

BASIRAT AJOKE CORRECTION  
interprofessional conflict  
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*by abcd pqrs*

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## **1.0 OVERVIEW**

### **1.1 Study's historical context**

Due to the multi-professional approach in patient management and the growing complexity and scope of patient problems that are presented in the healthcare environment, patient care frequently combines the efforts of health workers from various professions, such as skilled nursing professionals, laboratory scientists and technicians, pharmacists, radiologists, and clerical staff. In order to offer comprehensive patient care, it is frequently necessary to attempt to resolve issues that are outside the purview of any one provider's expertise (Vein, 2018).

Conflict arises everywhere individuals connect and work together in an organization (William, 2015) Conflict in groups is seen to be a normal by-product of human contact. For many researchers, the idea of conflict within a business or organization has become of interest (Austin, 2017).

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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).

In-depth analysis was done on the case of inter-professional conflict that the healthcare team encountered. Within the crew, there was clandestine disagreement. Team members tried to persuade others, agree with them, modify their own recommendations, or find a point of compromise in the face of opposing perceptions. Team members fail to adequately address discipline-specific distinctions (Brown, 2014).

Different values and theoretical perspectives appear to impact divergence of opinion. Interactions during these cases imply team members regard themselves as key representatives of their respective specialty rather than as members of a team. It was clear that there was a need for a shared conceptual framework, language, and value system. The case of inter professional conflict faced by the healthcare team was thoroughly investigated. Differences within this was brought to the assessment of Interdisciplinary conflict among health care workers. (Katherine , 2014).

The fact that direct patient care employees are not retained speaks to the cost of inter-professional conflict beyond patient safety and care. The average percentage of voluntary resignations due to unresolved disagreement at the national level is 65%, and this number is undoubtedly greater in the health care industry (Lyon, 2012).

Interprofessional disagreement among healthcare professionals is assessed to be a difficult barrier to effective and appropriate patient management at the hospital in Hadejia.

### **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).

According to a conflict-related study conducted in the kingdom of Saudi Arabia, the administration style, cultural awareness, and unfavorable requests from various sources, such as educational and occupational backgrounds, had a significant impact on causing miscommunication between and among health care providers (Hamid, 2013).

In a medical context, health care professionals need to have the skills to be able to consistently cooperate with others. Collaboration within a health care team is vital. Interprofessional teams inevitably experience conflict, which, regrettably, has a negative impact on patient care, work satisfaction, and professional productivity (Cox, 2015)

Interprofessional conflict has affected the behaviour of members of the healthcare team, primarily in sub-Saharan Africa, with a superiority and inferiority problem that

### **1.3 Research Objectives**

<sup>18</sup> To identify the factors responsible for Inter professional conflict in general hospital Hadejia

<sup>30</sup> To determine the impacts of inter professional conflict on the outcome of patient care.

To identify individual professional role in inter professional conflict resolution.

### **1.4 Research Questions**

What are the factors responsible for causing Inter professional conflict in health care industry?

What are the impacts of Inter professional conflict on the outcome of patient care?

What are the individual professional roles in Inter professional conflict?

### **1.5 Importance of the research**

The study will offer remedies for the major problem of inter-professional friction that hampers the health sector and will increase the effectiveness of healthcare team members. Additionally, it will enable the community to benefit fully from the medical centre's services.

The study will assist professionals in becoming knowledgeable about the negative effects of interprofessional conflict. Additionally, it will assist the government in promoting health as effectively as possible through the coordinated and cooperative efforts of the medical community.

### **1.6 Study's purview**

Interprofessional conflict among healthcare professionals at General Hospital Hadejia will be evaluated through the study.

