ORIGINAL ARTICLE

The Perception Of Health Professions On Causes Of Interprofessional Conflict In A Tertiary Health Institution In Abakaliki, Southeast Nigeria.

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Abstract

BACKGROUND: *Interprofessional conflict in university teaching hospitals in Nigeria is on the increase. This study was aimed at assessing the health professions' perception of factors responsible for conflict.*

METHODOLOGY: *A cross-sectional descriptive survey among six health professions*

RESULTS: *The perceived causes of conflict include differential salary between doctors and others, physician intimidation and discrimination of other professions, "inordinate ambition" of the other professions to lead the health team, and envy of the doctor by the other professions. Doctors differed significantly from the other professions on the role of each of these in causing conflict. Mutual respect for each other's competence, proper remuneration and clear delineation of duties for all, and other groups appreciating the salary differential between them and doctors were perceived as means of resolving the conflict. While all accepted mutual respect and proper remuneration as effective, other health workers differed significantly from doctors on the effectiveness of appreciating salary differential between them and doctors in resolving the conflict.*

CONCLUSION: *Differential salary between the doctor and the other health workers is the main factor perceived to cause interprofessional conflict.*

The government and all health professions should accept, and maintain the relativity in salary differential between doctors and other health professions.

Key Words: *Health professions; Interprofessional conflict; Perceptions; Tertiary health institution.*

Paper accepted for publication 20th January 2007

INTRODUCTION:

Modern health care delivery system is complex and rapidly changing. The organization of professionals involved in patient care used to be that of a hierarchy, with the physician in a "command" position. Now it routinely combines the efforts of physicians of different specialties, skilled nursing and other health care professionals in a health care team. High quality and effective clinical practice in such environment requires a physician to be a member, and often the leader, of many teams that must work together to deliver health care[1].

Relationships between professionals in the healthcare team are by their nature unequal ones. Differences in knowledge and experience in specific issues confer on those who possess them, unequal responsibility and authority both ethically and legally, and precisely because of this inequality of authority and responsibility, interprofessional conflicts are common and expected [2]. Among all professions in the health care team, the physician occupies a pre-eminent position in the medical division of labour because he enjoys a higher degree of autonomy, responsibility, authority, and social status than any other health care professional. This is because he is largely responsible for the production of the knowledge for the practice of medicine and on which the paramedical personnel depends. More important, the legislation governing the practice of medicine clearly puts the physicians at the helm of the medical division of labour [3].

Historically, conflict occurs between physicians and nurses. Recently, this conflict has extended to other health professionals in the health care team. Factors responsible include physician dominance, nurse deference and physician devaluation of nursing [4]. Other sources of conflict described in literature include lack of definition of the appropriate level of autonomy for team members, lack of constructive dialogue across perceived discipline-based differences of opinion, and lack of knowledge of the expertise of other professions. They also include role blurring of team members, differences among professions in values and theoretical base, negative team norms, client stereotyping and administrative issues [5,6]. In Nigeria, other sources of conflict identified include societal pressure on workers including health professions, low morale of health professionals due to harsh economic realities, communication gap amongst health professionals and certain acts of omission and commission by Government and its agencies within the health sector [7,8].

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Events in Nigeria suggest that the salary structure in the public health sector is responsible for many conflicts as every salary increase in the public health sector has always left one group or the other aggrieved.. Is the differential salary between doctors and the other health professions responsible for this conflict? Are the other professions simply envious of the doctor? Do doctors in any way act in ways that intimidate or discriminate against the other professions? What exactly do the professions perceive as factors responsible for the conflict in the health team in Nigeria? Finally, what do the professions perceive as means of resolving the conflict? It is important to ascertain the perceptions of the professions on what causes interprofessional conflict for a viable solution to be fashioned out.

MATERIALS AND METHODS:

This was a cross-sectional descriptive survey carried out at Ebonyi State University Teaching Hospital (EBSUTH), Abakaliki southeast Nigeria between February and April 2005. The six professional groups included in the study were physicians (Resident doctors), nurses, pharmacists, medical laboratory scientists, physiotherapists and radiographers.

