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Management Principles and Conflict Determinants in State and Federal Hospitals in South-South, Nigeria

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Abstract:

The study was to compare perception of conflict determinants in state and federal hospitals in South-South Nigeria with implications for healthcare service delivery. The setting cuts across Edo and Bayelsa States. A total of 181 respondents were purposively sampled from both hospitals and they comprised doctors, nurses and others. The instrument for data collection was the researchers' developed structured questionnaire which was validated by 2 experts in management and policy. Data collected were analyzed using descriptive statistics. Chi square test statistic was used to determine levels of statistical significant difference in perception. There were more female respondents ($n = 126$, 70%) than male respondents ($n = 55$, 30%), and a mean age of 39.7 in the study. Perception of wrong application of management principles based on predefined conflict determinants in the state-owned hospital ($M = 47.0$) and in the federal owned-hospital ($M = 45.0$) was reported but there was no evidence of statistical significant difference between the two hospitals ($X^2 = 0.112$; $1df$, $p > 0.05$). Conclusively, the need for positive adjustment in the management of public hospitals is advised by the research outcome.

Keywords: Conflict, dispute, principles, management, industrial relations

1. Introduction

In any human organization, conflict is inevitable due to differing opinions, perception, interest and procedure of doing things in the course of workplace interaction. Some people, by their profession, may perceive themselves superior to others and compel obedience. Imoukhuede cited in Ighedose (2005) criticized such behaviour as counter-productive to the overall achievement of goals in healthcare facilities, and advocated team-work, inter-professional recognition and mutual respect for one another since no one has monopoly of knowledge.

In healthcare service institutions, be it federal or state-owned, there is hierarchy of authority and responsibility characterized by rules and regulations which guide human conducts. The hierarchy could sometimes break down to erode the formal structure of interaction, and as a result, pave way for conflict. Certain factors could be responsible for this. According to Ebonwonyeni and Ohenhen (2008), failure to implement promotion of health professionals and non-recruitment of more professionals to augment existing ones, among others, are fingered. Similarly, Folaranmi in the Daily Sun Newspapers reported a degenerated condition in a public health facility in Bayelsa State. He pointed out that the health personnel and the Management were at loggerheads over remuneration-related issues.

Health institutions of today experience manifest conflict and cold-war between and among their different cadres of personnel. Medical doctors and medical laboratory scientists have been in a logjam over who should head medical laboratory services of public hospitals. Is it the pathologist who is a medical doctor or the most senior medical laboratory scientist in the Service? In the same vein, hospital administrators run into conflict with health professionals who may not be grounded in Public Service Rules and Financial Regulations of government and who thereby assert or attempt to assert their right ignorantly. Succinctly, benefit of hindsight supports the endemic nature of conflict in both federal and state healthcare institutions in South-South Nigeria. This could be linked to wrong application of management principles which comprises over-working of staff due to non-recruitment, undue delay in effecting staff promotion, inequity in resource distribution among departments, improper staff distribution among departments and generally perceived influence of how managers of federal and state health institutions relate with staff, among others. Consequently, assumptions have been made that the incident of conflict is determined in healthcare facilities as per their ownership due to the administrative style that come with such ownership. It is therefore germane to examine the assumptions by comparing conflict determinants in federal and state-owned hospitals.

2. Conceptual Framework

The foundation of this research hinges on human needs theory and the economic theory of conflict. The combined effect of the theories will help better appreciation of conflict determinants in organizations. Economic theory establishes

that since human beings are insatiable, conflict could occur from their greed or grievance described as intension to corner something and anger arising from feeling of injustice (Faleti, 2006). Conversely, the human needs theory looks at conflict from frustration-aggression and relative deprivation perspective. If individuals or groups perceive deprivation of basic needs in favour of allocating what it takes to satisfy such needs to other people, this can generate conflict. To this, previous research discovered that people have basic needs and expectations which they seek to fulfill; perceived or actual denial of same creates frustration either immediately or later, thereby leading to conflict (Rosati, Carroll & Coate, 1990).

3. Objective of the Study

To compare perception of conflict determinants in state and federal hospitals in South-South Nigeria with implication for healthcare service delivery.

3.1. Hypothesis

- H_0 : There is no significant difference in health workers' perception of conflict determinants in state-owned and federal-owned hospitals.
- H_1 : There is significant difference in health workers' perception of conflict determinants in state-owned and federal-owned hospitals.

3.2. Methods

Study design: The research was a cross-sectional descriptive survey which compared perception of conflict determinants in state and federal hospitals in South-South Nigeria with implications for healthcare service delivery. It engaged systematic collection of data through questionnaire.