### **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.

**The health professionals:** are staff who work in general hospitals include doctor<sup>6</sup>, nurses, midwives, pharmacists, community health officers, medical laboratory scientists, **medical laboratory technicians, community health extension workers (CHEWS), medical record officers, x-ray staffs, and dental staffs.** Hadejia **The** health professionals who work in general hospitals include doctor<sup>6</sup>, nurses, midwives, pharmacists, community health officers, medical laboratory scientists, **medical laboratory technicians, community health extension workers (CHEWS), medical record officers, x-ray staffs, and dental staffs.** Hadejia **The** health professionals who work in general hospitals include doctor<sup>6</sup>, nurses, midwives, pharmacists, community health officers, medical laboratory scientists, **medical laboratory technicians, community health extension workers (CHEWS), medical record officers, x-ray staffs, and dental staffs.** Hadejia

## 2.1 Introduction Chapter Two: Review of Related Literature

This chapter includes a review of the literature, a discussion of the idea and types of conflict, and a list of the interprofessional conflict-causing factors. Interprofessional conflict's effects on patient care outcomes, each professional's responsibility in resolving such conflicts, conflict resolution techniques, and a theoretical and empirical review are all included.

### 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).

Interprofessional conflict is the absence of norms and standards, which leads to a decline in focused discipline in the multiprofessional team's conduct pattern (Frank, et al, 2016).

In the United States, there are more than 1000 instances of interprofessional conflict (Wang, 2015).

About 77% of these conflicts—more than 50% of them—are between nurses and doctors. As a result of this enormous problem, patients are at an increased risk of mortality, complications are more likely to occur, and patient care is less effective. Effects on the health care system include loss of knowledge and motivation, lack of efficiency, unequal professional relationships, high employee turnover, limited staff contributions, and impeded efficiency (Kolade,2018).

Approximately 60% of inter-professional conflict, according to the United States Department of Health and Human Services (2017), is mostly caused by pay disparities between the health ersonnel, inter professio<sup>25</sup>l intimidation and discrimination of other personnel, competitions between professionals ,limited resources ,change and lack of clearly defined roles and expectations.

#### 2.2.1. Conflict Types

According to Monk (2015)<sup>21</sup>, there are five types of conflict: intra-personal, inter-personal, intra-group, inter-group, and intra-organizational.

strife within oneself Intra-personal conflict is the kind of conflict we experience in daily life, i.e., the conflict an individual has within themselves when they have conflicting goals, such as when taking a course of action that could have both favorable and unfavorable results.

When a decision must be made, intrapersonal conflict arises; it is a mental conflict.

<sup>13</sup> **Interpersonal conflict:** This type of conflict arises when two or more people have opposing or divergent attitudes, values, or behaviors; they do not have the same opinions; and they have different interests or goals.

<sup>4</sup> **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.

<sup>2</sup> **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 Techniques for resolving disputes

Many individuals mistakenly believe that conflict resolution is the same as conflict management. Therefore, it is crucial to separate these two parts.

Conflict management must include conflict resolution. Conflict management, according to Anderson (2017) and Burton (2019), has numerous applications. Additionally, the research by Burton (2019) defines conflict management as a crucial technique that gives the organization's disgruntled members a way to effectively handle the root of the conflict before it escalates. Conflict resolution, on the other hand, focuses especially on getting rid of the conflict's underlying issues. In a similar vein, conflict management refers to strategies for controlling conflict and ii. Smoothing: A lot of emphasis is placed on interpersonal interactions in this

i. **smoothing method to conflict management.** To achieve industrial harmony, people must set aside their personal interests and collaborate to ensure that the majority gets its way.

ii. **Containment:** In this approach, disagreements are allowed to arise but are then controlled by addressing pertinent topics and offering potential solutions to the impasse. There is also room for all parties to bargain over how the dispute will be resolved. identifying any reason for it.

<sup>1</sup> According to ( Frank et al, 2019) the following are some strategies of managing Conflict in an organization these are;

iii. **Collective bargaining:** This tactic is utilized as a legal tool to resolve disputes involving employment contracts between employees and management. It is a procedure that gives all resentful participants in a disagreement a forum where they have an equal opportunity to voice their opinions without fear or favor, regardless of their position in the system or cadre. In order to ensure that all worried members are calmed down and on the same page, managers must not only allow everyone to speak but also ensure that their agreements are given equal weight while mediating a conflict. The tactic is also useful when a temporary solution needs to be implemented. Or when the members have mutually significant goal.

iv. **Confrontation:** This tactic revolves around the idea of the strongest surviving. There are various opposing points of view on the matter, and the method is more lose-lose.

v. **A constructive viewpoint:** When handled properly, conflict can be a benefit for any organization. It best helps businesses learn from their flaws, mistakes, and gaps and pinpoint areas where change is required. Likewise, bringing people together can result in a solution for resolving both internal and exterior problems.

