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PERCEIVED INTRA PROFESSIONAL CONFLICTS, SOURCES AND COPING STRATEGIES AMONG NURSES IN SELECTED TERTIARY HEALTH FACILITIES IN SOUTH-EAST NIGERIA

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ABSTRACT

Following the numerous benefits associated with EHR, adoption of EHR has increased dramatically in most countries of the world since 2009. With the ongoing radical changes in nursing profession in Nigeria, the adoption of EHR by nurses in Nigeria is long overdue. Thus the purpose of this study was to investigate intra-professional conflict among nurses, sources and coping strategies in selected tertiary Health facilities in the south east zone of Nigeria. A cross sectional survey design was employed and a sample size of 997 nurses participated in the study .The instruments used for the study were questionnaire and a structured interview .The instrument were validated by the researcher's supervisor and two other experts from nursing and health department University of Nigeria Enugu Campus .A cronbach alpha reliability coefficient of 0.86 was obtained .Data collected were analyzed using SPSS version 16.00.Data were analyzed using descriptive and inferential statistics . Findings revealed lack of clarity of task (0.001), unclear job description for new nurses (0.000) and who to delegate job (0.001) as types of intra professional conflicts among nurses .Out of the nineteen source of intra professional conflict examined in the study, only three, petty jealousy (0.89), nursing goal to be achieved (0.73) personal animosity against the nurse manager (0.15) were not significant. Also only Eleven out of twenty five coping strategies yielded significant outcome (see chapter four) .Test of hypotheses showed that sources of conflict increases with age (P< .05); source of intra professional conflict increase with qualification(P<.05) increases. Finally, coping strategies were found to be higher in females than males. In conclusion, there is a high prevalence of intra professional conflict among nurses .Based on the findings, the study recommends among other things inclusion of professional conflict management course in the educational curriculum of nurses, improved welfare package, frequent seminars and workshops on professional conflict management.

Keywords: Coping strategies, health workers, Intra professional conflict, nurses,

INTRODUCTION

Conflict is inevitable in any human organization because as people interact, there is bound to be differences in opinion, perceptions, personal values and needs. Conflict cannot be expunged from our daily personal and professional lives. Scott (2006) observes that conflict is essential in any community and for any group to enjoy peaceful co-existence; they must enter into "chaos". This chaos or conflict according to him is the true nature of human relationships. A world without conflict is a veneer world without possibility for depths. According to Okoronkwo (2005), conflict is a situation that is felt and experienced by individuals and groups as a result of opposing views, interests and values. When they are not resolved promptly and appropriately they lead to crisis situation which results in disruption in organization and the people therein. Wherever there are groups of people, there is bound to be disagreements, misunderstandings and ego clashes leading to conflicts. Although healthy competition is good and motivating, however, sometimes it turns unpleasant and leads to conflicts; hence the issue of conflict is an inevitable factor in people's daily lives. Conflict occurs in even happy families, good relationships and healthy work environments. It occurs between individuals, groups and nations and can embody tensions between the State and civil society or between State institutions. Naturally conflict evokes feelings, chaos, stress, anarchy and war. This may be the reason why some people tend to perceive conflict as negative and a plague to be avoided. This may also be buttressed by the fact that the term 'conflict', was originally derived from the Latin verb "confligere" meaning to clash, engage in a conflict or strike together. However some conflict theorists do not think that conflict is always negative, rather it is a multidimensional construct with both detrimental and beneficial effects. According to

Moisoglou et al (2014), the presence of conflicts is desirable and indispensable both for personal and organizational creativity. Depending on how the conflict is managed the experience can be growth enhancing for the individuals involved or it can be destructive to self-esteem. Conflict when poorly

managed or consistently avoided may reduce productivity, undermine trust, and may generate additional conflict. The workplace setting is a fertile breeding ground for conflicts because of the dynamics and interdependency of the employees. Workplace relationships that consist of conflict, rather than collaboration and support, leave nurses feeling angry, betrayed, frustrated and dismayed (Bishop, 2006). Hospital work environments may be more susceptible to conflict due to stressful environments, constant changes, challenging and difficult work, different cadres of staff, and diversity of interactions. Workplaces can be inherently stressful, if they are converted into an arena where every staff or employee thinks he is in a competition, thus the potential for conflict in a hospital setting is higher due to this complex nature of the health care system.

Nursing is one of such health care professions whose work is based on collaborative relationships with colleagues and clients/patients and when two or more people view issues or situations from different perspectives, without coming to agreement, it may lead to conflict. Although conflict is an inherent part of nursing, the provision of professional services to clients and quality patient care is a top priority for many nurses. Nurses have often reported conflict with doctors, colleagues, managers, families, and patients (Boychuck-Duchscher & Cowin, 2009). Conflict also originates from several sources. However, recent studies have shown that nurses identify their managers and nursing colleagues is also the most stressful type (Lawrence & Callan,2006). Such conflict may be severe or mild depending on their nature. The conflicts among nurses whether severe or mild may grossly affect patient care and cause unnecessary rift between nurses; hence the necessity of the present study.

Statement of the problem

Nurses occupy very central and important position in the hospital, thus conflict within the profession may invariably affect client/patient care. According to Almost (2010) one of the contributing factors to the current nursing shortage is job dissatisfaction due to conflict in the workplace. In order to develop strategies to reduce conflict, research is needed to understand the causes and outcomes of conflict in nursing work environments. Most of the contemporary researches on intra professional conflict were conducted in advanced countries of the world and focused more on intra professional conflict and bullying among nurses (Sandy, 2010). Although some of the research findings are actually pertinent to the Nigerian health system, they do not capture most of the types of conflicts that are more specific and peculiar to our environment. In order to develop strategies to reduce conflict, research is needed to understand the causes and outcomes of conflict in nursing work environments

Moreover, the few studies conducted in Nigeria so far were limited to either inter personal or inter professional conflicts in the workplace (Olufolahan, 2012). The hostile and antagonistic posture exhibited within the rank and file of nurses that the researcher has observed over her thirty five years in the public health sector and the unhidden desires of many registered nurses to either leave the profession or move from one unit to the other or from the public health sector to other sectors call for an in-depth empirical study. In order to develop strategies that will reduce conflict, research- based data is needed to understand more thoroughly the concept of conflict in nursing work environment. Hence, this research speculates that these unhidden desires and unrelenting penchant for the movements might be because of the desire for a friendlier and less hostile workplace environment. However, the paucity of recent empirical research studies on intra and inter professional movements in Nigeria creates a serious gap in the literature (FMOH, 2007). This is the gap the Study filled.

Purpose of the study

The purpose of the study is to investigate intra professional conflict among nurses, their sources and the coping strategies adopted by nurses in selected tertiary health facilities in the South East geopolitical zone of Nigeria.

Objectives of the study are to:-

- identify types of intra professional conflicts among nurses.
- determine the sources of intra professional conflicts among nurses.
- determine coping strategies adopted by different cadre of nurses to resolve intra professional conflicts.

Research questions

- What are the types of conflict among nurses?
- What are the sources of conflict among nurses?
- What are the coping strategies adopted by different cadre of nurses in dealing with intra professional conflicts?

Intra Professional Conflict in Nursing;

Conflict has been found to affect nurses in many ways and has been identified as a source of stress within nursing work environments, (Bishop, Dijkstra, Van Dierendonck, & Evers, 2006). In nursing work environments, conflict among nurses is becoming a significant issue resulting in job dissatisfaction, absenteeism and turnover (Sandra, 2006). WHO (2008) report of its global advisory group acknowledged the shortage of nurses, and as a result nurses cannot avoid encountering an increase in workplace stressors. In addition, the global increase in the aged population, the intensity of health care problems, the incidence of chronic illnesses and advanced technology nurses are faced with have increased work-related stressors.

Pavlakis et al (2011) postulated that nurses spend 19% of their working time to resolve conflict in the workplace. Also conflict can have an impact on individual nurses and their ability to accomplish tasks, poor decision making, lack of concentration, apathy, decreased motivation and anxiety may impair job performance, creating uncharacteristic errors. As nurses, he opined that it is not possible to prevent conflict in both their personal and professional lives. A nurse occasionally feels conflict as she struggles to balance her job requirements with her personal life and beliefs, in such situation a nurse is experiencing intrapersonal conflict, which can transcend into intra professional conflict in her interaction with other colleagues. The nurse's own professional agenda may also be in conflict with the compelling demands of others, notably those of general management.

