



World Scientific News

An International Scientific Journal

WSN 135 (2019) 129-143

EISSN 2392-2192

Conflict in the Workplace: Evaluating Emotional Intelligence as Therapeutic Approach in Resolving the Nurse-Physician Clashes in Two Secondary Hospitals in Oyo State, Nigeria

Afusat Olanike Busari

Department of Guidance and Counselling, University of Ibadan, Ibadan, Nigeria

E-mail address: drbukola@gmail.com

ABSTRACT

Like in every human interaction, clashes do occur among health service professional as a result of various forms of conflicts and factors. These clashes do bring about negative consequences on both the patients and the staff members, which inform the evils inherent in this ugly phenomenon. These clashes if continued unabated could lead to further damage; and this is the reason why studies have to be directed at ensuring that the level of clashes between nurses and physician is minimized or eradicated. This study therefore investigated emotional intelligence as therapeutic approach in resolving the nurse-physician clashes in Nigeria hospitals. This study adopted pretest-posttest quasi-experimental design, while a convenient sampling method was used to recruit one hundred and fifty (150) participants consisting of nurses and physicians from Adeoyo State Hospital Ibadan and General Hospital in Oyo Town Oyo State, Nigeria. The participants were grouped into two: experimental and control group. The experimental group received eight-week therapy on emotional intelligence, while control did not. Data was collected using Thomas-Kilmann conflict mode instrument ($\alpha = 0.86$), while analysis of Covariance was used to analyse the four hypotheses at 0.05 level of significance. There was a significant main effect of the treatment on conflict in workplace among nurses and physicians ($F_{2,147} = 8.30$; $P < 0.05$). Also, there was interaction effect of treatment on participants' gender ($F_{(2,147)}$, $P < 0.05$); marital status ($F_{(2,147)} = P < 0.05$); and workload ($F_{(2,147)} = P < 0.05$). The result of interaction shows higher mean for female over male; married over single; and low workload over high workload. Emotional intelligence training was effective in reducing clashes as a result of conflict between nurse and physician. It was recommended that emotional intelligence training should be organized as in-service programme for nurses and physicians.

Keywords: Conflict in the workplace, Emotional intelligence training, Nurse-Physician clashes

1. INTRODUCTION

No two individuals can think alike and there is definitely a difference in their thought process as well as understanding. Conflicts arise when individuals have different or disagreement over ideas, values, opinions, needs, interest and are unable to find a middle way. Conflict can be defined as a clash between individuals arising out of a difference in thought process, attitudes, understanding, interest, requirements and even sometimes perception. Conflict is an inevitable consequence of human interaction (Adesina, 1992) which can be described as behaviour (by organization or team members) that is expended in opposition to other members, the process which starts when one party perceives that the other has frustrated or is about to frustrate some concern of his/her or merely when incompatible activities occur. It may also be described as a social situation where two parties struggle with one another due to incompatibilities in perspectives, beliefs, goals, or values; this struggle impedes the achievement of predetermined goals or objectives (Ogunyemi, Fong, Elmore, Korwin and Azziz, 2010).

Conflict between the knowledge and values of the professionals or hierarchical authority is apparent in many organizations, which appears most critical in hospitals (Kazimoto, 2013). A conflict results in heated arguments, physical abuses and definitely loss of peace and harmony. Conflict could arise at individuals, national or international level. Many a times, conflict does occur among professionals working within an organization in an attempt to discharge their assigned duty. Health organizations, such as hospitals and clinics, are not totally immune against occurrence of conflict among its staff members. For this reason, it is extremely important that the nature of conflict in health care institutions should be understood and managed properly (Cummings et al 2013).

Meanwhile two prominent members of staff in a hospital or clinic are the Medical doctors (Physicians) and Nurses. Doctors and nurses are expected to harmoniously work together to give effective health care to patients, whose lives are practically in the hands of these professionals. In contrast to this expectation, inter-professional conflicts in the Nigeria health care delivery system has been described as very intense, deep-rooted and crippling (Ejughenre, 2014). Physician-Nurses clashes may arise from difference in perception that may be caused due to the different sources of information, different techniques adopted for processing the information, and different goals (Fische and Ferlie, 2012). Ogbonnaya et al (2012) opined that conflict is inevitable in health sector because of the desire for much power in the healthcare system, as well as perceived intimidation and discrimination against other health care professionals in favour of physicians to intimidate and discriminate other professions in Nigeria. These, consequently result in negative and undesirable consequences towards other colleagues, work, family, patients and ultimately self.

