

INTER-PROFESSIONAL RIVALRY IN NIGERIAN HEALTH SECTOR:  
A SEARCH FOR A POTENTIAL BEGINNING

<sup>1</sup>Salisu AI, <sup>2</sup>Hauwa IK, <sup>2</sup>Abubakar MA, <sup>2</sup>Ramla F, <sup>1</sup>Mukhtar IG, <sup>1</sup>Nafisa NY

<sup>1</sup>Department of Human Physiology, Faculty of Basic Medical Sciences, Bayero, University Kano

<sup>2</sup>Department of Human Physiology, Faculty of Basic Medical Sciences,  
Yusuf Maitama Sule University Kano

*Correspondences and reprint request to:* Dr Salisu AI, Department of Human Physiology, Faculty of Basic Medical Sciences, Bayero University Kano, PMB 301, Kano State, Nigeria.

Email: saibrahim.pys@buk.edu.ng

## ABSTRACT

**Background:** Inter-professional rivalry (IPR) in Nigerian health sector has become a common practice for over a decade due to abuse of the existing laws and ethics governing the operations of the professional cadres manning the health institutions in the country. This has led to incessant strikes by the different cadres in the hospitals across the country, thereby affecting the quality of services delivered by all the categories of healthcare staff. This study was aimed at identifying the initial source of the problem by interviewing the students of the Faculty of Basic Medical Sciences of Bayero University Kano (BUK) and that of Yusuf Maitama Sule University (YUMSUK) and those that have passed their examinations and joined the clinical and allied science departments in Bayero University Kano. The Faculty of Basic Medical Sciences is the initial confluent point where all medical and students of allied sciences receive their training together especially in the first and second year of their training. **Method:** A random sampling method was used to select the subjects. Two hundred questionnaires were distributed but 139 (69.5%) students at various levels of training filled and returned the questionnaire. **Results:** Females constituted 62 (44.6%), while the male were 77 (55.4%). Those in level 4 and 6 dominated the study with 55 (39.6%) and 41 (29.5%) respectively. Medical students and students of Physiology program constituted 42(30.2%) and 23(16.5%) respectively. Majority of the students 126 (90.6%) chose their respective courses without external influence and 85 (61.2%) believed that their course of study has a supportive role in the health care system. Up to 63 (45.3%) believed there is no superiority among the various courses of study. Of the factors fueling superiority feelings among students, 70 (50.4%) did not provide any reason, while those that believe professional bodies encourage it constituted 40 (28.8%), followed by teachers 11 (7.9%) and students themselves 10 (7.2%). Superiority feelings lead to rivalry among the various programs as opined by 78 (56.1%), chaos in the health sector 26 (18.7%) and poor patients management 12 (8.6%). Majority, 61 (43.9%) believed that rivalry in health sector can be prevented by giving uniform opportunity to all professional group. **Conclusion:** It is clear that half of the students interviewed were not aware of superiority feeling among the different programs of study. However, professional bodies rank first among the factors fueling superiority feeling during undergraduate training. Superiority feeling has negative effects on the healthcare system, one of which is rivalry among the healthcare

staff and it can be avoided by giving uniform opportunity to different professional groups.

Access this article online

Quick Access Code



WEBSITE: [www.kjmsmedicaljournal.com](http://www.kjmsmedicaljournal.com)

DOI: 10.36020/kjms.2020.1401.003

**KEY WORDS:** Inter-Professional, Rivalry, Health Sector, Search, Potential beginning

## INTRODUCTION

Nigerian health sector faced a lot of challenges for the past two decades due to conflicts among the healthcare professionals. The potential for conflict or rivalry in the setting was significantly higher because of multifaceted and regular interactions among health workers.<sup>1</sup> Composition of healthcare workers in Nigerian setting includes; doctors, nurses, laboratory scientists, pharmacists, laboratory technician, community health workers, management personnel, social workers and other supporting staff.<sup>2</sup> The health workforce crises in the country have taken quite unique, yet worrying, dimension in recent times.<sup>3</sup> Most health workers have alleged that the Nigerian health system was designed to favor doctors mainly.<sup>4</sup> Disputes over salaries, allowances, consultancy status and who heads the health sector have continued to emerge among different factions.<sup>3</sup> The alleged dominance of doctors over the years has encouraged other health workers to form the new group called the Joint Health Sector Unions (JOHESU).<sup>4</sup> Distrust, dissensions and recurring conflicts among different professional groups in the health sector are now emerging.<sup>5</sup> The aim of this study was to identify the probable beginning of inter professional conflicts in Nigerian health sector by engaging students of Faculty Basic Medical Sciences and those that have crossed to the Clinical and Allied Science Departments after completing their pre-clinical training on common problems leading to IPR in Nigerian health institutions. The study will provide vital information regarding these problems and may suggest possible ways to remedy them.

