

Conflict dynamics and management patterns of student nurses in government hospitals in Adamawa state, Nigeria

Dinâmica de conflito e padrões de gestão de enfermeiras estudantes em hospitais do governo do estado de Adamawa, Nigéria

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ABSTRACT

The complexities associated with healthcare centres have made conflict a part and parcel of their operational milieus. Student nurses on formal clinical training, being part of the system, are not resistant to the deleterious outcomes of such conflicts. Thus, this study assessed conflict dynamics and management strategies of student nurses in government hospitals in Adamawa State, Nigeria. A descriptive survey design was adopted and a sample of 160 student nurses was selected through random sampling technique. A self-structured questionnaire titled “Student Nursing Conflict Questionnaire” (SNCQ) was used to elicit primary data. Data collected were analysed with frequency counts, percentage and standard deviation. The study discovered that the majority of student nurses frequently encountered conflict (50.6%) in hospitals and they often perceived it as something bad (70.6%). Also, the major types of conflict often experienced by student nurses were “nurse-student nurse conflict” (NSC) (36.9%) and “patient relatives-student nurse conflict” (PRSC) (36.9%). The main causes of these conflicts were lateness to the hospital ($\bar{x} = 3.375$) and unclear definition of responsibilities between student nurses and other auxiliary health workers ($\bar{x} = 3.338$). Furthermore, the main consequences of conflict on student nurses were lowering their productivity ($\bar{x} = 3.550$) and discouraging effective training of student nurses ($\bar{x} = 3.569$). The conflict management styles often adopted by student nurses were collaborating style ($\bar{x} = 3.153$) and accommodating style ($\bar{x} = 3.025$). Based on these findings, it was recommended that medical peace education should be promoted in all ramifications in health establishments in order to help those that wish to become health practitioners such as student nurses as well as those already practicing in the field to understand conflict behavioural dynamics for constructive mitigation to enhance their productivity and healthcare service delivery.

Key words: Student nurses, Conflict, Conflict Management, Government Hospital

RESUMO

As complexidades associadas aos centros de saúde tornaram o conflito uma parte e parcela de seus meios operacionais. Os enfermeiros estudantes em treinamento clínico formal, sendo parte do sistema, não são resistentes aos resultados deletérios de tais conflitos. Assim, este estudo avalia a dinâmica de conflitos e as estratégias de gerenciamento dos estudantes de enfermagem nos hospitais do governo do Estado de Adamawa, Nigéria. Um projeto de pesquisa descritiva foi adotado e uma amostra de 160 estudantes de enfermagem foi selecionada através da técnica de amostragem aleatória. Um questionário auto-estruturado intitulado "Student Nursing Conflict Questionnaire" (SNCQ) foi usado para obter dados primários. Os dados coletados foram analisados com contagens de frequência, porcentagem e desvio padrão. O estudo descobriu que a maioria dos enfermeiros estudantes frequentemente encontravam conflitos (50,6%) nos hospitais e eles frequentemente o percebiam como algo ruim (70,6%). Além disso, os principais tipos de conflito frequentemente vivenciados por enfermeiros estudantes foram "conflito enfermeiro-estudante de enfermeira" (NSC) (36,9%) e "conflito enfermeiro-parente-estudante de paciente" (PRSC) (36,9%). As principais causas desses conflitos foram o atraso no hospital ($(\bar{x}) = 3,375$) e a definição pouco clara das responsabilidades entre enfermeiros estudantes e outros trabalhadores auxiliares de saúde ($(\bar{x}) = 3,338$). Além disso, as principais consequências do conflito sobre os estudantes de enfermagem estavam diminuindo sua produtividade ($(\bar{x}) = 3,550$) e desencorajando o treinamento eficaz dos estudantes de enfermagem ($(\bar{x}) = 3,569$). Os estilos de gerenciamento de conflitos frequentemente adotados pelos estudantes de enfermagem foram o estilo colaborativo ($(\bar{x}) = 3,153$) e o estilo acomodador ($(\bar{x}) = 3,025$). Com base nestas descobertas, foi recomendado que a educação médica para a paz fosse promovida em todas as ramificações nos estabelecimentos de saúde, a fim de ajudar aqueles que desejam se tornar profissionais de saúde, como estudantes de enfermagem, bem como aqueles que já praticam no campo a compreender as dinâmicas de comportamento de conflito para a mitigação construtiva, a fim de aumentar sua produtividade e a prestação de serviços de saúde.