SAMPLE SIZE AND SAMPLING TECHNIQUE

This was a total population study of all the resident doctors, pharmacists, nurses, medical laboratory scientists, radiographers and physiotherapists who work in EBSUTH, Abakaliki. Overall, three hundred and thirty five health workers consisting of 75 doctors, 220 nurses, 13 pharmacists, 13 medical laboratory scientists, 9 radiographers and 5 physiotherapists were studied.

DATA COLLECTION:

A self-administered questionnaire with structured and a few semi-structured questions were used to collect data. The questionnaire had two sections. Section one collected personal biodata of respondents. Section 2 explored respondent's perception of the occurrence of conflicts between the professions, factors responsible for the conflicts and the measures that could ameliorate the conflicts.

DATA ANALYSIS:

Data was analyzed using the SPSS version 11.0 software package. Simple tables and percentages were constructed. Comparisons of the doctors' and the other professions' perceptions were made. Differences in perception were tested for statistical significance using the chi-square statistic. Significance was set at P = 0.05.

ETHICAL CLEARANCE:

The hospital's research ethics committee approved the study. Each participant signed a written informed consent form before answering the questionnaire.

RESULTS:

AGE AND SEX DISTRIBUTION OF HEALTH WORKERS:

There were three hundred and thirty five respondents drawn from the six groups studied. The age range was from 20 to 62 years with a mean age of 34.9 years and a standard deviation of ± 12.7 years. The 20-29 year age class constituted the modal class with 143 (42.7%) respondents while the = 40 year age class had the least number (70 or 20.9%) of health workers. Age had no significant influence on professional group distribution of respondents ($X^2 = 4.65$; df =2; P = 0.098) .

The sex distribution of the health workers shows a female preponderance with 221 (66%) females and 114 (34%) males giving a female/male ratio of almost 2:1. Sex had a significant influence on professional affiliation of the health worker as there were significantly less males among nurses than in the other professions ($X^2 = 130$; P = 0.0000) as shown in Table I.

PERCEPTION OF OCCURRENCE OF CONFLICT AND PROFESSIONS MOSTLY IN CONFLICT:

Majority of the health workers (323 or 96.1%) perceived that interprofessional conflict occurs. The professional group of respondents did not influence this opinion.

About half of the health workers (49.4%) perceived that the conflict is mainly between doctors and nurses and a similar proportion (44.5%) perceived the conflict is between the doctor and every other health worker. Professional group of health worker influenced these perceptions as a significantly higher proportion of physicians perceived that the conflicts occur mostly between doctors and nurses, where as a significantly higher proportion of all the other health workers perceived that the conflict is between the doctor and all other health workers. (table II)

PERCEPTION OF FACTORS THAT CAUSE INTERPROFESSIONAL CONFLICT:

The health workers' perceptions of factors that cause interprofessional conflict were:

- Ø Differences between the salary of the doctor and the other professions (56.8%);
- Ø Discrimination against the other professions by the physicians (44.4%);

- Ø Envy of the doctor by the other professions (43.2%),
- Ø Intimidation of the other professions by the physician (39.5%); and
- Ø The other professions have an inordinate ambition to lead the health team (36.4%). (Respondents chose more than one option).

Thus differential salary between the doctor and the other health workers was perceived as the commonest factor causing interprofessional conflict (table III).

Table I

AGE AND SEX DISTRIBUTION OF THE HEALTH WORKERS:

	MALES	FEMALES	TOTAL
A. Age class: 20-29	**52**	**91**	**143**
30-39	**36**	**86**	**122**
≥40	**26**	**44**	**70**
Sub-total	**114**	**221**	**335**
	X^2 = 1.76;	**P = 0.415.**	
B. Physician	**59**	**16**	**75**
Nurse	**28**	**192**	**220**
Others	**27**	**13**	**40**
Sub-total	**114**	**221**	**335**
	X^2 = 130;	**P = 0.0000**	

Table II:

Perception of health workers on health care professions mostly in conflict:

A.	**Conflict occurs more Between doctors and**	**Frequently Nurses**	
Professional group	Yes	No	Total
Doctors	46	29	75
Nurses	100	120	220
Others*	10	30	40
	X^2 = 14.16; df = 2; P = 0.0008		

B.	**Conflict occurs more Between doctors and**	**Frequently All others.**	
Professional group	Yes	No	Total
Doctors	22	53	75
Nurses	112	108	220
Others*	23	17	40
	X^2 = 12.52; df = 2; P = 0.0004		

*Others include Pharmacists, Medical lab scientists, Radiographers, and Physiotherapists.

