TWO**

**REVIEW OF RELATED LITERATURE**

**2.1 INTRODUCTION**

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.

**2.2 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, 2015).

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, 2016).

There are more than 1000 cases of inter professional conflict in united states (Wang, 2015).

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.

**2.2.1 Types of Conflicts**

There are five level of conflict as observed by Monk, (2015), which includes: Intra-personal, inter-personal, intra-group, inter-group and intra- organizational.

**Intra-personal conflict:** Intra-personal conflict is the conflict we face in our day to day activities, that is, the kind of conflict human face within themselves, this occurs within an individual possess some form of conflicting goal, such as when an action involves both positive and negative outcomes, Intra-personal conflict occur when a decision need to be taken, it is a conflict of the mind.

**Inter-personal conflict:** This form of conflict occurs between two or more individuals who have divergent or opposite outcomes (goals), attitudes, values, or behavior and fail to share the same views, and have different interest or goals. Inter-personal conflict also arises in a workplace due to natural differences in human personality, beliefs or work ethics.

**Intra-group conflict:** this involves more people than intra-personal and inter-personal conflict; it is the conflict between some or all of a group's members within the organization. It can also refer to conflicts between members of the same group or team.

**Inter-group conflict:** this is a conflict that involves two or more groups with an organization. It is occur between groups of people based on race, religion, ethnicity or levels of decision making. These group could be formal or informal, and the members of these groups interact with each other for different purposes. These groups differ in goals, work activities, power and prestige.

**Intra-organizational conflict:** Intra-organizational conflict varies from organization to organization. Intra-organizational conflict occurs between parties within an organizational majority of inter-organizational conflicts result in productivity of an organization rather than deterioration in performance.

**2.2.2 Conflict resolution strategies**

There is a lot of misconception on the part of people about taking Conflict resolution for Conflict management. Therefore, it is imperative to distinguish these two components.

Conflict resolution is an essential part of Conflict management. Anderson (2017) and Burton (2019) argue that the conflict management has a wide application. Moreover, the study of Burton (2019) explain conflict management as that key process that provides an avenue for the aggrieved members of the organization to properly manage the source of the dispute before it is escalated. Meanwhile, conflict resolution on the other hand specifically deals with removing the root cause of the conflict. In the same vein, management of conflicts refers to the tactics of containing dispute, together with finding a lasting solution to resolving it.

According to George (2015), conflict resolution and conflict stimulation are two techniques under conflict management. It is noteworthy to state that in a situation where by a clash becomes dysfunctional in the organization, conflict resolution technique becomes imperative in order to offer a way out to it. Equally, when conflict in organization is low, conflict stimulation technique is required to be applied. Therefore, the use of these two techniques is necessary for managers to take a firm decision in order to ensure industrial harmony (Bradford, 2017). As earlier postulated, conflict is an unavoidable phenomenon which occurs at every sphere of human endeavor, however, if properly handled, findings revealed that it can serve as a channel to expose problems among different parties, as well as compelling the parties involved in dispute matters to have a lasting solution which is acceptable to all(James,2015)

According to ( Frank et al, 2019) the following are some strategies of managing Conflict in an organization these are;

**i. Collective Bargaining:** this strategy is used as a legal instrument where issues relating to contracts of employment between workers and management are being settled. It is a process of providing a platform for all aggrieved members that are involved in a dispute matter, equal opportunity to express their mind irrespective of cadre or position in the system without fear or favor. Therefore, it is not only for managers to permit everyone to speak; it is also required that their agreements should be given an equal weight when mediating a conflict and to ensure that all distressed members are pacified as to be on the same page. Also, the strategy is appropriate when there is need for a stop-gap to be put in place or when the members have mutually significant goal.

**ii. Smoothing:** In this smoothing approach of Conflict management style, much emphasis is laid on human relationships. It has to do with individual ignoring their personal interest and work towards ensuring the majority have their way in order to enjoy industrial harmony.

**iii. Containment:** under this strategy, conflicts are permitted to come up, but they are week managed by seeing to issues that required to be discussed and providing possible way out of the quagmire. There is also room for all parties to negotiate the outcome of the resolution.

i**v.** **Confrontation:** this strategy has to do with survival of the fittest. There are different opposing views to issues and is more of win-lose approach.

**v. Positive perspective:** Conflict can be an asset to any corporation provided it is well managed. It most assists the firms to learn from its shortcomings, error, lacuna and identify areas of needed improvement. Equally, the coming together of people can lead to solution for resolving both internal and external issues.