Palavras-chave: Estudantes de Enfermagem, Gerenciamento de Conflitos, Hospital do Governo.

1 INTRODUCTION

Conflict is an inevitable element in interpersonal and intergroup relations. One of the foremost views on conflict upheld for over six decades is Coser's (1956) assertion that conflicts are inevitable in human life and existence; and are a necessary part of life for change in human society. This view has continued to gain relevance because it reveals the functional perspectives of conflict in the sense that it helps to build relationships, establish identities and build internal cohesion in groups in societies as well as creating new frontiers for development. This view brings to mind

the idea that conflict is an ever-present factor in human relations. The health system is a domain where interpersonal relationship is a significant factor in its operational trends and productivity. This is because health centres are people oriented organisations, which makes conflict a most common phenomenon in the system. Alimba and Vandi (2018) posited that the complexity of the health system “makes conflict a part and parcel of its everyday operational milieu”. According to Occupational Safety and Health Administration (2012),

from 2002 to 2013, incidents of serious workplace violence (those requiring days off for the injured worker to recuperate) were four times more common in healthcare than in private industry on average. In 2013, the broad “healthcare and social assistance” sector had 7.8 cases of serious workplace violence per 10,000 full-time employees than other large sectors such as construction, manufacturing, and retail all had fewer than two cases per 10,000 full-time employees (p.1)

The above reality is an indication that conflict occurs more in health centres than organisations like construction, manufacturing and retailing businesses. Also, Strachan and Baden-Fuller (2009) attested to the fact that staff, who are working in health care centres are at a higher risk of violence and aggression than in most other professions. This line of thoughts were further validated by Alshammari and Dayrit (2017) that conflict in health care organisations occurs on daily basis, in a variety of forms as well as in different sections and departments, ranging from the least cadre of the workforce to the highest positions in the system. Thus, conflict can occur in any section in the system and can exist in the forms of conflict between doctors and nurses, nurses and patients, doctors and doctors and doctors and patients (Alimba and Vandi, 2018). Alshammari and Dayrit (2017) stated further that nurses equally experience conflict with their colleagues as well as their family members.

Therefore, healthcare workers, whether permanent or temporary including those on training or industrial attachment in hospitals face one form of conflict or the other. This development is due to the fact that healthcare organisations are very complex and are characterised by numerous intricate interdependent relationships and job ambiguity, which often create stress and produce macro-level conflicts (Haraway and Haraway, 2005). Similarly, Almost *et al.* (2010) and Chipps *et al.* (2013) observed that healthcare complexities are related to time pressure, critical life and death decisions, unmet expectation from peers, and enormous workloads which all contribute to conflict. These complexities often give rise to the generation of

various forms of conflict in the health system, and are created as a result of the competition amongst professionals; disparities in economic and professional values among members of the healthcare team; limited resources; lack of clearly defined roles and expectations; inability to function as a team; and interpersonal communication skills problem (Marquis and Huston 2012; Alshammari and Dayrit, 2017). These causes are not only connected with the activities of the core health workers like doctors, nurses and other supporting staff within the system. They can also be attributed to the activities of student nurses on practical trainings in hospitals. For instance, Burnard *et al.* (2008) asserted that “existing evidence indicates that nursing students have higher levels of stress and conflict than students in other disciplines, which vary at different education levels of nursing students and different nursing programmes”. Sharma and Kaur (2011) averred that as far as the nursing programmes are concerned, various research findings indicated that stress/conflict exists for student nurses in both the clinical and academic aspects of the programme. Also, it was reported that nursing students on practical training in hospitals often encounter different forms of conflict which often “negatively affect their learning, progress in patient care, and professional performance”(Jamshidi *et al.*, 2016), their general health and disturbs their learning processes (Edwards, et al, 2010). According to Stevenson, Randle and Grayling (2006), student nurses often experience negative physical and psychological reactions to bullying, such as sleeplessness, anger, anxiety, worrying, stress, self-hatred, powerlessness, decrease in confidence, increase in absence/sickness, and intention to leave the job/profession.