Nurse-Physician clashes can also be attributed to personal differences such as gender, educational gap and socio-economic state, misunderstanding and incompatibility, and the recent decision of nurses to undertake greater responsibilities (Tabak and Koprak 2015). Although, there are obvious distinct between the trainings and ethics of medical doctor and nurse, which could be a source of conflict and rivalry (Sportsman, 2005), excessive conflicts

and antagonism could jeopardize the care provided to patient (Demir, Kasapoglu, 2008). In addition, conflict among colleagues can lead to antagonistic and passive-aggressive behaviors that compromise the therapeutic nurse-client relationship (Afzalur, 2010). Notably, evidence shows that successful nurse-physician relationship is associated with positive attitudes of nurses and physicians towards patients, and consequently higher quality of health care (Tabak and Koprak, 2015).

Furthermore, the nurse-physician conflict is a form of interpersonal conflict that variety of its nomenclature exists, such as task, process, information, emotional and relationship conflicts (Kaufman, 2008). This kind of conflict is often regarded as a negative term because individual interests are perceived to be opposed or negatively affected (de wit, Greer and Jehn 2012). Recently, there have been concerns about Workplace Interpersonal Conflict (WIC) and its impact on the healthcare system and the workers (Guidroz, Wang and Perez 2012). The WICs were also commonly encountered in intensive care units, operating rooms and emergency rooms (Chan et al 2014). These high-risk health care areas often require intensive patient caring, timely decision-making, and multidisciplinary coordination among the workers (Fussier and Azoulay, 2010). WICs might be the consequence of poor communication, excessive work stress or unsolved competing priorities of tasks (Lancman et al 2013). Once developed, the WIC might, in turn, possess deleterious effects on the workers, such as interference with the team performance and reduction of staff satisfaction (Lyndon et al 2014). Furthermore, reports have associated WICs with lower-quality patient care, higher rates of medical errors, a higher level of staff burnout, and greater direct and indirect costs of care (McLenon, et al 2013). Clashes, according to Okhaku et al (2014) can also bring about undesirable outcomes such as emotional exhaustion and burnouts among health care providers.

Researchers have extensively compared positive against negative effects of conflicts. The occurrence and effects of conflicts within workplace environments of healthcare institutions have been documented to a greater extent the setbacks to delivery of optimal care delivery and patient outcomes (Muller-Juge, et al 2014). Nevertheless, despite a greater consensus on the detrimental effects over constructive effects of conflicts in workplace, it is established that positive effects of conflicts exists and if managed properly can result in better understanding and adoption of effective teamwork. In other circumstances that are characterized by cooperation and joint resolutions, conflict can enable a diverse environment that nurtures growth and improves relationships (Jerng, Huang, Liang, Chen, Lin, Huang et al 2017).

However, many of the occurrences of these conflicts in health sectors are not well resolved, incessant and mostly counter-productive, as well as resulting into poor health service delivery. Therefore, as a result of the detrimental effects of nurse-physician clashes, there have been various concerns and efforts at ensuring that such delimitating issue is eradicated or brought to nearest minimum. One of the prominent suggestions that could help in achieving this is the introduction of psychological interventions as a form of in-service training for concerned professionals.

According to Mayer and Salovey (1997, p. 10), emotional intelligence “involved the abilities to perceive, appraise, and express emotion; to access and/or generate feelings when they facilitated thought; to understand emotion and emotional knowledge; and to regulate emotions to promote emotional and intellectual growth”. Emotional intelligence points to the ability to recognize and differentiate feelings, excitements, meanings and concepts, the relations between them, to reason about them and to solve problems by them. Emotional intelligence includes the ability to receive emotions, and coordinate them to understand the information

related to them, it also manage them. Caruso, Mayer and Salovey (2002) expressed that emotional intelligence was included in the realm of intelligence and was viewed much like spatial or verbal intelligence, except it operated with emotional components.

Researchers (e.g. Joseph and Newman, 2010) have suggested that emotional intelligence influences how well employees interact with their colleagues. EQ is also thought to play a role in how workers manage stress and conflict as well as overall performance on the job. Studies have shown that employees with higher scores on measures of EQ also tend to be rated higher on measures of interpersonal functioning, leadership abilities, and stress management. Other studies have linked higher emotional intelligence with better job satisfaction as well as overall job performance.

