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Perceived Intra Professional Conflicts, Sources and Coping Strategies among Registered Nurses in Tertiary Health Facilities in Southeast, Nigeria

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Abstract:

Nurses occupy a central position in the healthcare system thus conflict within the profession may affect client/patient care. The purpose of this study was to investigate intra-professional conflict among nurses, sources and coping strategies in selected tertiary health facilities in south east zone of Nigeria. The research design employed in the study was a cross sectional survey, sample size of 977 nurses who were randomly selected participated in the study. The data were derived from the administration of copies of questionnaire. The instrument was validated by the researcher's supervisor and two other experts from nursing and health management departments of University of Nigeria, Enugu Campus. A Cronbach alpha reliability coefficient of 0.86 is indicative of the reliability of the instrument. Data collected were analysed using SPSS version 20. Descriptive and inferential statistics were used for data analysis. 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 sources of intra professional conflict examined in the study, only three, petty jealousy (0.89), nursing goal to be achieved

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(0.73) and personal animosity against the nurse manager (0.15) were not significant. Also, only eleven out of twenty-five coping strategies yielded significant outcome. Based on the findings, the researcher recommended among other things that an improved welfare package be given to nurses to reduce unnecessary and avoidable conflicts.

KEYWORDS: Perceived, Intra Professional Conflicts, Sources, and Coping Strategies,

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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 "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. (Moisoglou et al., 2014), posits that 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 and Cowin, 2009), (Jackson,2007) states that violence in the form of bullying and harassment is rift in the nursing work environment and reported negative behaviours perpetuated by nurses on nurses. Conflict also originates from several sources. However, recent studies have shown that nurses identify their managers and nursing colleagues as the most common source of conflict, and that conflict with nursing colleagues is also the most stressful type (Bishop, Lawrence, and Callan, 2006). Such conflict may be severe or mild depending on their nature. However, conflicts among nurses whether severe or mild may grossly affect patient care and cause unnecessary rift between nurses; hence the necessity for the present study. The researcher was wondering how is it that people in a caring profession fail to care for each other, what is it about the profession that causes hostile behaviours?

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. (Almost 2010) posited that 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.

Moreover, the few studies conducted in Nigeria so far were limited to either inter personal or inter professional conflicts in the workplace (Olufolahan, 2012). Result of the inter personal and inter professional conflicts enabled the researcher to raise questions about intra professional conflicts. The hostile and antagonistic posture like verbal abuse and bullying exhibited within the rank and file of nurses that the researcher observed for over 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. A study by (Nahid and Nayeri, 2009) which was aimed at exploring the experience of conflict as perceived by Iranian hospital nurses in Tehran, Islamic Republic of Iran, found 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 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 tried to fill.

BROAD OBJECTIVE

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.

SPECIFIC OBJECTIVES

1. Identify types of intra professional conflicts among nurses.
2. Identify the sources of intra professional conflicts among nurses.
3. Elicit coping strategies adopted by nurses to resolve intra professional conflicts.
4. Determine if there are age differences in the sources of intra professional conflict among nurses.
5. Determine if there are differences in the sources of conflict among nurses with reference to qualifications.
6. Determine if there is gender difference in coping with intra professional conflict among nurses.

RESEARCH QUESTIONS

1. What are the types of conflict among nurses?
2. What are the sources of conflict among nurses?
3. What are the coping strategies adopted by nurses in dealing with intra professional conflicts?
4. Are there age differences in sources of intra professional conflict among nurses?
5. To what extent does academic qualification affect the sources of conflict among nurses?
6. Are there gender differences in the nurses coping strategies to intra professional conflict?

SIGNIFICANCE OF THE STUDY

The consequences of conflict are serious and have the potential to have a negative impact on the retention of qualified staff, clinical outcomes of patients, and patients' satisfaction (Goodyear, 2010).

Findings from the study:

If taken into consideration and utilized by nurse managers, management and policy makers will lead them into taking necessary action to reduce intra professional conflict.

The findings of the study will benefit the patients who are the recipient of care as it will in no small measure enhance a more conducive and therapeutic working environment that will ensure better patient care.

The findings will be useful to individual nurses and the profession in general because .it will provide baseline information to practising nurses to better equip them to handle workplace conflict and to relate well with other colleagues.

At the level of the healthcare system the findings if disseminated will help managers to provide a healthier and less stressful work environment that will enhance delivery of high quality health care services.

Finally, the findings from the study will not only contribute/add to the stock of knowledge and literature on conflict in nursing, but it will equally trigger a renewed interest for empirical studies in this area so as to keep abreast with the trend in modern conflict resolution strategies.

SCOPE OF THE STUDY

The study will be delimited to nurses who have spent two years and above, whose appointments have been confirmed and are currently working in the two tertiary health facilities in South- East geopolitical zone of Nigeria, namely Nnamdi Azikiwe University Teaching Hospital (NAUTH) Nnewi in Anambra State and University of Nigeria Teaching Hospital (UNTH) Ituku-Ozalla in Enugu State. These hospitals employ different categories of nurses being tertiary health institutions.

The study will also address the sources, types of intra professional conflicts in nursing, the coping strategies adopted by nurses to resolve and manage conflict in the workplace.

OPERATIONAL DEFINITION OF TERMS

Perceived intra professional conflict: Refer to what nurses consider to constitute disagreements, differences or quarrels that occur among themselves in the course of carrying out their professional duties at NAUTH/UNTH.

Types of intra professional conflict: Refer to the nature or the sort of the disagreements arising from different or individual opinions concerning the task to be performed, the process of carrying out the task or problem of inter personal incompatibilities among group members, like personality clashes tension and animosity.

Sources of intra professional conflict: Refer to areas or circumstances that generate to conflict in the workplace, example; unclear definition of responsibility, limited resources, work demands, disparity in academic qualifications, stagnation in promotion and rivalry with regards to position and hierarchy, work overload, burn out, and gender preponderance etc.

Coping strategies: These are conflict resolution strategies that nurses use to handle conflicts in the work place. They include avoidance, competition, accommodation, compromise and collaboration.

Nurse Managers: are nurses that head or are in-charge of units, clinics, or wards at NAUTH/UNTH.

