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Conflict Management and Performance of Health Care Professionals in Teaching Hospitals in Rivers State

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ABSTRACT

Purpose: The purpose of this study is to conflict management and performance of health care professionals in Teaching Hospitals in Rivers State.

Methodology: The study used a cross sectional research design involving medical doctors, nurses, medical laboratory scientists and pharmacists in University of Port Harcourt Teaching Hospital and Rivers State University Teaching Hospital. A Multi-stage sampling was employed to select 165 healthcare professionals from both hospitals. The reliability of the instrument was achieved by the use of the Cronbach Alpha coefficient with all the items scoring above 0.70. The hypotheses were tested using the Spearman's Rank Order Correlation Coefficient with the aid of Statistical Package for Social Sciences version 23.0. The tests were carried out at a 95% confidence interval and a 0.05 level of significance.

Findings: Results from analysis of data revealed that conflict management significantly predict performance of health care professionals in Teaching Hospitals in Rivers State.

Recommendation: The study recommends that health care professionals' collaboration should be adopted in Teaching Hospitals. This includes sharing of patient information, joint participation in the care and in the decision-making process, and degree of cooperation, must be carefully scrutinized and implemented with the added input of nurses, physicians and other paramedics.

Keywords: *Conflict, Conflict Management, Performance, Negotiation, Collaboration, Accommodation*

INTRODUCTION

Conflict is one of the countless challenges common to many organizations, the health sector inclusive (Yu & Davidhizar, 2004). The potential for conflict or rivalry to arise in this setting is significantly higher because of multifaceted and regular interactions among health workers (Swansburg & Swansburg, 2002). The World Health Organization describes health workers as all people engaged in actions whose primary intent is to enhance health; they include doctors, nurses, pharmacists, laboratory technician, laboratory scientists, community health workers, management, and support workers. According to World Health Organization (2006) health-care workers are primarily concerned with the well-being of the patient, but organizational hierarchy, specialization, and multiplicity of skills have created rivalry (Kleinman, 2004) and power struggle among various groups of health professionals over the control and leadership of the work process. To worsen the situation, different health-professional associations act as interest groups to influence government policy in favor of their members, not minding the implication to other professional groups and the health sector in general.

The healthcare sector is complex, heterogeneous in terms of employee composition and conflict prone. Healthcare service provision is inherently interdisciplinary; it requires doctors, nurses, pharmacists, and other health professionals with different specialties to work in teams (Manser, 2009). Gittell, Fairfield, Bierbaum, Head, Jackson, Kelly, Laskin, Lipson, Siliski, Thornhill and Zuckerman (2000) observed that multidisciplinary collaboration of scholars will optimize quality of care, lower cost and subsequently results in improved patient's outcomes. Collaboration among health care providers continues to remain an essential ingredient in the healthcare service delivery today. Findings by Rafferty, Ball and Aiken (2001) equally reinforced the value of teamwork and its association with a range of positive occupational and organizational attributes such as job satisfaction, satisfaction with being a nurse, plans to remain in post, and lower levels of reported burnout.

Beyond being a highly heterogeneous team, the pressures of clinical work that increases within an ever-limited staffing supply and the inadequate resources in many developing countries among others have all combined to increase the complexities of the vulnerability of the healthcare team to conflict (Kelly, 2006; Saulo & Wegener, 2000). In addition, differing background, interest, training, specialization, values, and professional allegiance can make conflict become inevitable (Suppiah, Uli & Othman, 2006). Behfar, Peterson, Mannix and Trochim (2008) specifically identified ambiguity and conflict over roles; and conflict and confusion over leadership as particularly contributory to conflict among team members. Consistent with this is Todorova and Mihaylova-Alakidi (2009) submission that conflicts represent inevitable part of organizational everyday life in healthcare structures. The net result is increased propensity of the healthcare team members who are expected to work together as a strong cohesive team to conflict (Gerardi, 2003).

While conflict is regarded as a natural phenomenon in every human relationship (Kelly, 2006), concerns have however existed as to whether conflict plays a constructive or destructive role in society (Hill, 2001). De Dreu and Weingart (2003) in their study established strong and negative correlations between relationship conflict, task conflict, team performance, and team member satisfaction. In a related study, Wilson (2004) reported that conflict within the nursing profession drains energy, reduces focus, and causes discomfort and hostility. Hall and Weaver (2001) threading a path of caution, also posit that conflict, when mishandled, could make the team

ineffective and dysfunctional. Brinkert (2010) noted that unmanaged conflict is costly not only in monetary terms and not only for the healthcare personnel but can extend to affect the users.

The negative impact of conflict though may be indisputable, conflict can as well be constructive; providing personal gain; acting as incentive for creativity; and serving as a powerful motivator (Marriner-Tomey, 1996 cited in Ayandiran, Ola, Salami & Agunbiade, 2015). Kapusuzoglu (2010) added it can even provide opportunity for learning anew as well as growth. Brinkert (2010) equally noted that the impact of conflict on an interdisciplinary team can result in the patient benefitting more from treatment decisions that are a product of careful deliberation and combined expertise. To Todorova and Mihaylova-Alakidi (2009), conflicts are preferable because they indicate systemic problems, give opportunity for hidden negative processes to occur, and are generator of ideas and alternatives. Wilmot and Hocker (2007) have also emphasized on the positive dimensions of conflict such as its role in helping to: solve important problems (e.g. getting individuals to address power and relationship issues); clarify individual and shared goals; overcome resentments; and come to mutual understanding. Similarly, Siders and Aschenbrener (1999) have long ago asserted that a well-managed conflict enhances self-confidence and self-esteem of the parties; builds relationships; and engenders creative solutions beyond expectations. The lesson then as Mayer (2008) puts it is that it is the manner of handling workplace conflicts that determines the eventual outcome at the individual, professional, group and organizational levels.