Goleman suggested that while traditional intelligence was a quality associated with leadership success, it alone was not enough. People who are successful at work aren't just smart - they also have a strong amount of emotional intelligence. These meta-analyses also revealed that one of the moderators in the EI-job performance relation was the level of interpersonal contact in a job. The EI-performance association was stronger in jobs with a high level of interpersonal contact such as in sales or counseling jobs (Joseph and Newman, 2010). More so, a recent study showed that leaders' others-emotion appraisal was positively associated with employees' satisfaction with the leader (Liu, Zhang and Liu, 2017).

According to Asuzu (2008) deeper knowledge and awareness of emotional intelligence is highly recommended to address conventional doctor-nurse inter-personal relationships within healthcare settings. Conflicts in intimate interactions in healthcare facilities are accidental, occasional, and unique, yet they may also be systemic, repetitive, and alike. Healthcare providers and patients, family and caregiver relationships are sensitive, highly complex emotional relationships that require reliable and accountable system design methodologies that bridge the gap in communications that are profoundly informed by our emotional intellect. It is possible to create an emotionally intelligent system design approach for medical professionals and facilities in conflicts for reduction of reported grievances or aid in service recovery.

Emotional intelligence is widely recognized as a valuable skill, and it is also one that researchers believe can be improved with training and practice. While emotional skills may come naturally to some people, there are things that individual can do to help improve their ability to understand and reason with emotions. This can be particularly helpful in the workplace, where relationships and business decisions often rely on interpersonal understanding, teamwork, and communication. Based on this assumption therefore, this study utilizes emotional intelligence as a therapeutic intervention to resolve nurses-physicians clashes in the hospitals in Nigeria.

Purpose of the study

The main purpose of this study was to evaluate the efficacy of emotional intelligence as a therapeutic approach in resolving the Nurse- Physician clashes in the workplace in Nigeria hospitals.

The specific purposes include to:

- (i) investigate the significant interaction effect of treatment on workplace clashes of the participants based on gender.
- (ii) assess the significant interaction effect of treatment on workplace clashes of the participants based on marital status.

- (iii) examine the significant interaction effect of treatment on workplace clashes of the participants based on their workload.

Research Hypotheses

The following null hypotheses were formulated and tested at 0.05 level of significant to guide this study.

Ho₁: There was no significant main effect of treatment on workplace clashes of the participants.

Ho₂: There was no significant interaction effect of treatment and gender on workplace clashes of the participants.

Ho₃: There was no significant interaction effect of treatment and marital status on workplace clashes of the participants.

Ho₄: There was no significant interaction effect of treatment and workload on workplace clashes of the participants.

2. MATERIALS AND METHOD

2. 1. Design

The study adopted pretest-posttest quasi-experimental design. This design was adopted because it is capable of establishing cause and effect among variables, as well as takes care of extraneous variables.

2. 2. Sample and setting

The study was carried out in various medical departments and outpatient care units in two secondary hospitals (Adeoyo State Hospital Ibadan and General Hospital in Oyo Town) Oyo State, Nigeria.

2. 3. Sample criteria

Nurses and physicians in the study setting were eligible for the study with the inclusion criteria of being full time working and providing direct care activities for the patients at the time of data collection. Those on long leaves were excluded.

2. 4. Sampling Technique

A convenient sampling method was used to recruit nurses and physicians according to the eligibility criteria set. The total number of participants in the study was one hundred and fifty (150).

2. 5. Instrumentation

Thomas-Kilmann conflict mode instrument (TKI)

The TKI was developed by Kilmann (2010) and was used for measuring the five conflict management strategies which are: competing, collaborating, compromising, avoiding, and

accommodating. It consists of 30 pairs of items (A and B) for a total of 60 items. Each 6 pairs (12 items) measure one strategy. The respondent has to select either A or B for each of the 30 pairs. The scoring was done according to the tool guidelines provided by the developer. The reliability of these two scales was done through assessing their internal consistency expressed as Cronbach alpha coefficients is 0.86.

2. 6. Procedure

This study was carried out in four phases; Pre- programme activities, pre-test, treatment and post-test phases. At the pre-session, activities include the recruitment and assignment of participants to the experimental and the control group. At the pre-test stage conflict scale was administered to the participants. Participants in the experimental group were exposed to eight weeks of treatment. Each session spanned average of 1hr. The participants assigned to the control group were given a lecture on honesty.

2. 7. Training Sessions

Session I: Initial assessment (getting familiar with work logic and work plan) - introducing conflict in workplace and treatment method-definitions.