THEORETICAL REVIEW

The theories underpinning this study were based on basic human needs theory;

Basic Human Needs Theory by Burton /Maslow (1979);

Basic human needs theory posits the existence of certain universal needs that must be satisfied if people are to prevent and resolve destructive conflicts. These include primarily Maslow's basic human needs and derivative needs of justice, meaning, rationality and control. It assumes that many deep- rooted conflicts are as a result of reactions from people whose basic needs of life have been frustrated or unmet. The needs include that for security, recognition, identity, participation and autonomy (Fisher, 2000). Human needs theory makes a case for the idea that social conflicts spring from unsatisfied basic needs because humans need a number of essentials to survive. Abraham Maslow and the conflict scholar John Burton believe that these essentials go beyond just food, water and shelter. They include both physical and non-physical elements needed for human growth and development, as well as all those things humans are innately driven to attain.

(Abraham Maslow 1954) presented a hierarchy of needs model which can be divided into basic (or deficiency) needs e.g., physiological, safety, love, and esteem) and growth needs, (cognitive, aesthetics and self actualization. One must satisfy lower level basic needs before

progressing on to meet higher level growth needs. (Maslow and Burton, 1973) also proposed self- transcendence as a need above self- actualization. Human needs theory by Burton argue that one primary cause of protracted or intractable conflict is people's unyielding drive to meet their unmet needs on the individual, group or societal level. Burton and other needs theorists who have adopted Maslow's ideas to conflict theory however perceive human needs in a different way, as an emergent collection of human development essentials. They contend that needs do not have hierarchical order, rather needs are sought simultaneously in an intense and relentless manner. The approach provides an important conceptual tool that not only connects and addresses human needs on all levels, but further recognises the existence of negotiable and non-negotiable issues. In addition to this, are cognitive needs like the need to know and understand (Mills 2006). Maslow's theory of human motivation will be the base on which the analysis depends.

The bringing together the core needs of the individual with diminishing "hope" for any adjustment within organisational structures and societies create un-fulfilment and hatred as a negative reaction by some nurses towards those other nurses who are perceived to be responsible for such dilemma. The nurses as human beings need a number of essentials which the meagre salaries could not meet. Frustration of these needs create hostility, which are further fuelled by human interactions characterized by competition (example when professional colleagues on the same salary scale compete for choice cars, sending their children to choice schools and the like), domination and provocation.

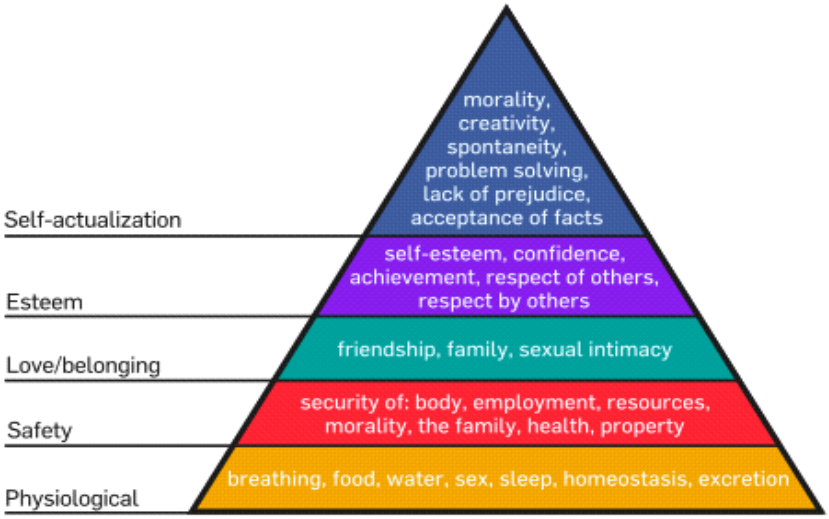

Figure 3; MASLOW'S HIERARCHY OF NEEDS

The second theory is based on the framework developed by (Kathleen Cox 2008), as well as qualitative studies by (Bishop 2006) and the concept analysis by (Almost, 2006) which provides bases for understanding the meaning of conflict between nurses, as well as the antecedents and consequences of conflict. Actions such as debate, undermining, backstabbing, aggression, anger and hostility have been expressed in behavioural actions in conflict situations (Cox, 2008).

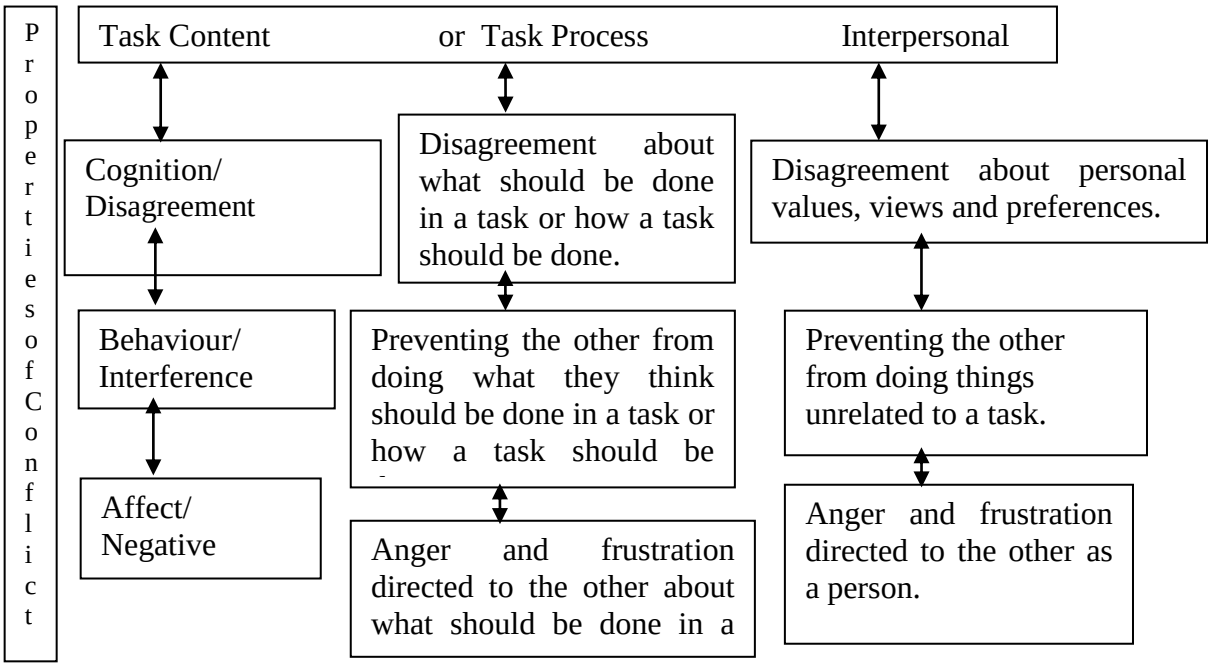

Figure 1. Barki and Hartwick's typology of conceptualizing conflict as cited by Cox (2008)

