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THE DOCTOR IS DISSATISFIED: PROFESSIONAL RIVALRY AMONG HEALTH PRACTITIONERS IN JOS UNIVERSITY TEACHING HOSPITAL, PLATEAU STATE, NIGERIA

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ABSTRACT: This study examines the consequences of professional rivalry among medical practitioners in Jos University Teaching Hospital. (JUTH) It analyses the differences among some healthcare specializations regarding their scope of practice and impact on patient care quality, patient outcomes, and overall healthcare delivery within the health sector. A qualitative research method was used through focus group discussions (FGD), in-depth interviews and key informant interviews conducted with participants who are doctors, nurses, pharmacists, and laboratory scientists affiliated with JUTH. The sample size of the study was twenty-eight (28); this depended on data saturation. The data was analyzed using themes. The findings indicate that hierarchical structures, power dynamics and turf wars, ambiguous and overlapping roles, perceived inequality in compensation and recognition and lack of effective communication are factors that affect relationships amongst medical professionals in JUTH. The study recommends enhanced communication and collaboration among healthcare professionals.

Keywords: Professional Rivalry, Healthcare Professionals, Competition, Collaboration

INTRODUCTION

Professional rivalry has gradually become a significant issue that shapes interactions among health professionals in the health sector. This phenomenon refers to the competitive and sometimes contentious relationships that can develop between individuals or groups within the same field from differing treatment approaches to debates over patient care, methodologies, decision-making, collaboration, and even patient outcomes (Aberese, Agyepong, Gerrits & Dijk, 2015; Mohammed, 2022)

Professional rivalry in the health sector varies in intensity and nature across different regions and healthcare systems globally. In some areas, it might be characterized by healthy competition that drives innovation and quality improvement. In other cases, it could escalate to more negative outcomes, like strained relationships, misinformation, and even compromising patient care (Pavlakis et al., 2018).

Colonial legacies and foreign influence have impacted the history of healthcare in Africa. This has led to differences in the training, recognition, and roles of various healthcare professionals. For instance, in some countries, traditional healers coexist with modern medical practitioners, creating the potential for rivalry and differing approaches to healthcare. Doyle, (2023). In countries with

well-established healthcare systems, professional rivalry could lead to research breakthroughs, the adoption of cutting-edge technologies, and the development of advanced treatment protocols. On the other hand, in countries with limited resources or overcrowded healthcare systems rivalry might be more pronounced due to the struggle for patients, funding, and recognition {Adim, Odili & Aigboje, 2020). Cultural factors and societal norms can all impact the nature of professional rivalry. For instance, some cultures might encourage collaborative problem-solving, while others might emphasize individualism depending on the values and norms of the specific culture in question.

Professional rivalry in the health sector in Africa is a complex and multifaceted issue. It is influenced by various factors such as healthcare system structures, resource constraints, historical context, and socio-economic disparities across different African countries (Ukonu & Emerole, 2013)

Many African countries face significant resource constraints, including limited funding, inadequate healthcare infrastructure, and shortages of healthcare professionals. This scarcity of resources can lead to competition among different healthcare professions for a share of the available resources (Oleribe et al., 2019)

The roles and responsibilities of healthcare professionals are not always well-defined, leading to overlap and ambiguity in their functions. This lack of clarity can result in professional rivalries as different groups seek to assert their expertise and authority. Uchejeso, Etukudoh, Chongs and Ime, (2021). Similarly, variations in the quality and standards of education and training programs for healthcare professionals can contribute to rivalries. Some professions may feel that their training is superior or more comprehensive than others, leading to conflicts over the scope of practice (Omisore, Adesoji, & Abioye-Kuteyi, 2017).

Similar to other African countries, Nigeria experiences disparities in healthcare access and resources between urban and rural areas. Healthcare professionals may compete for positions and resources in urban centers, which can contribute to rivalries. more importantly, cultural beliefs and practices can also influence healthcare decisions in Nigeria. healthcare professionals, including traditional healers, often need to navigate cultural factors that affect patient preferences and choices.

