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Addressing Inter-Professional Conflict among Healthcare Workers in Nigeria: A System-Level Empirical Analysis

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Abstract

The foremost responsibility of healthcare professionals is ensuring patients' well-being. However, inter-professional conflict may hinder the attainment of this objective, thereby potentially endangering patients. This study sought to develop contextual strategies to prevent and mitigate interprofessional conflict among healthcare workers in Nigeria. A cross-sectional design was conducted across multiple healthcare facilities in Nigeria. Questionnaires were distributed to healthcare professionals. The returned and completed questionnaires were processed using the Statistical Package for Social Sciences. Both descriptive and inferential statistical analyses were performed. A total of 2207 valid responses were analyzed. The results showed that nearly all respondents (92.9%) reported that the Ministry of Health plays a crucial role in resolving conflicts within the healthcare sector. About three-quarters (70.4%) of participants opposed restricting hospital and health agency leadership to a single profession. Nearly all respondents (90.15%) emphasized that relevant administrative expertise and experience are essential for effective leadership. A large majority of participants (93.5%) believed that reforms are necessary in the leadership selection process within hospitals and other healthcare organizations. Given the importance of this issue to patients' access to healthcare, the findings of this study may support the development of proactive, evidence-based strategies to comprehensively address interprofessional conflict among healthcare workers in Nigeria.

Keywords: Inter-professional, Conflict, Healthcare, Professionals, Nigeria, Leadership

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Introduction

Conflict may be defined as a social condition in which two parties struggle over differences in perspectives, beliefs, objectives, or values [1]. Such struggles may consequently hinder the achievement of intended goals. Although interdisciplinary conflict rooted in knowledge and values exists across various sectors, it appears to be more prevalent within healthcare environments [2].

Inter-professional conflict among healthcare workers in Nigeria appears to have intensified in recent years. It has been described as widespread and dysfunctional, affecting all levels of the healthcare system [3]. In some instances, violence between professional groups has been documented [4], and overall discord within the health sector has negatively influenced system performance. The absence of team cohesion and perceptions of superiority by certain professional groups over others have undermined teamwork and limited the delivery of optimal professional services [5]. The effect is a decline in healthcare quality and poorer health outcomes for the Nigerian population.

Interdisciplinary collaboration, which draws on the expertise and knowledge of diverse health professionals, provides greater value in patient care [6]. However, unlike best practices in developed countries [7], collaboration among healthcare workers

in Nigeria remains suboptimal. Conflict and professional rivalry within healthcare institutions have been identified as barriers to effective care delivery [8]. In the past, severe disruptions in healthcare services in Nigeria have been attributed to inter-professional conflict [9]. Evidence indicates that such rivalry is more pronounced in settings where healthcare management is predominantly handled by clinicians rather than professional administrators [10]. This arrangement extends competition beyond clinical practice into managerial roles. Consequently, mitigating adverse effects on health system governance may require a context-specific understanding of the evolution of inter-professional relationships.

A review of the existing literature indicates that, within Nigeria, limited attention has been given to empirically examining conflict management among healthcare workers, to develop context-specific preventive and mitigation strategies. Most studies in this area have largely concentrated on identifying the causes of inter-professional conflict in the health sector [3, 11–13]. A comprehensive assessment of healthcare workers' perceptions of conflict management may provide a bottom-up approach to policy reform, thereby fostering a more conducive working environment within the Nigerian healthcare system. This, in turn, would enhance patient care. Accordingly, this study aimed to deepen understanding of the phenomenon from the perspective of practitioners while proposing evidence-based and contextually appropriate strategies to prevent and mitigate conflict within the Nigerian healthcare sector.

Materials and Methods

A cross-sectional survey was designed to explore healthcare professionals' perceptions in Nigeria regarding strategies to reduce and prevent interprofessional conflict and rivalry within the healthcare system. A structured questionnaire was developed for this purpose following an extensive review of relevant literature [14–18].

An iterative development approach was adopted, involving a panel of researchers actively engaged in this field. The questionnaire items were refined through multiple rounds of independent review by each panel member, who proposed modifications, additions, and removals. This process continued until full agreement was reached among the experts. The final questionnaire items were designed to obtain information on interventions that could support the prevention and mitigation of inter-professional conflict among healthcare professionals.