The focus of this study is to identify the sources of conflicts and determine the nurses' coping strategies. The descriptive models of conflict, which attempt to combine both causes and dynamics, are applicable to the purpose of this study. Three key assumptions underlie descriptive models of conflict: conflict originates from a variety of possible sources; conflict follows a predictable course and, conflict has both positive and negative outcomes (Thomas, 2006). Significant research exists to confirm the damage caused by relationship conflict in healthcare; particularly aggression, verbal abuse, and horizontal hostility among nurses. Relationship conflict affects morale, satisfaction and quality of care. Nurses who report the highest degree of conflict also experience the highest degree of burnout (Hillhouse, 2009).

The study utilized a modified perspective of the biological and conflict development models. One approach is to take up the basic model of conflict as developed originally by Galtung, but applied by (Mitchel, 2013), and to use this to illuminate the question of what the underlying structure of any conflict looks like. The model involves four components, linked in the following fashion.

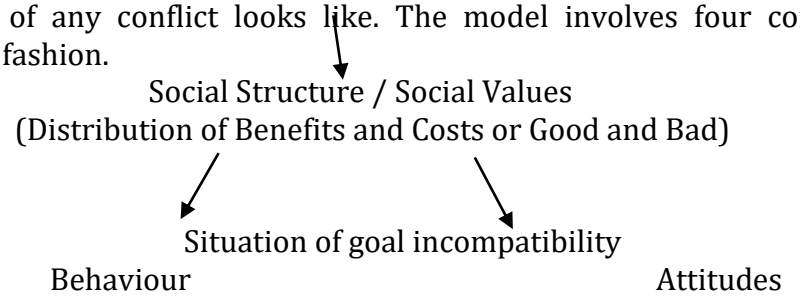

Figure 4

The model suggests that conflict situations arise in societies because of some mismatch between social values and the social structure of that society as in health care facilities, particularly the distribution of political, economic and social "goods". The formation of a situation of goal incompatibility (a conflict situation) gives rise to conflict behaviour in order to achieve the apparently incompatible) goals, plus a related set of perceptions and attitudes among the individual nurses themselves or the larger group affected or affecting the relationship of conflict.

Also all four components interact over time and are changed through this interaction. The behaviour affects attitude, attitudes change behaviour and both affect the situation and the underlying social structure. Nursing is a profession involving human caring in partnership with other persons, families, groups and communities. The nursing work environment involves complex interpersonal relationships within a social and political context (Vessey, et al, 2011). Incompatibilities between and amongst persons can include personality clashes, tension and annoyance. Individuals have unique personalities and vary in attitudes, opinion, beliefs, culture, emotional stability, maturity, education, gender, even language. Therefore, their reactions to specific stimuli also differ. These individuals perceive some matters as undermining their positions or refuting their values (Almost et al, 2010). As a result of the demands of the healthcare system, the practice environment can be quite stressful which may lead to conflict. An individual's stress threshold is also likely to be dependent upon their characteristics, experiences and coping mechanisms, and on the circumstances under which demands are made. On the other hand, Biological models help identify plausible reasons for direct or covert aggressive behaviours in the workplace. These models also can help explain why some individuals could be easy targets. Biological models that are used to explain the bio- behavioural responses of victims of conflict all have limitations. This is primarily due to the fact that cognitive or mental processes occur as antecedents to behavioural responses and affect behaviour over time. According to (Campbell ,2008) women tend to use attachment bebaviours to quell aggression and these are triggered by oxytocin. (Terburg et al, 2009) supported the claim that female aggression exists but that it is less mediated by testosterone as in males, and that is why female aggression may not be overt but rather social or relational in nature.

Bandura's social theory also postulates that the workplace (world) and the employees (individuals) on some level cause each other's behaviour (reciprocal) determinism. When maltreatment of an employee(s) is occurring, members of the work unit may model the behaviour of the individuals participating in the negative behaviour as a way to be accepted by them (Walrafen et al,2012).

RESEARCH METHODS

Research Design

The study adopted a cross- sectional descriptive design aimed at assessing perceived intra professional conflict across the different cadre of nurses in the hospital work environment, the types, sources and their coping strategies. The quantitative approach was used because it allows one to describe conditions as they exist in natural setting at the time of the study. The design has been used by Lope Pihie & Bagheri (2012).

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 hospitals is in the forefront of providing health services in the State, providing both inpatient 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 in patient 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 OF STUDY

The population of the study included all registered nurses working in the two tertiary health facilities of NAUTH and UNTH, whose appointments have been confirmed. When an officer's appointment is not confirmed, he/she is very conscious of his actions so that his actions will not militate against his confirmation. After confirmation the officer is no longer afraid because he/she is no longer on probation. The target population included 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 was 511, while that of UNTH, Enugu was 665, giving a total of 1176 nurses from the two hospitals, (Nursing Services Records, NAUTH & UNTH, 2014).

SAMPLE SIZE

The sample consisted of all the total registered but confirmed nurses in different cadre in the two hospitals with a total population of 1176 was 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. A population of just 1,000 nurses will be considered small, since Nigeria has a very large population of about 136,000 nurses/midwives (N&MCN,2012). 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.