**2.2.3 Factors Causing Inter professional Conflict**

According to Passion, (2016), factors causing inter professional conflict include perceptions in individual professional workers, norms variability, Power seeking and differential ethics and etiquettes that exist in the team with multi professional workers.

While Lute, (2014) suggested that the causes of inter professional conflict are often left unauthorized or they are as existent problems assumed to be an inevitable part of human interaction the fragmented nature of inter professional conflict is caused by conflict theory and wide range of Inter professional traditions'(Tim,2015).

According to Norman, (2016).Causes of Inter professional conflict are the process of balancing responsibilities among team member values, knowledge, skills and even goals about patients care shared and complex decision making strategy.

Reasons for inter professional conflict, According to Walter,(2017) sees reason of Inter professional conflict as correspondence to the causes; but it is said to be, because of the increase in complexity and scope of patients problem presenting to the health care environment, the process of seeking and searching for one to lead the health care team.

Supreme Court Pennsylvania,(2019), suggested that reasons for inter professional conflict in health care team is the lack of orientation regarding individuals professional responsibilities and maintenance of team rule law and minority considerations. Grace, (2015), Opined that conflict can arise as a result of either operational or personal factors .These factors are  
i. **Goal Differences**: these occur, when there is possibility of a conflict to increase substantially due to incompatible goals of different departments within an organization.  
ii. **Personality Conflicts**: personality clashes in the workplace are unavoidable because no two people can act or behave exactly alike. Therefore, one employee can be introvert and the other an extrovert in nature. There will be a conflict when the duo refuses to understand each other’s inner nature.  
iii. **Roles and Expectations**: these are job descriptions that are expected to be carried out by individuals in the organization. However, subordinate conflict can occur whereby each party, especially that in an employee role is not clear and has a diverse meaning of that role.  
iv. **Poor Communication**: when there is a gap in communication, it can bring about strife and misunderstanding among employees and management in the organization. When wrong information is passed across to members of staffs, this can lead to projects poorly executed.  
v. **Interdependence**: it is often said that an organization cannot work in isolation, hence, the need for cooperation and synergy among members of staff to achieve organizational stated goals and objectives. Therefore, as a regulation, interdependence exists when members in a team must show concern in the procedure of work and obtain results which hang on the performance of others.  
vi. **Personal Problems**: a situation where if an employee is embattled with either marital or parental issues, outside the workplace, such an individual may take them to work. Consequently, he/she may pass the aggression on co-workers, and  
if they are ignorant about the cause, it may lead to conflict, whereby, affecting  
the performance and productivity level of the organization.

**2.2.4 Impact of Inter professional Conflict on the Outcome of Patient care**

Conflict have an adverse effect on productivity, morale, and patient care, they may result in high employee turnover and impede efficiency. Litigation is now readily available for those who feel that they are working in a hostile work environment, (Claris, 2018).

Some Nurses are reported to find it difficult to challenge the authority of superior in the workplace and instead direct negative attitude and frustration toward younger nurses (Andrew, 2016). Against this back drop, literature recommends managerial interventions and particularly the adoption of a participatory and dialogic leadership style, which promotes healthy relationships through social activities both in and outside of the work and patient’s outcome, (Amestry, 2014).

**2.2.5 Individual Professional role in Inter professional Conflict in Occurrence.**

According to Nigeria Supreme Court of Justice, (2019), it is incumbent upon each professional in the team to present respects and loyalty to the group management. Thus, there should be fulfillment of delegated responsibilities believed to each professional in term of their conduct and practices, nurses should lead the team when it comes to furtherance of research and patients studies.

According to Robert, (2015) Professional in health team could increase the potential for power struggles. There should not be frequent change in team composition, and there should be strict coherence to individual profession code of ethics and etiquettes.

ii. **Avoidance:** this is another strategy adopted by some organization in resolving Conflict within the system. It is also known as Conflict avoidance strategy. It is often said that, any organization that adopts this method will be sitting on a keg of gun- power and also postponing the evil day.

iii. **Compromise:** in this strategy, the parties involved are willing to settle the Conflict matter

amicably without seeing anyone as winner or vanquished.

iv. **Accommodation:** this involved the tactics adopted to neutralize the root cause of the Conflict

**2.3 THEORETICAL REVIEW**

**Principles negotiation theory by Roger Fisher and William Hook,( 2016)**

**The four prescriptions of principled negotiation**

Principled negotiation offers perhaps a better way of reaching goods agreement. This process can be used effectively on almost any type of Conflict.