### 2.2.3 Interprofessional Conflict Factors

According to Passion (2016), perspectives of individual professional employees, norms variability, power seeking, and diverse ethics and etiquette that exist in the team with multi-professional workers are among the reasons that contribute to inter-professional conflict.

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

Apparently, Norman (2016). Causes of inter-professional conflict include the process of balancing duties among team members' shared beliefs, expertise, skills, and even goals for patient care.

Causes of conflict between professionals According to Walter (2017), the reasons for interprofessional conflict are related to the causes; nonetheless, it is claimed that the process of looking for a team leader for the medical staff has become more difficult as patient problems have grown in complexity and scope.

According to the Supreme Court of Pennsylvania, (2019), the maintenance of team rule law and minority considerations, as well as a lack of orientation regarding individual professional responsibilities, are the main causes of interprofessional conflict in healthcare teams. Grace (2015) stated that there is controversy.

i. **Goal Disparities:** These emerge when there is a risk that a conflict will intensify because the objectives of several divisions within an organization are contradictory.

ii. **Personality Conflicts:** Since no two persons can act or behave precisely alike, personality conflicts in the workplace are inevitable. As a result, one employee may be an introvert while the other may be an extrovert. When the two fail to comprehend one another's inner natures, there will be conflict.

**1**  
**iii. Roles and Expectations:** These are job descriptions that members of the organization are expected to carry out. However, there may be subordinate conflict when the roles of the parties involved are unclear or have different meanings, particularly when those parties are employees.

**1**  
**iv. Poor communication is a fourth issue.** 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's a well-known fact that an organization cannot function in a vacuum, necessitating the collaboration and synergy of staff members in order to realize the stated aims and objectives of the company. As a result, interdependence develops when team members are required to take an interest in the way things are done and achieve results that depend on the work of others.

**vi. Personal problems** are situations in which an employee may bring their marital or parenting problems to work if they are troubled by them outside of the office. As a result, if coworkers are unaware of the source of the aggressiveness, it could produce conflict that could negatively impact everyone.

#### **2.2.4 The Effect of Professional Conflict on Patient Care Outcomes**

Conflict has a negative impact on efficiency, morale, and patient care. It can also lead to significant employee turnover. Those who believe they are working in a hostile atmosphere can now easily file a lawsuit (Claris, 2018).

Some nurses reportedly find it difficult to question superiors' authority at work, instead directing their anger and resentment toward less experienced nurses (Andrzejewski, 2016). In light of this context, literature suggests managerial interventions, especially the adoption of a participative and dialogic leadership style that fosters healthy relationships through social activities both within and outside of the workplace and patient outcomes (Amestry, 2014).

#### **2.2.5 The Contribution of Individual Professionals to Inter-Professional Conflict.**

According to the Nigeria Supreme Court of Justice, each team member has a responsibility to show loyalty and respect to the group management. Nurses should lead the team when it comes to advancing research and patient studies, and there should be fulfillment of the allotted obligations attributed to each professional in terms of their conduct and practices.

Robert (2015) asserts that having professionals on a health team could make power disputes more likely. The team composition shouldn't vary frequently, and there should be strict adherence to each profession's code of ethics and etiquette.

**1**  
**i. Avoidance:** This is another tactic used by some organizations to resolve systemic conflict. Another name for it is the conflict avoidance method. It is sometimes asserted that any group using this strategy will be sitting on a keg of gun powder and delaying the day of evil.



ii. **Compromise:** In this tactic, both sides are willing to reach an amicable resolution to the conflict without declaring a winner or a loser.

iii. **Accommodation:** This involved strategies used to counteract the Conflict's primary cause.

## 2.3 THEORETICAL REVIEW

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

The four guidelines for ethical bargaining

A more effective approach to achieving a products agreement may be through principled bargaining. Almost any sort of Conflict can be efficiently handled with this technique.

1. Distinguish the individuals <sup>9</sup> from the issue:

People often become emotionally invested in the problems and their own positions, so they may perceive opposition to those positions as personal attacks. You may solve the issue without endangering relationships if you remove your ego from the problems and distance yourself from yourself. It will also enable you to see the conflict's core issues more clearly.