Forbes (2011) posits that nursing is a predominantly women profession and that women can be petty and ruthless in the workplace, engaging in what he calls 'relational aggression'- a type of psychological warfare that can traumatize for years or even a life time. When it comes to career success, women can be their own worst enemy; thus the issue of negative workplace relationships is a sensitive one. In highlighting the prevalence of conflict and negative behaviour arising from the behaviour of some qualified graduate nurses towards nursing students. Stevenson (2006), identified bullying as one of the examples of negative workplace relationships, and offers the following definition for bullying as a persistent criticism and abuse in public or private, which humiliates and demeans the person'. In another analysis, Hickling, (2006) identified that workplace bullying is increasingly being recognized as a serious problem in society.

Types of conflict

Conflict arises from differences in values, motivations, perceptions, ideas on how nursing tasks are to be performed, and the process of doing the job as in implementing the nursing process in units. In the work place also, conflict can occur due to mismanaged relationship between colleagues. In addition to the defining attributes of conflict most research has identified three types of intragroup/intraprofessional conflict; task, process and relationship conflict, (Hunnbbel,2013). These three types of conflict are recognizable among nurses in the hospital setting.

Task conflicts: Are disagreements about the content of a task and work goals, such as distribution of resources, procedures, and interpretation of facts. Task conflicts include differences in viewpoints, ideas, and opinions. Example nurses that are trained in mission schools or that have worked in either mission hospitals or general hospitals carry out certain tasks that nurses in tertiary health facilities are not allowed to do like setting of IV lines, ordering for laboratory investigations. This may be a source of conflict if such a nurse is employed in a teaching hospital.

Process conflicts: Refer to disagreements about how the work should be accomplished, individual responsibilities, and delegation (Hunnbbel, 2013). For example, when group members like staff nurses and nursing officers disagree about whose responsibility it is to complete a specific duty or assignment like bed making, bed bathing and pre-operative preparations of a patient/client, this may lead to disputes.

Relationship conflicts: focuses on interpersonal relationships and hostilities among nurses. Poor interpersonal relationship can be seen in the nurses work environment as they work and relate with each other. They exist when there are interpersonal incompatibilities among group members, including personality clashes, tension, animosity, and annoyance. Because of its volatile and counter- productive nature, relationship conflict is considered more destructive and harmful. There is, however, considerable conceptual overlap between these different types (Redding, 2013). While research supports these three types of intra professional conflict, the boundaries between task, process, and relationship conflict are neither clear nor precise. Task conflict may become transformed into relationship conflict, such as might occur in situations where disagreement over the content of a task is perceived as a personal criticism. Similarly, relationship conflict can lead to task conflict, such as might occur when personal criticisms lead to a discussion of task interpretation. In addition, some researchers argue that process conflict is not a third type of conflict but rather another component of task conflict, because task conflict generally concerns one of two sets of issues: what is to be done and how it is done (Almost, 2010). As a result the types of conflict often appear to be entangled, with inconsistent empirical evidence and overlapping measurement. However for this study Barki and Hartwick two dimensional frameworks and typology for conceptualizing conflict will be used to identify the types of intra professional/intra group conflict in nursing.

Sources of conflict

According to Almost, Doran, McMills and Laschinger (2010), conflict is a multi dimensional construct with both detrimental and beneficial effects arising from many diverse sources. Some of these sources include unclear definition of responsibility, limited resources, conflict of interest, work demands, disparity in academic qualifications, nurses promotion stagnation and rivalry with regards to position and hierarchy, personality differences, favouritism, work overload, burn out, and gender preponderance etc. Conflict is said to be an inherent part of nursing, and can lead to antagonistic and passive-aggressive behaviours (such as bullying or horizontal violence) that may compromise the therapeutic working relationship. Due to the nature of the profession it is known to be stressful and prone to conflict which has detrimental effects on the physical and psychological wellbeing of an individual. No wonder the United Nations realized the magnitude of this problem, and so labelled job related stress as 20th century disease,(Chapman, 2006). In a study by Ogbimi (2006), he reported that factors such as inadequate development of interpersonal skills, perception of respect, compliance with advice, personality traits and communication gaps were commonly reported by nurses as the sources of conflict.

Coping strategies for conflict.

Coping according to Berman, Snyder, Kozier and Erb (2008) is a means of dealing with change or challenge successfully or unsuccessfully. They went further to say that coping strategies are all about ways, methods or processes applied by workers to deal with such challenges, situations or events. Coping strategies as defined by Payne (2008) are conflict resolution strategies that an individual may use,

depending on their dispositions toward pro-self or pro-professional goals. This was also highlighted by the dual concern model as quoted by Goldfien and Robbennolt (2007). The dual concern model of conflict resolution is a conceptual perspective that assumes individuals preferred method of dealing with conflict is based on two underlying themes or dimensions namely: A concern for self-i.e. assertiveness and A concern for others i.e. empathy.

Of interest is how nurses cope with workplace conflicts, in a series of research studies by Lambert (2008) involving hospital nurses in different countries, the nurses identified the top two stressors (death and dying issues and workload) to be the same regardless of country, there were little variations in the coping strategies. The three most commonly used strategies in descending order of preference were the following:
Planful problem solving, self-control and seeking social support for Australian nurses.
Positive reappraisal, self-control and planful problem solving for Chinese nurses.
Self-control, seeking social support and planful problem solving for Japanese nurses.
Planful problem solving, self-control and seeking social support for New Zealand nurses.
Self-control and social support for South Korean nurses.
Self-control, planful problem solving and positive reappraisal for Thai nurses.
Planful problem solving, self-control and a positive reappraisal for USA (Hawaii) nurses.

It can be seen that nurses regardless of country, tended to prefer planful problem solving, seeking social support, self-control and positive reappraisal as coping strategies in the workplace. In a related study by Lazarus (2009) in which he examined the relationship between use of coping strategies and burnout among 150 randomly selected staff nurses from a New Jersey county hospital, found the nurses using escape/avoidance, self-controlling and confronting. A further review of the nursing literature found that several studies have examined the conflict styles of women at various levels of management and gender differences in managing conflict. The results of these studies have shown that staff nurses predominantly use avoidance when managing conflict according to Eason and Brown as cited by Cavanagh (2009). These staff nurses indicated that they use avoiding as their main style for handling conflict as a way of preventing open confrontation and preserving relationships because of their subordinate role, while nurses in supervisory positions used compromise as their most frequent style.

Barton (2011) also suggested that the style of conflict management varied depending on the level of position held, with the most frequently used mode being compromising, followed by accommodating, and collaborating especially by managers. The study of conflict also seems to suggest that women respond differently to conflict than men (Valentine, 2009) observed that female nurses use more avoidance and less collaboration than their male counterparts in business settings. He equally noted that women were more likely to consider the interests of others, utilizing more compromising and tactful strategies, whereas men preferred competitive and aggressive strategies.

Various experts have identified various ways people generally respond to conflict. One tool that is widely used and which will be used in this study is called the Thomas Kilmann Instrument (TKI) that identified 5 modes / ways in which people respond to conflict. These are; avoidance, accommodation, competition, compromise and collaboration. Everybody can benefit, both personally and professionally, from learning conflict management skills. Each of these five modes can be characterized by two scales: assertiveness and cooperation. None of these modes is wrong to use, but there are right and wrong times to use each. The following sections describe the five modes and how individuals can discern their conflict mode. In general a person's response to conflict will be determined by whether one is more concerned with maintaining or improving relationships with others or whether one is more concerned about self and the ability to win.