Table III: **PERCEPTION OF HEALTH WORKERS ON FACTORS CAUSING CONFLICT:**

	Factor causing conflict	Yes (%)	No (%)*	Total (%)
1	Differences in Salary Structure	173 (56.8)	146 (43.2)	319 (100)
2	Intimidation of other professions by the physicians	126 (39.5)	193 (60.5)	319 (100)
3	Discrimination against others by the physician	142 (44.4)	177 (55.6)	319 (100)
4	Envy of doctors by other professions	138 (43.2)	181 (56.8)	319(100)
5	Inordinate ambition of others to lead the health team	116 (36.4)	203 (63.6)	319 (100)

Respondents chose more than one options

There were significant differences in the perception of the health workers on the role of each of these factors in causing interprofessional conflict (see Table 4). For example, a smaller proportion of nurses perceived the differential salary of the physician as a cause of conflict (X^2 = 13.64; df = 2; P = 0.001), whereas a smaller proportion of physicians perceived physician intimidation of the other professions (X^2 = 50.79; df = 2; P = 0.0001), and physician discrimination of the other professions (X^2 = 55.63; df = 2; P = 0.000) as a cause of interprofessional conflict. Also, a higher proportion of physicians perceived envy of the doctor (X^2 = 60.19; df = 2; P = 0.000), and inordinate ambition of other health workers to lead the health team (X^2 = 32.77; df = 2; P = 0.000) as factors responsible for interprofessional conflict (Table IV).

Table IV: **HEALTH WORKERS' PERCEPTION OF THE ROLE OF EACH FACTOR:**

A.	**Differences between the salary 0f Health workers causes**	**doctors and the other Conflict.**	
Group	Yes	No	Total
Doctors	47	28	75
Nurses	93	127	220
Others*	26	14	40
	X^2 = 13.64; df = 2; P = 0.001.		
B.	**Physician intimidation of other Causes interprofessional**	**Health workers Conflict.**	
	YES	NO	TOTAL
Doctors	7	68	75
Nurses	131	89	220
Others*	28	12	40
	X^2 = 50.79; df = 2; P = 0.0001		
C.	**Physician discrimination of other Causes interprofessional**	**Health workers Conflict.**	
	YES	NO	TOTAL
Doctors	9	66	75
Nurses	152	68	220
Others*	29	11	40
	X^2 = 55.63; df = 2; P = 0.0000		

D.	Envy of the doctor by the other Causes interprofessional	Health workers Conflict.	
	YES	NO	TOTAL
Doctors	57	18	75
Nurses	17	203	220
Others*	12	28	40
	$X^2 = 60.2$; df = 2; P = 0.0000		

E.	Doctors believe that the inordinate Health workers to lead the health	ambition of other Team causes conflict	
	YES	NO	TOTAL
Doctors	45	30	75
Nurses	34	186	220
Others*	8	32	40
	$X^2 = 32.77$; df = 2; P = 0.000		

* Others include: Pharmacists; Medical laboratory scientists; Physiotherapists, and Radiographers

HEALTH WORKERS PERCEPTION OF ACCEPTABLE REMUNERATION PATTERN IN THE HEALTH TEAM:
There were significant differences in the perceptions of the professions on which professional should earn higher in the health team. Thus, 98.7% of physicians compared with only 35.3% of nurses and 30.4% of the other professions accept that doctors should earn higher than the other professions. The difference in these proportions is highly statistically significant ($X^2 = 74.23$; df = 2; P = 0.0000).