The researcher explained conflict in workplace to the participants as an inevitable consequence of human interaction which can be described as behaviour (by organization or team members) that is expended in opposition to other members, the process which starts when one party perceives that the other has frustrated or is about to frustrate some concern of his/her or merely when incompatible activities occur. It may also be described as a social situation where two parties struggle with one another due to incompatibilities in perspectives, beliefs, goals, or values; this struggle impedes the achievement of predetermined goals or objectives. Conflict between the knowledge and values of the professionals or hierarchical authority is apparent in many organizations, which appears most critical in hospitals.

Session II: Discussion of ways to Improve Self-Awareness: One of the first steps toward utilizing emotional intelligence skills in the workplace is to practice **recognizing individual's own emotions**. Self-awareness involves being aware of different aspects of oneself, including emotions and feelings. It is one of the foundational components of emotional intelligence. In order to recognize people's emotions and understand what is causing these feelings, individual needs to first be self-aware.

The researcher discussed Self-awareness as the ability to understand and interpret individual own moods, emotions, and inner drives, and how these impact other people. People with a solid sense of self-awareness are generally self-confident and have a realistic assessment of themselves, their thoughts, and their behaviours. This enables them to have a self-deprecating sense of humor without losing sense of inner self-worth. They were taught to pay attention to their feelings at any given moment throughout the day.

They were counseled to practice to notice how people feel throughout the day and the source of their emotions. Recognize that emotions are fleeting and mercurial and shouldn't be the foundation of communication or decision-making. They should consider how their negative emotions (anger, jealousy, frustration, disengagement, etc.) may have impacted their boss, clients, and co-workers in the past. Acknowledge the fallout and repercussions of their behavior.

It was explained to them to think about ways they can manage their emotions on the job so they do not have knee-jerk reactions or make inappropriate or off-putting comments. They

were counseled to take an honest look at their own strengths and weaknesses. Look at past performance reviews and ask for feedback from their boss and others at office that they trust. They should also actively work on improving their weak areas.

The participants were trained to take stock of their emotional strengths and weaknesses. The researcher also explained to them to keep in mind that emotions tend to be fleeting and can change quickly. A co-worker might irritate them or their boss might give them a frustrating task to complete. Before they react, they were taught to remember that these things are temporary, so making rash decisions based on intense emotions can be detrimental to their long-term goals and success.

Session III: Training in Practice of Self-Regulation: This session started with discussion of self-regulation as the ability to control or redirect impulsive actions and emotions that negatively impact people's potential for growth and leadership. This is the ability to "rise above" petty arguments, jealousies, and frustrations. Those who have a strong sense of self-regulation show trustworthiness and a high degree of integrity. They are open to change and willing to accept the discomfort of ambiguity and uncertainty. They think before they act and don't make impulsive decision.

It was further explained to the participants that identified self-regulation is a critical part of the emotional intelligence. Being aware of one's emotions is an important first step, but also need to be able to manage the things an individual is feeling. People who possess good self-regulation are able to adapt well to changing situations. They don't bottle things up, but they do wait for appropriate ways to express their emotions rather than just reacting impulsively in the moment. They also think about how their emotional expressions affect others. The participants were trained on ways to improve their self-regulation skills in the workplace which includes finding techniques to help them deal with workplace stress. Having hobbies outside of work is a great place to start. Physical exercise is also a healthy way to release stress. Keep cool when things get stressful at work. Accept the fact that they cannot control everything, but look for helpful ways that they can respond that don't add fuel to the fire.

The participants were informed that they should take time to think before making decisions. Emotions can overwhelm people in the heat of the moment, but they can make a calmer, more rational choice if they give themselves a bit of time to consider all of the possibilities. Try to stay uninvolved in office politics, drama, or conflict. Should not allow their desire to be part of the group undermine their integrity and professional behavior. Accept that uncertainty, frustrations, and disappointments are simply part of any work environment. Rather than complaining or acting out, brainstorm alternatives or solutions that might be beneficial to them and their co-workers. They should present those ideas in a professional and calm way. Find ways to release and manage stress outside of work through exercise, meditation, talking with friends and family, and other hobbies or interests. They should not allow stress to compromise their EQ and integrity.

Session IV: Explaining Improvement of Social Skills: Research on emotion psychology also suggests that people with high EQs also have strong social skills. Because they are adept at recognizing other people's emotions, they are able to respond appropriately to the situation. Social skills are also highly valued in the workplace because they lead to better communication and overall company culture.