Conflict in the health sector has been due to various causes which include poor remuneration and working conditions for workers; inadequate health facilities; lack of medical infrastructure; and non-implementation of collective agreement, among others. Health workers often adopt confrontational approach in addressing these myriad of problems (Osabuohein, 2010). The basis of conflict between health workers and their employers (government and its health management team) is often attributed to divergent opinion between the two actors (Jones, George & Hill 2000). Employers perceive employees as lazy and uncooperative individuals who pose a threat to the smooth operation of business while employees perceive the government as exploitative (Chukwu, 2008). Halimatu (2002) described this perceptual bias as the “brewing pot” for conflict. Fashoyin (2002) stated that conflict is an incompatibility of goals or values between two or more parties in a relationship, combined with attempts to control each other’s’ feeling.

Statement of the Problem

In all places where there are interactions between people there is bound to be misunderstanding resulting from differences in perception, behaviour and approach of life issues. This poses problem to collaboration in client care to the detriment of the patients. 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 nurses 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 (O'Connell & Pascoe, 2004).

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 (Strutton & Knouse, 1997 cited in Ogbonnaya & Ogbonnaya & Adeoye-Sunday (2007) inter-professional conflicts are common and expected. 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 (Erinsho, 1998).

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 (Norman, 1998). 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 (Rogers, 2004; Rease & Sonrag, 2001) administrative issues. 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 (Rosenstein, 2002).

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 inter-professional conflict for a viable solution to be fashioned out.

Inter-professional rivalry (IPR) is hazardous to patients, health workers themselves, and the health system in general. Several studies have shown that conflict or rivalry in the health sector disrupts intra- and inter-sectorial collaboration, (Gardner & Cary, 1999) and causes or aggravates stress including emotional exhaustion for workers. For O'Driscoll MP and Beehr (2000); Elloy Terpening and Kohls (2001) in addition, it reduces the commitment of workers to the health service (Kroposki Murdaugh, Tavakoli, 1999) and encourages selfish behavior (Jex, Adams & Bachrach, 2003) which ultimately results in mistreatment or non-treatment of patients. Incessant strike actions arising from IPR is currently the order of the day in Nigeria's health sector and this is unacceptable and unethical as it comes with a lot of negative effects to the general populace.

IPR among health workers has been very intense, deep rooted, and unparalleled with quality of health-care delivery adversely affected. Iyang (1998) argued that the Presidential Committee of

Experts on Inter-Professional Relationships in the public health sector headed by Alhaji Mahmud Yayale Ahmed identified approximately 50 contentious issues dividing health-sector workers.

In Nigeria, anecdotal evidence reveals the existence of incessant rancour among healthcare professionals with a number of such rancour degenerating into full-blown conflicts and sometimes industrial dispute following poor resolution. It is somewhat paradoxical that despite the vulnerability of the Nigerian health sector to conflict situations, only very few studies have examined the conflict phenomenon in our complex, high pressured, and fragile health sector. Moreover, experience is not finite but fluid, it is thus necessary for a reevaluation over time. This study therefore explores the conflict management and performance of healthcare professionals' in Teaching Hospitals in Rivers State.

Purpose of the Study

The main aim of this study was to examine the relationship between conflict management and performance of health care professionals in Teaching Hospitals in Rivers State.

The following specific objectives guided the study:

- i. Examine the relationship between negotiation and performance of health care professionals in Teaching Hospitals in Rivers State.
- ii. Examine the relationship between collaboration and performance of health care professionals in Teaching Hospitals in Rivers State.
- iii. Examine the relationship between accommodation and performance of health care professionals in Teaching Hospitals in Rivers State.

The study also sought to provide answers to the following research questions:

- i. What is the relationship between negotiation and performance of health care professionals in Teaching Hospitals in Rivers State?
- ii. What is relationship between collaboration and performance of health care professionals in Teaching Hospitals in Rivers State?
- iii. What is relationship between accommodation and performance of health care professionals in Teaching Hospitals in Rivers State?