Three fundamental categories of human issues are listed by the authors:

1. Differing viewpoints between the parties
2. Feelings like dread and rage; and
3. Issues with communications

- Attempt to comprehend the perspective of the other person by placing oneself in that person's shoes, according to Fisher & Hook's (2016) recommended methods.
- Don't automatically assume that the other person will act in a way that confirms your worst worries.
- Don't point the finger at or criticize the other party for the issue.
- Make recommendations that should appeal to the opposing party.
- Recognize sentiments and make an effort to comprehend their causes (<sup>3</sup> understand that all feelings are valid even if you do not agree or understand them).
- Permit the other side to vent their feelings.
- Try not to become upset when someone else gets upset.
- Symbolic actions like statements of regret or sympathy might assist to calm down heightened emotions.

- Pay close attention to the other person (give the speaker your full attention, Occasionally summarizing the speakers point to confirm your understanding).

Avoid accusing or assigning blame to the other person; instead, speak solely about yourself. When speaking, direct your voice toward the other party and stay focused on what you are attempting to express.

- Try utilizing "I" pronouns like "I feel" or "I think."
- Consider one another as allies rather than rivals when negotiating.

2. Put your interests—not your positions—first.

Finding a solution that serves the interests of both parties is frequently attainable when a problem is described in terms of the underlying interests of the parties. All people will have some common interests or requirements, such the need for safety and financial security. Ask the party why she or he holds the viewpoints that she or he does, and take into account why the party does not hold some other alternative position, in order to discover, comprehend, and address both parties' underlying interests.

- Clearly state your areas of interest.
- Talk about these interests as a group, anticipating the ideal outcome rather than dwelling on the past.
- Be very clear about your interests, but keep an open mind to other ideas and viewpoints.

2. Put your interests—not your positions—first.

3. Develop strategies for mutual benefit

According to Fisher and Hook (2016), there are four barriers to coming up with creative problem-solving ideas:

1. Making a hasty decision without taking into account other alternatives;
2. being overly focused on eliminating choices to arrive at a single solution;
3. Formulating a win-lose solution to the issue; or
4. Believing that the opposing side should come up with a solution to the issue facing the party.

The authors also offer the following four recommendations for getting beyond these challenges and coming up with original solutions:

1. Distinguish between the act of creating alternatives and the act of evaluating them; 2. Consider a wider range of options rather than focusing on just one potential resolution;
3. Look for mutual benefits; and
4. Create strategies for making decisions simple.

Creating options that benefit both parties:

- Create a list of every potential fix for the issue.
- Only when a range of suggestions have been offered should the ideas be evaluated.
- When evaluating proposals, start with the most promising ones and make any necessary revisions.
- Concentrate on common interests, and where parties' interests diverge, look for solutions to make them work together or even compliment one another.
- Make suggestions that are agreeable to the opposing side and that they would finally find simple to accept.
- Define the decision-makers and direct your suggestions at them.

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"Look for items that are of low cost to you and high benefit to them, and vice versa," is the secret to balancing competing interests.

#### 4. Demand the use of impartial standards

When interests are in direct conflict, the parties should settle their disagreements according to objective standards. Allowing disagreements to lead to a conflict of wills and egos is ineffective, damages relationships, and is unlikely to result in wise agreements. The approach is to compromise on a solution based on impartial criteria, regardless of the desires of either side.

The parties must first establish objective standards on which they can both agree. Criteria like scientific results, professional standards, or legal precedent should be both valid and useful. To test for objective, ask if both sides would agree to be bound by those standards.

When utilizing objective criteria, bear the following three things in mind:

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1. Present each issue as a collaborative effort to find objective standards. Request the justifications for the other party's recommendations.
2. Use logic to decide which standards to use and how to apply them; maintain an open mind.
3. Always abide by your principles; never give in to coercion, threats, or bribes. Change the topic of the conversation from the search for substantive criteria to the search for process criteria when the opposing party obstinately refuses to be reasonable.

Keep in mind that talks don't have to be very heated or personal. It's possible that the person you bargain with now will become a close business partner tomorrow. Furthermore, your reputation as a negotiator may influence how you are perceived in the business world.