NEGATIVE IMPACT OF CONFLICT ON PATIENT CARE:
All the respondents perceive that the conflict in the health team has a negative impact on the quality of patient care. The types of impact and the proportion of respondents suggesting them include:

- Lack of harmony in the health team (39.8%).
- Patients are not attended to promptly (31.1%).
- Doctors' orders on patient management are not carried out (17.4%).
- Each professional group undermines the other (10.6%); and
- Others, (1.2%).

Age, Sex and Professional group did not influence these opinions.

CAN THE CONFLICT BE RESOLVED AND WHAT ARE THE WAYS OF RESOLVING IT?
Majority of the respondents (94.4%) believe the conflict can be resolved. Age, sex, and professional group had no influence on this opinion. Generally, the measures suggested by respondents as means of resolving the conflict and the proportion of respondents suggesting them were:

- Mutual respect for each other's competence (83.2%);
- Proper remuneration for each professional group (62.6%);
- Clear delineation of duty for each professional group (46.5%);
- The other professions should appreciate the salary differential between them and doctors (31.2%).

(Respondents ticked more than one option).
Professional group of health worker had no influence on the perception of the effectiveness of mutual respect for each other's competence and proper remuneration for each professional group in resolving the conflict, but on the effectiveness of differential salary between the doctors and the other health professionals and clear delineation of duties for each professional group. Thus, a higher proportion of physicians perceived that the other professions' appreciation of a doctor earning higher than any other health professional is an effective

way of resolving the conflict (X^2 = 55.93; df = 2; P = 0.0000). Conversely, a smaller proportion of nurses perceived proper delineation of duties effective in resolving interprofessional conflict (X^2 =7.97; df = 2; P = 0.02) as shown in Table V

Table V: **PERCEPTION OF MEANS OF RESOLVING INTERPROFESSIONAL CONFLICT:**

A	**Other professions appreciating them and doctors is an effective**	**the salary differential between means of resolving the conflict**	
GROUP	YES	NO	TOTAL
Doctors	35	31	66
Nurses	20	184	204
Others*	8	30	38
	X^2 = 55.93; df = 2; P = 0.0000		
B	**Proper delineation of duties for effective way of resolving the**	**all professional groups is an conflict**	
GROUP	YES	NO	TOTAL
Doctors	35	31	66
Nurses	72	132	204
Others*	19	19	38
	X^2 = 7.97; df = 2; P = 0.02		
C	**Mutual respect for each other's Competence is an effective way of resolving the conflict:**		
GROUP	YES	NO	TOTAL
Doctors	55	11	66
Nurses	168	36	204
Others*	32	6	38
	X^2 = 0.09; df = 2; P =0.954		
D	**Adequate remuneration for all Means of resolving the conflict**	**Professional groups is effective**	
GROUP	YES	NO	TOTAL
Doctors	39	27	66
Nurses	116	88	204
Others*	29	9	38
	X^2 = 5.05; df = 2; P = 0.08		

* Others include: Pharmacists, Medical laboratory scientists, Physiotherapists and Radiographers.

DISCUSSION:

This study surveyed the perception of health workers from six health professions on factors responsible for interprofessional conflict and ways to resolve them in Ebonyi State University Teaching Hospital, Abakaliki southeast Nigeria. This is similar to the study by Tengilimoglu and Kisa in Turkey [9]. The fact that majority of the respondents accept there is conflict, which has a negative impact on the quality of patient care, and which can be resolved, makes it easier to fashion out a solution.