Conceptual Framework

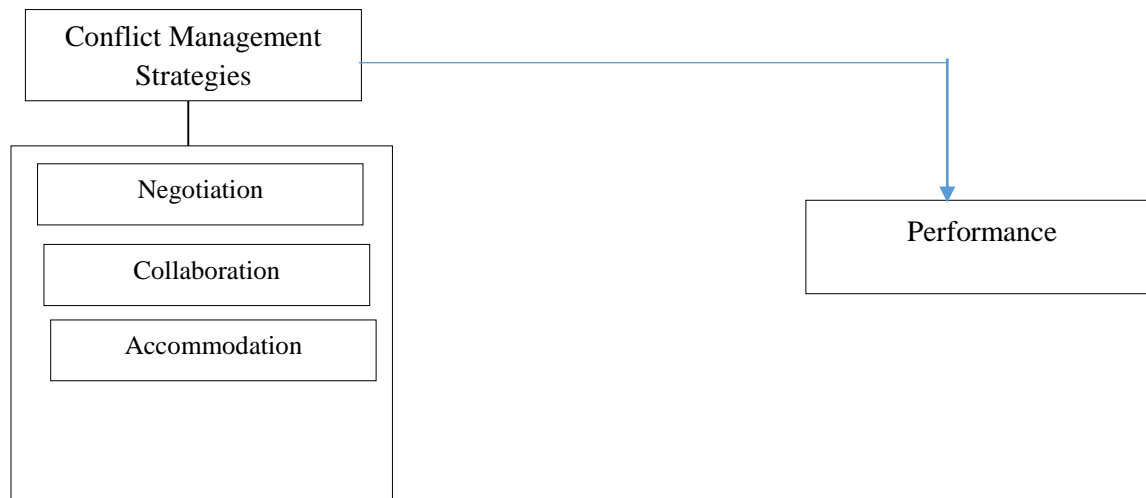


Fig.1 Conceptual framework for the relationship between conflict management strategies and performance

Source: Desk Research (2020)

LITERATURE REVIEW

Concept of Conflict

Conflict involves a disagreement about the allocation of scarce resources or a clash of goals, status, values, perceptions, or personalities. Much of the conflict we experience arises from other communication of our wants, needs, and values to others. (Robbins & Sanghi, 2005) defined conflict as a process that begins when one party perceives that another party has negatively affected, or is about to negatively affects, something that the first party cares about. The traditional school of thought emphasized that conflict is of no importance to the organization and so, it must be avoided. The human relation school looked at conflict as well and said it was inevitable and very natural, it need not be evil but it can be a positive force in determining performance of a group. For decades, there has been confusion over the role conflict plays in the organization. However, the interactionist school of thought labelled some conflict as very necessary for a group to perform efficiently and effectively, still holding constant its role as a positive force to a group (Robbins, *et al*, 2009). Conflict by nature is inevitable in any human organization. Its endemic nature in human grouping has been traced to the pursuit of divergent interests, goals and aspirations by individuals and/or groups in a defined social and physical environment (Owoseni, 2011). Conflict may be caused by vulnerable organizational structure, weak communication, personality conflict, lack of teamwork as well as lots of change within the organization which may be mismanaged (Mughal & Khan, 2013).

These conflicts could manifest itself in various levels such as; Intra-Individual level, inter-personal, inter-group and organizational conflict (Mughal & Khan, 2013). Conflict is a social phenomenon in which two or more persons, families, parties, communities, states, etc are in disagreement with each other while trying to protect their own interest (Salami, 2009). It is an interesting thing because every individual want to be seen, wants to be heard as well as want to

show off his distinctive competence. This is as a result of the ego in man which can never be hidden for a very long time, no matter the nature of environment he finds himself.

Concept of Conflict Management

Conflict management is prescribed not simply as a mechanism for dealing with difficult differences within an existing social system, but also as an approach that can facilitate constructive social change towards a responsive and equitable system (Fisher 2000). Organizational conflict may occur between two individuals, within small groups and work teams, or between groups (De Dreu & Van de Vliert, 1997). It is obvious that conflict is an unavoidable reality of living; but, while one may recognize this, it still does not negate the fact that conflict is difficult to define, is often viewed much differently today than it was a few decades ago, and is linked to, but is more than, communication. Perhaps because conflict is such an elusive entity, one tends to discuss it in terms of sources, types, and stages. Considering this, conflict management seems to be a concept that can be dealt with pragmatically. Much has been written about the management of conflict. A great deal of the literature is derived from the business world. In simpler terms, Huseman (1977) views conflict management as distinguishing between useful conflicts and conflicts that should be eliminated. Also, conflict management should involve the ability to develop individuals who can work under stress but continue to be productive.

Conflict management refers to the modes used by either or both parties to cope with a conflict. Adler and Towne (1990) identified three possible courses of actions when faced with a conflict: (1) accepting the status quo (i.e. living with the problem); (2) using force and mandating change; (3) reaching an agreement by negotiating. Three types of outcomes result from these approaches to conflict management: Win-Lose approach, Lose-Lose approach and Win-Win approach. Conflict management research focus is centered primarily on the conflict situation and the person-situation interaction (Knapp *et al.* 1988). However, there is a reason to believe that conflict behaviour is determined by both situational and dispositional influences (Sandy *et al.* 2000). The findings suggest that the instrument is able to differentiate between conflict management strategies. Successful conflict resolution not only removes frustration but also leads to higher effectiveness, trust and openness (Van de Vliert 1998). Deetz and Stevenson (1986) discuss a number of items which must be kept in mind when preparing for conflict management. First, the manager must try to understand the type of conflict that he or she will be dealing with. It may be a conflict of differing opinions, incompatible roles, incompatible goals, or differing resources. Identification of the type of conflict will help in managing the conflict. Second, the manager must also be aware of the importance of the conflict so as to select appropriate strategies for management. Third, the manager must recognize the complexity of the conflict as this can vary widely. Finally, the manager must also be able to assess the energy and resources available for managing the conflict.