Consider the big picture, be logical and fair in your negotiation, and use the aforementioned PEOPLE, INTERESTS, OPTIONS, and CRITERIA concepts.

## 2.4 OPERATING REVIEW

Interprofessional conflict is unavoidable due to the ethical diversity of the professions (13%) and professional egocentrism (21%), according to a study by the Inter Professional Team in Europe on the Leading Cause of Interprofessional Conflict Among Health Care Workers.

According to Wang's (2016) research at Stanford University in California on the reasons of interprofessional conflict in hospitals, there is overlap in the duties of health care employees, including those related to running chemical labs (20%) and providing medical services (11%).

Claris (2018) Interprofessional Conflict has a detrimental impact on patient care outcomes (85%), according to "studies undertaken on the consequences of interprofessional Conflict on the Quality Care" The morale of nurses and doctors can be raised through improving communication and cooperation, and this can also increase patient satisfaction and the standard of treatment (by 80%). On the other hand, ineffective disagreement resolution and poor communication can have negative effects on patient care (85%). Ineffective cooperation is connected (89%) to increased risks of patient harm and medical errors.

A study on the impact of interprofessional conflict on the health care delivery system was conducted by Kelly, (2016) at Hail General Hospital in India. The findings reveal that the hospital management fails to meet their need of provided expertise health care to individual (60%)

According to Maria's (2018) research at the University of Nicosia on the subject of "conflict management among health professionals in hospitals of Cyprus," the majority of health workers have conflicts at work, with doctors and nurses accounting for the majority of these disputes (70%). In a clinical setting, avoidance was used 60% of the time, followed by compromise (40.5%) and mutually beneficial negotiation (54.2%).

The most successful steps a nurse can take to prevent inter-professional conflict are avoidance (25%), negotiating for mutual benefit (30.8%), and compromise (16.6%), according to a study by Cilia et al. (2018) on "The role of head nurses in preventing inter-professional conflict."

Tope Femi (2014) conducted research on the "causes and effects of conflict in the Nigerian construction industry" at Bell University of Technology. His findings indicate that, in the beginning, the conclusions are reached by looking at what led to the crisis in the Nigerian construction industry. The outcomes of the analysis of the crisis' effects on the Nigerian building industry are similar. Unhappy client (3%), doubting others' motivations (7%), a lack of sharing credit (12%), a varied range of viewpoints (34%), arrogance (10%), assumptions (9%), a lack of trust (6%), feeling judged (4%), a competitive attitude (10%), and a competitive culture (5%).

James (2015) conducted research at a multi-specialty hospital in Malaysia on the subject of the role of healthcare in handling workplace crises. His findings indicate that the hospital administration offers workers with their motivational needs(60%)

### 3.0 Research Methodology

#### 3.1 Research Design Chapter Three

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 The intended audience

All medical staff members employed by Hadejia General Hospital are the study's target group.

#### 3.4 Size of the sample

The sample was chosen from the target population using Taro Yamane's formula, which is as follows:

$$n = \frac{N}{1 + N(e)^2}$$

sample size,  $n$

$N$  stands for the total population.

Marginal Error is represented by the symbol  $e$ .

Data:  $n = ?$

$N = 171$   $e = 0.05$ , a constant number

$$n = \frac{171}{1 + 171(0.05)^2}$$

$$n = \frac{171}{1 + 171 \times 0.05 \times 2}$$

$$n = \frac{171}{1 + 171 \times 0.0025}$$

$$n = \frac{171}{1 + 0.4275}$$

$$n = \frac{171}{1.4275} \quad n = 119.7 \sim 120 \quad n = 120$$

a sample size of 120.

### **3.5 Sampling Procedure**

The sample was drawn from the target population using a stratified random sampling procedure. Enhancing representativeness is the goal. Each cadre views a stratum as a unit,

The equivalent number of samples from each cadre were chosen using a simple random sampling procedure.