One key finding in this study is that differential salary between doctors and the other professions is the commonest factor perceived to be responsible for interprofessional conflict, but the least perceived means of resolving it. This is further highlighted by the fact that though all the professional groups perceives that "adequate salary" for all professions is an effective means of resolving the conflict, significantly more doctors than all the other professions accept that doctors should earn higher than the other professionals ($X^2 = 74.23$; df =2; P = 0.0000). This agrees with the views of Orjiako [7] that the heart of interprofessional conflict in Nigeria is the salary structure. It is therefore imperative that both the government and the health professions confront squarely the issue of equitable salary structure in the public health sector as according to Hughes and Weiss [10], if you want collaboration, then you must accept and actively manage conflict as you can't improve on collaboration until you have addressed the issue of conflict. It is instructive that nurses differed most significantly from all the other professions on the role of salary structure in resolving interprofessional conflict. As Orjiako [7] explained, reviews of salaries in the public health sector in Nigeria have disproportionately benefited the nurses more than all the other professions. These reviews which began in 1975 with the 'Udoji Award' and continued in 1993 with the 'Industrial Arbitration Panel' (IAP) Award altered the original ratio of Doctors: Other graduates: Nurses salaries from 3:2:1 to the present ratio of 1.4:1.3:1.

Another key finding in this study is that perceptions differ markedly among the professions on the causes and solutions to interprofessional conflict. This is similar to the findings of other studies [11, 12]. As one study puts it [13], professional groups within the health care setting exhibit many of the characteristics found in intact cultures or tribes anywhere in the world, and this manifests in the tendency to defend one's own group from attack or threat from the outside. Thus, each professional group has its own view of reality and is likely to take the stance that the other groups are not only different but wrong.

Kennerly [14] suggested that all professionals subscribe to certain values and have concern about their freedom and autonomy; that when they work together in large and complex organizations such as hospitals, differences in their values are reflected in disagreement.

Therefore, the extent to which professions share a similar status may have implications on how they will be able to work together harmoniously. The concept of the hierarchy of professions differentiated along the line of 'full' and 'semi professionals' has a particular relevance for health care professions [15]. The implication of this in team work is that joint work may be more difficult where there are perceived status differences between team members. Of the six professional groups in this study, only doctors are widely seen as 'full professionals', where as the others are semi-professionals' on account of the perceived limitations of their knowledge base, training and autonomy [16]. In one study in the UK [17], members of an interprofessional team made up of social workers, occupational therapists, physiotherapists and speech therapists who saw themselves as of equal status and on similar grades confirmed that lack of interprofessional jealousy contributed significantly to the smooth running of their team unlike other teams where they had worked previously. In those other teams, some members, particularly doctors, were perceived as more senior. They concluded that interprofessional jealousy in the hospital setting makes people feel threatened. This may explain the finding in this study where significantly more doctors than all the other professions perceive envy of the doctor and inordinate ambition of the other professions to lead the health team as responsible for conflict; and significantly more of all the other professions perceive physician intimidation and discrimination to be responsible for conflict.

It appears that some respondents in this study confused leadership of the Management Boards of the teaching hospitals with leadership of clinical teams. This is reflected in the opinion of 9.4% of the respondents who said a hospital administrator should lead the health team. Even at that, physicians are the ideal leaders for health care in the 21st century precisely because they are at the center of clinical service delivery [18]. They only need some training in administration and management to equip them for that role. It is therefore right that medical consultants were made chief executive/accounting officer of teaching hospitals in Nigeria since 1985 [19].

CONCLUSION AND RECOMMENDATIONS

The health workers differed significantly in their perception of factors responsible for, and means of resolving interprofessional conflict. Thus, while differential salary between the doctor and the other health worker was the commonest factor perceived to be responsible for conflict, the other professions appreciating the salary differential between doctors and them was the least perceived means of resolving the conflict.

We therefore commend as follows:

§ That government and all health professions should accept that there is relativity in the salary differential between the salary of a doctor and that of other health professions globally.

§ That government should consider an upward review of public sector health workers salary to make it "adequate". However in doing this, the relativity in salary differential between doctors and the other professionals that has been erased by previous salary adjustments should be restored.

§ In view of the significant differences in the perception of the health workers on factors causing interprofessional conflict, the professional associations should enter into deliberate dialogue with each other on this issue. This dialogue could be initiated in the training schools. Adaptation of the London Interprofessional Training Ward experience [20-22] lends itself easily for recommendation.

ACKNOWLEDGEMENTS:

We acknowledge the assistance of the medical students who collected the data for this study.

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