- **Avoidance coping style:** This is characterized by inaction and passivity. Avoidance conflict style is typically used when an individual has reduced concern for their own outcomes as well as the outcomes of others. The avoiding mode is low assertiveness and low cooperation. Many times people avoid conflicts out of fear of engaging in a conflict or because they do not have confidence in their conflict management skills. Avoiding mode becomes appropriate when one has issues of low importance, to reduce tensions, to buy some time, or when one is in a position of lower power. During conflict, these avoiders adopt a "wait and see" attitude, often allowing conflict to phase out on its own without any personal involvement (Bayazit & Mannix, 2003). Unfortunately, by neglecting to address high-conflict situations, avoiders risk allowing problems to fester out of control. It is a lose situation (it does not address the conflict). It results in ineffective and unproductive outcomes, since it only postpones the conflict. This approach has an element of being self-sacrificing and simply obeying orders or serving other people (Kelly, 2006).
- **Accommodation coping style:** Characterized by a concern for others while having a low concern for one's own self. This passive pro-social approach emerges when individuals derive personal satisfaction from meeting the needs of others and have a general concern for maintaining stable, positive social relationships. The accommodating mode is low assertiveness and high cooperation. The accommodating mode is appropriate when one wants to show reasonableness, develop performance, create good will, or keep peace. Some people use the accommodating mode when the issue or outcome is of low importance to them. The accommodating mode can be problematic when one uses the mode to "keep a tally" or to be a martyr. For example, if you keep a list of the number of times you have accommodated someone and then you expect that person to realize, without your communicating to the person, that he/she should now accommodate you. When faced with conflict, individuals with accommodating conflict style tend to give into others' demands out of respect for the social relationship (e.g., to maintain group unity) because they believe being "agreeable may be more important than winning" (Goldfien & Robbennolt, 2007).Accommodation results in meeting the goals of the other person (lose-win situation). This may be appropriate when the issue or goal is more important than winning, the other individual is more powerful, or when an individual is wrong such that the individual yields in, to preserve the harmony and relationship at all costs.
- **Competitive coping style:** or "fighting" conflict style maximizes individual assertiveness (i.e., concern for self) and minimizes empathy (i.e., concern for others). The competing conflict mode is high assertiveness and low cooperation. Times when the competing mode is appropriate are when quick action needs to be taken, when unpopular decisions need to be made, when vital issues must be handled, or when one is right and protecting self-interests. Groups consisting of competitive members generally enjoy seeking domination over others, and typically see conflict as a "win or lose" predicament. Fighters tend to force others to accept their personal views by employing competitive, power tactics (e.g., argue; insult; accuse; violence) that foster feelings of intimidation. Competition results in pursuing one's own goals at the expense of another (win-lose situation).

- **Compromising conflict style**: is typical of individuals who possess an intermediate-level of concern for both personal and others' outcomes. The compromising mode is moderate assertiveness and moderate cooperation. Some people define compromise as "giving up more than you want," while others see compromise as both parties winning. The compromising mode is appropriate when one is dealing with issues of moderate importance, when one has equal power status, or when one has a strong commitment for resolution. Compromising mode can also be used as a temporary solution when there are time constraints. Compromisers value fairness and, in doing so, anticipate mutual give-and-take interactions. By accepting some demands put forth by others, compromisers believe this agreeableness will encourage others to meet half-way, thus promoting conflict resolution. This may be effective when individuals are of equal power and an expedient answer is needed, but leads

to temporary settlement on a complex issue or a quick fix when time is of essence. It is a bargaining process that often results in a less than ideal solution as concessions are made.

- **Collaboration:** In most situations the best outcomes will be achieved if the parties involved in the problem work together towards a resolution in a collaborative way. The types of processes that work well can be generally described as interest-based approaches. Using an interest based approach means that the parties who are in conflict focus on the interests or needs that lie beneath the conflict rather than focusing on the positions that they may be taking. The collaborating mode is high assertiveness and high cooperation. Collaboration has been described as "putting an idea on top of an idea…in order to achieve the best solution to a conflict." Algert, and Watson, (2002). The best solution is defined as a creative solution to the conflict that would not have been generated by a single individual. With such a positive outcome for collaboration, some people will profess that the collaboration mode is always the best conflict mode to use. However, collaborating takes a great deal of time and energy. Therefore, the collaborating mode should be used when the conflict warrants the time and energy. The collaborative mode is appropriate when the conflict is important to the people who are constructing an integrative solution, when the issues are too important to compromise, when merging perspectives, when gaining commitment, when improving relationships, or when learning.

The goal is to work towards a resolution that allows everyone to get what they need rather than trying to win or defeat the other person. By seeing conflict as a creative opportunity, collaborators willingly invest time and resources into finding a "win-win" solution. It is the most desirable approach in resolving a conflict and results in finding a mutual agreeable solution. It is an assertive and cooperative approach that allows individuals to be creative and find a solution that satisfies all concerns and goals to be achieved (Kelly, 2006). Viewed as the opposite of avoidance and competition the goal is for both parties to win. The problem-solving process continues until each individual is satisfied with the resolution. Although this process is growth producing, it takes a considerable amount of time. Healthcare desk (2011) opines that the goal is to move towards a resolution that allows everyone to get what they need rather than trying to win or defeat the other. Interest based or collaborative approaches include negotiation, mediation and to a lesser extent arbitration, otherwise called "Alternative Dispute Resolution" (ADR) which usually refers to processes used to resolve conflicts that are other than the traditional legal one of litigation.

To function effectively as part of a team, nurses must establish positive collegial relationships. Positive collegial relationships result from good communication, mutual acceptance and understanding, use of persuasion rather than coercion, and a balance of reason and emotion when working with others, (Gerardi, 2004). The active management of conflict is an integral part of building positive collegial relationships. Colleagues who work together to manage conflict effectively will help to foster a work environment that produces positive outcomes for both nurses and clients.

All the models describe the predictable course that conflict follows, but differ as to the number of identifiable stages along this course. The following elements, however, are identified in all models: (a) antecedents or conditions that occur prior to conflict, (b) affective states or the awareness by the involved parties that results in some kind of feeling or emotional response, (c) behaviours or manifest conflict, ranging from very subtle to violent, and finally, (d) outcomes, such as job stress, and job dissatisfaction. Since the most common communication style of nurses is said to be passive-aggressive, and the most common way nurses deal with conflict is avoidance (Forte, 2005), nurse-to-nurse conflict is seldom resolved in the workplace. According to Agu (2012) Peace is not the absence of conflict but the presence of creative alternatives for responding to conflicts.

Empirical Review

In a descriptive survey conducted by Brown (2006), in which he examined the relationship between use of coping strategies and burnout among 150 randomly selected staff nurses from four hospitals in Colorado in which the researcher administered questionnaire was used. Findings revealed that the nurses who experienced increased levels of burnout used the coping strategies of escape/avoidance.
Also in another descriptive survey Brown (2013) studied the impact of job related stress on job satisfaction among 271 nursing staff selected by random sampling technique in two Greek hospitals using questionnaire to elicit their responses. Result showed that conflict, heavy workload and lack of job autonomy were negatively associated with all job satisfaction dimensions.

A study by Nahid and Nayeri (2009) which explored the experience of conflict as perceived by Iranian hospital nurses in Tehran, Islamic Republic of Iran, found that how nurses perceive conflict influence how they react to it. They opined that although conflict-control approaches have been extensively researched throughout the world, no research-based data are available on the perception of conflict and effective resolutions among hospital nurses in Iran. However in that qualitative research on how Iranian hospital nurses perceive and resolve conflicts at work, it was observed that how nurses perceive conflict influence how they react to it. That the sources of conflict are embedded in the characteristics of nurses and the nursing system, but at the same time these characteristics can be seen as strategies to resolve conflict. They found mutual understanding and interaction to be the main factor able to prevent and resolve conflict effectively.

In a study by Christine, (2008) on nursing stress; the effects of coping strategies and job satisfaction among 129 qualified Australian Nurses who volunteered to participate and answered questions on the 50 item questionnaire, showed a significant positive relationship between nursing stress and mood disturbance and a significant negative relationship between nursing stress and job satisfaction.

A study by Corwin (2007) on conflict in nursing roles and the ideal perceptions of role and reality among randomly selected 296 graduate and student nurses at graduation from University College hospital, Melbourne, Australia. A quantitative study using questionnaire showed that inherent conflicts between professional and bureaucratic principles of organization were most seriously encountered, which was interpreted as evidence of their incompatibility.

In De Dreu and Weingart's (2009) study on the effect of the two sources of conflict namely, substantive and affective conflict on 78 health care workers in Municipal hospitals in Amsterdam using convenience sampling technique. They found out that the two are negatively related to team member satisfaction (ρ = -.32; -.56, respectively). Additionally, substantive and affective conflict are negatively related to team performance (ρ = -.20; -.25, respectively). Substantive conflict deals with disagreements among group members about the content of the tasks being performed or the performance itself. This type of conflict occurs when two or more social entities disagree on the recognition and solution to a task problem, including differences in viewpoints, ideas, and opinions, which may lead to conflict in the workplace.