**1. Separate the people from the problem:**

Because people tend to become personally involved with the issues and their respective position, they may feel resistance to their position as a personal attack. Separating yourself and your ego from the issues allows you to address the problem without damaging relationships. It will also allow you to get a more clear view of the substance of the conflict.

The authors identify three basic sorts of people problems:

1. Different perceptions among the parties

2. Emotions such as fear and anger; and

3. Communication problems

Fisher & Hook’s, (2016) suggested solutions:

• Try to understand the other person's viewpoint by putting yourself in the other's place.

• Do not assume that your worst fears will become the actions of the other party.

• Do not blame or attack the other party for the problem.

• Try to create proposals which should be appealing to the other party.

• Acknowledge emotions and try to understand their source (understand that all feelings are valid even if you do not agree or understand them).

• Allow the other side to express their emotions.

• Try not to react emotionally to another's emotional outbursts.

• Symbolic gestures such as apologies or expressions of sympathy can help to defuse strong emotions.

• Actively listen to the other party (give the speaker your full attention, Occasionally summarizing the speakers point to confirm your understanding).

• When speaking direct your speech toward the other party and keep focused on what you are trying to communicate

• You should avoid blaming or attaching the other person, speaking only about yourself.

• Try using "I" statements, such as "I feel" or "I think."

• Think of each other as partners in negotiation rather than as adversaries.

**2. Focus on interests not positions**

When a problem is defined in terms of the parties' underlying interests it is often possible to find a solution which satisfies both parties' interests. All people will share certain basic interests or needs, such as the need for security and economic well-being. To identify, understand, and deal with both parties' underlying interests you must:

• Ask why the party holds the positions she or he does, and consider why the party does not hold some other possible position.

• Explain your interests clearly.

• Discuss these interests together looking forward to the desired solution, rather than focusing on past events.

• Focus clearly on your interests, but remain open to different proposals and positions.

**3. Invent options for mutual gain**

Fisher and Hook,(2016) identify four obstacles to generating creative problem solving option:

1. Deciding prematurely on an option and thereby failing to consider alternatives;

2. Being too intent on narrowing options to find the single answer;

3. Defining the problem in win-lose terms; or

4. Thinking that it is up to the other side to come up with a solution to the party's problem.

The authors also suggest four prescriptions for overcoming these obstacles and generating creative options:

1. Separate the process of inventing options from the act of judging them;

2. Broaden the options on the table rather than only look for a single solution;

3. Search for mutual gains; and

4. Invent ways of making decisions easy.

To invent options for mutual gains:

• Brainstorm for all possible solution to the problem.

• Evaluate the ideas only after a variety of proposals have been made

• Start evaluations with the most promising proposals, refining and improving proposals at this point.

• Focus on shared interests, and when the parties' interests differ, seek options whereby those differences can be made compatible or even complementary.

• Make proposals that are appealing to the other side and with which the other side would ultimately find ease in agreement.

• Identify the decision makers and target proposals directly toward them.

The key to reconciling different interests is to "look for items that are of low cost to you and high benefit to them, and vice versa"

**4. Insist on using objective criteria**

When interest are directly opposed, the parties should use objective criteria to resolve their differences. Allowing differences to spark a battle of egos and thus wills is inefficient, destroys relationships, and is unlikely to produce wise agreements. The remedy is to negotiate a solution based on objective criteria, independent of the will of either side.

Parties must first develop objective criteria that both parties agree to. Criteria should be both legitimate and practical, such as scientific findings, professional standards, or legal precedent. To test for objective, ask if both sides would agree to be bound by those standards.

Three points to keep in mind when using objective criteria:

1. Frame each issue as a joint search for objective criteria. Ask for the reasoning behind the other party's suggestions.

2. Reason as to which standards are most appropriate and how they should be applied; keep an open mind.

3. Never yield to pressure, threats, or bribes\_ only to principles. When the other party stubbornly refuses to be reasonable, shift the discussion from a search for substantive criteria to a search for procedure criteria.

Remember negotiations do not have to be overly contentious or personal. The person you negotiate with today may be your close business partner tomorrow. Additional, your reputation in your business community may be shaped by your reputation as a negotiator.

Therefore, think big picture and be rational and reasonable in your negotiation applying the principles of PEOPLE, INTERESTS, OPTIONS, and CRITERIA set forth above.

