BAUET JOURNAL
Published by
Bangladesh Army University of Engineering & Technology (BAUET)
Journal Homepage: https://journal.bauet.ac.bd/
DOI: https://doi.org/10.59321/BAUETJ.V4I2.2

Causes of Inter-Professional Rivalry and Conflict Management among Health Professionals at University of Ilorin Teaching Hospital, Nigeria

Afeez Folorunsho Lawal[1*], Issah Moshood[2], Habeeb Abdulrauf Salihu[2], Raji Abdullateef[2]

[1]Al-Hikmah University, PMB 1601, Ilorin, Nigeria
[2]University of Ilorin, Ilorin, PMB 1515, Ilorin, Nigeria

Abstract: This research undertook a quantitative investigation into the existence of inter-professional rivalry among health workers at University of Ilorin Teaching Hospital (UITH), Ilorin, Nigeria. It examines the causes, effects and ways of managing this rivalry using a conceptual model built from the existing literature. The study was cross-sectional with the use of quantitative method. A total of 424 health workers were selected across 7 major health units using a stratified sampling technique. A questionnaire was used to collect data from them. Data were analysed using both descriptive and inferential analyses. Results indicate that salary structure, doctors' dominance, blurred job boundaries, value differences and poor communication are the most prominent causes of inter-professional rivalry among healthcare professionals at the University of Ilorin Teaching Hospital (UITH). The study suggests some policy measures that will ensure a regular and constant dialogue among the professionals and strengthen teamwork and collaboration.

Keywords: *Rivalry, Conflict Management, Healthcare Professionals, Health Outcomes, Collaboration*

Introduction: Inter-professional rivalry among health practitioners is one of the age-long problems bedeviling the Nigerian health sector aside other issues such as poor funding, poor management and administration among others [1]. The rivalry among health care professionals (particularly between physicians, nurses, pharmacists, laboratory scientists among others) continue to linger and remained unresolved, despite the various measures employed to address it, due to a number of factors including deliberate indoctrination of the newly employed professionals into the friction and emergence of different professional associations [2]. Some scholars have observed that the friction becomes more broaden as new sets of health workers of various specialty are employed and deliberately or otherwise indoctrinated, and socialized into the discourse of supremacy in the sector [1,3]. This, thus, continues to widen the scope and intensity of the rivalry, particularly in recent times [4]. Consequently, the competing interests within the institutional settings have resulted in personal conflicts and thereby affecting important decision-making processes [5]. For instance, when it comes to making very important decisions such as time limits to accomplish tasks, designing and sharing of responsibilities, duties among others, health professionals are usually at the loggerheads [2]. On the whole, the rivalry and conflicting relationships among health professional have resulted in adverse health outcomes for healthcare users as well as occupational dissatisfaction for the health workforce [5]. Generally, the hierarchical arrangement and organizational structure of most public and private healthcare system in Nigeria placed the physicians above other professionals in the system [1]. On the basis of this, physicians top the leadership structure of most hospitals, particularly Federal, State and other health institutions/agencies in Nigeria [3]. Also, the status of the consultancy is ultimately reserved for physicians. This hierarchical arrangement invariably, provides a wide difference in the remuneration structure and entitlements of healthcare workers of different professionals even if they are of the same grade [2]. For instance, the salary structure of physicians is comparatively higher than other healthcare professionals such as nurses, pharmacists, laboratory scientists among others.

In addition, other identified areas causing the rivalry include perceived lack of interpersonal or inter-professional respect and recognition, treatment protocol or intervention disputes, and administrative issues such as competition for scarce resources [5]. All these make other healthcare professionals feel disgruntled and ill- motivated. Most of them hold the impression that the Nigerian health system is deliberatively designed to favour a group of professionals and promote unequal treatment/relationships among healthcare professionals [4]. There are reported incidents where the aggrieved professionals abandoned their responsibilities to join forces and challenge the existing social order and water down the dominance [2]. However, challenging each other has produced disastrous outcomes not only for the healthcare users, but also the health workers and health institution [3].