Table **1: Sample size and designation of nurses at** NAUTH, NNEWI

RANK/ DESIGNATION	NUMBER IN THE HOSPITAL
1. Deputy Director Nursing (DDN)	**1**
2. Chief Nursing Officer (CNO)	**120**
3. Assistant Chief Nursing Officer (ACNO)	**65**
4. Principal Nursing Officer (PNO)	**11**
5. Senior Nursing Officer (SNO)	**80**
6. Nursing Officer 1(NO1)	**66**
7. Nursing Officer 11(NO11)	**168**
Total	**511**

Table 2**: Sample size and designation of nurses at UNTH, Enugu**

RANK/ DESIGNATION	NUMBER IN THE HOSPITAL
8. Deputy Director Nursing (DDN)	**1**
9. Assistant Director Nursing (ADN)	**6**
10. Chief Nursing Officer (CNO)	**195**
11. Assistant Chief Nursing Officer (ACNO)	**4**
12. Principal Nursing Officer (PNO)	**79**
13. Senior Nursing Officer (SNO)	**252**
14. Nursing Officer 1(NO1)	**5**
15. Nursing Officer 11(NO11)	**123**
Total	**665**

(Appendix A)

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 (they all have the same training, skills, and knowledge).

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 had two sections; A, and B. Section A was designed to generate data on respondent's demographic characteristics, while section B had three sub scales; sources of intra professional conflicts, types of intra professional conflicts, and coping strategies. Appendix B

The Thomas Killman's conflict mode instrument was adapted to elicit the nurses' coping strategies. To determine the reliability of the instrument 100 registered nurses at Chukwuemeka Odimegwu Ojukwu Teaching Hospital, Awka constituting about 10% of the total population were assessed on the Thomas Kilman conflict modes of competing, collaborating, compromising, accommodating and avoiding.

Validity of instruments; The 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.

Reliability of instrument

The test-retest reliability in which the respondents had to choose from 1-5 conflict modes of the TKI ranged from 0.68 to 0.72 which showed that it was reliable. A pilot study was conducted in order to establish the reliability of the instrument among 100 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 consistency of the instrument. An alpha coefficient reliability of 0.68-0.86 was obtained showing that the instrument was reliable and was appropriate for the study.

Ethical consideration

The researcher applied 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. 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, the ethical approval, permission to collect data was obtained from the heads of nursing in the two hospitals. The researcher trained four research assistants on the purpose of the study and how to collect data from the respondents. The copies of the questionnaire were administered to nurses on duty based on the various cadre allocations. The questionnaire was retrieved after completion. The administration of questionnaire took place when the nurses were less busy to gain their attention and cooperation. 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 16). The means and standard deviations of the responses were 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. This was achieved using the descriptive statistics to indicate the mean response and the standard deviation of the subjects to each item in each subscale on 4-point modified scale ranging from Strongly disagree (1), Disagree (2), Agree (3), and Strongly agree (4). The scale critical mean score was 2.5, therefore any item with a mean score of 2.5 and above was considered as an important factor (agree with statement) while a mean score of or below 2.5 of any item was considered as less important restraining factor (disagree with statement). Differences in means were compared using t- 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%.
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%. The results for each objective are presented in tables.

Table 1: Demographic distribution of the nurses according to the health facilities

Demographic characteristic	UNTH n=406	NAUTH n=460	Total N=866	x^2	P-Value
Gender					
Male	99 (24.4%)	91(19.8%)	190 (21.9%)	2.666	0.102
Female	307 (75.6%)	369 (*0.2%)	676 (78.1%)		
Age Group					
21-30years	104 (25.6%)	106 (23.0%)	210 (24.2%)		
31-40 years	79 (19.5%)	161 (35.0%)	240 (27.7%)	47.175	0.000
41-50 years	135 (33.3%)	156 (33.9%)	291 (33.6%)		
51-60 years	88 (21.7%)	37 (8.0%)	125 (14.4%)		
Mean Age	40.9(±8.3) yrs	39.4(±8.3) yrs	40.20yrs/11.2yrs		
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%)		

Table 1: Continued

Demographic characteristic	UNTH n=406	NAUTH n=460	Total N=866	x^2	P-Value
Religion					
Christianity	399 (97.8%)	959(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					
H.N.D. 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%)		
Post graduate	49 (12.1%)	20 (4.3%)	69 (8.0%)		
Year of Working Experience					
2-5yrs	114 (28.1%)	133 (28.9%)	247 (28.5%)		
6-10yrs	30 (7.4%)	111 (24.1%)	141 (16.3%)		

Table 1: Continued

Demographic characteristic	UNTH n=406	NAUTH n=460	Total N=866	x^2	P-Value
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%)		
31-35 yrs	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%)
ADNS	4 (1.0%)	0 (0.0%)	4 (0.5%)

The result on Table 1 showed that 21.9% of the respondents were males while the majority (78.1%) were females. 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.

As revealed in table one above, majority of the participants were female with 676 that is 78% of the sample. In addition, no age group has the monopoly of the participants except the 55-60years with 125 participants representing 14.4%. 563 that is 65.8 were married while 276 (32.3%) were not. Only 6 (0.76) were divorced while 10 (1.2%) were either widow/widowers. Majority of the participants 854 (98.6%) were Christian. Though all the nurses are registered nurses and midwifes, majority of them 426 (49.2%) were Diploma holders, while 196 (22.6%) has obtained their HND. Only 112 (12.9%) have B.NSC. Working experience as observed in their table shows that majority of the nurses have worked between 2-25yrs.

Finally, the table also revealed that majority of the nurses were Chief Nursing Officers 277 (32%) followed by Nursing Officer II 269 (31.1%). ADNS were the Coast with 4(0.5%).

Research Question 1: What are the types of the intra professional conflicts among nurses?

Six (6) items generated to realize this objective were 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 are presented in table 2.

Table 2: Types of intra professional conflicts among nurses

Items	UNTH		NAUTH		t-test	P-value
	Mean	SD	Mean	SD		
Lack of clarity in the nursing tasks/procedure to be performed.	2.71	0.86	2.52	0.93	3.190	0.001
The perceived goal to be achieved by the tasks, like tube feeding for a dehydrated child.	2.36	0.97	2.18	0.83	2.974	0.003
Unclear job description for a newly hired nursing officer.	2.70	0.92	2.46	0.90	3.932	0.000
Who to delegate tasks to when the manager is away.	2.59	0.85	2.38	0.92	3.413	0.001
Differing views and opinions on job accomplishment.	2.77	0.90	2.38	0.87	0.956	0.339
Inter personal incompatibilities.	3.21	0.80	2.95	0.84	4.753	0.000
Grand mean	**16.35**	**3.3**	**15.31**	**2.88**		
Mean of Means	**2.72**	**0.57**	**2.55**	**0.48**	**4.823**	**0.000**

The type of intra professional conflict among nurses as stated by both nurses in UNTH and NAUTH include "Lack of clarity on the nursing tasks/procedures to be formed (mean > 2.5) and interpersonal incomplete 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). However, t-calculated value above 2.50 indicate significant outcome.

