

Empirical Analysis Of The Causes And Effects Of Workplace Conflicts In Public Hospitals In Rivers State, Nigeria, 2009-2014

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Abstract

The main focus of this research is to examine the causes and effects of workplace conflict in Rivers State public hospitals, Nigeria. Questionnaires were used to collect data from two randomly selected public hospitals in Rivers State, namely the University of Port Harcourt Teaching Hospital (UPTH) and Braithwaite Memorial Hospital (BMH). Two hundred and forty (240) copies of questionnaires were administered on the senior management staff, and labour officials of the two hospitals, University of Port Harcourt Teaching Hospital (UPTH) and Braithwaite Memorial Hospital (BMH) located in Port Harcourt to collect data on the subject matter. Of the administered copies of the questionnaires, 224 copies were successfully retrieved, analysed and the data were presented in a table with percentage frequency. The time frame of the study was within 2009 - 2014. The study adopted conflict theory as its theoretical framework of analysis. The study's findings show that poor communication between individuals and groups, personality clashes, poor management policies, scarcity of resources, and non implementation of service circulars, are the major causes of the conflicts in the public hospitals. The study further revealed that conflicts have a significant impact on the operations of the UPTH and BMH. Based on these findings, the study recommended strategies to reduce workplace conflict and enhance productivity in Rivers State public hospitals.

Keywords: Public Hospitals , Interest, Labour Union, Management, Workplace Conflict

Introduction

Conflict is normal and inevitable in the society, particularly, in a public workplace, where people of different origins, backgrounds, and interests co-exist and function to achieve common organizational goals. Individual and group objectives differ and attempts to achieve them will certainly lead to depriving others of their interests, thereby causing conflict in the workplace (Oudeh, 2014). Similarly, Pondy (1992) states that conflict is a necessity in the workplace, serving as a tool to checkmate the activities of the organizational functionaries, against the emergence of autocratic principles and create an enabling environment for effective cooperation among individuals and groups in the organization. Henry (2009) affirmed that workplace conflict is the dispute that arises due to incompatibility of people's interests, goals, and values in the workplace. Tjosvold (1998) opined that conflict is necessary and important in the workplace, and does not

mean opposition to management interest; rather, it is another mechanism that can stimulate cooperative work between employees and management in an organization. Every public workplace is structurally polarized, such that employees are represented by the labour union, while the employer is represented by the management, during the course of determining the employment relationship and working conditions in the organisation. This results to polarization of interests, values and application of different approaches to achieve set objectives in the work. Ubeku (1998) stated that conflict is a sequence of interactions between groups in the society, between groups and government, and between individuals. These interactions may result in a conflict due to clash of interest and inability to secure each others interest. In most cases, the management finds it difficult to meet the demands of labour unions, and this failure results in a workplace conflict. No wonder. Adewole and Adebola (2010) view workplace conflict as the discord that occurs in a workplace when the goals, interests and/or values of different individuals/groups are incompatible and those individuals and groups block or frustrate each other attempts to achieve their objectives. Considering the above, Igbaji (2009) stated that agitation by workers union in Nigeria for improved conditions of service and other welfare packages, are always not in consonance with the interests and expectations of employers, thereby resulting to constant workplace conflict. To worsen the matter, the workers' rights and interests in the workplace are neglected by the asymmetrical power relations between management and labour unions. The unequal power distribution between the labour union and management places management at an advantaged position, which deprives Nigerian workers of their welfare demands. This prompts the workers to resort to confrontations and strike actions to drive home their demands, and results in industrial conflict in the work environment. The issues of industrial conflicts have become a recurrent event in Nigerian public institutions, including the health institutions. This scenario is common in the public hospitals, otherwise known as government hospitals in Rivers State, Nigeria, with its grievous consequences on all stakeholders (employees, management and Nigerian public). To that effect, University of Port Harcourt Teaching Hospital (UPTH) and Braithwaite Memorial Hospital (BMH) were selected as pilot cases among the public hospitals in Rivers State.