Nigeria has a diverse healthcare workforce, including doctors, nurses, pharmacists, radiologists, medical laboratory scientists, traditional healers, and various allied health professionals. This diversity can sometimes lead to competition and professional rivalries, particularly between medical doctors and other healthcare practitioners. This explains the incessant strikes evident in Nigerian hospitals between doctors on the one hand and other medical practitioners, who have come under one umbrella as the Joint Health Sector Union (JOHESU), on the other hand (Omisore, Adesoji, & Abioye-Kuteyi, 2017).

Like in many countries, one of the most prominent areas of rivalry in Nigeria's healthcare sector is between medical doctors, pharmacists, laboratory scientists, and nurses. Issues related to roles, responsibilities, and authority often arise, leading to tensions and disputes. Omisore, et al (2017).

The scope of practice for various healthcare professions in Nigeria is defined by regulatory bodies such as the Medical and Dental Council of Nigeria (MDCN) for doctors and the Nursing and Midwifery Council of Nigeria (NMCN) for nurses. Disputes can emerge when there are disagreements over the boundaries of these scopes of practice (Federal Ministry of Health, 2022) Despite these regulatory bodies and the efforts put in place to promote interprofessional collaboration, Nigeria's healthcare system is still enmeshed in crisis. This raises questions regarding the effectiveness of the measures. Could it be that the initiatives lack critical guiding principles and values that emphasize teamwork and communication among health practitioners? Could it also be that these efforts only focus on addressing disparities on the peripheral level without looking at specific social and cultural boundaries contributing significantly to worsening the crisis.

This study seeks to investigate more deeply professional rivalry arising from the unclear scope of practice on the roles and responsibilities of different healthcare professions in Nigeria, which is crucial for effective healthcare delivery and patient safety. It will identify the specific areas within healthcare where the scope of practice ambiguity and overlap leads to conflict, exploring the sources and consequences of professional rivalry, thereby providing insights into how to improve collaboration among healthcare professionals in Nigeria. This could lead to better teamwork, communication, and improved patient care. Also, identifying areas of overlap and contention in the scope of practice can inform changes in healthcare education and training programs. For instance, curricula can be adjusted to ensure that future healthcare professionals are better prepared to work within inter-professional teams and understand the roles of their colleagues

It will also raise awareness among healthcare professionals, policymakers, and the public about the importance of a clear scope of practice in healthcare. This can lead to advocacy efforts to address the identified issues.

This study has significant implications for patient care, resource management, workplace culture, policy development, and ethical practice within the healthcare system. understanding the underlying factors contributing to rivalry and its consequences can help foster a healthier and more collaborative environment for healthcare professionals, ultimately benefiting both practitioners and patients alike.

Objectives of the Study

The broad objective of this study is to examine the impact of professional rivalry among medical practitioners concerning the scope of practice, as it affects the quality of care and satisfaction of the patient and the general medical outcome. Specifically, the study seeks to:

i. Determine the prevalence of professional rivalry among different health practitioners in Jos University Teaching Hospital.
ii. Investigate the underlying factors that contribute to professional rivalry, in Jos University Teaching Hospital.
iii. Examine how professional rivalry affects the quality of patient care, patient outcomes, and overall healthcare delivery at Jos University Teaching Hospital

METHODOLOGY

Research Design

This research adopted a qualitative research design, specifically a phenomenological approach, to explore the lived experiences of healthcare practitioners regarding professional rivalry at Jos University Teaching Hospital (JUTH). The phenomenological method is appropriate because it allows an in-depth understanding of the subjective experiences, perceptions, and professional tensions among different healthcare workers. Key informant interviews (KII). in-depth interviews (IDIs) and focus group discussions FGDs) were conducted. These methods prioritize the perspectives and voices of participants, providing an opportunity for medical practitioners to share their experiences, perceptions and motivations regarding professional rivalry.

Population of the Study

The study was conducted at Jos University Teaching Hospital (JUTH), Plateau State Nigeria. The population of the study comprises medical doctors from the orthopaedical, surgical, and medical wards. others include nurses, pharmacists, and laboratory scientists. Their choices are because professional competition is more pronounced among these crucial professionals. The respondents were all adults working in the JUTH.