Research Questions 2: What are the sources of intra professional conflicts among nurses?

Nineteen (19) items were generated to answer the research question using means and SD.

Table 3: Sources of intra Professional Conflicts among Nurses

Items	UNTH		NAUTH		t- test	P-value
	Mean	SD	Mean	SD		
Nursing goals to be achieved like quick recovery.	2.41	0.80	2.39	0.92	0.341	0.733
Lack of clarity on the process or procedure of performing tasks.	2.79	0.92	2.50	0.90	4.653	0.000
Personality clashes and lack of dialogue.	3.17	0.78	2.88	0.85	5.220	0.000

Personal animosity against the nurse manager.	2.90	0.82	2.82	0.86	1.422	0.155
Disparity in academic qualifications between graduates and non-graduates.	3.27	0.98	2.99	1.01	4.240	0.000
Inadequate welfare package.	3.20	0.78	3.11	0.86	1.706	0.088
Difficulty in implementing the nursing process	2.94	0.78	2.49	0.79	8.446	0.008
Disrespectfulness by younder graduate nurses.	2.64	0.89	2.50	0.89	2.216	0.021
Bullying by senior nurses especially when one overspends her break period or receives visitor or duty.	2.78	0.93	2.58	0.92	3.066	0.002
Poor or unacceptable managerial/leadership style	3.15	0.93	2.85	0.84	4.957	0.000
Burnout due to heavy job assignment or heavy burns dressing.	3.23	0.76	2.82	0.79	7.733	0.000
Female dominance in the profession and petty jealousy.	3.18	0.89	3.08	0.89	1.638	0.102
Promotion stagnation.	3.23	0.86	3.23	0.86	0.135	0.893
Unfriendly colleagues and un-conducive work environment.	3.17	0.82	3.03	0.86	2.516	0.012
Transferred aggression from home to workplace.	3.10	0.72	2.90	0.78	3.821	0.012
Lack of or limited materials and supplies to work with.	3.49	0.78	2.96	0.92	9.200	0.00
Favouritism by managers.	3.17	0.81	2.97	0.86	3.664	0.000
Communication breakdown.	3.21	0.73	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 professional conflicts among nurses as agreed by both nurses in UNTH and NAUTH include "Lack of clarity on the process 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 especially process",

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 workplace", "Lack of or limited materials and supplies to work with", "Favouritism by managers", and "Communication breakdown," (mean values > 2.50) which are peculiar to institutions.

Research question 3: What are the coping strategies adopted by nurses in dealing with intra professional conflicts?

Twenty-five (25) items generated to realize this objective were 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: Coping strategies adopted by nurses in dealing with intra professional conflicts.

Items	UNTH		NAUTH		t-test	P-value
	Mean	SD	Mean	SD		
The ability to it withdraw	2.73	0.86	2.59	0.95	2.003	0.045
Ability to leave things unresolved.	2.70	1.07	2.41	0.91	4.280	0.000
Arguing or debating.	2.74	0.98	2.67	0.87	1.077	0.282
Sidestep or evade the issue.	2.57	0.92	2.58	0.82	0.111	0.000
Asserting your opinions and feelings.	3.12	0.78	2.93	0.78	3.540	0.000
Using rank or influence.	3.01	0.84	3.00	0.85	0.204	0.839
Standing your ground.	3.05	0.77	3.07	0.78	0.373	0.710
Stating your position clearyly.	3.07	0.81	3.08	0.84	0.121	0.904
Assertiveness or bold assertions.	3.24	0.77	2.93	0.79	5.859	0.000
Forgetting your desires.	2.56	1.02	2.62	0.87	1.005	0.315
Selflessness or self-sacrificing.	2.84	0.97	3.14	0.95	4.595	0.000
Obeying orders.	3.12	0.72	3.16	0.87	0.862	0.359
Ability to yield.	3.08	0.70	3.10	0.75	0.335	0.738
Negotiating or discussing terms.	3.05	0.73	2.90	0.76	2.930	0.003
Making concessions.	2.91	0.74	2.94	0.82	0.562	0.574
Finding a middles ground.	2.96	0.68	2.85	0.79	2.234	0.026

Active listening.	3.17	0.87	3.24	0.78	1.398	0.162
Non threatening Confrontation.	3.02	0.83	2.99	0.83	0.502	0.616
Identifyin Concerns.	3.01	0.80	2.94	0.88	1.236	0.217
Collaborating with colleague	3.19	0.71	2.92	0.85	4.982	0.000
Directly avoiding confrontation.	2.82	0.92	2.74	0.92	1.188	0.235
I am not afraid to walk alone.	2.76	0.94	2.55	0.87	3.424	0.001
Sometimes I simply walk away.	2.59	0.96	2.27	0.90	5.004	0.000
Survival of the fittest.	2.69	0.91	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**

Table 4: The coping strategies adopted by the nurses as stated 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", "Directing 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).

Research Question 4: What are the differences in sources of intra-professional conflicts among nurses?

