

**BUILDING BRIDGES IN HEALTHCARE: A STUDY OF THE
FACTORS AFFECTING EFFECTIVE WORKING
RELATIONSHIPS AMONG MULTIDISCIPLINARY TEAMS
IN GENERAL HOSPITAL PANDA, NASARAWA STATE**

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ABSTRACT: The promotion of teamwork and industrial harmonization is crucial for the progress of different professions. Nevertheless, it is unavoidable that conflicts may arise due to the inherent human tendency towards disharmony when individuals with differing origins, professions, and attitudes collaborate towards a shared objective. This study evaluated factors affecting harmonious working relations among different professionals and cadres in the healthcare system using General Hospital Panda, Nasarawa State as a case study. Using quantitative cross-sectional survey design, respondents were enrolled from various departments of the hospital through stratified random sampling. Copies of questionnaire were distributed as the instrument of data collection. The findings indicate that harmonious working relations among different healthcare professionals in Nigeria are hindered by factors such as inter-professional conflict and rivalry, inadequate teamwork and collaboration, unclear professional hierarchies and role definitions, as well as challenges related to leadership and compensation. The study concludes that enhancing communication, resolving role ambiguity, facilitating interprofessional education, and establishing equitable compensation and working conditions are potential strategies that might build a collaborative and harmonious work environment among healthcare workers. It therefore recommends, among others, that the management should develop policies and procedures that promote fairness and equity in the workplace.

Keywords: Effective, Factors, Harmonious, Working Relations, Professionals, Healthcare

INTRODUCTION

Organisations may be characterized as intricate open systems that exhibit adaptability and resilience in order to ensure their survival and success. Achieving successful adaptation necessitates the establishment of an efficient interaction with the surrounding environment. The establishment of an organisation is contingent upon the joint efforts of both employers and workers, who serve as the primary drivers of the entity's operational operations. Consequently, the two entities coexist and engage in mutual interaction throughout the organization's routine activities (Ogunola, 2018). Over a long period of time, Nigeria has faced several challenges in the administration of its healthcare systems, resulting in the implementation of numerous changes within the sector (Fasanmade, 2018).

According to Keng (2015), the significance of the workplace inside an organisation, both at the microeconomic and macroeconomic levels, is pivotal in influencing the efficiency of productive activities within an economy. Several professions within the realm of healthcare are collectively responsible for collaborating harmoniously in order to provide comprehensive treatment to patients. The many occupations in the healthcare industry can be divided into three categories: primary healthcare providers, allied healthcare personnel, and non-health or ancillary workers. Physicians, nurses, chemists, medical laboratory scientists, radiographers, physiotherapists, and other professionals work in primary care. The allied health staff, on the other hand, includes people who work as technicians, ward assistants, cleaners, and other similar positions. Administrative personnel, which include clerical workers, executive officers, administrative officers, finance and audit personnel, and others, assist both groups. Frequent conflicts arise both among and within these diverse factions (Oyewunmi & Oyewunmi, 2014).

Despite an increase in recurrent spending on healthcare, the delivery of healthcare services in Nigeria continues to be unsatisfactory (Erhabor & Charles, 2014). This phenomenon may be attributed to several causes, including a lack of professional harmony and collaboration among healthcare experts, significant underfunding, and a scarcity of proficient medical workers. The health industry is now seeing a persistent occurrence of industrial actions initiated by professionals. Professional conflict in the health industry is a major cankerworm wreaking havoc on the system. The absence of cohesive teamwork and some healthcare practitioners' assertions of professional superiority has had negative consequences for both team dynamics and the provision of healthcare services in Nigeria (Erhabor & Charles, 2014). The provision of patient care is a multifaceted endeavour that requires the collaborative efforts of healthcare and social care professionals in order to achieve optimal outcomes (Miller *et al.*, 2014).