Sampling Technique

A purposive sampling technique was used to select participants who have firsthand experience with professional rivalry and will ensure diversity in terms of healthcare roles, specialties, and settings at JUTH. The study targeted: Doctors (Consultants, Resident Doctors, and Medical Officers), Nurses (Senior and Junior Nurses), Pharmacists, Laboratory Scientists, and Other allied health professionals (e.g., Physiotherapists, Radiographers). they were selected based on their knowledge, professional roles, years of experience, and willingness to share their perspectives. Maximum variation sampling was applied to ensure diverse viewpoints across different cadres and professional groups.

Inclusion Criteria

Healthcare professionals, including doctors, nurses, and allied health workers, who have worked at JUTH for at least 2 years were eligible this included a mix of practitioners from various departments to ensure a comprehensive perspective on the issue. Also, Participants who have experienced or witnessed professional rivalry in the hospital are included.

Exclusion Criteria

Healthcare workers who have been at JUTH for less than 2 years. Also, Individuals who are not directly involved in clinical practice or have limited exposure to inter-professional interactions are excluded.

Recruitment

Participants were initially contacted via email or phone after being identified through collaboration with department heads or via professional networks within JUTH. A detailed information sheet was provided to each potential participant outlining the purpose of the study, the voluntary nature of participation, confidentiality, and the expected time commitment.

Sample Size

The sample size for the qualitative study is twenty-three (23) participants, comprising of six (6 Doctors (Consultants, Resident Doctors, and Medical Officers), Six (6) Nurses (Senior and Junior Nurses) two (2) Pharmacists, two (2) laboratory scientists, one (1) head of social welfare, one (1) head of records department, one (1) head of Servicom, one (1) head of Physiotherapy department, one (1) head of radiology department, one (1) head of dietetics department and one (1) administrative head.

This sample size aligns with recommendations in qualitative research literature. For instance, Creswell (1998) suggests that phenomenological studies typically involve between 5 and 25 participants.

Two focus group discussions of eight participants each were conducted for men and women on the same day but at different times. The sample size depended on data saturation, meaning that the researcher continued conducting interviews until no new themes or insights emerged from the data.

Method of Data Collection Methods

The researcher conducted KII and one-on-one, semi-structured in-depth interviews with participants. These included doctors, nurses, pharmacists, and medical laboratory scientists etc. in the Jos University Teaching Hospital.

In-depth Interviews (IDIs) was conducted with individual practitioners to gather personal narratives on their experiences with professional rivalry. The Interviews lasted between 30–60 minutes and were conducted in English. open-ended questions were used to encourage participants to share their experiences, perspectives, and emotions regarding professional rivalry in the area of study. with the participant's consent, the interviews were recorded to enable the researcher to capture all details accurately. These were recorded and later transcribed verbatim.

In addition, Key Informant Interviews (KIIs) were conducted with Senior professionals (e.g., Heads of Departments, Unit Heads, or hospital administrators etc this is aimed at providing insights into hospital policies, conflict resolution mechanisms, and institutional perspectives on rivalry.

Also, Two Focus Group Discussions (FGDs) (male and female) were conducted with mixed professional groups.to facilitate discussions on intergroup dynamics, sources of tension, and

possible solutions to rivalry. Each session had eight (8) participants to encourage interactive dialogue.

Method of Data Analysis

The transcribed data were analyzed using themes to represent critical findings. The audio interviews and focus group discussions were recorded and transcribed verbatim.

Ethical Considerations

The researcher sought for ethical clearers from the University Teaching Hospital administration, to help identify and recruit willing participants for the study. The researcher obtained informed consent from participants before the interview began, ensuring they understood the purpose of the study, their rights, and the use of data. The consent form highlighted their rights to withdraw from the study at any point without penalty.

The researcher ensured confidentiality and anonymity by using pseudonyms for participants and avoiding any identifying information in the transcripts.

Ethical guidelines and ethical approval were obtained from the ethical committee of the Jos University Teaching Hospital.