## MATERIALS AND METHOD

### Study Sites

The study was conducted in four different faculties; three of which are located in Bayero University, Kano; faculties of Basic Medical Science, Allied and Clinical Sciences and the fourth is that of Basic Medical science located at Yusuf Maitama Sule University Kano (YUMSUK).

### Study design

A descriptive cross-sectional study was employed using a structured self-administered questionnaire.

### Study Population

The study population involved all the students in various departments of the four faculties. The Faculties of Basic Medical Sciences of BUK and YUMSUK have three different departments each (Anatomy, Biochemistry and physiology). The Clinical sciences handled programs of Medical Bachelor, Bachelor of Surgery (MBBS) and Bachelor of Dental Surgery (BDS) respectively, while the faculty of Allied Sciences has five different departments: Medical Laboratory Science, Nursing, Optometry, Physiotherapy and Radiography.

### Sample Size

Two hundred questionnaires were distributed to all the students, concentrating on level four and six students as appropriate depending on the type of course of study. These students had crossed from the pre-clinical area and have become acquainted with the clinic departments. Only 139 (69.5%) students completed and returned the questionnaires, hence recruited for the study.

### Sampling Method

A random sampling method was utilized using ballot papers. Those that picked up blank ballot papers were excluded from the study.

### Statistical analyses

Data were analyzed using SPSS software (version 20). Results were presented as frequencies and percentages.

## RESULTS

### Sociodemographic characteristics of the participants

The proportion of male participants was slightly higher than that of the female participants. While male participants accounted for 77 (55.4%), the females were only 62 (44.6%) – table 1. Majority of the participants were 400 and 600 levels students (39.6% and 29.5%, respectively), while 500 level students constituted the least (0.7%) – table 2.

Program-related characteristics of the participants Majority of the participants were medical students (MBBS) 42 (30.2%) with students of Bachelor of Nursing Science constituting the least 2 (1.4%). Considering distribution based on faculties, the

basic medical science students were 49 (35.3%), allied students 37 (26.6%), while the clinical science students constituted 53 (38.1%). This implies that there was comparable spread in recruiting the participants – table 3. About 91% of the participants were not pressured by anybody into their program of study – table 4.

Factors fueling superiority feeling among the participants

About half of the participants, 50.4%, were unaware of any factor fueling feeling of superiority among students training to be healthcare professionals. However, 28.8% believed that such feeling was fueled by various professional bodies – table 5. Similarly, majority of the participants, 61.2%, believed that their course of study in the health care team is supportive as against 33.8% that thought it is dominant – table 6. While majority of the participants (45.3%) believed that there was no need for superiority of one course of study over the other, a staggering 34.5% believed otherwise – table 7. The respondents identified inter professional rivalry, chaos in health profession, and poor patient management as some of the negative outcomes of feeling of superiority of one's program of study over the others – table 8.

The participants suggested giving uniform opportunities to all professional cadres, opening up leadership positions to all cadres, and rationalization of the various professional bodies as some of the ways of reducing inter-professional rivalry in the health sector – table 9.

Table 1: Gender distribution of the Respondents

Sex	Frequency	Frequency%
Male	77	55.4
Female	62	44.6
Total	139	100.0

Table 2: Level of study of the Respondents

Level of Study	Frequency (N)	Percent (%)
2	27	19.4
3	15	10.8
4	55	39.6
5	01	0.7
6	41	29.5
Total	139	100

Table 3: Distribution of Respondents based on Programs of Study

Programme	Frequency	Percentage
Anatomy	14	10.1
BDS	11	7.9
Biochemistry	12	8.6
BMLS	11	7.9
MBBS	42	30.2
Nursing	2	1.4
Optometry	3	2.2
Physiology	23	16.5
Physiotherapy	12	8.6
Radiography	9	6.5
Total	139	100.0

NB: MBBS = Medical Bachelor, Bachelor of Surgery  
BDS = Bachelor of Dental Surgery

Table 4: Choice of Course/Program of study

Response	Frequency	Percent
Self	126	90.6
Parent	05	3.6
Friends	01	0.7
Others	07	5.0
Total	139	100.0

Table 5: Factors fueling Superiority feeling Among Students

Factors	Frequency	Percent
Students	10	7.2
Teachers	11	7.9
Professional Bodies	40	28.8
Society	3	2.2
Others	5	3.6
Blanks	70	50.4
Total	139	100.0