Table 5: Difference in sources of conflict according to age

		Means and STD								t	p
S/No	Sources of Conflict	21-30 yrs X	SD	31-40 years X	SD	41-50 yrs X	SD	51-60yrs X	SD		
1	Nursing goal to be achieved like quick.	2.98	0.81	3.07	0.81	3.41	0.81	3.11	0.71	2.87	<.001
2	Lack of clearity on the process or procedure of performance task.	3.19	0.91	3.11	0.91	2.40	0.51	2.11	0.41	3.94	<.001
3	Personality clashes and lack of dialogue.	2.88	0.45	3.41	0.81	3.21	0.81	3.11	1.01	4.73	<.001
4	Personality animosity against the nurse	3.44	0.81	3.21	1.31	3.11	0.61	3.01	0.72	2.30	>.05
5	Disparity in academic qualification between graduates and non-graduates	3.21	0.71	2.91	1.26	3.01	0.61	3.00	0.61	2.45	>.05
6	Inadequate remuneration	3.18	0.70	3.41	0.81	3.65	0.99	3.61	0.81	4.23	<.001
7	Inadequate welfare package.	3.11	0.81	3.11	0.95	3.68	0.99	3.71	1.01	4.24	<.001
8	Difficulty in implementing the nursing process.	2.41	0.45	3.01	0.62	3.52	1.00	3.71	1.11	2.21	>.05
9	Disrespectfulness by young graduate nurses.	2.51	0.68	2.51	0.61	3.41	0.81	3.11	0.78	3.92	<.001
10	Bullying by Senior nurses especially when one over spent her break period or receive visitor on duty.	3.12	0.91	3.11	0.81	2.11	0.41	2.01	0.51	3.85	<.001
11	Poor acceptable managerial leadership style.	3.28	1.01	3.31	0.81	2.11	0.41	2.01	0.22	3.61	<.001
12	Burnout due to heavy job assignment or heavy burns dressing.	3.41	1.08	3.41	0.91	2.41	0.51	2.11	0.31	2.11	<.05
13	Female dominance in the professional and petty jealousy.	2.51	0.51	2.22	0.45	2.00	0.21	1.99	0.21	2.01	>.05

14	Promotion stagnation	3.51	1.87	3.56	1.38	3.61	0.78	2.71	0.51	2.81	<.001
15	Unfriendly colleagues and uncondusive work environment.	2.51	0.52	3.51	0.88	3.71	0.81	3.01	0.71	3.72	<.001
16	Transferred aggression from home to work place.	3.31	1.00	3.51	0.99	3.00	0.61	3.11	0.68	3.75	<.001
17	Lack or limited materials and supplies to work with	3.41	1.12	3.11	1.24	3.62	0.72	3.71	0.78	3.24	<.001
18	Favoritism by managers	3.62	1.13	3.62	1.41	2.81	0.66	2.51	0.54	2.91	<.001
19	Communication breakdown	3.41	1.12	3.08	1.49	3.11	0.81	3.77	0.79	4.82	<.001

Table five above shows that age is a factor in sources of conflict among nurses. From the table above, nurses between the ages of 41-60 see achieving nursing goal as a source of conflict than those between 21-40 years. On the other hand, those between 21-40 see lack of clarity. On the procedure to perform task as a major source of conflict than those from 41-60 years. Other variables seen as major sources of conflict among nurses between 21-40 than those between 41-60 year are personality animosity, inadequate remuneration, bullying by Senior nurses especially when one over spent her break period or receive visitor during duty, poor acceptable managerial leadership style, Burnout due to heavy job assignment or heavy burns dressing, female dominance in the profession and petty jealousy, promotion stagnation, transferred aggression from home to work place, favouritism by managers. On the other hand, the sources which nurses between the ages of 41-60 years see as source of intra-professional conflict among nurses are personality clash, difficult implementing nursing process.

In addition, all the sources with t-calculated value of more than 2.50 are seen as source of intra-professional conflict among nurses irrespective of their age.

Research question 5: To what extent do academic qualification affect sources of conflict among nurses?

Table 6: Effect of academic qualification on sources of conflict among nurses.

Sources of Conflict		Mean Scores				
		HND /Others $\bar{x}$	B.SCN BNSC $\bar{X}$	Post graduate /Others $\bar{x}$	t	p
1	Nursing goals to be achieved like quick	2.41	3.28	3.29	3.41	<.001
2	Lack of clarity on the process or procedure of performance task	3.00	2.88	2.54	4.40	<.001
3	Personality clashes and lack of dialogue.	3.01	3.34	3.20	4.82	<.001
4	Personality animosity against the nurse.	3.21	3.47	3.24	2.02	>.05
5	Disparity in academic qualification between graduates and non-graduates.	3.45	3.24	3.38	3.93	<.001
6	Inadequate remuneration.	3.46	3.26	3.24	2.20	>0.5
7	Inadequate welfare package.	3.22	3.19	3.18	2.00	>.05
8	Difficulty in implementing the nursing process.	3.21	3.61	3.44	7.73	<.001
9	Disrespectfulness by young graduates nurses.	2.81	2.51	2.66	1.99	>.05
10	Bullying by Senior nurses especially when one overspends her break period or receive visitor on duty.	3.16	2.11	2.01	3.00	<.001
11	Poor acceptable managerial leadership style.	3.01	2.24	2.01	4.78	<.001
12	Burnout due to heavy job assignment or heavy burns dressing.	3.22	2.81	2.70	6.78	<.001
13	Female dominance in the profession and petty jealousy.	2.84	3.01	3.13	2.21	>.05
14	Promotion stagnation	3.10	3.31	2.99	2.14	>.05
15	Unfriendly Colleagues and Uncondusive work environment.	3.17	3.40	2.98	2.66	001
16	Transferred aggression from home to work place.	3.01	2.21	2.84	3.45	<.001
17	Lack of or limited materials and supplies to work with.	3.28	3.01	3.38	8.97	<.001

18	Favoritism by managers.	3.38	2.55	2.45	3.55	<.001
19	Communication breakdown.	3.46	3.11	2.99	4.92	<.001

Table six above shows that the following were perceived as sources of conflict by nurses irrespective of their qualification lack of clarity on the process or procedure of performing task, personality class and lack of dialogue, personally animosity against the nurse manager, disparity in academic qualification, inadequate remuneration, inadequate welfare package, difficulty in implementing the nursing process, disrespectfully by younger graduates nurses. Bullying by Senior nurses especially when one overspent her break period or receive visitors on duty, poor acceptable managerial leadership style, burnout due to heavy assignment or heavy burns dressing, unfriendliness of colleagues at work, transferred aggression from home to work, lack of or limited materials and supplies to work with, favouritism by managers as well as communication breakdown $t < 2.50$ at $p<.001$.

Research Question 6: How does gender affect the nurses?

Table 7: Effect of gender on coping strategies to Intra professional conflict among nurses.