In yet another meta-analysis research by De Dreu and Weingart (2009), on the types and effects of workplace conflict in hospitals in Amsterdam, using 3,534 healthcare workers. They found out that in the 28 different studies which measured relationship conflict, task conflict or both and a measure of team performance, team member satisfaction or both, that the two concepts relate to each other, and in all the studies they found strong and negative correlation between relationship conflict, team performance and team satisfaction. These relationships show the severe negative impact that conflict can have on groups, and illustrate the importance of conflict management.

Duddle , (2007) in an exploratory study, using multiple case study design between July,2005 to February, 2006 on the way registered nurses relate and interact with each other in the workplace and to identify factors that influence such interactions with each other. All the 76 nurses in 3 wards of Australia central hospital were involved in the study. Duddle noted that the workplace could be a difficult place for both very experienced and less experienced nurses regardless of the clinical environment. They also observed that some nurses had developed a resilience to conflict in the workplace and accepted it as part of the working life. He opined that intra professional relations are an important topic both for nurses and nursing as they face the ongoing challenges of nurse shortages, poor colleague relationship together with workplace conflicts which cause job dissatisfaction. As a consequence some nurses leave the profession while others continue working but remain chronically unhappy.

In a predictive, non-experimental design study which was conducted by Hurlock (2008) in which he used a random sample of 277 acute care nurses in Ontario, tested a theoretical model linking antecedent variables (core self-evaluation, complexity of nursing care, unit size, interactional justice, managerial support, unit morale) to intragroup conflict, followed by conflict management, and ultimately, job stress and job satisfaction. The result revealed that higher levels of intragroup relationship conflict lead to higher levels of job stress and lower levels of job satisfaction.

In a study sponsored by the Royal College of Nursing (RCN, 2005) for employees in 16 healthcare facilities in Ohio, showed that there is increasing evidence that bullying, harassment and violence toward qualified healthcare staff is increasing and is becoming more widespread.

In a related 3year longitudinal empirical study by Randle (2003) in United Kingdom on Cardiff university nursing students on their experiences with the qualified nurses, it was reported that the students were being ridiculed or humiliated in front of others, and sometimes the behaviour was more subtle in nature, but it still caused the students feeling of powerlessness and diminished self-esteem.

Sandy (2009) in a descriptive study conducted in three Sydney metropolitan hospitals in New South Wales explored the relationships in and between scope of practice and communication amongst teams of nurses. Six focus groups with 9 nurses both registered and enrolled nurses in the three hospitals were used. The result showed that nurses reported that confusion surrounding scope of practice, particularly in the areas of medication administration; patient allocation and workload resulted to situations whereby nurses felt bullied, stressed and harassed. The study in its suggestion reiterated that unless nursing team members clearly understand their roles and scope of practice, there is potential for inter professional workplace conflict among either doctors and nursing example in setting iv injections. Furthermore the impact of the conflict may have consequences for both the individual nurse and their patient.

Another study conducted by Sayed1 and Ibrahim in Cairo, Egypt, in which they used seventy nurses working in intensive care units at the governmental hospital (Al-Noor Specialist and nongovernmental hospital) (Dr. Bakhash Hospital), to determine the work stressors among intensive care unit nurses in governmental and nongovernmental hospitals. Using descriptive correlation design nurses' work stressors were measured by using the Health Professions Stress Inventory (HPSI). It was observed that work-stress may be found both within worker personality and within the work environment. The four broad work stressor categories identified were; work condition, job uncertainty, interpersonal conflict and lack of professional recognition and support.

In a similar descriptive survey by Sharif and Masoumi(2011), using public health nurses in Chicago. The qualitative study used 200 randomly selected student nurses during their clinical practice at Shiraz University of medical sciences, faculty of nursing and midwifery. Four themes emerged from the focus

group data. Result showed that nursing students were not satisfied with the tension and anxiety they experienced from their interaction with the qualified nurses.

In a descriptive study by Onasoga, (2012), on occupational stress management among nurses in central hospital, Benin City, Nigeria, in which 100 respondents were purposively selected from the 271 nurses in the 32 units of the hospital. The result showed that a good number of nurses were exposed to stress and the major causes of the dissatisfaction were poor salary, handling large no of patients, lack of incentives and lack of promotion.

METHODOLOGY

Research Design:

Study adopted a cross- sectional descriptive design aimed at assessing perceived intra professional conflict across the different cadre of nurse in the hospital work environment, the types, sources and their coping strategies. The study adopted both quantitative and qualitative approaches in order to elicit pertinent information from the respondents. The research design is appropriate for this study because it allows one to describe conditions as they exist in a natural setting at the time of the study. According to Burnard and Hannigan(2008), a growing number of authors argue that there is a case for integrating qualitative and quantitative research methods, and insist that there are merits of mixing research methods. They concluded that it is profitable to recognize that the two methods complement each other, while acknowledging their particular strengths.

Area of Study:

The study was conducted in two tertiary health institutions namely: - Nnamdi Azikiwe University Teaching Hospital (NAUTH), Nnewi, and University of Nigeria Teaching Hospital,(UNTH) Ituku Ozalla, in Anambra and Enugu States respectively. NAUTH is in Nnewi, the second largest commercial city in Anambra State, in southeast Nigeria. Nnewi is a metropolitan town with an estimated population of 391,227 according to the 2006 national census and the only town in Nnewi north local government area. The city spans over 1,076.9 square miles (2,789km^2) .The hospital is the only federal tertiary health institution in the State, named after the great Nnamdi Azikiwe, the first President of independent Nigeria. It is located along old Oba Nnewi road and 100 bedded hospital is in the forefront of providing health services in the State, providing both in- patient and outpatient services at the centre and .its annexes spread across many towns and communities in the State. It has in addition a medical school and a school of nursing.

- UNTH is located at its permanent site at Ituku-Ozalla, a community about 21 kilometers from Enugu the capital city of the State, also in southeast Nigeria. It is located along the Enugu- Port Harcourt express way. The hospital covers an area of about 200 acres and another 547 acres for future expansion. The more than 500 bed hospital offers inpatient and outpatient services, provision of teaching facilities for training of medical, nursing, midwifery, medical laboratory science, medical records and other health personnel. They have 41 departments and three out- posts/comprehensive health centres at Obukpa in Nsukka, Enugu State, Abagana in Anambra State and Isuochi in Abia State.

Population for study:

The population for the study include all registered nurses working in the two tertiary health facilities of NAUTH and UNTH, whose appointments have been confirmed. The target population include all nurses that have worked in any department of the hospital for two years or more. Two years was chosen because by the Nigeria civil service regulation every senior staff would have spent two years probationary period before the appointment is confirmed (2008 Public Service Rules). The total number of nurses for NAUTH,

Anambra State is 687, while that of UNTH, Enugu is 606, giving a total of 1293 nurses from the two hospitals.(Nursing Services Records, 2014)

Sample:

The sample consisted of all the registered nurses in the two hospitals with a total population of 1293 were used. The method for small population as quoted by Watson (2011) and used by Scott-Smith (2013) in his PhD thesis was adopted because of the nature of duty of nurses. Most nurses cover three shift duties of morning, afternoon and night, with some others on off duty, annual/maternity leave, study leave and even sick leave. The total number of nurses met on duty each day for the one month of data collection constituted the sample. The breakdown of the number for the registered nurses in the two hospitals is as follows in table 1:

Table 1:NAUTH, NNEWI

RANK/ DESIGNATION	NUMBER THE HOSPITAL
Deputy Director Nursing(DDN)	0
Chief Nursing Officer(CNO)	114
Assistant Chief Nursing Officer(ACNO)	102
Principal Nursing Officer(PNO)	81
Senior Nursing Officer(SNO)	95
Nursing Officer1(NO1)	143
Nursing Officer11(NO11)	152
TOTAL	687

UNTH, ITUKU- OZALLA

RANK/ DESIGNATION	NUMBER IN THE HOSPITAL
Deputy Director Nursing(DDN)	0
Assistant Director Nursing(ADN)	4
Chief Nursing Officer(CNO)	163
Assistant Chief Nursing Officer(ACNO)	26
Principal Nursing Officer(PNO)	109
Senior Nursing Officer(SNO)	88
Nursing Officer 1(NO1)	84
Nursing Officer 11(NO11)	132
TOTAL	606

Inclusion criteria:

- Registered nurses working in all the units of the two hospitals.
- Nurses who have spent at least two years in the hospitals, and whose appointments have been confirmed.
- Willingness to participate in the study.
- Availability at the time of data collection.