Dimensions of Conflict Management

Negotiation Strategy

The conflict management process encompasses a wide range of activities including negotiation, problem solving, dealing with emotion, and understanding positions (Brett, 2001). According to Neale and Fragale (2006), negotiation is a process by which two parties, each with its own viewpoint and objectives, attempt to reach a mutually satisfactory result on a matter of common

concern. Negotiation can also be defined as the interaction between two or more parties with divergent interests in order to reach an agreement (De Dreu, Weingart & Kwon, 2000). Negotiation is used to minimize conflict affecting individuals so as to maximize cooperation and keep conflict to acceptable levels. This in turn drives performance (Rahim, 2002).

According to Petkovic (2008) there are several negotiation tactics that can be applied. These include **Face-to-face tactic** whereby a mutual confidence as a foundation for negotiation can be established, **Persuading tactic** which assumes using different methods and manners to win over partners and to reach a better negotiating position, **Deceitfulness tactic** which assumes presenting false data and arguments, Threat tactic based on deterrence from the side which holds a better position, or has more power. Promise tactic based on having a better position and more power, with the stronger side persuading the weaker that it will keep its promises and **Concession tactic** which is the most important tactic in the negotiation strategy. All actors in the conflict count on both sides making a concession. Since negotiation increasingly gains importance as a popular and constructive way to manage conflict (De Dreu, Weingart & Kwon 2000) assert that negotiators can help adversaries communicate with each other in many ways (Sebanius, 2004).

Win-win Negotiation Outcome: The win -win outcome occurs when each side of a dispute feels they have won. Since both sides benefit from such a scenario, any resolutions to the conflict are likely to be accepted voluntarily. Negotiators who aim at a win-win situation often fail to appreciate that this approach requires the parties to work together and cooperatively explore all possibilities before selecting an approach that is most likely to deliver a mutually beneficial agreement (Thompson, 2005). The win-win outcome occurs as a result of the use of the collaboration approach when all the conflicting parties meet and discuss the subject of the dispute explicitly and every party tries to care about the purpose of the other parties (Newstorm, 2007). A win-win negotiation outcome can help improve team performance by reducing tension, antagonism and distraction of members of a team (Mannix, 2001).

Win-lose Negotiation: The win -lose outcome occurs when one side of a dispute feels they have won and the other feels that they have lost (Beckno, 2006). For instance Industrial conflicts, which usually arise due to a breakdown in negotiation as well as disagreements between employer(s) and the employees, connote a temporary stoppage of work resulting from the pursuance of grievance(s) by workers resulting from a win- lose negotiation outcome (Osabuohien, 2014) in win- lose scenario, 30 negotiation is seen in terms of getting your own way, driving a hard bargain or beating off the opposition (Almusdy, 2007), while in the short term bargaining may well achieve the aims for one side (Tressler, 2007). This means that while one side wins the other loses and this outcome may well damage future relationships between the parties. It also increases the likelihood of relationships breaking down, of people walking out or refusing to deal with the winners again and the process ending in a bitter dispute (Tressler, 2007).

Win-Lose bargaining is probably the most familiar form of negotiating that is undertaken. Individuals decide what they want, then each side takes up an extreme position, such as asking the other side for much more than they expect to get. Through haggling, a compromise is reached, and each side's hope is that this compromise will be in their favor (Ferro, Cracraft, & Dorsey, 2006). Azamoza (2004) argued that win-lose negotiation outcome can help strengthen the organization and enable an organization improve its performance.

Lose-Lose Negotiation: In this scenario, all parties end up being worse off. Most of the times the conflict is an emotive issue that results in making a decision where none of the parties is a winner. In lose-lose situations neither party achieves their needs or wants. However, in some lose-lose situations, all parties understand that losses are unavoidable and that they will be evenly distributed. In such situations, lose-lose outcomes can be preferable to win-lose outcomes because the distribution is at least considered to be fair. In the organizational context, some parties cannot stand the reality of losing a negotiation. They spend so much time and energy making the one who won earlier bleed but it usually leads to lose-lose situation. Good negotiation usually involves a lot of homework, and teamwork for making long term binding agreement (Neely & Crowe, 2001).

Collaboration Strategy

There is cooperation and the search for a mutually beneficial outcome, when each party to conflict desire to fully satisfy the concerns of all parties, that is, high concern for self and others (Ezeanyim, 2010). As such, the intentions of the parties is to solve the problem by clarifying differences rather than by accommodating various points of view through openness, exchange of information, and examination of differences to reach a solution acceptable to both parties. This 38 strategy builds a friendly environment of an organisation where both employers and employees feel confident and free to share their knowledge or perceptions in order to make a single point, that is, reach a single decision in order to combat conflict.

Rahim (2011) asserts that collaboration strategy is useful for effective dealing of complex problems especially when one party alone cannot solve the problem. Friedman et al. as cited in Ajik, Akinlabi, Magaji and Sonubi (2015) found that individuals who use integrative (collaborative style) conflict handling style experience lower level of work conflict and stress at job. The strategy is appropriate for dealing with the strategic issues pertaining to an organisation's objectives and policies, strategic planning and so on. It is inappropriate when task or problem is simple or trivial, when the other parties do not have adequate training and experience for problem solving or when they are unconcerned about the outcome. According to Kilman and Thomas (2008), collaboration strategy is the best method of handling conflict, as it strives to satisfy the needs of both parties. It is integrative and has high concern for personal goals as well as relationship.