The occurrence of professional disputes in the health sector has often led to detrimental consequences for patients, posing a significant danger to the integrity of the industry (Erhabor & Charles, 2014). Harmonious working relationships between different professionals and managers are essential for the delivery of quality health services in Nigeria. However, a number of factors can affect these relationships, including lack of communication and collaboration, different levels of education and experience, role ambiguity and conflict, and lack of resources. With the aim of better understanding and suggesting solutions to the lack of harmony among medical professionals in Nigeria, this study explores the factors that influence harmonious working relationships between professionals in the health system and its effects on health care delivery using Panda General Hospital, Nasarawa State as a case study.

Concept of Industrial Harmony and Conflict in Organisation

Harmony refers to a state of agreement or unity. The attainment of success is often attributed to the harmonious integration of many constituent components, while a team is defined as a collective of individuals engaged in a shared endeavour or occupation. Nevertheless, via the establishment of a cohesive consensus, a collective of healthcare practitioners engaged in the administration of patient care might potentially achieve a more favourable result in terms of patient recovery (Emmanuel, 2014).

The significance of the workplace harmony inside an organisation, both at the microeconomic and macroeconomic levels, is pivotal in influencing the efficiency of productive activities within an economy. This phenomenon may be attributed to the fact that job actions are not conducted in isolation, but rather occur within a specific work environment. Therefore, the

existence of a strong and harmonious industrial relationship within an organisation is very important, not only for the benefit of the employer and the employees, but also for the wider society, as the efficiency of the production of the goods and services depends on it. The existence of a harmonious industrial relationship is an indication of the quality and effectiveness of the labour, which depends on the level of motivation of the workers (Osabuohien & Ogunrinola, 2007).

Puttapalli and Vuram (2012), defines industrial harmony as the association of the management team with the workers in the context of the terms and conditions of employment within the workplace. Ladan (2012) defines Industrial harmony as the amicable and cooperative arrangement in the workplace in which the employers and workers cooperate for the mutual benefit of the employer. According to Bassey *et al.* (2004), industrial harmony can be defined as a state of relative tranquilly within an industrial organisation. This state is characterised by the absence of strikes and distrust among work groups or unions, as well as the presence of a peaceful relationship between unions and management. Additionally, industrial harmony involves employees perceiving themselves as active participants rather than passive subjects within the organisation. Industrial harmony is an essential determinant of organisational efficiency and performance. In essence, it is a scenario whereby workers and management freely collaborate in the pursuit of the organization's goals and objectives ((Uzoamaka *et al.*, 2022).

Conflict continues to be an essential element within the realm of organisational dynamics. It is well acknowledged that conflict is an inherent aspect of human interactions and societal dynamics, rendering it implausible to assert the existence of any organisation devoid of conflict. What, therefore, is the conceptualization of conflict? The situation is often seen as a conflict among several persons or groups inside an organisation due to the need of collaborating in roles that include interdependence and possess disparities in terms of status, objectives, significance, or interpretation (Dialoke & Ogbu, 2017). The Nigerian healthcare system has had a significant number of healthcare worker strikes, also referred to as industrial actions, at all levels (Fasanmade, 2018).

The Causes of Disharmony in Nigerian Health System

In recent times, there has been a notable increase in the occurrence of disputes among healthcare professionals from other disciplines inside the workplace, as well as conflicts arising within the same field. The foregoing tensions are pervasive and dysfunctional, manifesting across several tiers of healthcare provision. Mayaki *et al.* (2020) have recorded instances of conflicts occurring among experts from different disciplines under severe circumstances.

The multifaceted phenomenon of conflict can have both constructive and destructive manifestations, and it can have an effect on the general well-being of an organization. Conflict arises as a result of differences in shared objectives, values, concepts, attitudes, beliefs, emotions, or behaviours, whether they are really encountered or only perceived. Conflicts may emerge due to a variety of factors, including professional competitiveness and disparities in economic and professional ideals. Limited resources, inadequately designed, ambiguously defined responsibilities and expectations, the capacity to collaborate effectively, interpersonal communication proficiencies, and performance expectations pertaining to diverse positions in nursing together contribute to conflicts within healthcare organisations. Conflicts of this nature occur not only in the nursing profession but also in other health-related fields (Higazee, 2015).