Objectives of the study

Specifically, the objectives of this study are outlined as follows:

1. To examine the causes of workplace conflicts in UPTH and BMH in Rivers State
2. To ascertain the effects of the workplace conflicts in UPTH and BMH in Rivers State, and generalize same to other public hospitals in Nigeria.

Scope of the study

This study was conducted in public hospitals in Rivers State, Nigeria, within the period of 2009-2014. The study used University of Port Harcourt Teaching Hospital (UPTH) and Braithwaite Memorial Hospital (BMH), located in Port Harcourt as pilot hospitals for the study, and the data collected from the hospitals were used to generalize for other public hospitals in Nigeria. The study centered on the causes of industrial conflict in the hospitals and its attendant effects on individuals and groups in the state.

Methodology

The research was carried out in UPTH and BMH in Rivers State within the period of 2009 and 2014. The UPTH and BMH are public hospitals located in Port Harcourt, Rivers State, Nigeria, and owned by the Federal Government and Rivers State Government, respectively. Both hospitals are aimed at providing primary and tertiary health care services, and medical research opportunities. The UPTH and BMH were randomly selected among other public hospitals in the state. To achieve the objective of the study, the study adopted questionnaire method to collect data from the respondents in UPTH and BMH. We administered 120 copies of questionnaires each to UPTH and BMH, totaling 240 copies of questionnaires on the subject matter, using simple random sampling technique. The respondents from UPTH and BMH were drawn from senior and management staff, and labour union officials of the hospitals. The choice of the respondents was based on their knowledge on issues of industrial conflict and conditions of service in the hospitals. 116 and 108 copies of questionnaire were successfully retrieved from UPTH and BMH respectively, totaling 224 copies of questionnaire, and same were used for the study. The generated data were analyzed using percentage and frequency distributions.

Literature Review

Conflict

Conflict as a concept has been conceptualized by different scholars from different perspectives based on various context and understanding. Despite their different views, scholars still have widely accepted definitions of the concept of conflict. Coser (1956) regards conflict as a struggle over values and claims to scarce status, power and resources, in which the aims of the opponents are to neutralize, injure, or eliminate their rivals. Sisk and Williams (1981) affirmed the above definition, as they opined that conflict is a struggle over resources or ideas between two or more parties. Oberschall (1978) is of the opinion that conflicts arise from purposeful interaction among two or more parties in a competitive setting and conflict involves overt behaviour. The above views regard conflict as disagreement between individuals or groups in an attempt to struggle for specific interests and values, which are scarce in an organization. While struggling for scarce resources, individuals or groups offend each other. Fisher et al. (2004) see conflict as a relationship between two or more parties (individuals or groups) who have or think they have incompatible goals. Rahim (1992) holds that conflict is an interactive process which is manifest in incompatibility, disagreement, or different organization etc. Importantly, conflicts arise due to clash of interest between individuals or groups, while pursuing a particular objective. Conflict is normal and inevitable in human life, and therefore can not be completely avoided in human relations. It could be destructive as well as productive in an organization. Hotepo et al. (2010) argued that conflict is negative when it creates resistance to change, establishes turmoil, factors in distrust, builds a feeling of defeat, or widens clash of misunderstanding. However, conflict is regarded as productive, when it encourages creativity, new looks at old conditions, the clarification of points of view, and the development of human capabilities to handle interpersonal differences. Otite (2001) and Ajala (2003) collaborated with the above views on conflict and added that conflict is a normal part of organizational life and are used as a way of settling problems originating from opposing interests for the continuity of the society.

In view of the above, the study tends to define conflict as a disagreement arising from different perceptions and interests of individuals and groups while allocating specific

resource in the organisation. However, the conflict could be managed, and when adequately managed, it creates an opportunity to widen our scope of knowledge on challenging issues and make groups or individuals learn from each other, and provide solution to the identified problem. However, when the same conflict is not adequately managed, it results in more conflicts, breakdown of workplace relationship and several negative effects on organizational management, employees and the state.