Academic research that examined the variations or divergences in the perceived causes of interprofessional rivalry among different groups of health workers in hospital settings is scanty [6]. Besides, most of the studies are not specific, particularly on the possible causes of the inter-professionals among health workers. In other words, studies that examined how varied were the responses of different health professionals on the causes of inter-professional rivalry and ways of managing it are considerably few in Nigeria [7]. This is the knowledge gap that this current study intends to explore, and it is essentially important, especially because of the sensitivity and involvement of lives in the activities of professional healthcare workers. In other words, there is a need for synergy and peaceful coexistence among them. Hence, this study examines the causes of inter professional rivalry

Article history:
Received 30 April 2024
Received in revised form 17 September 2024
Accepted 08 October 2024
Available online 01 November 2024

Corresponding author details: Afeez Folorunsho Lawal
E-mail address: afeezone0606@gmail.com
Tel: +2347033316724

among health workers and its management in University of Ilorin Teaching Hospital, Kwara State, Nigeria. The specific objectives of the study are to: examine the existence or extent of inter-professional rivalry among healthcare professionals at the University of Ilorin Teaching Hospital; identify the causes of inter-professional rivalry among healthcare professionals at the University of Ilorin Teaching Hospital; and to identify ways of managing inter-professional rivalry among healthcare professionals at the University of Ilorin Teaching Hospital. In addition, the study hypotheses are: There are no statistically significant relationships among responses of healthcare workers on the causes of inter-professional rivalry and there are no statistically significant relationships among responses of healthcare workers on the ways of managing inter-professional rivalry.

Competition among humans is as old as human society itself. As individuals interact and engage each other there is bound to be competition, rivalry and more importantly skirmishes. Hence, conflict is inevitable in human society. The existence of conflict of interest and its implications have been a sprouting subject of interest to behavioural scientists [8]. For instance, economists created theoretical models that seek to understand and analyse the effects of competition in economic and market activities. They (Economists) and management scientists consider competition or rivalry as a strategic element of an organization [9]. It emerges as the various actors within a system vie for limited and scarce resources amid endless wants [10].

It should be noted that the terms rivalry and competition are often used interchangeably in management literature [9,8]. However, some scholars have tried to make a distinction between workplace competition and rivalry [8,9]. Workplace competition can have both a positive and challenging aspect of the professional environment. When managed well, healthy competition can drive innovation, improve productivity, and foster a sense of achievement. However, if not handled properly, it can lead to negative consequences such as stress, resentment, and a toxic work culture [12]. On the other hand, workplace rivalry, unlike healthy competition, typically involves negative interactions, strained relationships, and intense conflicts among employees [8]. It can create a toxic work environment, leading to decreased morale, lower productivity, and a higher likelihood of turnover [9]. Managing workplace rivalry is crucial for maintaining a positive and productive organizational culture [12].

Workplace rivalry is a conscious and unconscious state of competing for a thing. It usually occurs between two or more interest groups in an organization [13]. The rivals are interest groups or individuals competing with one another either at individual level or organizational levels [14]. Rivalry is the competition between two people or among a group of people who are similar in terms of job specifications or working towards a similar goal [8]. Similarly, Kilduff defines rivalry as a form of competition with another person, rather than a focus on attaining a goal or prize [15]. The author added that the more similar people are, the more likely they are to become rivals. Moreover, workplace rivalry is defined as the act of competing for the same thing against another person in workplace. Workplace rivalry could be a consequence of differing values, opposing interests, personality conflicts, poor communications or personal insecurities. This study focuses on workplace rivalry among healthcare professionals. Rivalry among the health professionals has been regarded as one of the major public health concerns, especially in sub-Saharan Africa. Persistent conflicts among health professionals could affect team spirit [16]. Studies showed that the rivalry could disrupt intra and inter-sectoral collaboration and cause emotional exhaustion for health workers [17,18]. It also encourages selfish behaviour with its adverse effects on patients [16].