Following development, the instrument underwent face and content validation through expert evaluation. The questionnaire was examined for relevance, clarity, complexity, and suitability. Several items were revised and rephrased accordingly. Content validity was also assessed quantitatively, with the content validity ratio and content validity index calculated for each item; only those meeting the required thresholds were retained in the final version of the instrument.

A pilot test was conducted among an initial group of 30 randomly selected healthcare professionals from different disciplines. Feedback from this pretesting phase did not necessitate major revisions; therefore, these 30 responses were retained and incorporated into the final dataset.

Data collection was conducted using both online and paper-based methods to ensure broad participation from healthcare professionals. A stratified sampling technique was used to select participants. Two states were randomly selected from each of the six geopolitical zones in Nigeria. For the online phase, snowball sampling was used [19, 20], with WhatsApp serving as the distribution platform. The survey link was shared with groups of practicing healthcare professionals, who were also encouraged to forward it to colleagues within the same state. Participants accessing the link were directed to Google Forms to complete the questionnaire.

For the paper-based phase, questionnaires were administered in person to physicians, pharmacists, medical laboratory scientists, nurses, and other healthcare workers at randomly selected healthcare facilities within each state, using a convenience sampling approach [21]. This phase commenced only after the online data collection closed. To avoid duplication, participants were first asked whether they had already completed the online version; only those who had not were given the paper questionnaire. Data collection was conducted between April and June 2021.

Eligibility criteria included healthcare professionals currently practicing in Nigeria with a valid annual practice license. Individuals who did not meet these requirements were excluded from the study.

Ethical approval was obtained from the National Health Research Ethics Committee of Nigeria before data collection. Participation was voluntary, with informed consent provided alongside the online questionnaire, while written consent was obtained from participants completing the paper-based version. Confidentiality was ensured by excluding participants' names from the data collection instruments.

All collected data were initially organized in Microsoft Excel and checked for accuracy. The dataset was then imported into the Statistical Package for the Social Sciences (SPSS) version 25 for analysis. Descriptive statistics were performed, and the chi-square test was used to examine associations between responses and participants' socio-demographic variables. A p-value of 0.05 or less was considered statistically significant.

Results and Discussion

Demography

A total of 2207 valid responses were included in the analysis. Among respondents, approximately two-thirds were male, and about one-third (34.3%) had attained a Master's degree or higher. Regarding professional distribution, roughly one-third of respondents were physicians (33.9%), while a comparable proportion were pharmacists (31.5%).

A considerable proportion of participants occupied senior-level positions (68.2%), and a large majority were employed in the public healthcare sector (82.5%). Additional details regarding the socio-demographic characteristics of respondents are provided in **Table 1**.

Table 1. Socio-demographic characteristics of respondents.

Variable	Frequency (%)
Gender	
Male	1405 (63.7)
Female	802 (36.3)
Age Group	
18–30 years	309 (14.1)
31–40 years	677 (30.8)
41–50 years	717 (32.8)
51–60 years	461 (21.0)
Above 60 years	34 (1.5)
Highest Level of Education	
Diploma qualification	57 (2.6)
Bachelor's degree	1172 (54.1)
Master's degree	743 (34.3)
Doctoral degree	195 (9.0)
Professional Category	
Physicians	740 (33.9)
Pharmacists	687 (31.5)
Medical laboratory scientists	245 (11.2)
Nurses	443 (20.3)
Other healthcare personnel	67 (3.1)
Grade Category	
Senior level	1440 (68.2)
Directorate level	356 (16.9)
Management level	259 (12.3)
Other categories	55 (2.6)
Extent of Union Participation	
No involvement in the union	420 (20.2)
Low level of activity	684 (32.9)
Moderate level of activity	712 (34.3)
High level of activity	260 (12.5)
Sector of Employment	
Public sector	1821 (82.5)
Private sector	219 (10.4)
Development sector	9 (0.4)
Academic sector	66 (3.1)

Role of regulation and legislation

An overwhelming proportion of respondents (92.9%) identified the Ministry of Health as a central actor in managing inter-professional disputes. In addition, a large majority (86.5%) believed that professional regulatory bodies and licensing councils play a crucial role in resolving conflicts within the health sector. In comparison, a very similar proportion (86.6%) supported the introduction of legal frameworks as a necessary mechanism to eliminate interprofessional discord. The findings further indicated that administrative leadership within health agencies contributes to the emergence of such conflicts. **Figure 1** summarizes the involvement of governmental institutions in mitigating conflict among healthcare workers.