The researcher explained to the participants that employees and leaders with great social skills are able to build rapport with colleagues and communicate their ideas effectively. People

with good social skills are not only great team players; they are able to take on leadership roles when needed. The researcher explained to the participants some of the ways to strengthen their own social skills in the workplace. It was explained to them that they should listen to what others have to say. This doesn't mean just passively listening to other people talk. Active listening involves showing attention, asking questions and providing feedback. Whether an individual is in a management role or a team member, active listening can show that they are passionate about work projects and willing to work with others to help the group reach its goals. They were taught to pay attention to nonverbal communication. The signals that people send through their body language can convey a lot about what they really think. The participants were informed that they should sharpen their persuasion skills. Learn the elegant art of persuasion. Persuasion involves making real connections with people based on passion, as well as solid knowledge and sound reasoning for their point of view. Being able to carry influence in the workplace and convince team members and supervisors to listen to their ideas can go a long way in advancing their career. They were thus taught to avoid office drama, but make sure that they are capable of managing conflict. They were counseled to do their best to stay out of the petty office politics that sometimes take over the workplace, but be aware that conflicts are not always avoidable. Focus on listening to what others have to say and look for ways to solve problems and minimize tensions.

Session V: Training to Become More Empathetic: Empathy is the ability to understand and respond appropriately to the emotions of other people. Individual is skilled in treating people with respect, kindness, and professionalism. An empathetic leader or employee has the ability to identify with and understand the feelings, wants, needs, and viewpoints of those around them. They are able to listen well, relate easily to others, and avoid stereotyping or judging too quickly. They might also be good at choosing and retaining employees.

The researcher trained the participants that emotionally intelligent people are good at stepping into another person's shoes and understanding how they feel. Empathy is more than just recognizing how others are feeling; it also involves how individuals respond to these emotions. In the workplace, empathy allows people to understand different dynamics between colleagues and supervisors. It also allows individual to recognize who holds power and how it influences the behaviors, feelings, and interactions that flow from such relationships. The researcher trained the participants on some ways to work on their empathy in the workplace. They were taught to try seeing things from the other person's point of view. It can be challenging at times, especially if they feel like the other person is wrong. But rather than let disagreements build up into major conflicts, spend time looking at the situation from another's perspective. This is particularly important in conflict situations that can easily create a stalemate. They were counseled to recognize that all human being are working from the knowledge and experiences they have — rather than judging the person as right or wrong or good or bad. They were taught to practice active listening and reflect back what the other person is saying, when people feel heard, they tend to be more willing to cooperate and compromise. They were encouraged to practice the Golden Rule — treat others the way you want to be treated in all situations. It can be a great first step toward finding a middle ground between two opposing points of view. The participants were trained to pay attention to how they respond to others. Letting others know that their efforts have merit often helps everyone feel more willing to compromise.

Session VI: Discussion of how to Work On their Motivation: Motivated leaders and employees have a strong desire to achieve. They are optimistic, can easily move past failure

and frustration, and they are committed to the success of the organization. They are willing to defer immediate results for long-term success. As a result, they are inspiring and motivating to others. People who have a strong EQ tend to be more motivated to achieve goals for their own sake. Rather than seeking external rewards, they want to do things because they find them fulfilling and they are passionate about what they do.

The researcher discussed with the participants that money, status, and acclaim are great, but people who are highly successful in the workplace are usually motivated by something more than that. They are passionate about what they do. They have a commitment to their work, they love taking on new challenges, and their enthusiasm can seem contagious.

They don't give up in the face of obstacles and they are able to inspire others to work hard and persist in order to achieve goals. The researcher discussed with the participants on how they could focus on what they love about their job. No matter how they feel about their job, there are probably going to be things about it that they love and things about it that they hate. In order to build intrinsic motivation, they were counseled to try focusing on the aspects of their job that they truly enjoy.

Perhaps they love the feeling of accomplishment they get when complete a big project. Or maybe they love helping their clients achieve progress toward their own goals. No matter what it is, identify those components of their job and take inspiration from them. They were also informed that it is important to try to maintain a positive attitude. The participants were taught to notice how optimistic people in the workplace tend to inspire and motivate others as well. Adopting this kind of attitude can help people feel more positively about their work. Recognize that everyone is more drawn to positive, energized, and inspiring people. They were trained that as they improve their motivation, they'll see that they get more attention from decision makers, clients, and peers.

Session VII: Training in Reframing Perceptions: When individuals are trying to resolve a conflict and the situation comes to seem hopeless, what they have is a *framing* problem. Their frame of reference has a dramatic effect on their attitude, creativity and confidence in success. We tend to unconsciously *frame* people, situations and conflicts; that is, we size them up. “*This person is impossible to work with*” is a way of framing the person - a way that may very well make it impossible, at least to work with them.