In Nigeria, health sector is facing several challenges including poor welfare, inadequate/lack of appropriate health facilities, poor salary structure and withheld salary. All these have impacted its ability to provide effective and accessible healthcare services [19,5,20]. Also, recurrent strikes emanating from supremacy challenge have worsened the situation of the entire sector [20]. According to Koech, rivalry among the health professionals has been regarded as one of the major challenges affecting healthcare sector in sub-Saharan African countries [5]. Available evidence shows there are few recent studies that examined the variations or divergences in the perceived causes of inter professional rivalry among different groups of health workers in hospital settings [6].

Few studies have been conducted in this area of knowledge. For instance, the study of Ogbonnaya et al. was conducted in Abakaliki, Southeast Nigeria [21]. Also, the focus of the study was on perceived factors of conflicts in a health institution; whereas the focus of this study was on the perceived causes of inter-professional rivalry among healthcare professionals in the University of Ilorin Teaching Hospital (UITH). Also, the study of Omisore et al. was done at the State Specialist Hospital, Okitipupa, Ondo State, Nigeria [4]. While the focus of the study is similar to the present study, there are two major points of departure. The first one is that the present study was conducted in a different hospital setting (UITH). The second one is that there is a time lag of six years between the above study and the present study. In addition, the study of Cullati et al. was conducted in a Swiss Teaching Hospital [22]. Also, the focus of this study was different from the focus of the present study. While the present study looked at inter-professional rivalry among healthcare professionals, the study of Cullati et al. explored team conflicts and patients' health outcomes [22]. Also, Akel and Elazeem's study was a comparative analysis of nurses and physicians' perceptions of the causes of conflicts at Ain Shams University Medical Hospital [23]. While this study used two healthcare professionals, the current study used seven healthcare professionals.

From the above review, it is evident that there are studies on the existence and causes of inter-professional rivalry on its implications on healthcare delivery in public health facilities in Nigeria and beyond. However, there are some gaps in the literature that this current study would fill. First, to the best of the researcher's knowledge, there is no study on the subject at the University of Ilorin Teaching Hospital, Ilorin, Kwara State. This study would find out whether existing findings/knowledge on the existence and causes of inter- professional rivalry on its implications on healthcare delivery in public health facilities would agree with what would be found in this present study. Second, existing studies did not find variations or divergences in the responses of different health professionals on the perceived causes of inter-professional rivalry and effective means of managing it. This current study fills this gap by examining variations or divergences in the views of different health professionals on the perceived causes and management of rivalry among health professionals at the University of Ilorin Teaching Hospital (UITH).

Materials & Method: The study was carried out in University of Ilorin Teaching Hospital, Ilorin, Kwara State, Nigeria. University of Ilorin Teaching Hospital is a healthcare organization located along Old Jebba road, Oke Ose, Ilorin with longitude and latitude 8°32'14.298"N, 4°38'50.327"E respectively. It was established by law on the 2nd May 1980 and started operation in July 1980. The health organization is headed by the Chief Medical Director who is the controller of affairs and executes the policies formulated by the Ministry of Health. The hospital has various units each with its specialization with over 3,500 staff and 16 departments. This study makes use of a single, cross-sectional-descriptive research design to obtain information about the current state of affairs in the health institution on the causes of inter- professional conflict/rivalry as well as its effects on healthcare delivery services. The design is suitable for the study given its aptness in working with large samples and also its concerns on people's attitude or view about the reality of phenomenon as well as its aim at portraying accurately the characteristics of a particular group or situation. The population for this study is the health professionals at the University of Ilorin Teaching Hospital, Ilorin, Kwara State, Nigeria. Health professionals are grouped into seven (7) departments/units in the hospital (see table 1) and the total population of these eight departments/units as of 2023 is one thousand four hundred and forty-one (N=1441).

Table 1: Population Size of each Department.