Numerous healthcare worker strikes, also known as industrial action, have occurred throughout the Nigerian healthcare system at all levels. Strikes and conflicts have had a major impact on Nigeria's health sector over the past ten years. In recent years, there have been a minimum of three instances of industrial action initiated by the National Association of Resident Doctors (NARD), one by the Joint Health Sector Unions (JOHESU), and one by the Medical and Dental Consultants Association of Nigeria (MDCAN), as shown by newspaper reports.

Consequently, there is a subsequent occurrence of delayed or absent attendance of individuals at public health facilities, resulting in the associated unfavourable health indicators for which the nation has gained notoriety (Oleribe *et al.*, 2018). The health industry is now engaged in extensive discussions around the prominent issues of ethical considerations and inter-professional competition.

Various African legal systems incorporate provisions that acknowledge and safeguard labourers' freedom to strike, albeit with slight differences in wording (Nyango *et al.*, 2021). The nation is currently experiencing dangerously high levels of tension as a result of the ongoing wave of strikes. This phenomenon would prompt a curious mind to look for an explanation regarding the causes and reasoning behind labour disputes.

While there may exist readily available explanations for this phenomenon, the following points outline certain recognised factors that contribute to workers and their unions responding to Marx's compelling appeal to "revolt against capital." Nonetheless, there are additional factors that led to industrial disputes and strikes in addition to the reasons for strikes that have been identified (Wokoma & Iheriohanma, 2010).

Healthcare professionals' lack of cooperation and collaboration has been found to be the main reason behind ineffective teams. The reports that are currently accessible point to a lack of harmony and cooperation among Nigerian healthcare professionals. Numerous factors, including the continuous struggle for dominance and hierarchical positioning within our healthcare institutions, could be responsible for this phenomenon. According to Fasanmade (2018), discord within the Nigerian health system may be attributed to several underlying factors, including self-glorification, a sense of superiority, inflated ego, self-realization, and the perception of possessing exclusive knowledge.

The primary factors contributing to disharmony and detrimental competition among health professionals in Nigeria encompass but are not limited to, the pursuit of leadership roles within healthcare teams, wherein certain professionals assert their superiority over others, as well as the inequitable remuneration across various cadres and groups of healthcare workers. The issue has persisted for an extended period of time without sufficient action from policymakers and the government (Aregbesola, 2018). Additionally, there is a noticeable difference in the salaries of healthcare professionals who fall into various occupational categories (Keng, 2015).

Furthermore, it is widely held among many healthcare practitioners that the Nigerian healthcare system exhibits a bias towards medical physicians. This is explained by the fact that medical doctors are still seen as having more authority than other healthcare providers (Alubo & Hunduh, 2016).

According to Osakede and Ijamakinwa (2014), the healthcare industry in Nigeria has had a series of strikes and close calls between 1991 till the present day. Olushola and Oludare (2017)

report that from 2015 to 2018, there were several strikes at the Lagos University Teaching Hospital (LUTH). The Joint Health Sector Unions (JOHESU), nurses, and resident physicians were among the groups within the hospital that started these strikes. The combined duration of these strikes exceeded 12 months. The healthcare system in Nigeria has had several challenges and setbacks. Notwithstanding the numerous reforms the Nigerian government has suggested to address the system's many problems, their execution at the state and local government levels has not yet occurred. Over an extended period of time, Nigeria's healthcare system has dealt with multiple outbreaks of infectious diseases and widespread chemical poisoning. As a result, addressing the current problem is essential (Menizibeya, 2011).

The Impacts and Consequences of Industrial Disharmony in the Form of Strikes on the Nigerian Health System

The healthcare system is significantly impacted by industrial discord. Given the widespread acceptance and regularity of health workers' strikes in the Nigerian healthcare system, the purpose of this study is to explore the unique characteristics of industrial action carried out by Nigerian healthcare professionals. The strikes have had a negative impact on the healthcare system, leading to several avoidable deaths, issues, and a rise in medical tourism as wealthy people travel to other locations for hospital care.