S/N	Variable	Males		Female		t	p
		Mean	SD	Mean	SD		
1	Ability to withdraw	3.28	0.98	2.70	0.61	3.45	<.001
2	Ability to leave things unresolved	3.09	0.88	2.90	0.71	4.01	<.001
3	Arguing or debating	2.55	0.52	3.39	0.68	3.99	<.001
4	Sidestep or create the issue	3.45	0.74	2.33	0.61	2.85	<.01
5	Asserting your opinion and feelings	3.19	0.88	2.41	0.41	2.91	<.01
6	Using ranks or influence	2.47	0.45	3.51	0.91	4.77	<.001
7	Standing your ground	3.08	0.88	2.90	0.72	4.01	<.001
8	Stating your position clearly	3.67	0.88	3.41	0.81	1.99	>.05
9	Assertiveness or bold assertion	3.08	0.94	2.56	0.61	2.78	<.01
10	Forgetting your desires	2.43	0.48	3.17	0.72	3.47	<.001
11	Selflessness or self scarifying	3.16	0.99	3.61	0.71	1.00	>.05
12	Obeying orders	2.48	0.51	2.62	0.42	1.24	>.05
13	Ability to yield	2.71	0.56	3.50	0.88	3.01	<.001
14	Negotiating or discussing terms	3.09	0.84	2.51	0.54	3.3	<.001
15	Assessing values	3.15	0.83	3.41	0.90	0.41	>.05
16	Making concessions	3.11	0.84	3.31	0.74	1.00	>.05
17	Finding a middle ground	3.37	0.81	3.41	0.72	1.89	>.05
18	Active listening	2.81	1.24	2.51	0.47	4.57	<.001
19	Non threatening confrontation	3.40	0.84	3.01	1.10	2.87	<.01

20	Identifying concerns	3.01	0.79	2.71	1.32	2.94	<.01
21	Collaborating with colleagues always	3.66	1.21	2.57	0.63	4.78	<.001
22	Directly avoiding confrontation	2.42	0.43	2.45	0.58	1.44	>.05
23	Not afraid to walk alone	3.11	1.20	2.66	0.68	4.72	<.001
24	Walking away sometimes	3.20	0.99	2.78	0.71	3.84	<.001
25	Survival of the fittest	3.45	0.97	2.45	0.51	3.01	<.001

Table seven above shows that male nurses obtained higher means than females nurses on the following coping strategies. The ability to withdraw, Ability to leave, Sidesteps asserting your opinion and feelings, Standing your ground, Starting your position clearly, Assertiveness, Negotiating, Assessing value making concerns, finding a middle ground active listening, Collaborating with colleagues not afraid to walk alone, walking away alone, walking away sometimes, Survival of the fittest, while the females adopt the following technique more than male arguing or debating, forgetting your desire, Selflessness, Obeying orders, Ability to yield, Non-threatening confrontation, Identifying concerns.

However, the following coping strategies yielded significant out that is they have t-calculated values more than 2.50 at p<.01. Ability to withdrew, Ability to leave things unresolved, Arguing and debating, Evade the issue, using ranks or influence, standing your ground, Assertiveness, forgetting your desire, Ability to yield, Negotiating and discussing terms, Active listening, Non-threatening confrontation, identifying concerns, collaborating with Colleague always, Not afraid to walk alone, Walking away sometimes, Survival of the fittest.

DISCUSSION OF FINDINGS

Research Question 1

Types of Intra Professional Conflict among Nurses

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 experienced by nurses with (mean values >2.50) . 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 experienced by nurses.

Often times, nurses do quarrel among themselves due to disagreement on procedures on how to carry out certain jobs. This finding agrees with the findings of Humbbel (2013) who recognizes three types of conflict among nurses to include task conflicts (disagreement about task).

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 (Humbbel, 2013), He identified process conflict (disagreement on how to work) as another potent type of intra professional conflict experienced by nurses. As observed from the present study, lack of clarity on procedures to carry out a work is among the major conflict experienced by nurses. He also identified relationship conflict (Intra personal hostility among nurses) as another conflict

experience 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 that they experience. The study is also in agreement with the findings of Barki and Hartwick (2004) which identifies disagreements as one of the intra professional conflict experienced by nurses. However, while Galin (2010) sees goals to achieve as type of intra professional conflict among nurses, the findings of this study disagrees, as it did not observe it as a type of intra professional conflict among nurses.

Furthermore, the findings agree with the work of Almost et. al., (2010) who identified unclear definition of responsibility, among other things as a major source of intra professional conflict experienced by nurses.

Research Question 2

Sources of Intra Professional Conflict among 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 identification of limited resources as major cause of conflict is in line with the work of Almost et al, (2010) who identified limited resources as a source of intra professional conflict among nurses.

However, limited materials and supplies affect work efficiency negatively which in turn brings conflict among the nurses. (Almost et.al, 2010). Due to limited material, nurses will not perform optimally, a situation that normally results to complaint or conflict.

Difficult implementing the nursing process and burnout were also identified as sources of Intra professional conflict among nurses by the finding of this study. Most nurses find it difficult to follow and implement the nursing process in 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 she is more aggressive, a condition that he/she may express to others through conflict. The findings also revealed personality clash/lack of dialogue, poor/unacceptable managerial leadership, as well as poor communication as sources of intra professional conflict among nurse. The finding has a relationship with the work of (Ogbimi ,2006) who reported factors such as personality 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 in this study include lack of clarity on the process or procedure of work, favouritism by managers, bullying by senor nurses, disparity in academic qualifications, 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 qualification, favouritism, rivalry with regard to position and hierarchy as sources of intra professional conflict among nurses. (Stevenson ,2006) also sees bullying as one example of conflict source among nurses. Though all these factors are sources of conflict among nurses, lack/limited

material to work with, as well as poor implementation of nursing process are the major factors.

Research Question 3: Coping Strategies adopted by nurses in dealing with Intra-professional conflict

According to the findings of this study, the major coping strategies adopted by nurses in dealing with Intra Professional Conflict are Asserting your opinions and feeling, Bold assertions, Selflessness or Self sacrificing, Negotiating or discussing term, finding a middle ground, collaborating with colleagues, Not afraid to walk alone as well as survival of the fittest. Based on the outcome of the study majority of the nurses from the two hospitals the strategies mentioned above in dealing with Intra-professional Conflict, with majority accepting assertiveness and walking away as the most appropriate coping strategies.

The nurses believed that expressing their feelings will help whoever he/she is having problem to understand him/her better. This will help the individual know your problem with a view to solving them.

However, one may not argue this outcome because assertiveness is seen as a healthy personality by the psychologist (Omye, 2010). In line with this finding, (Barton,2011) sees assertiveness as one of the techniques that can be used to achieve dialogue.