Sampling Procedure:

A purposive sampling method was used to select the two tertiary hospitals in the South East. These hospitals were purposively chosen due to accessibility and because the population also has all the characteristics of registered nurses. Participants were also chosen using purposive sampling technique as well.

Instrument for data collection

Two instruments were used to collect data. One was a researcher developed questionnaire in modified Likert- type four point scales with 61 items which were generated based on the objectives set for the study and literature review. The questionnaire has two sections; A, and B. Section A is designed to generate

data on respondent's demographic characteristics, while section B has three sub scales; sources of intra professional conflicts, types of intra professional conflicts, and coping strategies (Appendix C). The Thomas Kilman's conflict mode instrument was adapted to elicit the nurses' coping strategies. The second instrument for data collection is a structured interview guide designed by the researcher to interview nurse managers/heads. Te instrument was submitted to the supervisor and two experts in the field of management from Departments of Nursing and Health administration and Management for face and content validity. They made some corrections and modifications which were used to effect changes in the final draft of the questionnaire. A pilot study was conducted in order to establish the reliability of the instrument among 20 registered nurses who had worked for at least 2years at the Chukwuemeka Odimegwu Ojukwu University Teaching Hospital (COOUTH), Awka using the split- half method. The scores generated were subjected to Cronbach alpha test to determine the internal constituency of the instrument. An alpha coefficient reliability of 0.86 was obtained showing that the instrument was reliable and was appropriate for the study.

Ethical consideration:

The researcher submitted and received ethical approval to carry out the study from the Heads of Ethical Committees of Nnamdi Azikiwe University Teaching Hospital Nnewi, Anambra State and University of Nigeria Teaching Hospital, Ituku-Ozalla, Enugu State. Permission to carry out the study in each unit of the hospitals was also obtained from the heads of nursing services. All participants were duly informed of the purpose of the study and written consent received from them. The participant's wishes and rights were respected at all times, including right to discontinue at any time.

Procedure for data collection:

With the letter of introduction from the Department of Nursing Sciences, UNEC, and permission from the heads of nursing in the two hospitals, the researcher with the four trained research assistants went ahead to collect data from the respondents. The copies of the questionnaire were administered to nurses on duty and time allowed for them to complete it. In the same vein the nurse managers were given the interview guide for them to answer the questions as it applies to them. Data collection lasted 4weeks.

Method of data analysis

The data obtained from the study was collated, tallied and analyzed using statistical software package for social sciences (SPSS, Version 18). The means and standard deviations of the responses was determined item by item and arranged in tables and charts, the mean value of the coping strategies by different cadre of nurses was coded and analyzed using descriptive and inferential statistics. Differences in means were compared using Pearson Chi test. The level for statistical significance was set at 0.05.

RESULTS

Nine hundred and seventy-seven copies of questionnaire were administered but eight hundred and sixty-six out of them were returned and they were properly filled and fit for analysis; therefore, the return rate is 88.6%.

Table 2: Returned rate according to the hospital

Designation	Distributed	Returned
UNTH	466	406 (87.1%)
NAUTH	511	460 (90.0%)
Total	977	866 (88.6%)

Table 2 shows the returned rate of the questionnaire according to the designation of the respondents. Out of the 466 copies of the questionnaire distributed to the UNTH nurses, 406 (87.1%) of them were returned while out of the 511 questionnaire distributed to the NAUTH nurses, 460 (90.0%) of them were returned. Generally, the returned rate of the copies of questionnaire distributed to both UNTH and NAUTH nurses is 88.6%.

Demographic Characteristics of Respondents

Descriptive statistics involving frequencies and their percentages were used to analyze data on demographic profiles of the nurses according to their health facilities. The results of the analysis were presented in table 3 below:

Table 3: Demographic distribution of the nurses according to the health facilities

Demographic Characteristics	UNTH	NAUTH	Total	χ2	P-value
Gender					
Male	99 (24.4%)	91 (19.8%)	190 (21.9%)	2.666	0.102
Female	307 (75.6%)	369 (80.2%)	676 (78.1%)		
Age Group					
21-30years	104 (25.6%)	106 (23.0%)	210 (24.2%)		
31-40years	79 (19.5%)	161 (35.0%)	240 (27.7%)	47.175	0.000
41-50years	135 (33.3%)	156 (33.9%)	291 (33.6%)		
51-60years	88 (21.7%)	37 (8.0%)	125 (14.4%)		
Mean Age	40.9(±10.8)yrs	39.4(±8.3)yrs			
Marital Status					
Single	139 (34.5%)	137 (30.3%)	276 (32.3%)		
Married	249 (61.8%)	314 (69.4%)	563 (65.8%)	17.167	0.001
Divorced	6 (1.5%)	0 (0.0%)	6 (0.7%)		
Widowed	9 (2.2%)	1 (0.2%)	10 (1.2%)		
Religion					
Christianity	397 (97.8%)	457 (99.3%)	854 (98.6%)		
Islam	7 (1.7%)	3 (0.7%)	10 (1.2%)	4.466	0.107
Traditional	2 (0.5%)	0 (0.0%)	2 (0.2%)		
Highest Educational Qualification					
RN	50 (12.3%)	13 (2.8%)	63 (7.3%)		
RN/RM	147 (36.2%)	279 (60.7%)	426 (49.2%)		
HND/Degree in other field	103 (25.4%)	93 (20.2%)	196 (22.6%)	72.280	0.000
B.NSc/B.Sc Nursing	57 (14.0%)	55 (12.0%)	112 (12.9%)		
Postgraduate	49 (12.1%)	20 (4.3%)	69 (8.0%)		
Year of Working Experience					
1-5yrs	114 (28.1%)	133 (28.9%)	247 (28.5%)		
6-10yrs	30 (7.4%)	111 (24.1%)	141 (16.3%)		
11-15yrs	64 (15.8%)	75 (16.3%)	139 (16.1%)		
16-20yrs	79 (19.5%)	58 (12.6%)	137 (15.8%)	63.209	0.000
21-25yrs	81 (20.0%)	57 (12.4%)	138 (15.9%)		
26-30yrs	28 (6.9%)	26 (5.7%)	54 (6.2%)		
31-35yrs	10 (2.5%)	0 (0.0%)	10 (1.2%)		
Present Rank/Status					
NO II	112 (27.6%)	157 (34.1%)	269 (31.1%)		
NO I	4 (1.0%)	53 (11.5%)	57 (6.6%)		
SNO	38 (9.4%)	73 (15.9%)	111 (12.8%)		
PNO	59 (14.5%)	11 (2.4%)	70 (8.1%)	112.004	0.000
ACNO	26 (6.4%)	52 (11.3%)	78 (9.0%)		
CNO	163 (40.1%)	114 (24.8%)	277 (32.0%)		
ADN	4 (1.0%)	0 (0.0%)	4 (0.5%)		
Since joining this establishment, I have gone on					
Annual Leave/ Maternity Leave	333 (82.0%)	441 (95.9%)	774 (89.4%)	43.568	0.000
Study Leave	102 (25.1%)	83 (18.0%)	185 (21.4%)	6.434	0.011
Leave of Absence	31 (7.6%)	43 (9.3%)	74 (8.5%)	0.809	0.368
Seminars/ Workshop	221 (54.4%)	315 (68.5%)	536 (61.9%)	18.036	0.000

The result on Table 2 showed that only 21.9% of the respondents were male while the majority of them (78.1%) were female. This is not significant between the nurses in UNTH and that of NAUTH (P>0.05). The mean age of the nurses in UNTH was 40.9(±10.8) years, while that of the nurses in NAUTH was 39.4(±8.3) years. The nurses' age ranged from 21years to 60years in both health facilities but UNTH had

significant nurses who were advanced in age than nurses in NAUTH i.e. 88 (21.7%) of the nurses in UNTH were 51-60yrs while only 37 (8.0%) of the nurses in NAUTH were of that age group (P<0.05). The marital status has significant relationship with the health facilities (P<0.05). This implies that most of the divorced and widowed were from UNTH. There is almost equal percentage of the religious group in the two health institutions in which they were all Christians (P>0.05). Higher educational qualifications like B.NSc/B.Sc Nursing and Postgraduate were more in UNTH than NAUTH (P<0.05) while NAUTH has more RN/RM (60.7%).