The detrimental effects of these strikes are most noticeable when they occur during periods of public health emergencies, like the recent outbreaks of cholera or Lassa fever, or even man-made emergencies like the Ebola virus disease epidemic, and Boko Haram suicide bombings resulting in significant deaths. Oleribe *et al.* (2016), state that labour disputes frequently cause disruptions in productivity, which has serious socioeconomic ramifications for Nigeria's development. Oleribe *et al.* (2016) state that from an economic standpoint, work stoppages and strikes of various kinds are detrimental to the economy's intended progress. Nevertheless, it should be noted that trade disputes and conflicts have the potential to initiate work stoppages, leading to the loss of man-days. As a result, when labour productivity falls, as evidenced by the loss of man-days, productivity will inevitably decline as well, which will have an effect on the GDP and GNP of the nation. The fact that strikes continue to occur is a sign of the negative traits and structure of our industrial society. It is clear from a sociological angle that labour disputes, strikes, and work stoppages have important consequences.

Theoretical Framework

This research employs the social exchange theory, first formulated by sociologist George Homans in 1958, to elucidate the motivations behind workers' engagement in favourable behaviours and their inclination to reject unfavourable behaviours while offering support and resources to their employing organisation. Based on the principles of social exchange theory, people engage in actions on the assumption that the recipient would reciprocate the acquired benefit in a comparable way (Uzoamaka *et al.*, 2022).

The social behaviour displayed during interactions between two parties is examined by the sociological and psychological theory known as social exchange theory. According to this theory, people should use a cost-benefit analysis to weigh the benefits and potential risks of a given situation. The concept also includes economic interactions, in which the possession of goods that are valued by other parties by one party results in a cost-benefit analysis. Social exchange theory holds that these calculations occur in all kinds of relationships, from

friendships and romantic partnerships to professional connections, and even in brief exchanges like speaking with a customer at a cash register (Roeckelein, 2018).

The social exchange process, according to Cropanzano *et al.* (2017), begins when an employee of an organization—typically a colleague or supervisor—interacts with another person in a way that could be interpreted as either positive or negative. Providing organizational support and advocating for justice are examples of positive initiating behaviours (Cropanzano & Rupp, 2008). Harsh supervision, rudeness, and bullying are examples of negative initiating behaviours (Cropanzano *et al.*, 2017).

Within the scope of this research on harmonious working relationships in the healthcare sector, it is postulated by Social Exchange Theory (SET) that people establish and sustain connections based on their perception of the advantages and disadvantages involved. Based on the tenets of Social Exchange Theory, the cultivation of harmonious working relationships is facilitated when professionals possess a perception of mutual advantages, equitable trade, trust and reciprocity, as well as engage in good social interactions. Furthermore, the act of collaborating facilitates the development of favourable interpersonal connections, so diminishing instances of discord and cultivating a shared spirit of camaraderie.

METHODS AND PROCEDURE

The research design for this study is quantitative cross-sectional survey. This design is appropriate for this study as it allow the researchers to collect data from a large sample of healthcare professionals from General Hospital Panda, Nasarawa State, to assess the factors affecting harmonious working relations among different professionals and cadres.

Professionals from all cadres, including physicians, nurses, pharmacists, laboratory technicians, and administrative staff, are included in the study population.

To choose a representative sample of medical professionals from General Hospital Panda in Nasarawa State, a stratified random sampling technique was employed. By using this method, the sample guaranteed representative of all hospital healthcare professionals. This study has a sample size of one hundred medical professionals.

Self-administered questionnaire was used in collecting data to gauge the elements influencing cordial working relationships between various healthcare system professionals and cadres. The questionnaire was divided into two sections. Section A contained the respondents' personal information and demographic profiles. Items in Section B are arranged in accordance with the research objectives. The selected respondents were given the opportunity to ask questions if they had any, as well as to request assistance in filling out any areas of the questionnaire. The researcher personally administered the questionnaire to these respondents. It should be mentioned that the questionnaire allowed for confidentiality and privacy. In order to analyze the data from the self-administered questionnaires, descriptive statistics like mean, frequency, and percentage were used.