Conflicts faced by student nurses can result in physical, social and health challenges which, to a large extent, can negatively affect their learning outcome and task performance. Sharma and Kaur (2011) opined that too much stress or conflict for student nurses can cause physical and mental health problems, reduce self-esteem and may affect students’ academic achievement. Conflict among nursing students is an area of growing concern because of its associated devastating outcomes, which can exert psychological distress, physical pains, behaviour problems and poor academic performance (Sharma and Kaur, 2011). The point is that to mitigate the negative effects of conflict amongst health personnel as well as student nurses, it is expected that proactive conflict management approaches should be adopted so that amicable resolution can be reached for the achievement of functional outcomes. Thus, Alimba (2018) observed that:

the inevitability of conflict in social relations has made conflict management the fulcrum of human adaptability and survival. This is because the approaches that can be employed to mitigate conflict will determine one's survival instinct and adjustment patterns in terms of how to live amicably with people to achieve set goals (p.24)

The foregoing ideas are a reflection of the critical place of conflict management skills in social relations, with health settings inclusive. In the health system, it is paramount for workers to cooperatively resolve conflicts in order to promote understanding for effective collaboration. A study conducted by American Management Association revealed that nursing managers spend an average of 20% of their time dealing with conflict, and conflict management skills are rated as important as or even more important than planning, communication, motivation and decision-making (McElhaney, 1996). The effectiveness of conflict management skills have been identified as a necessary competency for nurses to deliver safe, high quality care in today's complex healthcare system (Siu, Laschinger and Finegan, 2008). Therefore, the survival and effective performance of nursing students on clinical training programme largely depend on how they constructively manage conflict in the system. This is essential because the survey of the Healthcare Commission revealed that trainee doctors are more likely to experience conflict, assault or abuse than consultants. This includes both physical and non-physical assaults (Strachan and Baden-Fuller, 2009). This insightful impression is, by extension, equally applicable to the ordeals of student nurses, for they are likely going to experience more conflict than the main stream health personnel, while on clinical training. This is consequent on the fact that student nurses' conflict management behaviours are poor and defective in nature; and their green horn identity will make it difficult for them to easily cope with the state of complexities of healthcare settings.

However, in most cases, conflicts confronting student nurses often go unreported because they see themselves as being at the receiving end of the ladder. Specifically, in Adamawa State and generally in Nigeria, conflicts of various fashions and intensities exist in hospitals whether public or private. This has been attested to by Vandi (2014) and Alimba and Vandi (2018) that conflicts such as doctor-nurse conflict, nurse-nurse conflict as well as others that border on health workers, their patients and patients' relatives have become a serious challenge to the effective delivery of healthcare services in the state. Also, anecdote observations

have shown that student nurses immensely experience conflicts, which often leave them with its negative effects as much as their patients and patient relatives. This is because they hardly complain of their ordeals to the responsible authorities. Equally, health workers, who directly deal with nursing students, also share in their plights because of the collaborative nature of their jobs. The nature of conflicts, their dynamics and management tendencies especially for those occurring amongst health workers such as doctor-nurse conflict, nurse-nurse conflict, nurse-pharmacist conflict and their implications on the productivity of the health system have been robustly investigated in Adamawa State and elsewhere in the country (Adebamowo, 2006; Vandi, 2014; Alimba and Vandi, 2018). However, despite the resultant effects of conflicts on student nurses, there is dearth of studies on this subject matter especially in Adamawa State, Nigeria. Therefore, it becomes imperative to probe into the conflict dynamics and management strategies of student nurses on clinical training in hospitals in Adamawa State, Nigeria.