DATA PRESENTATION AND ANALYSIS

The Prevalence of Professional Rivalry Among Different Health Practitioners in Jos University Teaching Hospital (JUTH)

Professional rivalry among healthcare practitioners can significantly impact the quality of patient care and the work environment within hospitals. At Jos University Teaching Hospital (JUTH), several themes have emerged that highlight the prevalence and nature of such rivalries:

1. **Hierarchical Structures, Power Dynamics, and Turf Wars**

   The traditional hierarchies in healthcare often lead to power imbalances, fostering feelings of subordination and dominance among professional groups. This environment can result in protective behaviours and resistance to collaboration. For instance, a medical laboratory scientist at JUTH expressed concerns about doctors encroaching into other professions, attributing it to potential job dissatisfaction among doctors:

   > "The doctor's mentality is that the lab belongs to them. Let me tell you, the doctor wants to infiltrate into all the professions, yes! They do a residency in their field, they want to do a residency in pharmacy, radiology, physiology, etc. They are encroaching into other people's professions, you know why? I think it is job dissatisfaction, or most probably, they see that practising as doctors has not been favourable for them.''

2. Communication Barriers

Effective communication is crucial for collaborative practice. At JUTH, instances where nurses feel excluded from decision-making processes by doctors have been reported, leading to feelings of undervaluation and fostering rivalry. A chief nursing officer noted that doctors often expect nurses to accompany them during ward rounds without prior communication, leading to misunderstandings and conflicts:

> The doctor feels he has arrived and so, the issue of carrying others along when he comes into the ward is not there. Whenever he comes into the ward, he expects the nurse to go along with him even when he does not need their services, the nurses feel I am not under his control.

Factors that contribute to professional rivalry in JUTH.

1. Hierarchical Structures and Power Dynamics

The doctors acknowledge that while relationships between doctors and other health workers are generally good, they are not without flaws. He notes that urgent decisions made by doctors are sometimes not treated with the same urgency by other health workers:

> ‘’The relationship between medical doctors and other health workers is good, but not perfect. Sometimes there are some decisions you may like the other health workers to carry out on a patient that you see as urgent or very important for the patient. But often, the emergency you place on it is not treated as such at the other end.’’

This sentiment highlights the hierarchical nature of medical practice, where doctors often assume leadership roles. However, this hierarchy can lead to power imbalances and affect interprofessional relationships. A study by Akinyandenu et al. (2022) found that interprofessional rivalry is perceived as a leading cause of conflicts among health workers, with significant differences in opinions on leadership and patient management between doctors and other health professionals

2. Ambiguous and Overlapping Roles

The nurse's account underscores the ambiguity in roles and expectations:

> "The nurses and the doctors tend to have some grey areas. Most of the time; it manifests like it’s an unhealthy rivalry relationship. The doctor feels he has arrived and so the issue of carrying others along when he comes into the ward is not there. Whenever he comes into the ward, he expects the nurse to go along with him even when he does not need their services; the nurses feel I am not under his control. And so, such a type of sour relationship sometimes manifests even in the presence of the patient.”

Additionally, A Laboratory Scientist expresses concerns about doctors encroaching into other professions:

> "Every profession has its specifications... The doctors' mentality is that the lab belongs to them. Let me tell you, the doctor wants to infiltrate into all the professions... They are encroaching into other people's professions... I think it is job dissatisfaction that is making them encroach into other people's profession."

This reflects the challenges arising from overlapping responsibilities and unclear boundaries, leading to misunderstandings and conflicts. A national survey in Nigeria highlighted that a majority of healthcare professionals support leadership reforms and emphasize the need for collaborative working to prevent rivalry and conflict. This sentiment is echoed in existing literature, which identifies such hierarchies as a source of interprofessional conflict (Omisore & Adesoji, 2017.

3**. Professional Autonomy and Insecurity**

Pharmacist G emphasizes the importance of collaboration but also points out challenges when suggestions from pharmacists are not heeded:

> "Each profession has been given a role from inception... The issue is when a pharmacist notices an error in the drug being administered to a patient and tries to suggest to the prescriber, why not this or that, even with the reasons given, some refuse and because we must ensure drugs are safe and effective for the patient, we often put up a fight. We have seen a case where very good drugs administered wrongly become a problem for the patient."

These accounts highlight feelings of professional insecurity and the desire to maintain autonomy. A study on interprofessional conflict in Nigeria found that a significant proportion of healthcare professionals believe that leadership should not be limited to one profession and that collaborative working is key to preventing rivalry

4. Communication Barriers

The narratives also suggest that poor communication contributes to misunderstandings and conflicts. For instance, when pharmacists' suggestions are dismissed, it indicates a breakdown in effective communication. Effective communication is essential for collaborative practice and ensuring patient safety.