RESULTS AND DISCUSSION

This section presents the results and analysis of data collected using the data collection instrument. The discussion is based on the objectives of the study.

Table 1: Table Showing Demographic Characteristics of Respondents

	Variables	Frequency	Percentage (%)
Age	Above 55	4	4.0
	46-55	9	9.1
	36-45	30	30.3
	26-35	33	33.3
	18-25	23	23.2
Gender	Female	58	58.6
	Male	41	41.4
Marital Status	Divorced/Separated	4	4.0
	Married	59	59.6
	Single	36	36.4
	Divorced/Separated	4	4.0
Highest Educational Qualification	Tertiary	90	90.9
	Post Graduate	9	9.1
Cadre	Technical department	12	12.1
	Accounts department	15	15.2
	Administration & supplies department	12	12.1
	Health planning & research department	4	4.0
	Medical Laboratory Department	10	10.1
	Pharmacy Department	7	7.1
	Nursing Department	37	37.4
	Medical Department	2	2.0

Source: Field Survey, 2023.

The results of the analysis of Table 1 show that 58% of the respondent are female while 41% are male. Also, 4% of the respondents are above 55 years, 9% are within 46-55 years, 30% are within 36-45 years, 33% are within 26-35 years and 23% are within 18-25 years. Furthermore, 90.9% of the respondents have tertiary education while 9.1% are postgraduate while 4% of the respondents are divorced/separated, 59.6% are married and 36.4% are single.

The results also showed that 12.1% of the respondents are in technical department, 15.2% are in accounts department, 12.1% are in administration & supplies department, 4% are in health planning & research department, 10.1% are in medical laboratory department, 7.1% are in pharmacy department, 37.4% are in nursing department and 2% are in medical department.

Table 2: The causes of inharmonious working relationships in the Nigerian health sector

Statement	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly disagree (%)	Mean
Unequal pay and benefits among different healthcare professionals contribute to inharmonious working relationships.	51.5	38.4	7.1	3	3.3838
Lack of communication and collaboration between different healthcare professionals' leads to inharmonious working relationships.	42.4	52.5	4	1	3.3636
Power struggles and hierarchical structures within the healthcare system contribute to inharmonious working relationships.	31.3	67.7	1	0	3.2929
Workload overload and stress among healthcare professionals contribute to inharmonious working relationships.	45.5	42.4	9.1	3	3.3030
Lack of recognition and appreciation for the contributions of different healthcare professionals leads to inharmonious working relationships	33.3	57.6	5.1	4	3.2020

Field Survey, 2023

Table 2 revealed that 51.5% of the respondent strongly agreed that unequal pay and benefits among different healthcare professionals contribute to inharmonious working relationships and 38.4% agreed. However, 7.1% disagreed that unequal pay and benefits among different healthcare professionals contribute to inharmonious working relationships and 3% strongly disagreed. Furthermore, 42.4% of the respondent strongly agreed that lack of communication and collaboration between different healthcare professionals leads to inharmonious working relationships and 52.5% agreed. Nevertheless, 4% disagreed that lack of communication and collaboration between different healthcare professionals leads to inharmonious working relationships and 1% strongly disagreed.

In addition, 31.3% of the respondent strongly agreed that power struggles and hierarchical structures within the healthcare system contribute to inharmonious working relationships and 67.7 agreed. However, 1% strongly disagreed that power struggles and hierarchical structures within the healthcare system contribute to inharmonious working relationships.

The results further revealed that 45.5% of the respondent strongly agreed that workload and stress among healthcare professionals contribute to inharmonious working relationships and 42.4% agreed. Nevertheless, 9.1% disagreed that workload and stress among healthcare professionals contribute to inharmonious working relationships and 3% strongly disagreed.