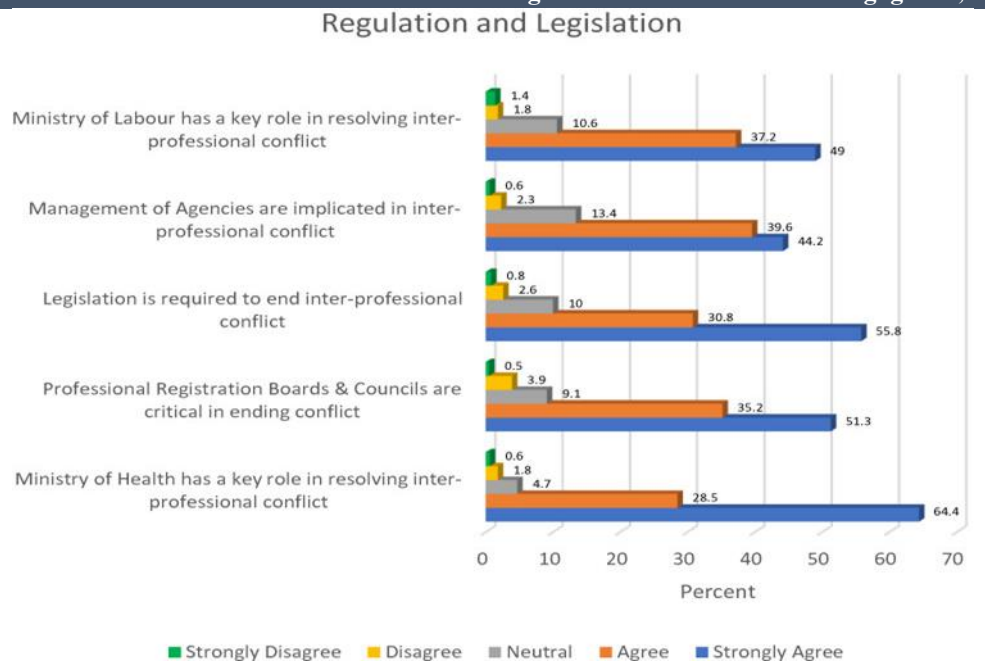

Figure 1. Role of government in preventing conflict.

Overall, the results point to the importance of a coordinated, multi-stakeholder intervention strategy. They suggest that leadership structures within healthcare institutions, together with other governing actors, have distinct but interconnected responsibilities in reducing conflict across the Nigerian healthcare system.

Leadership requirements for hospitals and health agencies

The study showed that more than two-thirds of respondents (70.4%) rejected the idea that leadership positions in hospitals and health agencies should be confined to a single professional group. A slightly higher proportion (75.8%) expressed the view that leadership appointments should be grounded in relevant postgraduate academic qualifications.

Regarding the importance of clinical experience, only 26.9% of participants considered it a necessary condition for leadership, whereas a majority (58.2%) did not support clinical experience as a requirement for such roles. In contrast, almost all respondents (90.15%) emphasized that strong administrative expertise and prior managerial experience are essential for effective leadership. Further details regarding leadership expectations in hospitals and health agencies are presented in **Figure 2**.