Based on the outcome that most nurses use walking away as a coping strategy to deal with Intra-professional Conflict, (Valentine,2009) reported that most women use more of avoidance technique to cope with conflict. In addition, (Lazarus,2009) reported that nurses use escape/avoidance, as coping strategies. The finding of this study is also in agreement with the work of (Forte, 2003) who reported that majority of nurses use avoidance approach to deal with conflict.

Finally, this finding collaborated the work of (Nahied and Naryeri,2009) who reported that nurses do not use a particular coping technique. This is in line with the outcome of this work which shows that nurses adopted different coping strategies as dealing with Intra-professional Conflict.

Research Question 4: Age differences in sources of Intra-Professional Conflict among Nurses.

Findings of this study showed that age is a factor on sources of Intra-professional Conflict, among nurses. As observed in table 5, there are some items perceived work as sources of Intra-professional by nurses between 21-40 years than those between 41-60 years. For instance, nurses between the ages of 21-40years see lack of clarity on the procedure to perform task, personality animosity, Inadequate remuneration, Bullying by Senior nurses, Poor acceptance of managerial leadership style, Burnout dominance in the profession and petty jealousy, promotion stagnation, etc. On the other hand, nurses between 41-60 years see personality clash, Difficult implementing nursing process, Inadequate welfare, Difficult implementing nursing processes.

Obviously, majority of the nurses believe that communication breakdown is a great source of Intra-professional Conflict. As stated earlier in sources of conflict poor communication causes disharmony in organization. Inadequate welfare package as well as inadequate remuneration were also implicated as major sources of conflict among nurses irrespective of their age.

Research question 5: Sources of conflict among nurses with reference to qualifications

Finding of this study showed that sources of Intra-professional Conflict differs among nurses when consider their academic qualifications. In other words the academic qualification of a nurse is a factor in determining what he/she could be seen as source of Intra-professional Conflict. For instance, on lack of clarity on the process or procedure to perform a task HNDs see it as a major source of Intra-professional Conflict while BScN/BNSc did not see it as a major source of Intra-professional Conflict. Similar things is observed on personality class, and lack of dialogue which BScN/BNSc and Post graduate nurses see as a major source of conflict while HNDs did not. However HNDs may see lack of procedure to perform task as a major source of conflict because they receive directions from seniors more often than the BScN/BNSc nurses. In addition, BScN/BNSc and Post graduate nurses see personality clash as a major source of the conflict because the tussle for power at that level always bring Intra-professional Conflict. The study also show that disparity in academic qualification between graduates and non-graduates is another major source of Intra-professional Conflict among nurses. This outcome may not be a surprise as there is every tendency that the graduate nurses will always try to show superiority to their colleagues who are graduate, a behaviour that is bound to bring conflict between these two groups. This out is in line with (Barki and Hartwick, 2004) findings that disparity academic qualification is always a source of disharmony among professional. In addition, failure to implement nursing process was seen as a major source of Intra-Professional Conflict especially among BSCN/BNSC and Post graduate nurses. This could be justified because Chief nurses always feel uncomfortable whenever the rules and normal processes are not followed (Barki and Harwick, 2004).

The study revealed bullying by Senior Staff is a source of conflict. Often, Senior staff bully the junior ones on every mistake, a situation that makes the junior staff over their senior colleagues. (Barki & Hartwick, 2004). Poor acceptable managerial leadership style was also seen as a source of Intra-Professional Conflict especially among junior nurses. This is always the case not only in the nursing profession but in several professions. The junior staff always complain against the leadership style of their superiors especially the lazy ones.

Other factors seen as source of Intra-Professional Conflict by nurses irrespective of their qualification are Burnout due heavy job assignment or heavy burn dressing, Unfriendly colleagues and Uncondusive work environment. Obviously lack of harmony among colleagues is bound to bring conflict (Barki and Hartwick 2004). In addition, limited material to work was also observed to be a major source of Conflict among nurses. One may not argue this finding because limited materials to work create poor performance which makes the manager uncomfortable. A condition that may cause bullying the younger staff who may aggression owing to the fact that it wasn't his/her fault. Above all favouritism by managers as well as poor communication were also identified as sources of Intra-Professional Conflict among nurses. While junior nurses see favouritism as a major source of conflict their senior colleague did not share similar opinion. This may attribute to the fact favouritism is from Senior to junior nurses.

Finally, all the nurses irrespective of qualification believed that communication breakdown is a big source of Intra-Professional Conflict. Poor communication could result to misunderstanding which often results to conflict.

Research question 6: Gender differences in coping with intra professional conflict among nurses

Findings of this study showed that 21.9% 0f total respondents were males, while 78.1% were females. The findings revealed that there is significant difference in the coping strategies used by nurses according to gender in the different hospitals (P<0.05). This implies that the coping strategies used by nurses are higher in females than males. A study by (Renato2010) observed significant association between the variables gender and confrontation. (0.018). women scored higher than men in coping strategies. (Campbell ,2008), said that women tend to use attachment behaviours to quell aggression and these are triggered by oxytocin. The interaction of hospitals and gender on the coping strategy used by nurses does not have any significant difference (P>0.05). The finding is not surprising because (Almost et al ,2010) asserted that females cope better with stress than males. However, the finding is in contrast to the research and opinion of (Bear et al, 2011) who concluded that women prefer to avoid conflict to a greater extent than men.

Implications of the study to nursing

Frequent, prolonged dysfunctional conflict adds stress to health care workers particularly nurses, a 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.

RECOMMENDATIONS AND CONCLUSION

It is recommended that improved welfare package be given to nurses to reduce unnecessary and avoidable conflicts. There should be recruitment of more nurses to reduce workload which is a flashpoint for conflicts. Continuing educational programmes and sensitization workshops on adverse effects of intra professional conflicts should be organized for nurse, to minimize conflicts since total elimination of conflict in the workplace is not possible. Also managers should be impartial, just and genuine in managing issues especially among the subordinates and junior cadre of staff.

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 among nurses. That majority of the nurses adopt assertiveness, ability to leave things, self-sacrificing, collaborating with colleagues, walking away, survival of the fittest etc. as coping strategies, While the least adopted methods are Using rank or influence, evading issues, yielding to issues and so on. That the 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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