S/N	Department	Number of staff
1	Doctors	216
2	Nursing officer	791
3	Laboratory staff	190
4	Pharmacy staff	75
5	Radiology staff	42
6	Physiotherapist	32
7	Community health workers	59
Total		**1441**

Source: UITH (2023)

For this research, a stratified sampling technique was used to determine respondents. This reason is that when a population embraces some distinct categories, the frame can be organized by these categories into different strata or demographics. Since stratification involves the division of different elements into different groups or layers [24], the healthcare professionals fall into different units/departments. Therefore, a sampling frame was designed to take into consideration the departments that possess characteristics relevant to this study. The total population of the concerned health departments needed for this study is 1441. To determine the sample size, an online sample size calculator was used (Creative Research System Survey Software) at a confidence level of 95% and confidence interval of 4, the sample size for this study is 424 (See plate 3). For determining the sample to be taken from each stratum of the whole population, the total number of health workers in each department/unit is divided by the total number of population multiplied by the sample size. That is:

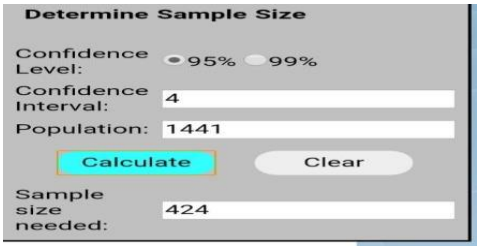

Table 2: Population and Sample Size.

s/n	Departments	Number of staffs	Sample size
1	Doctors	216	64
2	Nursing officer	791	232
3	Laboratory staff	190	56
4	Pharmacy staff	75	22
5	Radiology staff	42	12
6	Physiotherapist	32	9
7	Community health workers	59	17
Total		**1441**	**424**

This study used quantitative technique in eliciting useful and valuable information from the respondents. This study used questionnaires as the instrument of data collection. A total number of 424 questionnaires were administered to the selected health workers/professionals at the University of Ilorin Teaching Hospital (UITH) within six months in 2023. The questionnaire contained a series of questions to be presented to the respondents. The questionnaire has also been chosen because it allows a researcher to make vivid inquisition about the research questions (Fife-Schaw, 1995). More so, the questionnaire was structured to inquire about the research questions. The quantitative approach focused on obtaining numerical findings with the use of a close-ended questionnaire. The questionnaire was pretested among health professionals at the Kwara State General Hospital, Ibrahim Taiwo Road, Ilorin. The questionnaire was administered twice to check for consistency in the results, where answers are consistent; it shows that the questionnaire is reliable and could be administered to the actual respondents. Validity deals with how accurate the measurements are per se, and also a reflection of sample representativeness. Validity is impacted by the robustness of survey design and whether the right questions are asked and understood by the respondents. The core of validity estimation is whether the instrument is measuring what it is supposed to measure [25].

For this study, the questionnaire was vetted by five (5) experts in relevant fields. The vetting of the questionnaire gives room for corrections, appropriateness, and relevance to the study. A systematic pilot study was done using health professionals at the Kwara State General Hospital, Taiwo to test the comprehensibility of the items and to establish the reliability of the questionnaire. Further amendments were made to unfamiliar phrases that required clarification from the health professionals in the pilot study. Experts in the field such as doctors, nurses, and health attendants were consulted to assist with the likely questions. Importantly, the researchers have no affiliation with the study participants. The researchers are not health professionals; therefore, they were able to maintain strong objectivity.

Analysis of data generated through the questionnaire was done with the aid of the Statistical Package for Social Science (SPSS) version 20. The data obtained were computed and analyzed using IBM Statistical Package for Social Sciences (SPSS Version 20, USA). Descriptive analysis (percentage and frequency distribution) was used to summarise the data. Analysis of Variance (One-Way ANOVA) was used to determine whether there are any statistically significant differences in the causes and management of inter-professional rivalry/conflict based on health professionals. The significance level (α) was set at 0.05.

Ethical approval was obtained from the Ethical Committee of the Faculty of Social Science, University of Ilorin. The consent of the participants for this study is of utmost importance. The full consent of the respondents and all the necessary authorities was sought before the commencement of the study to avoid the manifestation of ethical issues in the course of the research. Also, the confidentiality of responses was assured and ensured. The names (or any other means of identification) of the participants were kept confidential and all data gathered for the study were protected from unauthorized access.