### **3.6 Data collection equipment**

The responder was given a self-structured questionnaire to complete in order to provide the data. Four components, A, B, C, and D, made up the questionnaire. Section A contains information about the respondent's demographics, and sections B, C, and D contain details about the study issue as it relates to 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 Dependability of the Tool**

To assess the instrument's dependability, a test-retest methodology was adopted. First, 10% of the questionnaire was distributed to healthcare professionals working at the general hospital in Hadejia, and it was collected at the same time. Then, three days later, I distributed the remaining 90% of the questionnaire to the same professionals working at the general hospital in Hadejia, and I collected the results at the same time. The results were analyzed and compared to ensure the questionnaire's consistency.

### **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 Data Analysis Method**

Using descriptive statistical methods like frequency distribution tables and percentages, the acquired data was examined.

### **3.11 Consider ethical issues**

The school's research ethical committee provided an introduction letter. The hospital administration at Hadejia General Hospital received the letter and approved the research in writing. In order to prevent deception, the participants were fully informed of the study's goals and importance. The participants in the trial were given information regarding the study's potential benefits and risks, and there was a high level of secrecy throughout.

## 4.0 Analysis and Presentation of Data

### Introduction

The presentation and analysis of data collected from diverse respondents are the topics of this chapter. 120 questionnaires were gathered for the study utilizing frequency distribution and percentages.

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

| Variable                       | Frequency | Percentage (%) |
|--------------------------------|-----------|----------------|
| <b>Gender</b>                  |           |                |
| a. Male                        | 70        | 58             |
| b. Female                      | 50        | 42             |
| <b>Years</b>                   |           |                |
| a. 18-22                       | 10        | 8              |
| b. 23-27                       | 30        | 25             |
| c. 28-32                       | 43        | 36             |
| d. 33-above                    | 37        | 31             |
| <b>Religion</b>                |           |                |
| a. Islam                       | 113       | 94             |
| Christianity                   | 7         | 6              |
| <b>Tribe</b>                   |           |                |
| a. Hausa/Fulani                | 112       | 93             |
| b. Yoruba                      | 5         | 4              |
| c. Igbo                        | 3         | 3              |
| <b>Professional discipline</b> |           |                |
| 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 |   |    |

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Table. Figure 4.1: As seen above, only 42% of respondents are women, with the majority (58%) being men. Additionally, it reveals that (36%) of respondents are between the ages 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)**

| <b>Variables</b>  | <b>Frequency</b> | <b>Percentage (%)</b> |
|---|------------------|-----------------------|
| <b>The conflicts mostly occur between</b>                                 |                  |                       |
| 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                  |
| <b>Reasons for the Conflicts among the Healthcare workers</b>             |                  |                       |
| a. Superiority complex  | 25               | 21                    |
| b. Inferiority complex  | 15               | 10                    |
| c. professional ethnocentrism   | 10               | 6                     |
| d. Professional bias  | 70               | 13                    |
| <b>responsibilities that are duplicating among the healthcare workers</b> |                  |                       |
| a. serving medication   | 25               | 9                     |
| b. prescribing medication   | 30               | 10                    |
| c. laboratory investigation   | 55               | 20                    |
| d. carrying out procedures  | 10               | 11                    |

Table 4.2 as seen 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)**

| <b>Variables</b>  | <b>Frequency</b> | <b>Percentage (%)</b> |
|---|------------------|-----------------------|
| <b>Effect of inter professional conflict on the outcome of patient care</b> |                  |                       |
| Deterioration of patient condition  | 7                | 22.5                  |
| patient ending with complication  | 53               | 44.1                  |
| Under treatment of patient  | 25               | 10.8                  |
| mismanagement of patient  | 20               | 10                    |
| <b>Effect of inter professional conflict on health care delivery system</b> |                  |                       |
| Failure in achieving their goal   | 9                | 20                    |
| Dis harmony among health care workers                                       | 5                | 10                    |

|   |    |      |
|---|----|------|
| Burn out in health care delivery system             | 70 | 46.6 |
| d. Deterioration of working satisfaction by workers | 20 | 10.8 |

26

Table 4.3 as 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 (%) |
|-----------|-----------|----------------|
|-----------|-----------|----------------|

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**Role played by the management to reduce inter professional conflict among healthcare workers**

communicate with workers about their interest

70 80

assigned any one to carry out his responsibility

improve their morale 10 4.1

Established the professional code of conduct 25 10

15 5.8

**Policies formulated by the management to reduce inter professional conflict among healthcare workers**

Accountability framework

30

Equal opportunities policy

38 30

Ethics statement

6 40

Conflict of interest policy

22 10.9

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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

### Introduction (5.1)

There are four sections in this chapter. A general synopsis of the study is provided in the first section, which is followed by a discussion of the findings and their conclusions. The study's conclusions are then followed by recommendations for additional investigation.