The table also revealed 33.3% of the respondent strongly agreed that lack of recognition and appreciation for the contributions of different healthcare professionals leads to inharmonious working relationships and 57.6% agreed. However, 5.1% disagreed that lack of recognition and appreciation for the contributions of different healthcare professionals leads to inharmonious working relationships and 4% strongly disagreed.

Using a cutoff mean score of 2.50 for the rating scale, it can be concluded that unequal pay and benefits among different healthcare professionals, lack of communication and collaboration between different healthcare professionals', power struggles and hierarchical structures within the healthcare system, workload overload and lack of recognition and appreciation for the contributions of different healthcare professionals leads to inharmonious working relationships in the Nigerian health sector as they have mean scores above the cutoff mean score.

Table 3: The consequences of inharmonious working relationships in the Nigerian health sector

Statement	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly disagree (%)	Mean
Inharmonious working relationships contribute to decreased patient satisfaction with healthcare services.	36.4	43.4	14.1	6.1	3.1010
Inharmonious working relationships lead to increased medical errors and patient safety issues.	38.4	36.4	15.2	10.1	3.0303
Inharmonious working relationships contribute to increased absenteeism and turnover among healthcare professionals.	58.6	35.4	4	2	3.5051
Inharmonious working relationships hinder effective communication and coordination of patient care.	41.4	57.6	1	0	3.3939
Inharmonious working relationships damage the reputation and public image of the healthcare system.	39.4	55.6	4	1	3.3333

Source: field survey, 2023

Table 3 showed that 36% of the respondent strongly agreed that inharmonious working relationships contribute to decreased patient satisfaction with healthcare services and 43.4% agreed. Nevertheless, 14.1% disagreed that inharmonious working relationships contribute to decreased patient satisfaction with healthcare services and 6.1% strongly disagreed.

Also, 38.4% of the respondent strongly agreed that inharmonious working relationships lead to increased medical errors and patient safety issues and 36.4% agreed. However, 15.2% disagreed that inharmonious working relationships lead to increased medical errors and patient safety issues and 10.1% strongly disagreed.

In addition, 58.6% of the respondent strongly agreed that inharmonious working relationships contribute to increased absenteeism and turnover among healthcare professionals and 35.4% agreed. Nevertheless, 4% disagreed that inharmonious working relationships contribute to increased absenteeism and turnover among healthcare professionals and 2% strongly disagreed.

Furthermore, 41% of the respondent strongly agreed that inharmonious working relationships hinder effective communication and coordination of patient care and 57.6% agreed. However, 1% strongly agreed.

In addition, 39.4% strongly agreed that inharmonious working relationships damage the reputation and public image of the healthcare system and 55.6% agreed. Nevertheless, 4% disagreed that inharmonious working relationships damage the reputation and public image of the healthcare system and 1% strongly disagreed.

Using a cutoff mean score of 2.50 for the rating scale, table 3 showed that decreased patient satisfaction with healthcare services, increased medical errors and patient safety issues, increased absenteeism, ineffective communication and coordination of patient care and damage the reputation and public image of the healthcare system were all consequences of inharmonious working relationships as they have mean scores above the cutoff mean score.

Table 4: The strategies used by the government and individuals in solving disharmony in the Nigerian health sectors

Statement	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly agree (%)	Mean
Government-sponsored training programs aimed at promoting inter-professional collaboration are effective in reducing inharmonious working relationships.	34.3	59.6	5.1	1	3.2727
The establishment of conflict resolution mechanisms within healthcare institutions helps to resolve conflicts and improve working relationships.	39.4	39.4	17.2	4	3.1414
Open communication and feedback channels between healthcare professionals can help to identify and address issues that contribute to inharmonious working relationships.	42.4	31.3	20.2	6.1	3.1010
Efforts to promote a more equitable and respectful work environment for all healthcare professionals can help to reduce inharmonious working relationships.	43	36	12	8	3.1515

Individual efforts to build relationships and foster teamwork among colleagues can contribute to a more harmonious work environment	43.4	36.4	12.1	8.1	3.4444
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Source: field survey, 2023

Table 4 revealed that 34.3% of the respondent strongly agreed that government- sponsored training programs aimed at promoting inter-professional collaboration are effective in reducing inharmonious working relationships and 59.6% agreed. However, 5.1% disagreed that government- sponsored training programs aimed at promoting inter-professional collaboration are effective in reducing inharmonious working relationships and 1% strongly disagreed.