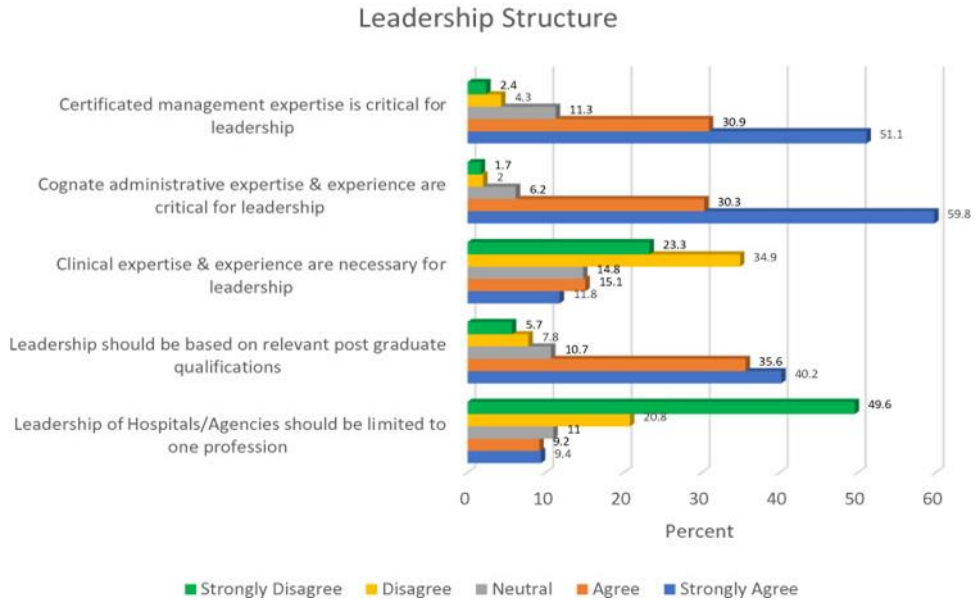

Figure 2. Leadership requirements for hospitals and health agencies.

The results highlight several areas requiring structural reforms. Consequently, the evidence generated from this study may inform future policy formulation and system-level reforms aimed at reducing inter-professional conflict within the Nigerian healthcare environment.

Leadership reforms

As illustrated in **Figure 3**, a large majority of respondents (93.5%) supported the implementation of reforms in the processes used to select leaders within hospitals and health agencies. Likewise, nearly all participants (97.9%) agreed that collaboration among professionals is essential for reducing rivalry and preventing conflict. Consistently, a substantial proportion (92.8%) also endorsed the inclusion of organizational diversity as a key consideration in leadership reform initiatives. Additional findings on participants' views regarding leadership reforms are presented in **Figure 3**.

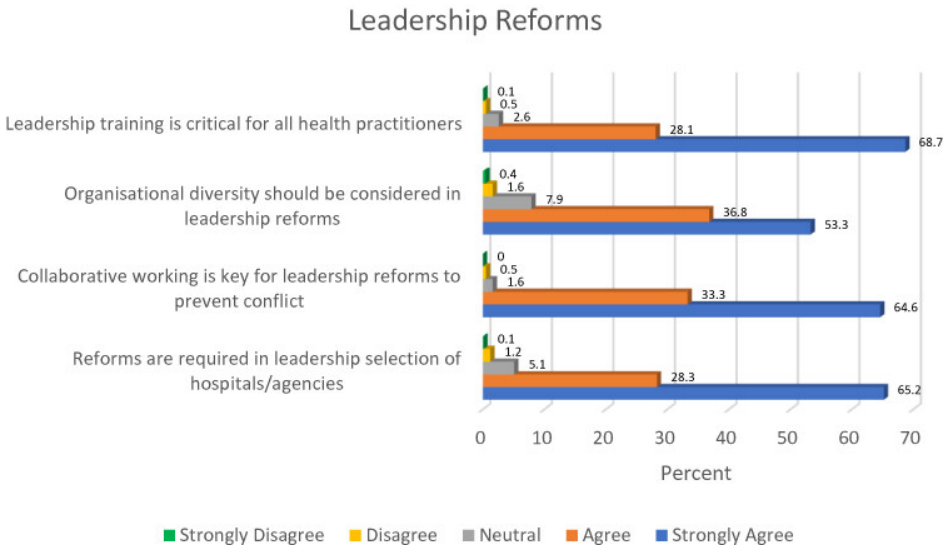

Figure 3. Leadership reforms.

The evidence presented in **Figure 3** reflects practitioners' perspectives that the proposed leadership reform measures could serve as a foundation for policy development and practical interventions to strengthen healthcare system performance and reduce conflict.