Results and Discussion: Four hundred and thirteen (413) respondents participated in this study. The majority of the respondents were female (55.0%); 45.5 per cent were males. The median age of the respondents was between 40 and 58. Also, 76.5 per cent of the respondents were currently married. On religion distribution, 50.6 per cent were Christians; while 49.4 per cent were Muslims. Based on professions, 233 (56.4%) were nurses and 62 (15.0%) were doctors. Also, laboratory scientists were 56 (13.6%), the pharmacists were made up of 24 (5.8%), radiologists were 11 (2.7%); while 17 (4.1%) respondents were community health officers.

Table 3: Socio-demographic characteristics of Health Workers in University of Ilorin Teaching Hospital.

Variables	Category	Frequency	Percentage
Age	25-39	125	30.3%
	40-58	201	48.7%
	59>	87	21.1%
Gender	Male	186	45.0%
	Female	227	55.0%
Marital status	Single	77	18.6%
	Married	316	76.5%
	Divorced	13	3.1%
	Separated/Widowed	7	1.7%
Religion	Islam	204	49.4%
	Christianity	209	50.6%
Professional Group	Doctor	62	15.0%
	Nurse/Midwife	233	56.4%
	Laboratory Scientist	56	13.6%
	Pharmacist	24	5.8%
	Radiographer	11	2.7%
	Physiotherapist	10	2.4%
	Community Health Officer	17	4.1%
Duration of Practice	Less than or equals 10yrs	167	40.4%
	11yrs and Above	246	59.6%

Research Question 1: Is there any existence of inter-professional rivalry and how often among healthcare professionals at the University of Ilorin Teaching Hospital?

Existence of Inter-Professional Rivalry in University of Ilorin Teaching Hospital

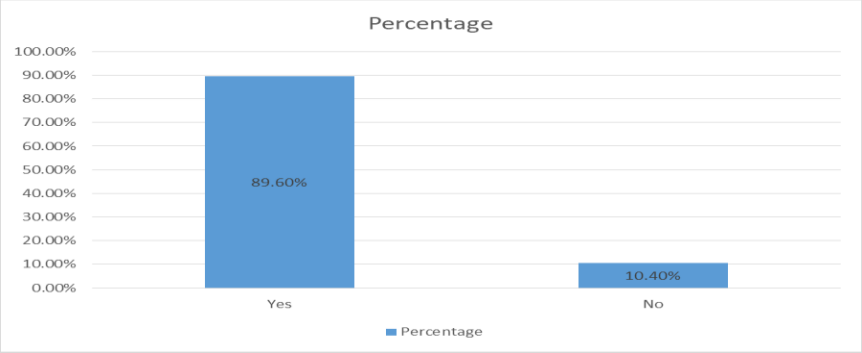

Fig. 1: Respondents' view on the existence of Inter-Professional Rivalry.

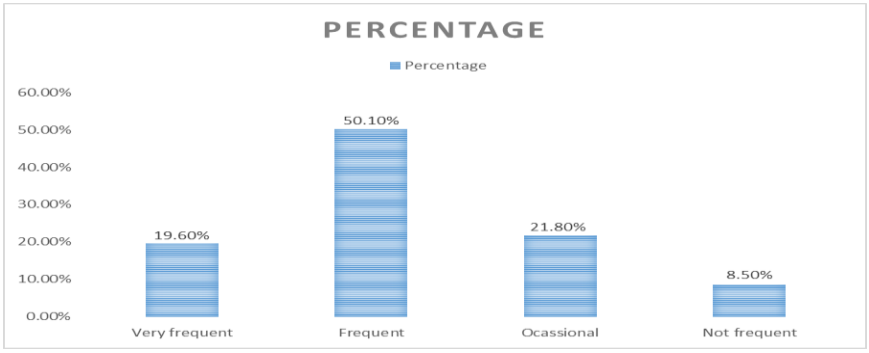

Fig. 2: Respondents' view on the frequency of Inter-Professional Rivalry.