Research Question 1: What are the types of intra professional conflicts among nurses?
Six (6) items generated to realize this objective was subjected to descriptive analysis using means and standard deviations. Data were analyzed item by item and the mean scores and standard deviations for each item were presented in table 4.

Table 4: Types of intra professional conflicts among nurses

ITEMS	UNTH						NAUTH						t-test	P-value
	SA	A	D	SD	mean	sd	SA	A	D	SD	mean	sd		
Lack of clarity on the nursing tasks/ procedures to be performed.	79	159	140	28	2.71	0.86	72	162	158	68	2.52	0.93	3.190	0.001
The perceived goal to be achieved by the tasks, like tube feeding for a dehydrated child.	55	123	141	87	2.36	0.97	27	125	211	97	2.18	0.83	2.974	0.003
Unclear job description for a newly hired nursing officer.	89	146	131	40	2.70	0.92	62	151	182	65	2.46	0.90	3.932	0.000
Who to delegate tasks to when the manager is away.	62	151	158	35	2.59	0.85	67	116	204	73	2.38	0.92	3.413	0.001
Differing views and opinions on job accomplishment.	110	110	168	18	2.77	0.90	99	224	95	42	2.83	0.87	0.956	0.339
Inter personal incompatibilities.	164	182	43	17	3.21	0.80	119	229	82	30	2.95	0.84	4.753	0.000
Grand mean					**16.35**	**3.42**					**15.31**	**2.88**		
Mean of means					**2.72**	**0.57**					**2.55**	**0.48**	**4.823**	**0.000**

The types of intra 3conflicts among nurses as agree by both nurses in UNTH and NAUTH include “Lack of clarity on the nursing tasks/ procedures to be performed”, and “Differing views and opinions on job accomplishment” (mean values > 2.50), but in UNTH, they also include “Unclear job description for a newly hired nursing officer” and “Who to delegate tasks to when the manager is away” (mean values > 2.50).
Research Question 2: What are the sources of intra professional conflicts among nurses?
Nineteen (19) items generated to realize this objective was subjected to descriptive analysis using means and standard deviations. Data were analyzed item by item and the mean scores and standard deviations for each item were presented in table 5.

Table 5: sources of intra personal conflicts among nurses

ITEMS	UNTH						NAUTH						t-test	P-value
	SA	A	D	SD	mean	sd	SA	A	D	SD	mean	sd		
Nursing goals to be achieved like quick recovery.	52	90	237	27	2.41	0.80	58	144	178	80	2.39	0.92	0.341	0.733
Lack of clarity on the process or procedure of performing tasks	69	154	176	61	2.79	0.92	97	167	102	40	2.50	0.90	4.653	0.000
Personality clashes and lack of dialogue.	154	180	61	11	3.17	0.78	110	218	101	31	2.88	0.85	5.220	0.000
Personal animosity against the nurse manager.	93	204	84	25	2.90	0.82	96	224	100	40	2.82	0.86	1.422	0.155
Disparity in academic qualifications between graduates and non-graduates.	236	73	69	28	3.27	0.98	184	131	100	45	2.99	1.01	4.240	0.000
Inadequate remuneration.	159	208	37	2	3.29	0.65	180	190	80	10	3.17	0.79	2.360	0.018
Inadequate welfare package.	164	170	63	9	3.20	0.78	172	192	70	26	3.11	0.86	1.706	0.088
Difficulty in implementing the nursing process.	97	201	94	14	2.94	0.78	44	178	196	42	2.49	0.79	8.446	0.000
Disrespectfulness by younger graduate nurses.	76	144	150	36	2.64	0.89	67	155	179	59	2.50	0.89	2.316	0.021
Bullying by senior nurses especially when one overspends her break period or receives visitor on duty.	101	152	114	39	2.78	0.93	82	161	160	57	2.58	0.92	3.066	0.002
Poor or unacceptable managerial/ leadership style.	178	144	51	33	3.15	0.93	100	224	104	32	2.85	0.84	4.957	0.000
Burnout due to heavy job assignment or heavy burns dressing.	166	174	58	8	3.23	0.76	83	236	115	26	2.82	0.79	7.733	0.000
Female dominance in the profession and petty jealousy.	195	99	102	10	3.18	0.89	179	161	98	22	3.08	0.89	1.638	0.102
Promotion stagnation.	190	140	57	19	3.23	0.86	205	181	47	27	3.23	0.86	0.135	0.893
Unfriendly colleagues and un-conducive work environment.	171	142	86	7	3.17	0.82	150	202	80	28	3.03	0.86	2.516	0.012
Transferred aggression from home to workplace.	122	205	75	4	3.10	0.72	101	231	109	19	2.90	0.78	3.821	0.012
Lack of or limited materials and supplies to work with.	262	92	42	10	3.49	0.78	150	174	102	34	2.96	0.92	9.200	0.000
Favouritism by managers.	159	176	54	17	3.17	0.81	130	217	80	33	2.97	0.86	3.664	0.000
Communication breakdown.	152	197	49	8	3.21	0.73	119	218	102	21	2.95	0.81	5.095	0.000
Grand mean					**58.34**	**7.51**					**54.21**	**6.93**		
Mean of means					**3.07**	**0.40**					**2.85**	**0.36**	**8.423**	**0.000**

The sources of intra personal conflicts among nurses as agree by both nurses in UNTH and NAUTH include “Lack of clarity on the process or procedure of performing tasks”, “Personality clashes and lack of dialogue”, “Personal animosity against the nurse manager”, “Disparity in academic qualifications between graduates and non-graduates”, “Inadequate remuneration”, “Inadequate welfare package”, “Difficulty in implementing the nursing process”, “Disrespectfulness by younger graduate nurses.”, “Bullying by senior nurses especially when one overspends her break period or receives visitor on duty”, “Poor or unacceptable managerial/ leadership style”, “Burnout due to heavy job assignment or heavy burns dressing”, “Female dominance in the profession and petty jealousy”, “Promotion stagnation”, “Unfriendly colleagues and un-conducive work environment”, “Transferred aggression from home to workplace”, “Lack of or limited materials and supplies to work with”, “Favouritism by managers”, and “Communication breakdown.” (mean values > 2.50).

Research Question 3: What are the coping strategies adopted by different cadre of nurses in dealing with intra professional conflicts?

Twenty-five (25) items generated to realize this objective was subjected to descriptive analysis using means and standard deviations. Data were analyzed item by item and the mean scores and standard deviations for each item were presented in table 6.

Table 6: coping strategies adopted by different cadre of nurses in dealing with intra professional conflicts

ITEMS	Students						Teachers						t-test	P-value
	SA	A	D	SD	mean	sd	SA	A	D	SD	mean	sd		
The ability to withdraw	119	116	112	59	2.73	1.04	92	147	162	59	2.59	0.95	2.003	0.045
Ability to leave things unresolved	119	114	105	68	2.70	1.07	53	163	165	79	2.41	0.91	4.280	0.000
Arguing or debating	97	165	86	58	2.74	0.98	70	221	118	51	2.67	0.87	1.077	0.282
Sidestep or evade the issue	68	150	135	53	2.57	0.92	51	211	152	46	2.58	0.82	0.111	0.912
Asserting your opinions and feelings	141	184	70	11	3.12	0.78	105	238	98	19	2.93	0.78	3.540	0.000
Using rank or influence	136	145	117	8	3.01	0.84	133	225	69	33	3.00	0.85	0.204	0.839
Standing your ground	126	182	92	6	3.05	0.77	134	251	50	25	3.07	0.78	0.373	0.710
Stating your position clearly	145	149	108	4	3.07	0.81	169	172	105	14	3.08	0.84	0.121	0.904
Assertiveness or bold assertions	181	145	78	2	3.24	0.77	107	235	98	20	2.93	0.79	5.859	0.000
Forgetting your desires	86	131	113	76	2.56	1.02	68	204	135	53	2.62	0.87	1.005	0.315
Selflessness or self-sacrificing	105	188	55	58	2.84	0.97	203	155	64	38	3.14	0.95	4.595	0.000
Obeying orders	123	215	60	8	3.12	0.72	193	175	66	26	3.16	0.87	0.862	0.389
Ability to yield	110	226	63	7	3.08	0.70	134	256	51	19	3.10	0.75	0.335	0.738
Negotiating or discussing terms	114	204	83	5	3.05	0.73	86	270	77	27	2.90	0.76	2.939	0.003
Assessing value	107	231	58	10	3.07	0.71	121	239	86	14	3.02	0.76	1.124	0.261
Making concessions	90	195	116	5	2.91	0.74	126	196	123	15	2.94	0.82	0.562	0.574
Finding a middles ground	79	241	78	8	2.96	0.68	86	248	97	29	2.85	0.79	2.234	0.026