Table 6: Roles of Course of study in the health care team

Role of program	Frequency	Percent
Supportive	85	61.2
Dominant	47	33.8
I don't know	06	4.3
Blanks	01	0.7
Total	139	100.0

Table 7: Whether Superiority feeling should be encouraged among different courses of study

Response	Frequency	Percent
Yes	48	34.5
No	63	45.3
I don't know	12	8.6
Blanks	16	11.5
Total	139	100.0

Table 8: Effect of superiority feeling among the various courses/programs

Response	Frequency	Percentage
Rivalry among various program	78	56.1
Chaos in the health sector	26	18.7
Poor patient management in the long run	12	8.6
Others	08	5.8
Blanks	15	10.8
Total	139	100.0

Table 9: Ways to prevention rivalry in the healthcare team

Response	Frequency	Percentage
By giving uniform opportunity to all professionals	61	43.9
By giving leadership role of a particular program in the health sector	28	20.1
By rationalization of various professional groups	30	21.6
I don't know	09	6.5
Blanks	11	7.9
Total	139	100.0

## DISCUSSION

This study has interviewed undergraduate students of four faculties consisting of two basic medical sciences, Allied and Clinical science faculties in two universities located in Kano state, on the probable reasons leading to inter-professional rivalry in the Nigerian health sector. Ninety-one percent of the students chose their courses of study without any interference from anybody. This signifies that external influence plays fewer roles in the choice of course of study among the students interviewed. Although it has been known since decades that choice of course by clinical science students had been mainly due to people's interest in the course, Heikkila.<sup>6</sup> In other studies some students make their professional career choice due to share influence from family, prestige attached to a particular course, and the need to help others.<sup>7</sup> Other factors in other studies include; high societal status and the urge to serve the sick patients.<sup>8</sup> With regards factors fueling superiority feeling among different programs of study, this study found that 50% of those interviewed lack awareness on the factor leading to superiority feeling among them, this indicates that majority of the students were not indoctrinated by their parents/relations at home to show superiority on their course of study over their colleagues reading other courses. 29% admitted that professional bodies show superiority feelings on

students of different professional affiliations during ward rounds and at various levels of interactions in the laboratories, pharmacy units and other points of interactions within the hospital setting. This implies that feeling of superiority among students start to manifest after coming into contact with different professional bodies. This supports the work of Omisore et al.,<sup>9</sup> who documented that IPR was mainly caused by influence from professional bodies as opined by highest percentage of respondents in their work even though, their cohorts were health workers not undergraduate students. 8% of the students incriminated their teachers at various levels both at pre-clinical and clinical areas in fueling the superiority feelings above other specialties, thereby relegating others and pampering those along their lineage. Teachers should be effective role models; with high standards of clinical competence, excellence in clinical teaching skills and should have humanistic personal qualities.<sup>10, 11</sup> Of the students interviewed across the ten different departments/programs run by these faculties, 61% believed that their course of study plays a supportive role in the health care team, while 34% believed that their respective courses play a dominant role in the health care team, which is in line with the work of Omisore et al.,<sup>9</sup> among the healthcare professionals who documented that, there has been struggle for dominance among the health professionals as they receive full training in the art of patient care. Majority of those with dominance feeling in this study were those studying clinical courses (MBBS and BDS) students, probably due to the high number of those interviewed compared to the rest of students in other programs. In response to the necessity of having superiority feelings by those studying one course over the others, most, 45% expressed negative opinion on that, while 34% admitted "Yes". It means that some of the students have tendency to portray that behaviour later in life. On further questioning on whether the superiority feelings could be avoided 51% admitted "yes", while 37% thought otherwise. It is therefore clear that most of the respondents were opposed to superiority feelings among themselves and those that had chosen to do so may hardly change in the future. Considering the fact that half of the

respondents were opposed to the idea of superiority feeling among them, the problem can be mitigated before the students graduate from the university through effective mentoring by level coordinators, heads of departments and deans of the respective faculties. Hence there is the need of teaching the relevant ethics along the edicts establishing each professional discipline right from undergraduate level in order to avoid rancour among the healthcare professional in the future. Adverse effects of superiority feeling among students include; rivalry among various programs of study as opined by 56% of the respondents, chaos in the health sector in later life 18.7% and poor patient's management 8.6%. This supports the work of Onoka<sup>12</sup> who documented that crises in health care have prevented optimal health care delivery to Nigerian populace, since it hinders cooperation and teamwork among the various professional groups. Responses obtained from the students on ways to avoid rivalry in a healthcare team have shown that 44% were of the opinion of giving uniform opportunity to all professional groups during training and after. The respondents believed this will improve performance at work and will also lead to better care for patients. 22% believed that rationalization of positions among the professional groups would help to reduce IPR among them, while 20% suggested assigning a leadership role to a particular cadre would help reduce IPR in the healthcare sector.