The analysis revealed the existence of inter-professional rivalry at the University of Ilorin Teaching Hospital. From the results presented in Table 4, 370 respondents (89.6%) agreed that there is an existence of rivalry among health workers; while 10.4 per cent did not agree with the existence of inter-professional rivalry at the University of Ilorin Teaching Hospital. The study participants also discussed the frequency at which inter-professional rivalry occurs at the University of Ilorin Teaching Hospital. From the results, 207 respondents (50.1%) agreed that inter-professional rivalry is frequent at the University of Ilorin Teaching Hospital; while 35 of the respondents (8.5%) believed that inter-professional rivalry is not frequent.

From the descriptive analysis, responses of doctors and other healthcare professionals on issues of doctors' dominance and salary structure were different. The nurses, for example, held the view that the doctors' position is erroneous since they spend more time with the patients and are mostly in constant contacts. Similarly, the pharmacists believed that prescription of drugs is their area of specialization; thus took objection to the notion that doctors should give directives as to the appropriate medication necessary for a patient. Furthermore, the medical laboratory scientists believed it is wrong for the doctors to claim that the patients belong to them because when a patient comes to the hospital, what the doctors do often is to examine the patient and transfer his file to the laboratory for test before they now have a direction for diagnoses.

The findings of this study underscore the need for proper understanding of the roles of the different players in a multidisciplinary industry and the duty of care of different stakeholders, commitment to team care and industry goal, and the exercise of mutual respects. Although there were significant differences between doctors and other health workers on these contentious issues as enumerated above, it is important to note that some level of consensus was reached on a few key issues, the most important of which is the centrality of the patient in health care, doctors and other health workers shared the same opinion. For instance, there is a consensus among doctors that the management of patients is teamwork, and the majority of other health workers attested to this.

Analysis of Variance on Perceived Causes of Inter-Professional Rivalry

Research Hypothesis 1: There are no statistically significant relationships among responses of healthcare workers on the causes of inter-professional rivalry.

Table 5: Test of Homogeneity of Variance.

Levene Statistics	df1	df2	Sig.
6.481	6	406	0.134

ANOVA					
	Sum of squares	Df	Mean square	F	Sig.
Between groups	11.451	6	10.198	7.028	0.041
Within groups	201.765	406	1.451		
Total	213.216	412			

Doctors	**Mean**	**Mean Difference**	**SD**	**Sig**
Nurses	2.1047	.01629	.32357	1.000
Medical laboratory scientists	2.2758	-.15483	.52938	.337
Pharmacists	2.4213	-.30033*	.50889	.027
Radiographers	2.0404	.08056	.15534	.996
Physiotherapists	1.9722	.14875	.17811	.926
Community Health Officers	2.1830	-.06204	.47781	.997
Nurses				

Doctors	2.1210	-.01629	.46736	1.000
Medical laboratory scientists	2.2758	-.17112	.52938	.057
Pharmacists	2.4213	-.31662*	.50889	.004
Radiographers	2.0404	.06427	.15534	.998
Physiotherapists	1.9722	.13245	.17811	.944
Community Health Officers	2.1830	-.07833	.47781	.986
Medical laboratory scientists				
Doctors	2.1210	.15483	.46736	1.000
Nurses	2.1047	.17112	.32357	.057
Pharmacist	2.4213	-.14550	.50889	.004
Radiographers	2.0404	.23539	.15534	.998
Physiotherapists	1.9722	.30357	.17811	.944
Community Health Officers	2.1830	.09279	.47781	.986
Pharmacists				
Doctors	2.1210	.30033*	.46736	.027
Nurses	2.1047	.31662*	.32357	.004
Medical laboratory scientists	2.2758	.14550	.52938	.738
Radiographers	2.0404	.38089	.15534	.113
Physiotherapists	1.9722	.44907*	.17811	.042
Community Health Officers	2.1830	.23829	.47781	.478
Radiographers				
Doctors	2.1210	-.08056	.46736	.996
Nurses	2.1047	-.06427	.32357	.998
Medical laboratory scientists	2.2758	-.23539	.52938	.542
Pharmacists	2.4213	-.38089	.52938	.113
Physiotherapists	1.9722	.06818	.17811	1.000
Community Health Officers	2.1830	-.14260	.47781	.967
Physiotherapists				
Doctors	2.1210	-.14875	.46736	.926
Nurses	2.1047	-.13245	.32357	.944
Medical laboratory scientists	2.2758	-.30357	.52938	.276
Pharmacist	2.4213	-.44907*	.50889	.042
Radiographers	2.0404	-.06818	.15534	1.000
Community Health Officers	2.1830	-.21078	.47781	.832
Community Health Officers				
Doctors	2.1210	.06204	.46736	.997
Nurses	2.1047	.07833	.32357	.986
Medical laboratory scientists	2.2758	-.09279	.52938	.979
Pharmacists	2.4213	-.23829	.50889	.478