Study sample/setting: The study population was 1,471 out of which 181 respondents were purposively and proportionately selected comprising doctors, nurses, pharmacists, medical laboratory scientists, accountants, and administrators. The setting comprised two public hospitals, each owned by state or federal government. The hospitals are located in two States of the South-South geo-political zone of Nigeria. The Zone is usually better described as the Niger Delta that plays host to oil multinational companies because of its oil rich status and it serves as the hotbed of revenue generation for the country with episodes of agitations for development and government presence. Sample distribution between the two hospitals was: State ($n = 108$) and Federal ($n = 73$).

Study instrument: The instrument for data collection was a self-designed questionnaire validated by two experts in management and policy. The introductory part contained the demographic details while the other part addressed wrong application of management principles embedded in conflict determinants such as 'over-working of staff due to non-recruitment', 'undue delay in effecting staff promotion', 'inequity in resource distribution among departments' and 'improper staff distribution among departments'. The options for respondents' choices were ranked 'strongly agreed', 'agreed', 'disagreed' and 'strongly disagreed'.

Reliability of the Instrument: The instrument was first pre-tested using the test, re-test method. The questionnaire was first administered and then re-administered to the same set of respondents. The scores of both tests were correlated using the Pearson Product Moment Correlation Coefficient and 0.67 was reported.

Procedure for data collection: Stratified simple random sampling technique based on the use of table of random numbers was applied to the nominal rolls of each hospital, after which, selected respondents were traced to their respective duty posts to administer the questionnaires to them. Administration and retrieval of questionnaires took a period of two months.

Data analysis: Descriptive Statistics like percentages and Chi Square Test Statistic were used in data analysis. The formula below was applied:

$$X^2 = \sum \frac{(fo - fe)^2}{fe}$$

$df = (r - 1) (c - 1)$ where "r" is the number of rows and "c", the number of columns.

fo = Observed frequency

fe = Expected frequency

Level of significance = $p < 0.05$

Decision Rule:

If $X^2_{cal} < X^2_{tab}$ do not reject H_0 ; otherwise reject H_0

* $X^2_{Tabulated} = 3.841$

3.3. Ethical Consideration

Besides obtaining ethical clearance from the authorities of the two hospitals in the study, the consent of participated respondents was sought and received. This ensured credibility of data collected and their identities were kept confidential.

4. Results

		N	%
Gender:			
	Male	55	30.4
	Female	126	69.6
Age Distribution: (Mean Age = 39.7)			
	18 – 32	41	22.7
	33 – 47	98	54.1
	48 – 59+	42	23.2
Marital Status:			
	Single	40	22.0
	Married	134	74.0
	Separated	2	1.0
	Divorced	1	1.0
	Widowed	4	2.0
Profession:			
	Doctors	43	23.8
	Nurses	122	67.4
	Others	16	8.8
Years of hospital work experience:			
	1 – 14 years	122	67.4
	15 – 28 years	42	23.2
	29 years and over	17	9.4
Highest educational/professional qualification			
	University Degree/Fellowship Certificate	78	43.1
	School of Nursing/H.N.D.	99	54.7
	Others	4	2.2

Table 1: Demographic Characteristics of Respondents

Source: Field Survey

Predictors	SOHOSP		FOHOSP		X ² Value
	Agreed N(%)	Disagreed N(%)	Agreed N(%)	Disagreed N(%)	
Overworking of staff due to non-recruitment	99(91.7)	9(8.3)	64(87.7)	9(12.3)	X ² = 0.112; 1df, p > 0.05
Undue delay in effecting staff promotion	95(88.0)	13(12.0)	62(84.9)	11(15.1)	
Inequity in resources distribution to departments	84(77.8)	24(22.2)	52(71.2)	21(28.8)	
Improper staff distribution among clinical departments	67(62.0)	41(38.0)	50(68.5)	23(31.5)	
Summed Scores	345(80%)	87(20%)	228(78%)	64(22%)	P > 0.05

Table 2: Wrong Application of Management Principles

Key - SOHOSP: State-Owned Hospital; FOHOSP: Federal-Owned Hospital

Source: Field Survey

4.1. Interpretation of Results

4.1.1. Demographic Details

There were more female respondents (n = 126, 70%) than male respondents (n = 55, 30%). A mean age of 39.7 was reported. Ages 33 – 47 (n = 98, 54.1%) had the highest observation. A vast majority (n = 134, 74%) were married respondents followed by singles (n = 40, 22%). Nurses (n = 122, 67%) were more in the study as compared to doctors (n = 40, 24%) and, others (n = 16, 9%). Majority (n = 99, 54.7%) had school of nursing qualification or HND while those with University degree/fellowship certificate (n = 78, 43%) ranked second, and others (n = 4, 2%), ranked third. Greater majority (n = 122, 67.4%) had 1 to 14 years of hospital work experience (Table 1).