Accommodation

An accommodating style of industrial conflict management involves neglecting one's own concerns in order to satisfy the concerns of others (Brown, 2007). Cavanagh (1991) made it clear that this strategy is regarded as the acceptance that the preservation of pleasant interpersonal affairs is more significant than forming disagreements among colleagues. Individuals adopting an accommodating style of industrial conflict management have a high want for recognition and support from others. The accommodating individual is more apt to take a "middle of the road" attitude when an inescapable conflict emerges. These individuals tend to use apology or humor, or express their desires in an indirect way rather than coming straight to the problem (Stanford, 1997).

Kraybill (2005) refers to accommodating as a harmonizing conflict response. Kraybill stated that the harmonizing style has a low focus on the agenda and a high focus on the relationship. Individuals will often use this style when they want to fit in with the other party. When this style is over-used the individual will eventually become depressed due to the fact of always giving the

other party what they want and always losing what is important to the individual. Accommodating is a means of carrying everybody along in the activities of the organization. People seem to have that natural joy working for their organizations when they are told to make their own contributions, they feel valued and they feel decisions are not just imposed on them by their superiors. While this may be seen as a weak or productive position there are situations when this approach is preferable and will gain more for a person than by taking a strong position, especially during a management of change process. It can be both a productive and unproductive strategy in the “give and take” process. Individuals who have a tendency to be accommodating prefer the harmony, good will and reciprocity that is often associated with this behaviour trait and feel that it serves them well most of the time. People who are normally accommodating must develop the wisdom to know what choices to make in a given situation and learn to deal with stress and conflict in productive ways.

Accommodating is unassertive and cooperative — the opposite of competing. It’s sacrificing one’s own concerns to satisfy the other person’s. The accommodating strategy essentially entails giving the opposing side what it wants. The use of accommodation often occurs when one of the parties wishes to keep the peace or perceives the issue as minor. Employees who use accommodation as a primary industrial conflict management strategy, however, may keep track and develop resentment. Accommodators are people who give in to maintain the illusion of harmony (Cahn & Abigail, 2007). Wertheim (2002) views accommodation as a destructive strategy because it often leads to a buildup of negative emotions. An accommodating board is one that cooperates to a high degree. This may be at the boards’ expense and actually works against its goals, objectives and desired outcomes. This approach is effective when the other board members are the expert or has better solutions. It is a loose - win approach. There are situations in which accommodation may be appropriate. For example when it is important to provide a temporary relief from a conflict or buy time until one is in a better position to respond or push back. Avoidance may also be necessary when the issue is not as important to you as it is to the other person or when you accept that you are wrong or when you have no choice or when continued competition would be detrimental. In some cases accommodation will help to protect more important interests while giving up on some less important ones and also afford an opportunity to reassess the situation from a different perspective.

Performance

According to Gilbert and Ivancevich (2000), performance refers to the act of performing or carrying into execution or recognizable action, achievement or accomplishment in the undertaking of a duty. Cascio (2006) defines performance as working of individuals in an organization to be more effective. Zaman *et al.* (2011) indicated that there is a significant and positive relationship between performance and reward. According to Armstrong (2000) performance is a means of getting better results from the whole organization or teams or individuals within it by understanding and managing performance within an agreed frame work of planned goals, standards and competence requirements. Performance is the accumulated end results of all the organization’s work processes and activities (Santos & Brito, 2012). It is about how effectively an organization transforms inputs into outputs (Robbins, 2009) and comprises the actual output or results as measured against its intended outputs. Liptons (2003) proposes that performance is the ability of the firm to prevail. There is hardly a consensus about its definition, and this limits advances in research and understanding of the concept of performance (Santos & Brito, 2012). As

the debate on what organization performance rages on, the approach on how to measure it has attracted even more scholarly attention (Liptons, 2003).

Organizational performance is one of the most important constructs in management research Trade (2000). Continuous performance is the objective of any organization because only through this, can organizations grow and progress. Moreover knowing the determinants of organizational performance is important especially in the context of the current economic crises because it enables the identification of those factors that should be treated with an increased interest in order to improve the performance. Performance measurement estimates the parameters under which programs, investments, and acquisitions are reaching the targeted results (Perez et al., 2007). This study adopted the definition according to Trade (2000), that most performance measures could be grouped into six general categories effectiveness, efficiency, cost, quality, timeliness, innovation and productivity. Therefore Organizational performance is measured using the six parameters.

This study adopted the definition according to Trade (2000), that most performance measures could be grouped into six general categories effectiveness, efficiency, cost, quality, timeliness, innovation and productivity. Therefore Organizational performance is measured using the six parameters.

Conflict Management and Performance

Seamless collaboration between doctors, nurses and other paramedics are necessary for effective and efficient health care delivery. However, it is a known fact that this is often absent with negative impact on the quality of health care services (Ogbimi, Adebamowo, 2006; Kathleen, McGrail, Morse, Gessner & Gardner, 2009). Developing collaborative practice among health care professionals is still a big challenge to political decision makers and organizational managers (Martin-Rodriguez, Marie-Dominique, D'amour & Ferrada-Videla, 2005). Collaborative Care refers to initiatives or activities that aim to strengthen links between different providers working together in a partnership characterized by common goals, a recognition of and respect for individual strengths and differences, equitable and effective decision-making, a focus on the patient and clear and regular communication (Dougherty, Larson, 2005). This involves doctors and other health care providers working together to provide care to a group of patients based on trust, respect and on understanding of each other's relevance and importance using their skills, knowledge and competences (Puntilo, McAdam, 2006; Bronstein, 2003). The aftermath of lack of effective collaboration between doctors and nurses are quite grave; they include negative events such as medication errors, failure to rescue and mortality of a patient. Furthermore, this can also lead to poor coordination of patient care, less patient satisfaction, poor perception and utilization of health care services (Lorelei, Lingard, Espin, Evans, & Hawry, 2010).