**2.4 EMPERICAL REVIEW**

Inter professional team in Europe,(2014) conducted a study on Leading cause of inter professional conflict among health care workers, the result shows that inter professional conflict is in evitable due to ethical variability of the professions (13%) and professional egocentrism (21%).

A 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%).

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, (2016) 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%).

Tope Femi, (2014) conducted a study at the Bell University of technology on the topic "causes and effects of conflict in the Nigerian construction industry, and his result show that, first, the results are obtained by analyzing the causes the crisis in Nigerian construction industry. Likewise, the results obtained from the analysis of the effects of crisis in the Nigerian construction industry are. 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%).

James ,(2015) conducted a study on at multi speciality hospital Malaysia on role of health care in managing work place crisis, and His result shows that the hospital management provides the health care workers with their needs (60%).

**CHAPTER THREE**

**3.0 RESEARCH METHODOLOGY**

**3.1 Research Design**

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

**3.2 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.

**3.3 Target population**

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

**3.4 Sampling size**

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

n = N÷ (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÷ (1 + 171 (0.05)2)

n = 171÷ (1 + 171 × 0.05 × 2)

n = 171÷ (1 + 171 × 0.0025)

n = 171÷ 1 + 0.4275

n = 171÷ 1.4275

n = 119.7~ 120

n = 120

My sample size = 120

**3.5 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.

**3.6 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.

**3.7 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.

**3.8 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

**3.9 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.

**3.10 Method of data Analysis**

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

**3.11 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.

**CHAPTER FOUR**

**4.0 Data analysis and Presentation**

**Introduction**

This Chapter concerns with the presentation and analysis of data obtained from various respondents. The analysis is based on 120 questionnaires that were retrieved using frequency distribution and percentages.

**Table 4.1 Socio demographic data (n=120)**

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

Table 4.1: 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 4.2 Factors Responsible for Inter professional Conflict. (n=120)**

| **Variables** | **Frequency** | P**ercentage (%)** |
| --- | --- | --- |
| **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 4.2 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.

**4.3. 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**   1. Deterioration of patient condition 2. patient ending with complication 3. Under treatment of patient 4. mismanagement of patient   **Effect of inter professional conflict on health care delivery system**   1. Failure in achieving their goal 2. Dis harmony among health care workers 3. Burn out in health care delivery system 4. d. Deterioration of working satisfaction by workers | 7  53  25  20  9  5  70  20 | 22.5  44.1  10.8  10  20  10  46.6  10.8 |

Table 4.3 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.

**4.4. 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**   * 1. communicate with workers about their interest   2. assigned any one to carry out his responsibility   3. improve their morale   4. Established the professional code of conduct   **Policies formulated by the management to reduce inter professional conflict among healthcare workers**   * 1. Accountability framework   2. Equal opportunities policy   3. Ethics statement   4. Conflict of interest policy | 70  10  25  15  30  38  6  22 | 80  4.1  10  5.8  30  40  10.9  11 |

Table 4.4 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%).

**CHAPTER FIVE**

**5.0 DISCUSSION OF FINDING**

**5.1 Introduction**

This chapter is represented in four sections. The first section contributes to an overall summary of the study, followed by the summary of the findings and their conclusions. Subsequent to this are the implications of the study and followed by recommendations for future research.

**5.2 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%).

**5.3 Implications for Nursing**

This study will be of great importance to nurses and Nursing profession in identifying the concept of Interdisciplinary conflict among health care workers, so the measures will be taken to overcome them.

**5.4 Limitation of the study**

The study was limited by the delay in approval by research setting to carry out the study.

**5.5 Summary**

The study was conducted in General hospital Hadejia, Jigawa state. All relevant literatures were reviewed based on the objectives of the study. The finding of the study revealed that majority (21%) of the respondents believed that attitudinal egocentrism is the major factor responsible for causing inter professional conflict among health care workers, some respondents (70.8%) believed that inter professional conflict has a negative effect on the outcome of patient's care, and (30.8%) of the respondents believed that negotiating with other colleagues is major role to play in resolving inter professional conflict.

**5.6 Conclusion**

The respondents have agreed that there was a present of Conflict between them with and also Inter professional conflicts among health care workers which was mostly occur between Nurses and CHEW and also some of the respondents agree that it has a negative effect on the Outcome of Patient.

Majority of respondents, believed that Inter professional conflicts prevent patient from receiving proper care, and believed that it lead to under treatment of patients. And also it was observed that Individual role in resolving Inter professional conflicts, revealed that most of the respondents negotiate with their colleagues when they are involved in any form of conflict, and some of them avoid being involved in any form of Conflict, and also some had to quickly inform the management to intervene, and some ignored their personal interest and work towards the interest of majority.