The researcher trained the participants that reframing is one of the most powerful skills that can be taught in an emotional intelligence training intervention programme. Reframing is the cognitive process of changing frame of reference. People can successfully frame any problem as an opportunity by expanding their frame to bring new possibilities into clear focus. By reframing conflict with a co-worker as an opportunity to build better teamwork with that person, they can find the motivation to initiate a conversation rather than avoid the conflict as unworkable. During a difficult conversation they can reframe the way they see the other person - not as an enemy, but rather a potential new ally.

The participants were taught that when they learn to continually monitor their frames of reference during conflict, they soon discover opportunities to reframe their thinking. Reframing is the heart of creative thinking, and when applied to difficult situations, often gives them the power to resolve conflicts they would previously have given up on. Emotionally-intelligent conflict managers use reframing as an effective tool to help other people see conflict differently. By reframing a hostile conflict into an opportunity to improve work processes, they were counseled to transform a meeting from a gripe session into a productive teamwork assembly.

Effective reframing exercises involve describing perceptions of various situations and people in negative terms the participants were thus asked to reframe the shared narratives attempts to resolve various conflicts to change the perception of the other person and improve effectiveness in leading them toward a win-win agreement. They were also informed that the skill of consciously changing their frame of reference with reframing techniques requires self-awareness and self-management.

The skill of effectively changing *another person's* frame of reference requires social awareness and relationship management. The practice of these skills not only helps individuals to resolve conflict - it also increases their emotional intelligence EQ.

Session VIII: Last session of assessment and follow up-discussing about the substitution strategies. During this session participants were asked to rehearse and role play some of the activities that have taken place. Corrections were made where and when necessary. The post – test measure was then administered.

2. 8. Data Analysis

Data obtained in this study was analyzed using the analysis of Covariance (ANCOVA).

3. RESULTS

Hypothesis One: There was no significant main effect of treatment on workplace clashes of the participants.

Table1. Summary of Analysis of Covariance (ANCOVA) Showing the Main Effect of Intervention on conflict in Workplace.

Source of Variation	SS	Df	MS	F cal.	P	Remark
Between Group	1387.58	2	693.79	8.30	<0.05	Sig.
Within Group	120232.77	147	817.91			
Total	121620.35	149	1511.70			

Source: Author computation

Table 1 shows that there was main effect of treatment on conflict in workplace among nurses and physicians ($F_{(2,147)}$, $P < 0.05$). This implies that there was statistical significant difference in the mean scores of participants in treatment and the control group. Hence, hypothesis one was not accepted

Hypothesis Two: There was no significant interaction effect of treatment and gender on workplace clashes of the participants.

Table 2. Summary of Analysis of Covariance (ANCOVA) Showing the Interaction Effect of Intervention and Gender on Conflict in Workplace

Source of Variation	SS	Df	MS	F cal.	P	Remark
Between Group	19423.66	2	9711.83	7.27	<0.05	Sig.
Within Group	132122.13	147	898.79			
Total	151545.79	149	10610.62			

Source: Author computation

Table 2 indicates that there was interaction effect of treatment on participants' based on gender ($F_{(2,147)}$, $P < 0.05$). This means that there was a statistical significant difference of treatment on nurses and physicians workplace conflict. It follows therefore that the null hypothesis was not uphold.

Hypothesis Three: There was no significant interaction effect of treatment and marital status on workplace clashes of the participants.

Table 3. Summary of Analysis of Covariance (ANCOVA) Showing the Interaction Effect of Intervention and Marital Status on Conflict in Workplace.

Source of Variation	SS	Df	MS	F cal.	P	Remark
Between Group	4271.98	2	3513.63	3.61	<0.05	Sig.
Within Group	19858.41	147	189.39			
Total	24130.39	149	3703.02			

Source: Author computation

The result from Table 3 indicates that there was significant interaction effect of treatment on marital status of participants' on conflict in workplace $F_{(2,147)} = P < 0.05$. Based on the significant interaction effect of treatment on participants' marital status, the third hypothesis indicates that there was statistical significant difference of treatment on participants' conflict in workplace. The null hypothesis was not sustained.