4.1.2. Wrong Application of Management Principles

Predictors of wrong application of management principles as perceived by respondents compared in a state-owned hospital (SOHOSP) and a federal-owned hospital (FOHOSP): Greater majority (n = 99, 91.7%) in SOHOSP and also greater majority (n = 64, 87.7%) in FOHOSP agreed that over-working of staff due to non-recruitment, causes conflict. Both hospitals reported stronger perception on undue delay in effecting staff promotions: SOHOSP (n = 95, 88%) and FOHOSP (n = 62, 84.9%). On inequity in resources distribution, SOHOSP (n = 84, 77%) reported stronger perception than FOHOSP (n = 52, 71.2%). In contrast, FOHOSP (n = 50, 68.5%) reported stronger perception on improper staff distribution to clinical departments than SOHOSP (n = 67, 62%). As per overall perception, descriptive statistics reported SOHOSP (M = 47.0) and FOHOSP (M = 45.0) and there was no evidence of statistical significant difference in perception of predictors ($X^2 = 0.112$; 1df, $p > 0.05$); (Table 2).

5. Discussion

Wrong application of management principles was reported in this study covering conflict determinants such as over-working of staff due to non-recruitment; undue delay in effecting staff promotion; inequity in resource allocation to departments; and improper staff distribution. The determinants were strongly perceived and reported in descending order. Finding aligns with ever-challenging phenomenon of scarce resources in hospitals and difficulties associated with distribution as earlier reported by (Hart, 2008) that scarce resources in the workplace are a source of conflict.

Finding underscores workers' burnout from Management's inability to recruit more hands to ease interdependence of professionals in health care since inadequate staff strength leads to overloading and a tense atmosphere for work; this often creates opportunity for conflict to emerge. As Hart (2008) and William, Lewis, Leo, Fandt, Nelson, et.al (2001) have rightly pointed out, inevitability of work interdependence coupled with its natural requirement of the efforts of groups and individuals presupposes that inadequate manpower level can factor in conflict in healthcare organizations.

Respondents in both hospitals generally detest undue delay in implementing staff promotions and agreed that it triggers conflict in health care institutions because dissatisfaction pushes staff to demand their right and enforce it through various means including protests and strike actions. Thus, there is struggle between Management and staff resulting in both parties maintaining two extreme poles due to different orientations.

The above finding is confirmed by Chandler (1964) who found that in industrial relations, a widely accepted proposition exists that "labour and management have basically and inevitably different orientations". This departs from the proposition advanced by the human relations school of thought as represented by Abraham Maslow's hierarchy of needs, Herzberg two-factor theory and McGregor's X and Y theory that workers need to be physically and psychologically involved in the organization on the belief that both parties were in the organization for the pursuit of common goals. The above proposition is denied by supporters of the "master-servant relations theory" in favour of the present finding (Chandler, 1964).

This study has proved that professionals in state and federal-owned hospitals held similar perception that management principles are being wrongly applied, a phenomenon which determines and triggers conflict in these hospitals, and no statistical significant difference in their perception was reported ($p > 0.05$). The null hypothesis is therefore not rejected to the effect that there is no significant difference in health workers' perception of conflict determinants in state-owned and federal-owned hospitals in the study.

6. Limitation

The outcome of this research is limited and cannot be generalized as an unwavering representation of the differentials between state-owned and federal-owned hospitals in Nigeria on the phenomenon of conflict determinants traceable to wrong application of management principles earlier discussed in this study.

This is because two hospitals (one state-owned and the other, federal-owned as the study setting) cannot be adjudged to be representative enough to make a sweeping generalization in the circumstance but nonetheless, the study outcomes constitute essential compass to salient observation in the way and manner public hospitals are being managed, be it a state-owned or a federal-owned hospital.

7. Conclusion

Benefits of hindsight reveals widespread discontent in the management of public hospitals in Nigeria whether federal or state-owned. Therefore, the outcome of this research has reaffirmed the observed ineptitude in applying certain basic management principles in such institutions. It is thus necessary that managers of healthcare institutions uptake this research findings and make positive adjustments in the management of public hospitals entrusted to them in Nigeria.

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