Ayandiran, Ola, Salami and Agunbiade (2015) further revealed from their study that that healthcare professional employ diverse strategies to resolve conflict. Dominant approaches found are collaborating or confronting style (identifying conflicts as a problem to be solved and seeking solutions that satisfy everyone's goals i.e. working with the other party to find a solution that mutually satisfies the concerns of both party, producing a win/win situation); compromising (finding an expedient, mutually acceptable solution or a middle ground that partially satisfies both parties); smoothing/accommodating (tolerating the situation and giving up ones goal for the sake of harmonious relationship and continuity of work); forcing/dominating/competing (pursuing owns interest with vigour no matter whose ox is gored); withdrawing/avoiding (beautifully

captioned by Thomas and Kilmann (1978) as diplomatic sidestepping on issue, postponing an issue until a better time, or simply withdrawing from a threatening situation). Although results revealed little shades of variation in conflict management styles along professional line, no specific pattern of conflict handling styles was established across disciplines. Healthcare professionals employ a multiplicity of conflict handling styles.

From the foregoing, the following hypotheses were postulated to be tested:

H₀₁: There is no significant relationship between negotiation and performance of health care professionals in Teaching Hospitals in Rivers State.

H₀₂: There is no significant relationship between collaboration and performance of health care professionals in Teaching Hospitals in Rivers State.

H₀₃: There is no significant relationship between accommodation and performance of health care professionals in Teaching Hospitals in Rivers State

METHODOLOGY

The study used a cross sectional research design involving medical doctors, nurses, medical laboratory scientists and pharmacists in University of Port Harcourt Teaching Hospital and Rivers State University Teaching Hospital. A Multi-stage sampling was employed to select 165 healthcare professionals from both hospitals. The reliability of the instrument was achieved by the use of the Cronbach Alpha coefficient with all the items scoring above 0.70. The hypotheses were tested using the Spearman's Rank Order Correlation Coefficient with the aid of Statistical Package for Social Sciences version 23.0. The tests were carried out at a 95% confidence interval and a 0.05 level of significance.

DATA ANALYSIS

The level of significance 0.05 was adopted as a criterion for the probability of accepting the null hypothesis in ($p > 0.05$) or rejecting the null hypothesis in ($p < 0.05$).

Negotiation and Performance

Table 2: Correlations for Negotiation and Performance

			Negotiation	Performance
Spearman's rho	Negotiation	Correlation Coefficient	1.000	.883**
		Sig. (2-tailed)	.	.000
		N	72	72
	Performance	Correlation Coefficient	.883**	1.000
		Sig. (2-tailed)	.000	.
		N	72	72

** . Correlation is significant at the 0.01 level (2-tailed).

Source: SPSS Output

The result in table 2 shows that negotiation correlate with performance ($r = 0.883$). This represents a very strong correlation indicating a very substantial relationship. By interpretation, there is a very strong positive relationship between negotiation and performance of health care professionals in Teaching Hospitals in Rivers State. This finding provides answer to research question 1. Implying that performance is dependent on the utilization of negotiation strategy in the studied Teaching Hospitals in Rivers State. Similarly displayed in table 2 is the statistical test of significance (p - value), which makes possible the generalization of our findings to the study population. From the result obtained the probability value is $(0.001) < (0.05)$ level of significance; hence the study rejects the null hypothesis and concludes that there is a significant negotiation and performance of health care professionals in Teaching Hospitals in Rivers State. The scatter plot illustrating the relationship between negotiation and performance is shown below.

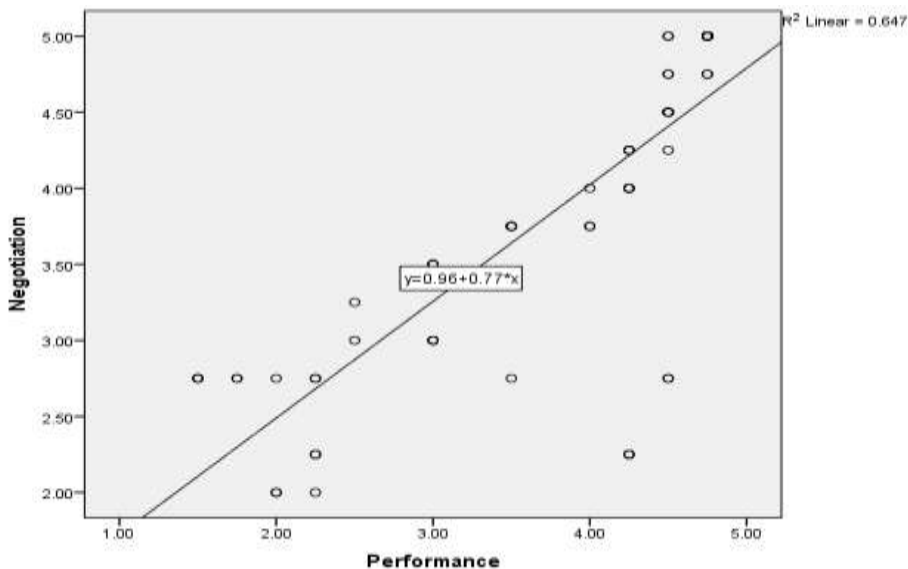


Figure 1: Scatter plot show showing the direction of the relationship negotiation and performance