Furthermore, 39.4% of the respondent strongly agreed that the establishment of conflict resolution mechanism within healthcare institutions helps to resolve conflicts and improve working relationships and 39.4% agreed. Nevertheless, 17.2% disagreed that the establishment of conflict resolution mechanism within healthcare institutions helps to resolve conflicts and improve working relationships and 4% strongly disagreed.

The table further revealed that 42.4% of the respondent strongly agreed that open communication and feedback channels between healthcare professionals can help to identify and address issues that contribute to inharmonious working relationships and 31.3% agreed. However, 20.2% disagreed that open communication and feedback channels between healthcare professionals can help to identify and address issues that contribute to inharmonious working relationships and 6.1% strongly disagreed.

Also, 43.4% of the respondent strongly agreed that efforts to promote a more equitable and respectful work environment for all healthcare professionals can help to reduce inharmonious working relationships and 36.4% agreed. However, 12.1% disagreed that efforts to promote a more equitable and respectful work environment for all healthcare professionals can help to reduce inharmonious working relationships and 8.1% strongly disagreed.

In addition, 48.5% strongly agreed that individual efforts to build relationships and foster teamwork among colleagues can contribute to a more harmonious work environment and 49.5% agreed. Nevertheless, 2% strongly disagreed that individual efforts to build relationships and foster teamwork among colleagues can contribute to a more harmonious work environment.

Using a cutoff mean score of 2.50 for the rating scale, table 4 showed that government-sponsored training programs, conflict resolution mechanisms within healthcare institutions, open communication and feedback channels between healthcare professionals, efforts to promote a more equitable and respectful work environment for all healthcare professionals and individual efforts to build relationships and foster teamwork were the strategies used by the government and individuals in solving disharmony in the Nigerian health sector as they have mean scores above the cutoff mean score.

Table 5: Ways of ensuring industrial harmony among health professionals in the future

Statement	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly disagree (%)	Mean
Implementing a standardized pay scale for all healthcare professionals based on qualifications and experience can help to reduce inharmonious working relationships.	48.5	48.5	48.5	0	3.4343
Providing opportunities for continuous professional development and training for all healthcare professionals can enhance collaboration and respect among different cadres.	47.5	50.5	2	0	3.4545
Establishing clear and transparent communication channels between healthcare professionals and management can help to address issues promptly and prevent conflicts from escalating.	42.4	54.5	2	1	3.3838
Promoting a culture of mutual respect and appreciation for the contributions of all healthcare professionals can foster a more harmonious work environment.	41.4	56.6	1	1	3.3838
Encouraging regular feedback and performance reviews can help to identify and address potential sources of conflict and improve working relationships.	47.5	47.5	47.5	0	3.4646

Source: field survey, 2023

Table 5 showed that 47.5% of the respondent strongly agreed that implementing a standardized pay scale for all healthcare professionals based on qualifications and experience can help to reduce inharmonious working relationships and 50.5% agreed. However, 2% strongly disagreed.

Also, 45.5% of the respondent strongly agreed that providing opportunities for continuous professional development and training for all healthcare professionals can enhance collaboration and respect among different cadres and 54.5% agreed.

In addition, 42.4% of the respondent strongly agreed that establishing clear and transparent communication channels between healthcare professionals and management can help to address issues promptly and prevent conflicts from escalating and 54.5% agreed. Nevertheless, 2% disagreed that establishing clear and transparent communication channels between

healthcare professionals and management can help to address issues promptly and prevent conflicts from escalating and 1% strongly disagreed.