### 5.2 Discussion of the discovery

Regarding the respondents' sociodemographic information: According to the sociodemographic findings, men make up the majority of respondents (58%) because there are 42% more men working in the health care industry than women.

According to this research, (36%) of healthcare professionals are between the ages of 28 and 32, while (31%) are between the ages of 33 and above.

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 Nursing Implications

In order to develop strategies to address interdisciplinary conflict among healthcare professionals, this study will be crucial to nurses and the nursing profession.

#### **5.4 Study's limitations**

The delay in receiving approval from the research setting to conduct the study hampered the study.

#### **5.5 Recap**

In Jigawa state's General Hospital in Hadejia, the study was carried out. The study's objectives were used to review all pertinent literature. The study's findings showed that the majority of respondents (21%) thought that attitude egocentrism was the main factor causing interprofessional conflict among healthcare professionals, some respondents (70.8%) thought that such conflict had a negative impact on the quality of patient care, and 30.8% thought that talking things out with other colleagues was an important step in resolving such 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,



## REFERENCES

- Amestry S.,(2017). Role, Conflict and ambiguity among physicians and Nurses in public health care sector (3 ed.) Pg 57 Exo press.
- Anderson U., (2017). Conflict in work place: *A framework for analysis*, Journal of inter professional collaboration vol. 20(31), pg 221-229.
- Andrew M. (2016).The principal of conflict management (6th ed.) Pg 12-18 vin's press.
- Austin S., (2017).Inter group relationship and Quality improvement in health care. BMJ Quality and Safety vol 20(11)pg 162-166.
- Bradford G.,(2017) *Types and levels of conflict experienced by nurses in hospital setting*. Journal of Health Science vol 15(10) pg 12-19.
- Brewer M.,(2013).Burnout and job satisfaction among student support services personnel (8th ed.) Pg 111-120 Ben press.
- Brown D.,(2014), The role of a head nurse in preventing inter professional conflict among health workers (1st ed.) Pg 63 Cali press.
- Burton N.,(2019) the effect of conflict on patients' quality of care (6th ed.) Pg 11-19.
- Chandra H., (2017), *Conflict in medical teams: opportunity or danger?* Journal of Medical Education vol 6(3) pg 121-130.
- Cilia C.,Onajole RA., & Irurhe F.,(2018). *Perception of conflict as constructive or destructive*. Journal of advanced Nursing vol 50(9),pg 7-12.
- Claris Y., (2018) the impact of inter professional conflict on patient's Quality of care (5th ed.) Pg 223-225.
- Cox G., (2015), A model of task group effectiveness. Administrative science Quarterly. vol 29(4) pg 449-517.
- Frank O., Kendall A., & Arnold RM, (2019). *Conflict resolution: Journal of careful communication* vol 22(8) pg 115-118.
- George R. (2015). *Conflict on inter professional primary health care teams*, Journal of inter professional care vol 10(9) pg 509-512.
- Grace M.,(2015),conflict in health care team.Journal of inter professional relationship Vol 11(8),pg 266-269.
- Hamid S.(2013) Negative effect of conflict among health care workers.(3rd ed.),pg 34-36.
- Inter professional Team of Europe,(2014) Inter professional collaboration,(4th ed.) Pg 171-174.
- James C.,(2015). *Three approaches to qualitative contents analysis*. Sage Journal vol 15(9) pg 1277-1288.