**5.7. Recommendation**

* Hospital management should formulate a policy against Inter professional Conflict.
* Health care workers should be fully oriented on the professional responsibilities.
* Hospital management should organize seminars against Inter professional Conflict.
* Hospital management should assign mandate of limitation of duties and professional conduct.
* Hospital management should state the individual role in resolving Inter professional conflicts among them.

**5.8. Suggestions for further studies**

There is a need for further studies on the concept of Inter professional Conflicts, thought there is a back ground for this study on this subject by this work other students, health workers,

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**QUESTIONAIRE ON ASSESSEMENT OF INTER PROFESSIONAL CONFLICT AMONG HEALTH CARE WORKERS AT HADEJIA GENERAL HOSPITAL**

Dear respondents,

I am a final year student of the above named institution conducting a research on assessment of inter professional conflict among health care workers at Hadejia general Hospital as part of requirement for Nursing and Midwifery council (RN) certificate.

Kindly supply the information meant only for research purpose and will be treated with confidentiality.

Thanks

**Section A**: Socio demographic Data

Instruction: Tick the answers appropriately on the box [ ]

**1. Age**

A. 18-22 [ ]

B. 23-27 [ ]

C. 28-32 [ ]

D.33 to above [ ]

**2. Religion**

A. Islam [ ]

B. Christianity [ ]

C. Others (specify)……………………………………………………..

**3. Tribe**

A. Hausa\Fulani [ ]

C. Igbo [ ]

D. Yoruba [ ]

E. Other (specify)…………

**4. Professional Discipline**.

A. MBBS [ ]

B. BNSCs [ ]

C. CHEW [ ]

D. Pharmacist [ ]

E.MLT [ ]

F.RNs [ ]

G.RMs [ ]

**5. Years for working experience**

A. 1-5 years [ ]

B. 6-10 years [ ]

C. 11-15 years [ ]

D. 16-above [ ]

**SECTION B:**  **factors responsible for causing inter professional conflict**

**1. Is there any inter professional conflict among health care workers**

1. Yes [ ]
2. No [ ]

**2. If Yes, What bring the conflict?**

1. Superiority complex [ ]

1. Inferiority complex [ ]
2. professional ethnocentrism [ ]
3. Professional bias [ ]

**3. Among which professional does the conflict mostly occur?**

1. Nurses and Doctors [ ]
2. Nurses and CHEWs [ ]
3. Pharmacist and Nurses [ ]
4. Doctors and Lab scientist [ ]
5. Midwives and Medical lab technician [ ]

**4. Is there any duplicate of responsibilities among healthcare workers?**

1. Yes [ ]
2. No [ ]

**5. If Yes, which responsibilities are duplicating?**

1. Serving of medication
2. Prescribing medication
3. Laboratory investigations
4. Carrying out procedures

**SECTION C: Impact of inter professional conflict on outcome of patient care.**

**1. Do you think inter professional conflict has an effect on the outcome of patient’s care?**

1. Yes [ ]
2. No [ ]

**2. If Yes, what are the effects of inter professional conflict on the outcome of patient care?**

1. Mismanagement of patient [ ]
2. Under treatment of patient [ ]

1. Deterioration of patient condition [ ]
2. Patient ending with complication [ ]

**3. Does inter professional conflict has an effect on health care delivery system?**

1. Yes [ ]

1. No [ ]

**4. If Yes, what effect does the inter professional conflict has on health care delivery system?**

1. Failure in achieving their goal [ ]
2. Dis harmony among health care workers [ ]
3. Burn out in health care delivery system [ ]
4. Deterioration of working satisfaction by workers [ ]

**SECTION D: The individual professional role in inter professional conflict resolution.**

**1. Did hospital management play any role in resolving inter professional conflict?**

1. Yes [ ]
2. No [ ]

**2. If yes, what are the roles that the management play in resolving the conflict**

1. Communicate with the workers about their interest [ ]
2. Assigned everyone to carry out his responsibility [ ]
3. Improve their morale [ ]
4. Established the professional code of conduct [ ]

**3. Do they formulate policies that reduces inter professional conflict?**

1. Yes [ ]
2. No [ ]

**4. If yes, what are the policies that the management formulated to reduce the conflict?**

1. Accountability framework [ ]
2. Equal opportunities policy [ ]
3. Ethics statement [ ]
4. Conflict of interest policy [ ]