Active listening	184	113	101	8	3.17	0.87	197	191	59	13	3.24	0.78	1.398	0.162
Non threatening confrontation	122	191	72	21	3.02	0.83	126	235	68	31	2.99	0.83	0.502	0.616
Identifying concerns	114	198	78	16	3.01	0.80	130	206	90	34	2.94	0.88	1.236	0.217
Collaborating with colleague always	143	200	59	4	3.19	0.71	110	243	67	40	2.92	0.85	4.982	0.000
Directly avoiding confrontation	112	136	130	28	2.82	0.92	92	216	94	58	2.74	0.92	1.188	0.235
I am not afraid to walk alone	102	145	118	41	2.76	0.94	65	173	171	51	2.55	0.87	3.424	0.001
Sometimes I simply walk away	83	129	138	56	2.59	0.96	40	145	175	100	2.27	0.90	5.004	0.000
Survival of the fittest	76	179	102	49	2.69	0.91	54	173	138	95	2.40	0.94	4.590	0.000
Grand mean					**73.07**	**9.11**					**71.06**	**7.95**		
Mean of means					**2.92**	**0.36**					**2.84**	**0.32**	**3.465**	**0.001**

The coping strategies adopted by the nurses as agree by both nurses in UNTH and NAUTH include “The ability to withdraw”, “Arguing or debating”, “Sidestep or evade the issue”, “Asserting your opinions and feelings”, “Using rank or influence”, “Standing your ground”, “Stating your position clearly”, “Assertiveness or bold assertions”, “Forgetting your desires”, “Selflessness or self-sacrificing”, “Obeying orders”, “Ability to yield”, “Negotiating or discussing terms”, “Assessing value”, “Making concessions”, “Finding a middles ground”, “Active listening”, “Non threatening confrontation”, “Identifying concerns”, “Collaborating with colleague always”, “Directly avoiding confrontation” and “I am not afraid to walk alone” (mean values > 2.50); but included in UNTH were “Ability to leave things unresolved”, “Sometimes I simply walk away”, and “Survival of the fittest” (mean values > 2.50).

Test of hypotheses

Hypothesis 1: There is no significant difference in the sources of conflict according to age group in the different hospital (TABLE 7)

Name of Present Hospital	Age Group	Mean	Std. Deviation	N
UNTH	21-30yrs	2.9889	.32075	104
	31-40yrs	3.0073	.39311	79
	41-50yrs	3.1392	.40521	135
	51-60yrs	3.1190	.43799	88
	Total	3.0707	.39502	406
NAUTH	21-30yrs	2.8625	.29849	106
	31-40yrs	2.8045	.40965	161
	41-50yrs	2.8883	.33753	156
	51-60yrs	2.8890	.42844	37
	Total	2.8531	.36486	460
Total	21-30yrs	2.9251	.31540	210
	31-40yrs	2.8713	.41461	240
	41-50yrs	3.0047	.39047	291
	51-60yrs	3.0509	.44609	125
	Total	2.9551	.39433	866

Source	Type III Sum of Squares	df	Mean Square	F	P-value
Corrected Model	12.691[a]	7	1.813	12.770	.000
Intercept	6231.539	1	6231.539	43891.868	.000
Hospital	7.281	1	7.281	51.281	.000
Age group	1.903	3	.634	4.469	.004
Hospital * Age group	.493	3	.164	1.157	.325
Error	121.814	858	.142		
Total	7696.884	866			
Corrected Total	134.505	865			

Using two-way ANOVA, there is significant difference in the sources of conflict according to age group in the different hospital (P<0.05). This implies that the source of conflict is higher in UNTH than NAUTH and also, the source of conflict increases as the age increases. The interaction of hospital and age does not have any significant difference (P>0.05).

Hypothesis 2: There is no significant difference in the sources of conflict according to qualifications in the different hospitals (TABLE 8)

Name of Present Hospital	Highest Educational Qualification	Mean	Std. Deviation	N
UNTH	RN	2.8779	.23136	50
	RN/RM	3.1694	.42108	147
	HND/Degree in Other Field	3.0531	.40625	103
	BNSC/B.Sc Nursing	3.0148	.37239	57
	Postgraduate	3.0730	.37042	49
	Total	3.0707	.39502	406
NAUTH	RN	2.7733	.06924	13
	RN/RM	2.8319	.36556	279
	HND/Degree in Other Field	2.8936	.39645	93
	BNSC/B.Sc Nursing	2.9072	.39502	55
	Postgraduate	2.8632	.15964	20
	Total	2.8531	.36486	460
Total	RN	2.8563	.21226	63
	RN/RM	2.9484	.41727	426
	HND/Degree in Other Field	2.9774	.40848	196
	BNSC/B.Sc Nursing	2.9619	.38574	112
	Postgraduate	3.0122	.33642	69
	Total	2.9551	.39433	866

Source	Type III Sum of Squares	df	Mean Square	F	P-value
Corrected Model	14.231[a]	9	1.581	11.254	.000
Intercept	3709.770	1	3709.770	26402.661	.000
Hospital	3.611	1	3.611	25.701	.000
Qualification	1.197	4	.299	2.130	.075
Hospital * Qualification	1.923	4	.481	3.422	.009
Error	120.274	856	.141		
Total	7696.884	866			
Corrected Total	134.505	865			

Using two-way ANOVA, there is significant difference in the sources of conflict according to qualification in the different hospital (P<0.05). This implies that the source of conflict is higher in UNTH than NAUTH and also, the source of conflict increases as the qualification increases. The interaction of hospital and age does not have any significant difference (P>0.05).

Hypothesis 3: There is no significant difference in the coping strategies used by nurses according to sex in the different hospital (TABLE 9)

Name of Present Hospital	Sex	Mean	Std. Deviation	N
UNTH	Male	2.8715	.32017	99
	Female	2.9394	.37635	307
	Total	2.9229	.36424	406
NAUTH	Male	2.7653	.17570	91
	Female	2.8616	.34171	369
	Total	2.8425	.31803	460
Total	Male	2.8206	.26586	190
	Female	2.8969	.35968	676
	Total	2.8802	.34263	866

Source	Type III Sum of Squares	df	Mean Square	F	P-value
Corrected Model	2.414[a]	3	.805	6.996	.000
Intercept	4835.011	1	4835.011	42041.482	.000
Hospital	1.252	1	1.252	10.890	.001
Sex	.996	1	.996	8.664	.003
Hospital * Sex	.030	1	.030	.259	.611
Error	99.135	862	.115		
Total	7285.421	866			
Corrected Total	101.549	865			

Using two-way ANOVA, there is significant difference in the coping strategies used by nurses according to sex in the different hospital (P<0.05). This implies that the coping strategy used by nurses is higher in UNTH than NAUTH and also, the coping strategy used by nurses is higher in female than male. The interaction of hospital and sex on the coping strategy used by nurses does not have any significant difference (P>0.05).

DISCUSSIONS

Findings from the study revealed that lack of clarity on the nursing tasks/procedures to be performed, differing views and opinion on job accomplishment are among the types of Intra Professional conflict experience by nurses. The findings also made further revelation implicating unclear job description especially for newly employed nurses as well as whom to delegate task to when the manager is away as types of intra professional conflict experience by nurses. Often times, nurses do quarrel among themselves due to disagreement on procedures to carry out certain job. This finding agrees with the findings of Humbbel (2013) who recognizes three types of conflict among nurses to include task Conflicts (disagreement about task). According to him, due to lack of clarity on task and procedures to work, disagreement tend to be a common phenomenon among nurses which often result to conflict as observed in the findings of the present study. He also identifies process conflict (disagreement on how to work) as another potent type of intra professional conflict experience by nurses.