#### CONCLUSION

Professional bodies rank first among the factors fuelling superiority feeling during undergraduate training. Superiority feeling has negative effects on the healthcare system, one of which is rivalry among the healthcare staff and it can be avoided by giving uniform opportunity to different professional groups.

#### RECOMMENDATIONS

1. Inserting the enabling laws/edicts establishing the professional bodies into the curriculum of study for the various programs right at pre-clinical departments to help the students understand their area of jurisdiction to avoid over stepping their bounds.

2. Mentor-mentee structure should be strengthened in all the faculties to help guide students on what is expected of them during training and also when they start practicing in their fields of specialization in later life.
3. Teachers/lecturers should focus more on quality training rather than cloning the ego-centered professionals who will add no value but rather compounds problems in the healthcare system.
4. Government must ensure strict application of the laws and punish culprits at all the stages of training and practice whenever a valid case is established so as to serve as deterrent for those with similar minds of spoiling the health care system.

## REFERENCES

1. Swansburg RC, Swansburg RJ (eds). *Introduction to Management and Leadership for nurse Managers* 3rd edition. Jones and Bartlett. Canada 2002.
2. (MWHN). *Teamwork, Professionism And Effective Health Care Delivery In Nigeria Being Paper Delivered At The 2<sup>nd</sup> Annual Mhwun Guest Lecture Of The Medical & Health Workers' Union At Sheraton Hotels & Towers, Abuja On April 11, 2013.* [Http://Solidarityandstruggle.blogspot.Com/2013/04/Teamwork-Professionism-And-Effective.Html](http://Solidarityandstruggle.blogspot.com/2013/04/Teamwork-Professionism-And-Effective.html). Accessed On 4/11/2019
3. Adeloje D, Rotimi AD, Adenike AO, Asa A, Adedapo A, Muktar G, Jacob K, Opele OO, Alexander I. 2017. Health workforce and governance: the crisis in Nigeria *Human Resources for Health* volume 15, Article number: 32
4. Alubo O, Hunduh V. Medical dominance and resistance in Nigeria's health care system. *Int J Health Serv* 2017; 47(4):778-794.
5. JOHESU press release on the NMA strike and the imminent crisis in the health sector [cited 2016 September 09]; Available from: <http://www.medicalworldnigeria.com/2014/07/johesu-press-release-on-the-nma-strike-and-the-imminent-crisis-in-the-health-sector#.V86VjprLIU>. Accessed on 06/12/2019
6. Heikkilä TJ, Harri H, Jukka V, Tiina A, Hannu H, Sentero K, Irma V, Markku S, Kari M. Factors important in the choice of a medical career: a Finnish national study. 2015. *J Med Edu*, 15, 169.
7. Mchugh SM, Corrigan MA, Sheikh A, Lehane E, Broe P, Hill AD. A study of the factors influencing school-going students considering medical career. *Natl Center for Biotech Inf* 2011; 9 (4), 191-194.
8. Sonu G, Federica A, Nonita D, Neetu S, Dirk R. What motivate medical students to select medical studies: A systematic Literature review. *BMC Med Educ* 2018; 18(1):16.
9. Omisore AG, Adesoji RO, Abioye-Kuteyi EA. Interprofessional Rivalry in Nigerian Health Sector: A Comparison of Doctor and other Health workers View at a secondary care. *SAGE Journal* 2017; 38 (1), 9-16.
10. Passi V, Johnson S, Peile E, Wright S, Haffert F, Johnson N. Doctor Role Medeling in Medical Education BEME Guide No. 27. *J Med Teach* 2013; 35 (9).
11. John G, Clyde AD, Anne G, Phil C. what make a good clinical students and teachers? and exploratory study. *J Med Edu* 2015; 15 (1).
12. Onoka C. Patients suffer as Nigerian healthcare workers continue a strike, who cares? 2010. *Nigeria Health Watch*, <http://www.nigeriahealthwatch.com/2010/08/patients-suffer-as-nigerian-healthcare.html>. Accessed on 12 August 2018.

Cite this article as: Salisu AI, Hauwa IK, Abubakar MA, Ramla F, Mukhtar IG, Nafisa NY., Inter-professional Rivalry In Nigerian Health Sector: A Search For A Potential Beginning. *KJMS* 2020; 14(1): 18 - 23.