Conflict prevention strategies during undergraduate training

An overwhelming proportion of participants (95.2%) believed that embedding collaborative practice intentionally within undergraduate professional education could promote workplace cohesion. Similarly, nearly all respondents (95.9%) endorsed integrating structured instruction to cultivate mutual respect among healthcare trainees as a preventive measure against future conflict. Further related findings are illustrated in **Figure 4**.

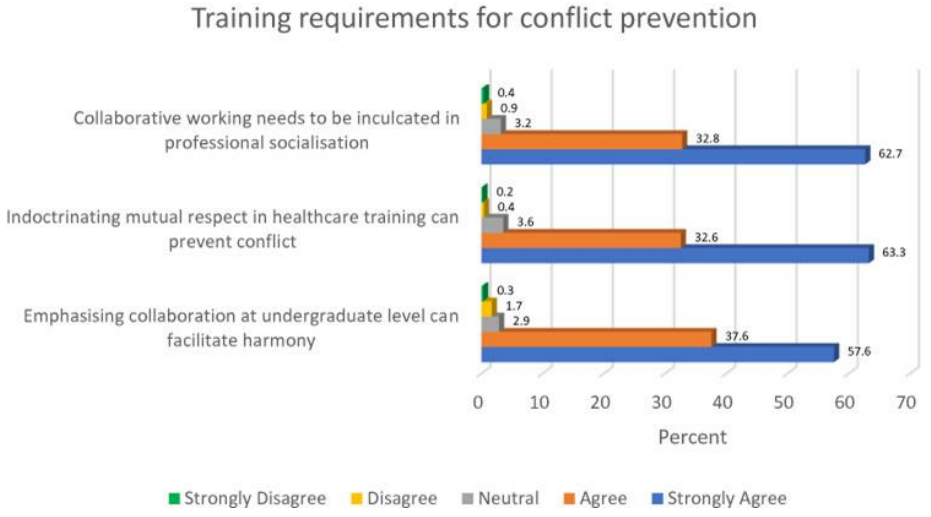

Figure 4. Training requirements for conflict prevention.

The results suggest that educational interventions at the undergraduate level may function as an important upstream strategy for reducing inter-professional conflict. Such early-stage interventions are likely to strengthen cooperative practice among healthcare workers at different stages of professional development. They may contribute to more patient-centered service delivery and to improved achievement of health system objectives.

Cross tabulations

A larger proportion of physicians (34.5%) supported restricting hospital and agency leadership to a single professional group compared with pharmacists (6.3%), medical laboratory scientists (6.8%), nurses (16%), and other healthcare workers (26%). This difference was statistically significant ($P < 0.001$; $X^2 = 619.67$; $df = 20$).

Regarding leadership criteria, only a minority of pharmacists (11.1%), medical laboratory scientists (13.6%), and nurses (8.1%) considered clinical expertise and experience essential for leadership roles. In contrast, approximately half of physicians (48.5%) viewed clinical expertise and experience as important prerequisites for leadership. This association was also statistically significant ($P < 0.001$; $X^2 = 645.48$; $df = 20$).

Regarding leadership reform, most pharmacists (77%), medical laboratory scientists (82.4%), and nurses (78.5%) selected "strongly agree" to the statement that reforms are necessary in the leadership selection process of hospitals and health agencies. By comparison, only 41.5% of physicians selected "strongly agree" for the same statement ($P < 0.001$; $X^2 = 318.33$; $df = 20$). This statistically significant result provides important evidence of variation across professional groups regarding attitudes toward leadership restructuring in the Nigerian health sector.

The study's findings indicate that most respondents view the Ministry of Health as a central authority for addressing interprofessional conflict within Nigeria's healthcare system. This reflects a perception that the Ministry carries primary responsibility for implementing system-level reforms aimed at reducing professional tensions. Likewise, participants identified regulatory bodies and professional councils as key actors in managing such conflicts, while a notable share also assigned responsibility to the Ministry of Labor in resolving disputes among healthcare workers. Overall, these perspectives suggest that responsibility for reforming leadership structures is largely with government institutions, whose influence in reshaping the healthcare system is considered fundamental.