The table also showed that 41.4% of the respondent strongly agreed that promoting a culture of mutual respect and appreciation for the contributions of all healthcare professional can foster a more harmonious work environment and 56.6% agreed. However, 1% disagreed that promoting a culture of mutual respect and appreciation for the contributions of all healthcare professional can foster a more harmonious work environment and 1% strongly disagreed.

In addition, 47.5% of the respondent strongly agreed that encouraging regular feedback and performance reviews can help to identify and address potential sources of conflict and improve working relationships and 51.5% agreed. Nevertheless, 1% disagreed that encouraging regular feedback and performance reviews can help to identify and address potential sources of conflict and improve working relationships.

Using a cutoff mean score of 2.50 for the rating scale, table 5 showed that implementing a standardized pay scale for all healthcare professionals, providing opportunities for continuous professional development, establishing clear and transparent communication channels between healthcare professionals and management, promoting a culture of mutual respect and appreciation for the contributions of all healthcare professionals and encouraging regular feedback and performance reviews were all ways to ensure industrial harmony among health professionals in the future as they have mean scores above the cutoff mean score.

DISCUSSION OF FINDINGS

On the causes of inharmonious working relationships in the Nigerian health sector, the results is in agreement with Mohammed *et al.* (2022); Osigbesan (2021) that in the Nigerian health sector, inharmonious working relationships can arise due to various factors. These include lack of teamwork, disparities in allowances, respect, and entry levels, as well as inadequate collaborative training at the undergraduate level. Also, the results revealed in line with the study of Mohammed (2022) that in the Nigerian health sector, inharmonious working relationships, such as inter-professional conflict and rivalry, has several consequences. These include poor quality healthcare services, reduced treatment outcomes, increased medical errors, compromised patient safety, and frequent industrial actions like strikes. These problems have worsened the already dismal health outcomes in the nation by lowering public opinion of medical professionals, preventable deaths, and morbidities (Odii, 2023).

The study corroborated by the findings of Adigwe et al. (2023), shows that Nigerians have used a variety of tactics, including policy reforms, addressing sources of conflict, and promoting collaboration, to address discord in the health sector. The findings indicated that establishing a uniform compensation scale for all healthcare professionals, offering chances for ongoing professional growth, creating open and honest lines of communication between healthcare professionals and management, fostering a climate of mutual respect and gratitude for each individual's contributions, and supporting frequent performance evaluations and feedback were all important steps toward achieving this goal.

Conclusion

The findings of the study indicate that there are a number of factors that can contribute to or detract from harmonious working relationships, include ineffective communication, lack of mutual respect and poor work-life balance. Despite these challenges, it is possible to create harmonious working relationships in the healthcare system. Healthcare providers may enhance the work environment by examining the many elements that either facilitate or hinder cordial working relationships. According to the research, it has been shown that interprofessional cooperation will have a positive impact on both patient outcomes and the accessibility of healthcare services (Archer, et al, 2012). The consideration of these variables would be of utmost importance in fostering cohesive working relationships across diverse specialists and cadres within the healthcare system in Nigeria. Enhancing communication, resolving role ambiguity, facilitating interprofessional education, and establishing equitable compensation and working conditions are potential strategies that might build a collaborative and harmonious work environment among healthcare workers.

Recommendations

Based on the findings of the study, the following recommendations are suggested:

- i. The leadership of the general hospital should encourage open and honest communication among all staff members.
- ii. Also, the leadership of the general hospital should create opportunities for regular communication between different professional groups and provide training on effective communication skills.
- iii. The stakeholders of the general hospital should promote a culture of mutual respect among all staff members and encourage staff members to value the skills and knowledge of others.
- iv. There is also the need to develop a set of shared values that can guide the behavior of all staff members.
- v. The management of the general hospital should address any instances of discrimination or unfair treatment promptly and effectively.
- vi. Also, the management should develop policies and procedures that promote fairness and equity in the workplace.

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