Hypothesis Four: There was no significant interaction effect of treatment and workload on workplace clashes of the participants

Table 4. Summary of Analysis of Covariance (ANCOVA) Showing Interaction Effect of Intervention on workload on Conflict in Workplace

Source of Variation	SS	Df	MS	F cal.	P	Remark
Between Group	13442.38	2	6721.19	2.47	<0.05	Sig.
Within Group	83459.25	147	567.75			
Total	96901.63	149	7288.94			

Source: Author computation

From Table 4, the result shows that there was significant interaction effect of treatment and workload on workplace conflict of participants $F_{(2,147)} = P < 0.05$. The implication of this is that there was significant difference of treatment on participants' workplace conflict after treatment. The null hypothesis was therefore not accepted.

4. DISCUSSION

The result obtained from hypothesis one indicates that there was main effect of treatment on conflict in workplace among nurses and physicians. This implies that there was statistical significant difference in the mean scores of participants in treatment and the control group. The result obtained from the present study is in agreement with the findings of Elfenbein (2016) which found that EI dimensions are combined in interacting with people. This implies that, instead of directing the same EI dimension to two or more persons simultaneously, one simultaneously uses two types of EI dimensions (e.g., emotion appraisal and emotion regulation). Elfenbein (2016) also showed that most jobs require the combination of different types of EI dimensions. For example, a negotiator in nurse- physician crisis management needs a high level of other-focused emotion recognition together with high levels of self-focused emotion regulation and emotion understanding.

Hence, appropriate conflict management strategies such as emotional intelligence should be adopted when conflict happens. The concerning parties should even utilize the chance to have better communication with each other and build up their interpersonal relationships.

The result as shown in Table 2 indicates that there was interaction effect of treatment and gender on conflict clashes among the participants. This means that there was a statistical significant difference of treatment on nurses and physicians workplace conflict. This result concur with the findings of Valentine, (2001) who discovered that women are more accommodating than men and that the reason for women being more accommodating can be due to their inborn higher concern for others as a consequence of their inherited and historical roles. Again, judging from the demographic data, majority of the respondents were females and this probably explains the large proportion of nurses in the study relative to the doctors which greatly indicates the distribution found almost globally as females seem to predominate in the

nursing profession. The social cognitive theory proposes that behavior is affected by environmental influences, personal factors, and attributes of the behavior itself. Perhaps, environmental influences contribute to the accommodating conflict management strategies of the nurses with doctors in this study. Moreover, Goleman (1998) recommends skills in “emotional intelligence is a practical skill that everyone can develop. During crises, conflicts, adversarial negotiations, and competition, people with little emotional intelligence quickly reach the limits of their capacity for self-control, self-awareness, self-management, empathy, and collaboration, leading to considerable losses for themselves, other employees, and the organization as a whole”. Conflicts in intimate interactions in healthcare facilities are accidental, occasional, and unique, yet they may also be systemic, repetitive, and alike.

The result from Table 3 indicates that there was significant interaction effect of treatment on marital status of participants’ on conflict in workplace. The finding of study is not unexpected and is in line with that of Asuzu (2008) who submitted that deeper knowledge and awareness of emotional intelligence is highly recommended to address conventional doctor-nurse inter-personal relationships within healthcare settings. It follows therefore that it is possible to create an emotionally intelligent system design approach for medical professionals and facilities in conflicts for reduction of reported grievances or aid in service recovery.

The result as shown in Table 4, reveal that there was significant interaction effect of treatment on workload on workplace conflict of participants. The implication of this is that there was significant difference of treatment on participants’ workplace conflict after the intervention. This result is supported the research findings of Di Giulio, Cotta, Bastianello (2004) when they picture, the workload dimension as a possible cause of conflict as the only one that had a significantly higher agreement among physicians as causes of conflict between them and the nurses. This might be due to the fact that more physicians may view that the nurse has to cope with their bad temper in extreme workloads, but less nurses see that physicians tolerate their low performance in these situations. In line with this finding, Di Giulio, et al (2004) identified workload as the most common problem threatening good communication and collaboration between physicians and nurses. With the findings of the current study, it is possible to create an emotionally intelligent system design approach for medical professionals and facilities in conflicts for reduction of reported grievances or aid in service recovery.

5. CONCLUSION

This study confirmed that there existed workplace conflicts among the nurses and physicians in the hospitals in Oyo State, Nigeria. According to this study, emotional intelligence training skills was effective in the management of conflict amongst health care workers.

Recommendation

Based on this study, the following recommendations are made:

1. Hospital management board should facilitate in-service training that focuses on emotional intelligence as a veritable tool of reducing the nurse-physician clashes.
2. Hospitals should have a distinct counselling department and should be well staffed and equipped.