Workplace Conflict

For the purpose of this study, the concept of workplace conflict will be used interchangeably with industrial conflict and reviewed alike. Workplace implies the socio-economic and physical environment where people carry out production activities, and such places are usually associated with different needs, and expectations from both the employees and employers. According to Onyeonoru (2005) industrial conflict means “all expressions of dissatisfaction within the employment contract and effort bargaining”. Kornhauser et al. (1954) viewed conflict as the total behaviour and attitudes that express opposition and divergent orientation between individuals, management and the organization at different points. The views of the above scholars lay emphasis on the fact that it is peculiar to workplace. Such conflicts involve disagreements and clash of interest between the employees and employers, on issues of conditions of service. Otobo (2000) further reiterated that industrial conflicts reflect the height of the inability of the parties involved, employees, employer, and even the state to reach an agreement on any issue connected with the subject of employer-employees interaction. From the above views, the study tends to establish that the main stakeholders in industrial conflict are the employers, employees, and the government, and conflicts arise as a result of the inability of the parties to consent to each other’s demand. The study adds that workplace conflict is inevitable within the context of industrial relations and determination of terms of service. Inline with the above, Donais (2006) stated that conflict is normal in the workplace, and produces disputes resulting to low productivity as well as cooperation between different parties in the workplace.

Theoretical Framework

This study adopted the conflict theory as its theoretical framework of analysis. Conflict theory has Karl Marx as its founding father and is associated with the Marxian scholars. It is a sociological theory with emphasis on the social, political and material inequality of social groups and individuals in the society. The theory explains the role of power and its differentials and material dialectics in the society. According to Marx (1859) “ the society is stratified into two groups : a ruling class and a subject class. The ruling class derives power from the ownership and control of the forces of production, which it uses to exploit and oppress the subject class”. The inequality in relationship between the ruling and subject classes results in a conflict of interest. Marx further explained class as a group of individuals who share similar positions in the market economy, and as a result receive similar economic rewards. Counting on the views of Marx, Crossman (2014) stated that conflict theory explains the role of coercion and power in producing social order. Social order is maintained by domination with power in the hands of those who posses great political and economic resources in the society. Inequality exist due to the fact that those in control of a disproportionate share of the resources actively protect their resources and positions, leaving the subject class (masses) without an adequate share , thus the masses persistently pursue for change in the system to enable them partake in the value. In his view, Oudeh (2014) opined that conflicts arise due to the differences in

wants, needs, or expectations in an organization. Thus, individuals and groups in workplaces like the University of Port Harcourt Teaching Hospital (UPTH) and Braithwaite Memorial Hospital (BMH) are bound to have different wants, needs, and expectations.

The employees and employers represented by labour unions and management respectively disagree over resource sharing and power control system in the work environment. Both labour unions and management pursue their interests, and struggle to control the available resources at the detriment of others, thereby causing a conflict of interest in the hospitals. The cardinal issue is that parties, the union and management have different views and interests on modalities, to allocate resources in the hospitals. The disagreement starts from the point where unions request for improved welfare packages and good working conditions, believing that the management has the resources at her disposal, but their demands are denied, and management insists that the employees work and produce results at the maximal output level, in the hospitals. No wonder Marx (1859) states that management makes their profit through exploitation of workers, as employers pay workers less than what they deserve. From the above, workplace conflict becomes inevitable in the UPTH and BMH, as the social life of the workers is determined to a large extent by the wages they receive, to enable them afford the basic needs of life, and when payment is not commensurate to work input, it affects their living standards and results to workplace conflict.

DATA PRESENTATION

Table 1 : Respondents’ perception on the causes and effects of conflict in UPTH and BMH.