Collaboration and Performance

Table 3: Correlations for Collaboration and Performance

			Collaboration	Performance
Spearman's rho	Collaboration	Correlation Coefficient	1.000	.902**
		Sig. (2-tailed)	.	.000
		N	72	72
	Performance	Correlation Coefficient	.902**	1.000
		Sig. (2-tailed)	.000	.
		N	72	72

** . Correlation is significant at the 0.01 level (2-tailed).

Source: SPSS Output

The result in table 3 shows that collaboration correlate with performance ($r = 0.902$). This represents a very strong correlation indicating a very substantial relationship. By interpretation, there is a very strong positive relationship between collaboration and performance of health care professionals in Teaching Hospitals in Rivers State. This finding provides answer to research question 2. Implying that performance is dependent on the utilization of collaboration strategy in the studied Teaching Hospitals in Rivers State. Similarly displayed in table 3 is the statistical test of significance (p - value), which makes possible the generalization of our findings to the study population. From the result obtained the probability value is $(0.001) < (0.05)$ level of significance; hence the study rejects the null hypothesis and concludes that there is a significant collaboration and performance of health care professionals in Teaching Hospitals in Rivers State. The scatter plot illustrating the relationship between collaboration and performance is shown below.

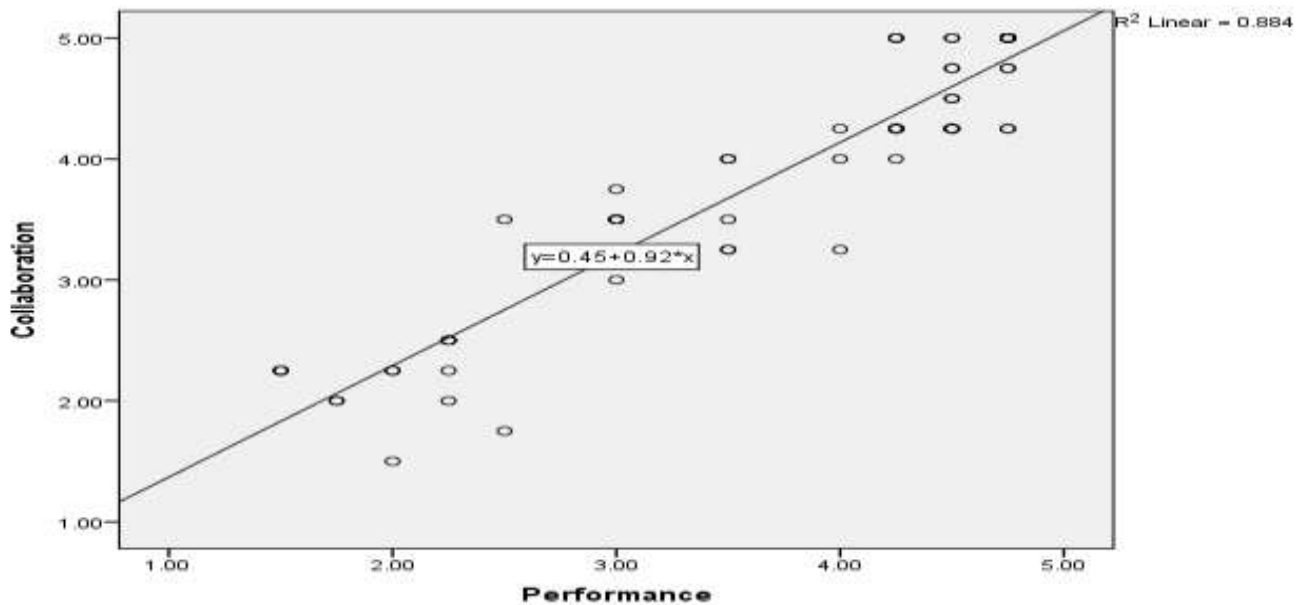


Figure 2: Scatter plot showing the direction of the relationship collaboration and performance

Accommodation and Performance

Table 4: Correlations for Accommodation and Performance

			Accommodation	Performance
Spearman's rho	Accommodation	Correlation Coefficient	1.000	.728**
		Sig. (2-tailed)	.	.000
		N	72	72
	Performance	Correlation Coefficient	.728**	1.000
		Sig. (2-tailed)	.000	.
		N	72	72

** . Correlation is significant at the 0.01 level (2-tailed).

Source: SPSS Output

The result in table 4 shows that accommodation correlate with performance ($r = 0.728$). This represents a very strong correlation indicating a very substantial relationship. By interpretation, there is a very strong positive relationship between accommodation and performance of health care professionals in Teaching Hospitals in Rivers State. This finding provides answer to research

question 3. Implying that performance is dependent on the utilization of accommodation strategy in the studied Teaching Hospitals in Rivers State. Similarly displayed in table 4 is the statistical test of significance (p - value), which makes possible the generalization of our findings to the study population. From the result obtained the probability value is $(0.001) < (0.05)$ level of significance; hence the study rejects the null hypothesis and concludes that there is a significant accommodation and performance of health care professionals in Teaching Hospitals in Rivers State. The scatter plot illustrating the relationship between accommodation and performance is shown below.