Inter-professional conflict can have harmful consequences for both patients and the efficiency of healthcare delivery systems. Conversely, effective conflict management has been associated with improved organizational functioning, greater patient safety, and enhanced health outcomes [22]. Establishing a collaborative healthcare environment built on cooperation among professionals may be advanced by the institutional actors identified in this study. Similar preventive frameworks have been implemented in several high-income countries and have been linked to improved healthcare system performance [23, 24]. The evidence from this study therefore supports the need for a coordinated, multi-sectoral policy intervention to address inter-professional conflict within the healthcare system.

A substantial majority of respondents believed that legislation is necessary to resolve inter-professional conflict. This underscores a pressing need for effective cooperation between the executive and legislative branches of government to develop context-sensitive policies that promote harmony within the Nigerian healthcare system. In other jurisdictions, similar approaches have been successfully employed to improve collaboration among healthcare workers [25]. Moreover, the results indicate that the governance of health agencies may contribute to inter-professional tensions, although the exact mechanisms remain unclear. Additional studies building on these findings are needed to clarify this important issue.

The study further showed that most participants opposed the idea that leadership positions in hospitals and health institutions should be restricted to a single profession. This aligns with global best practice, which emphasizes competence-based leadership rather than professional background [26, 27]. In contrast, Nigeria's healthcare leadership is largely dominated by physicians [28]. This dominance has been a significant driver of rivalry and conflict within the system [16, 29]. Consequently, there is a strong need to reform leadership selection processes to prioritize managerial capability supported by relevant expertise and experience. Interestingly, physicians were more likely than other professionals to support profession-restricted leadership, which may be influenced by the current structure that already favors medical doctors in leadership roles.

Similarly, around three-quarters of respondents stated that leadership should be determined by possession of relevant postgraduate qualifications. This reflects a preference for reforms that emphasize higher academic attainment in leadership selection. In addition, most participants agreed that administrative competence and experience are essential prerequisites for leadership roles. This is particularly relevant given earlier evidence that many of the challenges in Nigeria's health sector are linked to weak management systems [30]. Oleribe [31] similarly reported that a large proportion of healthcare managers in Nigeria lack adequate administrative training and skills. While most respondents felt that clinical experience is not essential for leadership, a minority disagreed. Further chi-square analysis showed that those who valued clinical experience for leadership were predominantly physicians. This may reflect the traditional structure in which medical doctors have historically occupied most leadership positions in healthcare organizations.

The findings also highlight the need for reforming how leadership is selected in hospitals and health agencies. However, support for such reforms was lower among medical doctors compared to other healthcare professionals. Nearly all respondents supported embedding collaborative practice within policy reforms. This aligns with international evidence linking collaboration with improved care quality and better patient outcomes [32, 33]. Although organizational diversity was recognized as important in leadership selection, participants also strongly agreed that leadership training should be provided to all healthcare workers. Structured training, such as seminars, courses, and workshops in healthcare administration, could strengthen leadership capacity across the sector [34, 35].

In relation to professional education, the study found that integrating collaboration into undergraduate curricula could enhance inter-professional harmony, consistent with previous international studies [36]. Additionally, fostering mutual respect during training was identified as a key strategy for reducing conflict in healthcare settings. The Nigerian health system already faces multiple challenges, including Medicines' Security [37], and failure to effectively manage inter-professional conflict is likely to intensify these existing problems.

Conclusion

This study has outlined key strategies to reduce and prevent interprofessional conflict among healthcare workers. The findings can support comprehensive, context-specific policy reforms to address conflict and rivalry in Nigeria's healthcare system and advance Universal Health Coverage. The study's evidence suggests that the Ministries of Health and Labor, alongside other government bodies, play a central role in managing and resolving interprofessional disputes. This implies that timely and coordinated reforms led by these institutions could significantly improve overall system performance and service delivery.
Regarding leadership in healthcare organizations, the majority of respondents argued that selection should not be confined to specific professions but should instead be based on merit, competence, skills, and relevant experience. The promotion of collaboration across all healthcare professions should also begin early, particularly during undergraduate training. Given the importance of this issue, further research is required to expand and strengthen these emerging insights.

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