S/N	CAUSES	UPTH		BMH	
		Frequency of Responses	Percentage of Responses	Frequency of Responses	Percentage of Responses
1	Poor communication	16	13.8%	12	11.1%
2	Sanctions on Union activities	4	3.4%	5	4.6%
3	Scarce resources	24	20.7%	26	24%
4	Personality clash	11	9.5%	8	7.4%
5	Different values and orientation	7	6%	6	5.6%
6	Poor management policies on staff matters	8	6.9%	10	9.5%
7	Non implementation of service circulars	21	18.1%	18	16.7%
8	Inadequate office facility	8	6.9%	9	8.3%
9	Non Payment of Arrears	17	14.7%	14	13%
	Total	116	110%	108	110%

Sources : Field work, 2014

Table 2: Respondents perception on the effects of workplace conflict in UPTH and BMH .

S/N	EFFECTS	UPTH		BMH	
		Frequency of Responses	Percentage of Responses	Frequency of Responses	Percentage of Responses
1	Wastage of economic resources	16	13.8%	14	13%
2	Loss of life	10	8.6%	8	7.4%
3	Low productivity	20	17.2%	18	16.7%
4	Strained relationship	8	6.9%	9	8.3%
5	Poor international image	6	5.2%	8	7.4%
6	Stress and frustration	5	4.3%	4	3.7%
7	Wastage of time resources	11	9.5%	10	9.3%
8	Sabotage /loss of job	6	5.2%	6	5.6%
9	Absence to duty	22	19%	20	18.5%
10	Grievances and litigations	12	10.3%	11	10.1%
	Total	116	100%	108	100%

Sources: Field work, 2014

Table 3 : Respondents’ perceptions on the types of workplace conflict in the UPTH and BMH.

S/N	Types of conflict	UPTH		BMH	
		Frequency of Responses	Percentage of Responses	Frequency of Responses	Percentage of Responses
1	Intra-group conflict	32	27.6%	28	25.9%
2	Inter-group	58	50%	62	57.4%
3	Personal	26	22.4%	18	16.7
	Total	116	100%	108	100%

Sources : Field work, 2014

Findings and Discussion

Table 1 above shows that there are various factors responsible for the industrial conflicts in the UPTH and BMH. The study identified nine (9) factors as the principal causes of workplace conflict in UPTH and BMH, with each factor having a specific percentage in the table. The table shows that scarcity of resources accounts for 20.7% and 24% of the responses from UPTH and BMH respectively, and ranks highest in the frequency of occurrence, meaning that the respondents in UPTH and BMH considered lack of resources (financial resources) as the major cause of conflict in both hospitals. This finding is in line with views of Hotepo et al. (2010), which regards the occurrence of financial inadequacy, as a result of either poor budgetary allocation or financial misappropriation, leading to scarcity of resources with which to attend to the organizational demand, thereby resulting in conflicts. It can be seen from Table 1 that non implementation of staff service circulars has 18.1% and 16.7% of the response, while poor communication between the labour leaders and management of the hospitals has 13.8% and 11.1% of the responses, and non payment of salary and allowance arrears has 14.71% and 13% of the responses from UPTH and BMH respectively each. Significantly, the above four factors rank as the principal causes of conflicts in Nigeria public hospitals, as the factors cumulatively account for 67.3% and 64.8% of the respondents' perception from UPTH and BMH respectively. Other causes of workplace conflict in UPTH and BMH as shown in this study are sanctions on labour activities by the management (3.8% and 11.1% respectively), personality clashes among various functionaries in the hospitals (9.5% and 7.4% respectively), different value and orientation among the functionaries (6% and 5.5% respectively), poor management policies on staff matters (6.9% and 9.5% respectively), inadequate office facilities in the hospitals (6.9% and 8.3% respectively), totaling 32.7% of the responses from UPTH and 35.2% of the responses from BMH. The table 1 proves that the above factors are the causes of conflicts in UPTH and BMH, and could be used as reference data in other public hospitals in the state.