From the Levene's test, the significant value is 0.134 which is greater than 0.05. The study did not violate the homogeneity of variance assumption. The one-way ANOVA revealed significant differences in the responses of the healthcare workers on the perceived causes of inter-professional rivalry based on the professions ($F_{(6,406)} = 7.028$, $p = 0.041$). To know those that are significant and those that are not, a "Multiple Comparisons' test was conducted. From the Multiple (Tukey's) Comparisons result, there is a significant difference in the responses of doctors and pharmacists on the perceived causes of inter-professional rivalry (p-value = 0.027). There is a significant difference in the responses of nurses and pharmacists on the perceived causes of inter-professional rivalry (p-value = 0.004). The responses of other healthcare professionals have no significance as compared to the perception of the laboratory scientists as to the perceived ways of managing inter-professional rivalry. There are no significant

differences between the responses of the pharmacists, radiographers as well as community health workers as against that of other healthcare professionals. It could be deduced from the analysis that doctors and nurses' responses on the perceived causes of inter-professional rivalry are almost similar. This suggests that virtually all the respondents agreed that differential salary structure, doctors' dominance, blurred job boundary, value difference and poor communication are the most prominent causes of inter-professional rivalry among healthcare professionals.

Analysis of Variance on Perceived Ways of Managing Inter-professional Rivalry

Research Hypothesis 2: There are no statistically significant relationships among responses of healthcare workers on the ways of managing inter-professional rivalry.

Table 6: Test of Homogeneity of Variance.

Levene Statistics	df1		df2		Sig.
6.481	6		406		0.148
ANOVA					
	Sum of squares	Df	Mean square	F	Sig.
Between groups	13.092	6	13.093	9.43	0.043
Within groups	207.108	406	1.389		
Total	220.200	412			

From the Levene's test, the significant value is 0.148 which is greater than 0.05. The study did not violate the homogeneity of variance assumption. The one-way ANOVA revealed no significant differences in the responses of the healthcare workers on the perceived ways of managing inter-professional rivalry based on the professions ($F_{(6,406)} = 9.43$, $p = 0.043$). This means that respondents did not significantly differ on their views on the effective means of managing inter-professional rivalry.

From the analysis, the views of the respondents are almost similar on the perceived causes of inter-professional rivalry among health workers at the University of Ilorin Teaching Hospital (UITH). This agrees with the study of Ogbonnaya et al. which found that most medical doctors believed that they should heads all health-related departments perhaps because they have long years of training than other healthcare workers [21]. However, the majority of other healthcare professionals disagreed with this view. They rather demand for elections for headships of those departments. From the descriptive results, 81.5 per cent of the nurses noted that doctors' dominance is one of the major causes of the existing inter-professional rivalry in the study setting. This agrees with the study of Omisore et al. among health care workers in Ondo State Specialist hospital which found that nurses identified the increasing dominance of doctors in leadership and day-to-day running of the hospitals as a significant determinant of the rivalry [4].

Also, views of health workers included in this study on poor communication as one of the determinants of inter-professional rivalry among health workers is almost similar. This agrees with the study of Akel and Elazeem on the causes of inter-professional conflict which found that failed communication as a cause of conflict between nurses and physicians [23]. Nwobodo et al. found that nurses were better at facilitating communication strategies [26]. Moreover, nurses viewed that lack of respect from physicians towards them could be one of the sources of conflicts [27]. Mohammed et al. found similar disrespect between physicians and nurses in Nigeria, and this contributed to decisions to resign or quit due to negative feelings of defeatism and low self-esteem [28]. In addition, responses of health workers included in this study on monetary issues appointments are almost similar. This means that virtually all the health workers agreed that monetary issues appointments within the hospital are some of the drivers of the rivalry among them. According to Ogbonnaya et al., differential salary scale between the doctor and the other health workers was the main factor perceived to cause inter-professional conflict among health workers [21].