5. Perceived Inequality in Compensation and Recognition

Disparities in remuneration and recognition can fuel feelings of undervaluation among healthcare professionals, leading to rivalry. A study at the University of Ilorin Teaching Hospital found that salary differentials and perceived inequities contribute to inter-professional conflicts among healthcare workers. Similarly, at JUTH, such disparities may contribute to tensions among staff. This was affirmed by a medical doctor:

> "Each time we go on strike and our remunerations are increased, other health workers will go on strike demanding more pay, once the government increase their money anywhere close to ours, we go on strike again…..how can they earn close to us''

DISCUSSION OF FINDINGS

The findings from JUTH align with broader patterns observed in Nigerian healthcare settings. Studies have shown that inter-professional conflicts are prevalent in Nigeria, often stemming from hierarchical structures, role ambiguities, and disparities in compensation. These conflicts can adversely affect patient care, as collaboration among healthcare professionals is essential for effective treatment outcomes.

Addressing these issues requires clear delineation of roles, equitable remuneration, and the fostering of a culture of mutual respect. Implementing interprofessional education programs can enhance understanding and appreciation of each profession's contributions, thereby reducing rivalry. Additionally, establishing formal communication channels and involving all relevant professionals in decision-making processes can mitigate misunderstandings and promote teamwork.

The qualitative data from Jos University Teaching Hospital (JUTH) reveals significant interprofessional conflicts among healthcare practitioners. These conflicts are primarily rooted in hierarchical structures, ambiguous roles, and perceived professional encroachments.

The data indicates that traditional hierarchies in healthcare settings contribute to power imbalances, leading to feelings of subordination and rivalry among professional groups. For instance, a nurse highlighted that doctors often expect nurses to accompany them during ward rounds, even when unnecessary, leading to resistance and visible tension, sometimes even in the presence of patients. This sentiment is echoed in existing literature, which identifies such hierarchies as a source of interprofessional conflict (Omisore & Adesoji, 2017).

Confusion regarding specific roles and responsibilities among healthcare professionals can lead to conflicts. A pharmacist noted that while each profession has distinct roles, issues arise when suggestions from pharmacists about medication errors are dismissed by doctors, potentially compromising patient safety. This aligns with findings that unclear role definitions contribute to interprofessional rivalry (Salisu et al., 2020).

There is a perception among some healthcare professionals that doctors encroach upon other fields, leading to feelings of professional insecurity. A medical laboratory scientist expressed concerns about doctors infiltrating other professions, attributing it to job dissatisfaction. Such encroachments can lead to protective behaviours and resistance to collaboration, as noted in studies on interprofessional conflicts in Nigeria's health sector (Omisore & Adesoji, 2017).

Conclusion

This paper presents a comprehensive study of the phenomenon of professional rivalry among healthcare practitioners at Jos University Teaching Hospital in Nigeria. The research employed qualitative interviews as a means of data collection, which were subsequently subjected to thematic analysis. The study incorporated ethical issues and ensured that subjects provided informed consent. The objective of this study was to ascertain the presence and magnitude of professional rivalry, explore its underlying factors, analyze its impact on patient care, and propose strategies for mitigating its impacts. The research revealed the presence of professional competition among healthcare professionals within the hospital setting, with inadequate teamwork being identified as a significant contributing factor. The study proposes that the issue be resolved using enhanced communication and collaboration among team members. The results of the study have the potential to enhance collaboration and effective communication and, ultimately, enhance the quality of care provided to patients.

Recommendations

To address these issues, the following strategies are recommended:

1. Interprofessional Education should be promoted; joint training programs should be implemented to enhance understanding of each profession's roles, fostering mutual respect and reducing conflicts.
2. Clear Role Definition should be established by developing explicit guidelines outlining each professional's responsibilities so as to minimize overlaps and reduce tensions.
3. Open Communication should be encouraged. platforms should be created for regular dialogue among healthcare professionals to address grievances and promote collaborative problem-solving.
4. Conflict Resolution Mechanisms should be implemented by Introducing structured mediation techniques, such as involving neutral third parties. This can facilitate the resolution of disputes and improve team dynamics (University of Tulsa, 2024). these measures, can enhance interprofessional relationships in JUTH, leading to improved patient care and a more harmonious working environment.

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