Table 2 above shows that ten (10) variables were identified by the respondents as the effects of workplace conflict in UPTH and BMH. Among the effects are low productivity having 17.2% and 16.7% of the responses from UPTH and BMH respectively, absence to duty having 19% and 18.5% of the responses from UPTH and BMH respectively, wastage of economic resources having 13.8% and 13% of the responses from UPTH and BMH respectively, and loss of life accounting for 8.6% and 7.4% of the responses respectively, totaling 58.6% and 55.6% of the respondents' perception on the effects of conflict in UPTH and BMH respectively. Other respondents' perception shows the effect of strained relationship as 6.9.4% in UPTH and 8.3% in BMH, poor international image as 5.2% in UPTH and 7.4% in BMH, stress and frustration among the functionaries as 4.3% in UPTH and 3.7% in BMH, wastage of time as 9.5% in UPTH and 9.3% in BMH, sabotage/loss of job in the workplace as 5.2% in UPTH and 5.6% in BMH, and grievances and litigations as 10.3% in UPTH and 10.1% in BMH. These are among the effects of workplace conflict on all stakeholders. On the employees, they waste much of the productive resources including time in negotiation for conflict resolution, thereby leading to low productivity in the hospitals. Of course, conflict throws the employees into the danger of stress and frustration, thereby giving room for sabotage and strained

relationship between the individuals and groups in the workplace. On the part of management, the study noted that conflict affects the management of the hospitals in the areas of low productivity, non attendance to patients by health workers, and increased in death of patients, arising from non- functioning of hospitals staff during the conflict. The management also record waste of resources due to conflict and litigations from labour unions and individuals, culminating to strained relationship in the workplace. On the part of government, the non attendance to patients by health workers leads to the increase in death of patients' and decrease in the population of the state ,and waste of human and financial resources. Government also suffers poor international image, as different social media report the conflict from different perspectives, with some painting the government as insensitive to the workers demands in the hospitals. Indeed, it is imperative to state that industrial conflicts have significant impact on the hospitals employees', management, and Nigerian State.

Table 3 above shows the three types of workplace conflicts in the UPTH and BMH, as identified by the respondents. The table shows that there are three types of workplace conflicts in the hospitals. The respondents' perception shows that the workplace conflicts are inter-group conflicts, representing 27.68% in UPTH and 25.9% in BMH, intra-group conflicts 50% in UPTH and 57.4% in BMH, and personal conflicts 22.4% in UPTH and 16.7% in BMH. The study shows that inter-group conflicts occur between groups in the hospitals. These groups are identified as labour unions, management, and the government of the state, and the failure of each group to protect the interests of the other group results in conflict. Intra-group conflict is usually either between members of the labour union or the management, in an attempt to resolve policy issues in the workplace. Personal conflicts are caused by a clash of interest among various functionaries in the hospitals, resulting in a serious setback in policy formulation and implementation in the hospitals. Obviously, the above three types of workplace conflicts identified in the study are prominent in virtually all public hospitals in Rivers State.

Recommendations and Conclusion

From the above findings, the study proffers the following suggestions as strategies to reduce workplace conflict in Nigeria public hospitals.

- There should be an increase in budgetary allocation to public hospitals, to checkmate the challenges of inadequate funds, and for the provision of adequate office facilities for effective work.
- The management of public hospitals should implement accordingly the staff scheme of service circulars to guarantee staff protection in the workplace.
- The salaries and other legitimate entitlements of the public hospital staff should be paid as at when due to reduce conflict in the public hospitals.
- The management of public hospitals should provide conducive working environment and adequate office facilities.
- There should be effective communication channel and adequate human relation in the workplace to create room for negotiation when necessary.
- There should be re-orientation of both the management staff and labour union officials, on contemporary approaches to conflict management, to reduce workplace conflict.
- There should be adequate conflict management mechanism in the public hospitals to reduce conflicts and enhance productivity in the public hospitals.

- Personal ego and interest should be subsumed into the organizational interest, with the latter overriding individual policies. This approach will resolve the persistent problem of personality clash in the public hospitals.
- Media reporters on workplace conflicts in Nigeria should conduct proper investigations before publishing their reports on labour – management relations in the workplace to avoid publishing bias reports.

It is therefore the conclusion of this study to state that when the above recommendations are applied accordingly, it will go along way to reduce the industrial conflicts in the UPTH and BHM in particular, and public hospitals in Nigeria at large.

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