As observed from the present study, lack of clarity on procedures to carry out a work is among the major conflict experience by nurses. He also identifies relationship conflict (Intra personal hostility among nurses) as another conflict experiences by nurses. Relating this with the findings of this study, constant disagreement on task procedures among nurse negatively affect their interpersonal relationship which is also part of conflict they experience. The study is also in agreement with the findings of Barki and Hartwick (2004) who identifies disagreement among other things as type of Intra professional conflict experience by nurses. However, while Galin (2010) sees goals to achieve as type of Intra Conflict experience among nurses, the findings of this study disagrees, as it did not observed perceived goal to be achieved by the task as a type of Intra Conflict among nurses. Furthermore, the findings agree with the work of Almost et.

al., (2010) who identify unclear definition of responsibility among other things as a major of intra professional conflict experience by nurses.

According to the findings of this study, the major sources of Intra Professional Conflict among nurses are lack or limited materials and supplies to work with, Burnout due to heavy job assignment or heavy burns dressing, Difficulty in implementing the nursing process, personality clash/ lack of dialogue, and poor communication. The outcome of this finding is in line with the work of Almost et.al, (2010) that identify limited resources as a source of Intra Professional Conflict among nurses. According to them, limited materials and supplies affect work efficiency negatively which in term brings Conflict among the nurses. Due to limited material, nurses will not perform optimally, a situation that normally results to complain or conflict. Difficulty implementing the nursing process and Burnout were also identified as sources of Intra professional conflict among nurse. Because most nurses find it difficult to follow and implement the processes in nursing practice, it always results to quarrel and conflict. This finding is in agreement with the finding of Almost et., al, (2010) who observed burnout as one of the major sources of Intra Professional Conflict among nurses. Burnout results from excess workload. A nurse who often engage in excess work will definitely not be happy instead aggressive, a condition that he/she may express to others through conflict.

The findings also revealed that personally clash/lack of dialogue, poor/unacceptable managerial leadership, as well as poor communication as sources of Intra Professional Conflict among nurses. The finding has a relationship with the work of Ogbimi (2006). Ogbimi (2006) reported factors such as personally trait, communication gap among other things as major sources of Intra Professional Conflict among nurses. Furthermore, Almost et., al., (2010) reported personality differences as a source of Intra Professional Conflict among Nurses. Related to this finding is also the work of Galin (2010) who opined that personal value plays a significant role in Intra Professional Conflict among nurses. Other factors observed as sources of Intra Professional Conflict among nurses in this study include: lack of clarity on the process or procedure of work, favouritism by managers, Bully by senior nurses, Disparity in academics, inadequate welfare package, unfriendly colleagues as well as un-conducive working environment. In line with these findings, Almost et. al., (2010) reported unclear definition of responsibility, disparity in academic, favoritism, rivalry with regard to position and hierarchy as sources of Intra Professional Conflict among nurses. The findings also tally with the findings of Farley (2006) who said that Conflict results due to unequal distribution of wealth. Slevension (2006) also defined bully as one example of Conflict Source among nurses. Obviously, the finding of this study tally with works of earlier researcher with references to sources of Intra Professional Conflict among nurse.

Finding revealed that nurses adopt various strategies to cope with Intra Professional Conflicts. According to the finding, majority of the nurses adopt asserting their felling as a coping technique. They believe that expressing their feeling is the best way of coping with Conflicts arising among themselves. While other adopts asserting of feeling as a coping strategy, Barton ,(2011) reported that copy strategy to be adopted depends on the level of position. However, the finding also showed that nurses adopt other coping strategies such as evading the issue, debating/Arguing. Others adopts mild approach such as avoiding confrontation, walking away, selfless sacrifice, forgetting, obeying orders, as well as leaving things unsolved.
Furthermore, the Senior Colleagues among them adopt features such as using ranks and influence, survival of the fittest, standing your ground, collaborating with other colleagues. Few of them also adopt active listening, negotiation , as well as stating their position clearly as a coping strategy. The following strategies revealed in this study have been reported by some earlier researchers as techniques adopt by nurses in managing/coping with Intra Professional Conflict. According to Valentine (2009), most women use more of avoidance technique to cope with conflict. In this study, some of these avoidance techniques

could be identified as walking away, selfless sacrifice, avoid confrontation, evading the issue as well as forgetting. Findings of this study is also in line with the work of Lazarus (2009) who reported that nurses use escape/avoidance, self control and confrontation as coping strategies. This work also tallied with the work of Easion and Cavanagh (2009).

Still in agreement with the findings of this work, Berman et. al., (2008) state that some nurses deal with challenges successful or unsuccessfully. This was also observed in this study as survival of the fittest. The finding of this work is also in agreement with the finding of Forte (2005), who reported that majority of nurses use avoidance approach to deal with conflict. To support the variations observed in dealing with Intra Professional Conflict in this study, Nahid and Nayeri (2009) reported that nurses do not use a particular coping technique rather individual nurses adopt technique with reference to his/her perception of the Conflict. This also tallied with the work of Barton (2011) who opined that coping with Intra Professional Conflict depends on several factors such as level of position among other things. However compromising, accommodating and collaborating as a way of coping with Intra Professional Conflict as observed in this study also collaborated with some coping strategies observed in this study (Barton, 2011).

Findings of this study revealed a significant age difference in the sources of Intra Professional Conflict among nurses. The findings of the study showed that the sources of Intra-Professional Conflict among nurses increase as their age increases. This may attributed to a hypothesis that younger nurses' perception on Intra Professional Conflict will differ from the older ones. What the older nurses will see as conflict may not be seen as conflict among the younger ones, thereby reducing the prevalence and sources of conflict among them.

Findings of the study revealed a significant difference in the sources of conflict among nurses with reference to qualification. According to the study, the sources of Conflict increase as the qualifications increase. This may serve as a clue to understanding the reason behind constant quarrel among staff nurses.
However, it could attribute to perceived superiority that often characterized the attitude of Senior Nurses among themselves. This attribute makes it difficult for them to show humility among themselves which often result to disagreement, and Interference into ones work. In line with this finding, Barki and Hartwick (2004) identified disagreement and interference as causes of conflict among professionals. In addition, it may be attributed to backstabbing, aggression and hostility which normally result from perceived unequal distribution of wealth and power among senior nurses. In agreement with this statement as opined by the researcher, Farley (2006) reported that Conflict results due to unequal distribution of wealth and power.

Findings of this study revealed gender difference in coping with Intra Professional Conflict among nurses. According to the finding, female nurses use more coping strategies than male nurses. However, this may not come as a surprise because it has always be opined that females cope better with stress than males (Almost et. al., 2010).

Recommendations

Based on the findings of the study the following recommendations are made;

- Improved welfare package for nurses is advocated to reduce unnecessary and avoidable conflict.
- There should be recruitment of more nurses to reduce workload which is a flash Point for conflicts.
- Inter/intra conflict management should be included in the educational curriculum of nurses. This will help them understand better the pros and cones work conflict.

- Constants seminars, workshop conferences etc on adverse effects of inter/ intra professional conflict should organizing for health care workers.Though elimination of dysfunctional conflict in the health care workplace is
- Managers should be impartial, just and genuine in managing issues especially among junior cadres.
- There should laws regulating intra professional conflict among nurse

Implications of the study to nursing

Frequent , prolonged dysfunctional conflict adds stress to health care workers and particularly nurses, quick resolution will help motivate them and ensure delivery of adequate and quality care to the clients. Stressed people have less ability to focus, leads to memory lapses. Conflict induces fear, repugnance, irritability and can eventually undermine an individual's self esteem and confidence level (Berman-Kishony,2011) While functional conflict can help an organization make necessary changes, dysfunctional conflict bears negative results.

Conclusion

Based on findings of this study, the following conclusions have been made.

That Lack of clarity on the nursing tasks/ procedures to be performed, Differing views and opinions on job accomplishment ,Unclear job description for a newly hired nursing officer and Who to delegate tasks to when the manager is away are types of conflict experience among nurses

That Lack of or limited materials and supplies to work with, Burnout due to heavy job assignment or heavy burns dressing, Difficulty in implementing the nursing process, personality clash/ lack of dialogue, poor communication etc as the major sources of intra professional conflict among nurses

That majority of the nurses adopt Assertiveness, ability to leave things , self-sacrificing Collaborating with colleague, walking away, survival of the fittest etc as a coping strategies, While the least adopted methods are Using rank or influence , evading issues, yielding to issues and so on. That source of conflict increases as the age increases. That source of conflict increases as the qualification increases. Coping strategy used by nurses is higher in female than male.

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