- Jone M., (2015). Investigation of conflict management among nurses in public hospitals (3rd ed.) Pg 664-668.
- Kaplan R. ,Jones G. William Z. A. (2015). *Conflict in health care: A literature review*. the internet Journal of health care administration. vol 9(2) pg 118-110.
- Katherine C.(2014),The effects of interpersonal, intergroup and intragroup conflict on team performance effectiveness and work satisfaction (7th ed.) Pg 132 Allyn press.
- Kelly J.,(2016), *conflict management styles and it's effect on staff nurses*. Journal of Medical Science vol 7(4) pg 501.
- Kolade H.,(2018), *what is happening under the surface? Power, Conflict and the performance of Medical team*. Journal of Nursing Education vol 4(20) pg 21-24.
- Lute P.(2014), inter professional work in operating rooms: A qualitative study (12th ed.) Pg 140-143 ,Green leave press.
- Lyon K.,( 2012),*Medico-social complexity in health team member*. Journal of health care administration vol 15(20),pg 15-17.
- Maria P.(2018). *Conflict management among health professionals in hospital of cyprus*, A Journal of nursing management vol 23(13), pg 133-152.
- Micheal L.,(2014). Causes of conflict in health care setting and ways to follow in reducing the conflict (10th ed.),pg 121.British press.
- Monga N.(2015) Research methods in health conflict vol (4th ed.),pg 440. Mark press.
- Monk G.(2015)Conflict resolution strategies, (9th ed.),pg 06-10.
- Norman R.,(2016) *reasons for interdisciplinary approach*, Journal of Nursing and health science vol 4(7),pg 555.
- Olivia L.,(2015). *Foundation of effective strategies for conflict in educational environment*. Journal of Nursing Management vol 8(4), pg 223.
- Passion Z.(2016). *Compendium of social work*. Journal of BMC surgery vol 4(8),pg 45-49.
- Robert F.,( 2015).Causes of conflict among nurses and doctors in General hospital hail.(5th ed.),pg 332.USA press.
- Roger T. William H. (2016). *ways for managing conflict between health care workers*. Journal of health care professionalism vol 2(4),pg 90-96.
- Sunvers V. (2015). Conflict management strategies,(9th ed.),pg 880.Italian press.
- Supreme court of pennsylvania, (2019). *Perception among Nurses in Saudi Arabia*. Journal of international nursing review vol 6(4), pg 7-11.
- Thomas P.(2016), *conflict and resolution among the medical and nursing personnel*. Journal of nursing and health science vol 6(3),pg 289.

- Tim W.(2015), Qualitative content analysis in nursing research: measures to achieve trustworthiness.(2nd ed.),pg 23.
- Tope F.,(2014) Causes and effect of conflict in Nigerian Constructive industry.(16th ed.),pg 212 Great press.
- United State Department of Health and Human Services (2017), *Conflict in medical team*. An international Journal vol 13(4),pg 23-27.
- Vein T.D.,(2018). Conflict management: challenges experienced by nurse-leaders in the hospital environment. vol 5(7),pg 40-42.
- Wale Q.,(2016) Journal of intergroup relationship vol 1(9), pg 334.
- Walter C.,(2017) reasons for inter professional conflict a health research.(6th ed.), Pg 225-230
- Wang P.(2016) Avoiding conflict among health care workers, (2nd ed.),pg 194-197.
- World Health Organization (2016). *inter professional work in operating room*. A qualitative study from Sri Lanka . Journal of BMC surgery vol 2(7),pg 120.

**QUESTIONNAIRE 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**

Yes [ ]

No [ ]

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

Superiority complex [ ]

Inferiority complex [ ]

professional ethnocentrism [ ]

Professional bias [ ]

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

Nurses and Doctors [ ]

Nurses and CHEWs [ ]

Pharmacist and Nurses [ ]

Doctors and Lab scientist [ ]

Midwives and Medical lab technician [ ]

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

Yes [ ]

No [ ]

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

Serving of medication

Prescribing medication

Laboratory investigations

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?**

Yes [ ]

No [ ]

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

Mismanagement of patient [ ]

Under treatment of patient [ ]

Deterioration of patient condition [ ]

Patient ending with complication [ ]

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

Yes [ ]

No [ ]

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

Failure in achieving their goal [ ]

Dis harmony among health care workers [ ]

Burn out in health care delivery system [ ]

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?**

Yes [  ]

No [  ]

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

Communicate with the workers about their interest [  ]

Assigned everyone to carry out his responsibility [  ]

Improve their morale [  ]

Established the professional code of conduct [  ]

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

Yes [  ]

No [  ]

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

Accountability framework [  ]

Equal opportunities policy [  ]

Ethics statement [  ]

Conflict of interest policy [  ]





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