On the effective ways of managing inter-professional rivalry among health workers, virtually all the respondents in this study agreed that orientation of health workers on the importance of teamwork could assist in managing rivalry and conflicts among them. This means that they should be trained on the importance of teamwork. They should be trained to see each other as members of a team working towards the same goals. This agrees with the study of El-Hosany which argued for entrenchment of teamwork spirits among health workers [29]. How to build and maintain mutual respects among health workers should be prioritized and incorporated as part of the trainings. Also, the analysis revealed that the majority of the respondents agreed that the use of informal and formal communication channels could improve relationships among healthcare workers. This agrees with the study of El-Hosany who concluded that measures should be put in place to improve both formal and informal communication channels between doctors and other healthcare workers [29].

In addition, the majority of the respondents agreed that staff development could also be used to ensure peaceful coexistence among healthcare workers. The analysis revealed that delineating the roles of each health worker and motivating them to stick to their roles as team players could help in reducing rivalry and conflicts among them. The study of Mohammad et al. in Nigeria found that role ambiguity may cause conflicts among healthcare workers [28]. Also, engagement their organisations when conflicts occurred could assist in effective management of conflict among healthcare workers. Based on the above findings, the following recommendations are suggested:

i. The government, hospital managers, professional bodies and other relevant stakeholders in the hospital setting should engage in regular and constant dialogues to discuss potential causes of conflicts. Also, government agents or third parties need to be involved in building and strengthening team works and collaborations among health workers at the University of Ilorin Teaching Hospital (UITH).
ii. Health professionals should accept that there is relativity in the salary structure between the doctor and that of other professionals globally. However, the government should consider an upward review of public sector health workers' salaries to make it 'adequate'. In doing this, the relativity in salary differential between doctors and the other professionals would be considered, adjusted, and restored.
iii. There should be a clear delineation of duty in specifying the roles, functions, and ethical responsibilities of each healthcare professional so that needless confrontations would be avoided. The health workers should then be educated and enlightened on the adverse effects of crossing their job boundaries and not knowing their limits in giving patient care thereby the result leading to inter-professional rivalry and conflict and causing patients to suffer from this.
iv. Also, measures should be created to correct practices of conflict among healthcare workers in the hospital. Organizational guidelines for reporting conflicts and unethical professional conduct and professional incompetence should be put in place to enable workers to report to the appropriate authority. Structures should be put in place at wards, departments, and hospital levels to manage conflicts between individual health workers, as well as between professional groups, by resorting to collaborative response, through addressing the concerns of all conflicting parties.

Conclusions: From the foregoing, it can be observed that rivalry among healthcare professionals occurs frequently. This study found that salary structure, doctors' dominance, blurred job boundary, value difference and poor communication are the most prominent causes of inter-professional rivalry among healthcare professionals. Since virtually all the respondents agreed on the perceived causes of inter-professional rivalry among workers, policy-makers could be guided on what should be done to prevent conflicts among health workers. This is imperative because conflicts among them could cause or bring negative health outcomes for patients. The causes should be addressed by the concerned authorities because cordial relationships among them are fundamental to deliver high-quality services to patients. Also, the study found that the views of the respondents on perceived ways of managing inter-professional rivalry at the University of Ilorin Teaching Hospital (UITH) are similar. Hence, findings of this study would be useful for the health policy-makers in initiating and implementing policies for addressing the causes of the rivalry in order to prevent the implications of such rivalry in healthcare in public healthcare facilities. This is fundamental for helping health workers and health sector as a whole. In addition, NGOs specialized in health and well-being as well as general public would benefit from the findings and recommendations of this study.

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