References

- [1] Adesina J. Towards the Reconstruction of Industrial Relation Theory. In *Further Readings in Nigerian Industrial Relations* (1992) 1–2.
- [2] Afzalur M. R. *Managing Conflict in Organizations*. Turkey: Transaction Publishers. (2010).
- [3] Asuzu M. The Importance and Problems of Emotional Intelligence in the Medical and Health Services Management - What to do? Oyo State Government Printing Press, Secretariat Ibadan (2008) 1-29.
- [4] Caruso, D., Mayer, J. and Salovey, P., Relation of an ability measure of emotional intelligence to personality. *Journal of Personality Assessment* 79 (2002) 306-320.
- [5] Cummings G, Olson K, Raymond-Seniuk C, et al. Factors influencing job satisfaction of oncology nurses over time. *Can Oncol Nurs J.* 23(3) (2013) 162-181.
- [6] de Wit FR, Greer LL and Jehn K. A., The paradox of intragroup conflict: a meta-analysis. *Journal of Applied Psychology* 97(2) (2012) 360.
- [7] Demir B and Kasapoglu A. Nurse Physician Relations: A Qualitative Case Study in the Emergency Department of a Hospital in Ankara. *European Journal of Turkish Studies* 3(30) (2008) 50-55.
- [8] Fischer MD and Ferlie E. Resisting hybridisation between modes of clinical risk management: Contradiction, contest, and the production of intractable conflict. *Accounting Organizations and Society* 38(1) (2013) 30-49.
- [9] Guidroz AM, Wang M, Perez LM. (2012). Developing a Model of Source-specific Interpersonal Conflict in Health Care. *Stress and Health* 28(1): 69-79.
- [10] Jerng J-S, Huang S-F, Liang H-W, Chen L-C, Lin C-K, Huang H-F, et al. Workplace interpersonal conflicts among the healthcare workers: Retrospective exploration from the institutional incident reporting system of a university-affiliated medical center. *PLoS ONE* 12(2) (2017) e0171696. <https://doi.org/10.1371/journal.pone.0171696>.
- [11] Kaufman J. Conflict Management Education in Medicine: Considerations for Curriculum Designers. *Online J Work Educ Dev* 5(1) (2011) 1-11.
- [12] Kazimoto P. Analysis of Conflict Management and Leadership for Organizational Change. *Int J Res Soc Sci.* 3(1) (2013) 16-25.
- [13] Kilmann T., Conflict MODE Instrument. *J Grad Med Educ* 2(1) (2010) 118–25.
- [14] Lancman S., Mañgía E. F., Muramoto M. T., Impact of conflict and violence on workers in a hospital emergency room. *Work: A Journal of Prevention, Assessment and Rehabilitation* 45(4) (2013) 519-27.
- [15] Liu, X., Zhang, Y. and Liu, C., How does leader other-emotion appraisal influence employees? The multilevel dual affective mechanisms. *Small Group Research*, 48 (2017) 93-114.

- [16] Lyndon A, Zlatnik MG, Maxfield DG, et al., Contributions of clinical disconnections and unresolved conflict to failures in intrapartum safety. *J Obstet Gynecol Neonatal Nurs* 43(1) (2014) 2-12.
- [17] Mayer, J. and Salovey, P., What is emotional intelligence? Emotional development and emotional intelligence: Implications for educators. New York: Basic Books (1997).
- [18] Muller-Juge V, Cullati S, Blondon K, et al., Interprofessional Collaboration between Residents and Nurses in General Internal Medicine: A Qualitative Study on Behaviours Enhancing Teamwork Quality. *PLoS ONE* 9(4) (2014) e96160.
- [19] Ogbonnaya G.U, Ukegbu A.U, Aguwa E.N and Emma-Ukaegbu U., A study on workplace violence against health workers in a Nigerian tertiary hospital. *Niger J Med.* 21(2) (2012) 174-179.
- [20] Ogunyemi D, Fong S, Elmore G, Korwin D, Azziz R., The Associations Between Residents' Behavior and the Thomas- Kilmann Conflict MODE Instrument. *J Grad Med Educ.* 2(1) (2010) 118-125.
- [21] Sportsman S., Build a framework for conflict assessment. *Nursing Management* 4(36) (2005) 32-40.
- [22] Tabak N, Orit K. Relationship between how nurses resolve their conflicts with doctors, their stress and job satisfaction. *J Nurs Manag.* 2007 Apr; 15(3): 321-31.