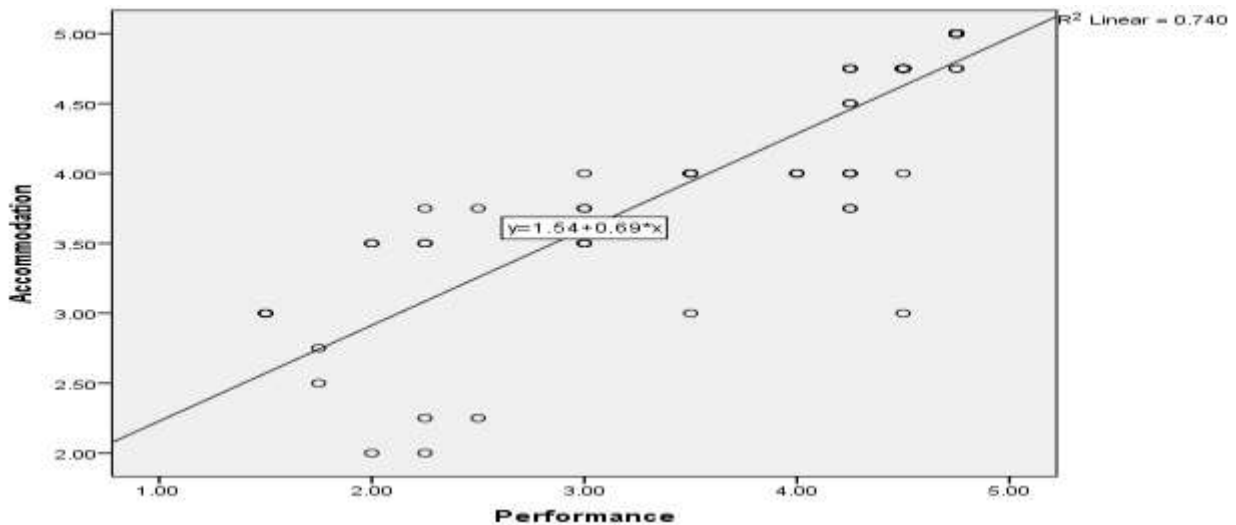


Figure 3: Scatter plot showing the direction of the relationship accommodation and performance

DISCUSSION OF FINDINGS

The study findings reveal that there is strong positive and significant relationship between conflict management strategies and performance of health care professionals in Teaching Hospitals in Rivers State. This finding agrees with earlier studies by Ayandiran, Ola, Salami and Agunbiade (2015) who revealed from their study that that healthcare professional employ diverse strategies to resolve conflict. Dominant approaches found are collaborating or confronting style (identifying conflicts as a problem to be solved and seeking solutions that satisfy everyone's goals i.e. working with the other party to find a solution that mutually satisfies the concerns of both party, producing a win/win situation); compromising (finding an expedient, mutually acceptable solution or a middle ground that partially satisfies both parties); smoothing/accommodating (tolerating the situation and giving up ones goal for the sake of harmonious relationship and continuity of work); forcing/dominating/competing (pursuing owns interest with vigour no matter whose ox is gored); withdrawing/avoiding (beautifully captioned by Thomas and Kilmann (1978) as diplomatic sidestepping on issue, postponing an issue until a better time, or simply withdrawing from a threatening situation).

Furthermore, the study finding agrees with the views of Gittel, *et al.* (2000) who aptly observed that multidisciplinary collaboration of scholars will optimize quality of care, lowers cost and subsequently results in improved patient's outcomes. Collaboration among health care providers continues to remain an essential ingredient in the healthcare service delivery today. Findings by

Rafferty Ball and Aiken (2001) equally reinforced the value of teamwork and its association with a range of positive occupational and organizational attributes such as job satisfaction, satisfaction with being a nurse, plans to remain in post, and lower levels of reported burnout.

CONCLUSION

Conflict is a reality across organizational boundaries and affects individuals, groups and disciplines. Conflict can initiate productive change and vitality if well managed. The consequences of conflict will inevitably be determined by how well it is managed. If not properly managed, it may cause unquantifiable damage to the organization. Therefore, government, management and employees of hospitals and health centres must recognize the existence of conflict and deal with it effectively. Inter-professional conflict is a major issue to be reckoned with because of its colossal adverse effects on Nigeria's health system, which is not too strong at the moment. This study thus concludes that conflict management significantly predicts performance of health care professionals in Teaching Hospitals in Rivers State. This implies that in resolving the conflicts that arises in a multi-disciplinary work environment like the teaching hospital, negotiation strategy, collaboration strategy and accommodation strategy is often adopted by the various parties.

RECOMMENDATIONS

- i. Health care professionals' should adopt negotiation strategy in resolving the multitude inter-professional conflicts that arises since negotiation increasingly gains importance as a popular and constructive way to manage conflict.
- ii. Management of Teaching Hospitals should take practical steps to address inter-professional rivalry conflict in the healthcare sector, in order to improve team cohesion and maximize the gains of multidisciplinary teamwork.
- iii. Health care professionals' collaboration is highly recommended for adoption in Teaching hospitals. This includes sharing of patient information, joint participation in the care and in the decision-making process, and degree of cooperation, must be carefully scrutinized and implemented with the added input of nurses, physicians and other paramedics.

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