2 STATEMENT AND CONTEXTUALISATION OF QUESTIONS

WHO (2012) reported that hospitals form an important part of health spending and play an important role in shaping public perception of the performance of countries' health systems and, thus, their political visibility. Conflict is a major element that can thwart the fulfillment of these roles and the productivity of the health system. Patton (2014) stated that conflict has the potential to negatively affect the healthcare workplace on a variety of levels, including impacting on the quality of patient care, employee job satisfaction, and employee wellbeing. This assertion is a pointer to the effect that conflict can adversely impact on the core human elements in hospital, which are the workers and patients. One of the conflict dimensions that often produce far-reaching effects on the system is conflict faced by student nurses. Chan, Sit and Lau, (2014) observed that student nurses experience conflicts with their classmates, lecturers, and other medical personnel during their education. It is therefore clear that across all healthcare professions and levels, student nurses are at risk of being victims of a work-related violent incident (Beech and Leather, 2003; Farrell *et al.*, 2006). Student nurses encounter conflict with doctors, nurses, other health care workers such as laboratory technicians, pharmacists including patient and their relatives during clinical training in the hospital. Although, conflict may not necessarily be bad if properly addressed, but where it is mismanaged its outcomes

may be devastating in nature. Clarke (2009) averred that student nurses who experienced more bullying behaviours had lower self-esteem and lower self-confidence in their ability to care for their patients. The study further revealed that students who experienced more bullying behaviours were more likely to have considered leaving the nursing programme or used more maladaptive strategies to cope with experiences of bullying behaviours. In this regard, conflict can make student nurses to form low self-esteem, which may result in poor learning behaviour, inability to properly care for patients and high dropout rate. Conflict faced by student nurses' hurts and can lead to fear, loss of self-esteem, anxiety, sleeplessness, depression, elevated blood pressure, panic attacks (Hutchinson *et al.*, 2008), feelings of worthlessness, increase in smoking and drinking and increased stress levels (Quine, 2001). Clarke (2009) reiterated the position of Farrell, (2001) and concluded that clinical setting for student nurses can be regarded as a battlefield and a place of professional terrorism. Thus, student nurses are not exempted from conflict incidents in hospitals in Adamawa State. There are confirmations to the effect that conflict of different shapes and dimensions are present in hospitals in Adamawa State and Nigeria as a whole (Ogbonnaya, Ukegbu, Aguwa and Emma-Ukaegbu, 2012; Adebamowo, 2006 and Vandi, 2014). Specifically, in Adamawa State, various forms of conflict exist in hospitals such as doctor-nurse conflict, nurse-patient conflict; doctor and patient conflict, nurse-nurse conflict and doctor-doctor conflict (Vandi, 2014). It was further indicated that other conflicts forms that are also present in healthcare settings are doctor-pharmacist conflict, nurse-pharmacist conflict, doctor-laboratory personnel conflict and nurse-laboratory personnel conflict (Vandi, 2014). Thus, student nurses are not immune from being involved in these types of conflict, which is due to the fact that they operate in tandem with these medical personnel. In the light of this scenario, student nurses are likely to encounter different forms of conflicts in the course of their clinical training. Therefore, the following research questions become imperative in order to achieve the central objectives of the study.

- (i) What is the frequency at which student nurses experience conflict in hospitals?
- (ii) How do student nurses perceive conflicts they often encounter in hospitals?
- (iii) What are the different forms of conflicts that often confront student nurses in hospitals?

- (iv) What are the causes of conflicts faced by student nurses in hospitals?
- (v) What are the consequences of conflicts that student nurses experience in hospitals?
- (vi) What are the conflict management strategies that student nurses often employ to mitigate conflicts in hospitals?

3 METHODOLOGY

The study adopted a descriptive research design. The geographical area of the study is Adamawa State, which is located in the North-East of Nigeria. Adamawa State shares boundary with Taraba State in the South, Borno in the North, Gombe in the West and Republic of Cameroon to the East. It has 21 Local Government Areas, 37 Development Areas and five (5) Educational zones. The State capital is Yola. The State lies between latitudes 8 N and 11 N and longitude 11.5 E and 13.5 E. Adamawa State has a total area of 39,742.12 square kilometers. This is about 4.4% of the land area of Nigeria. The state has a large number of about 75 ethnic groups and 21 Local Government Areas. There is at least one dispensary, cottage hospital, maternity or general hospital in each of the local government areas. Prominent among these hospitals are: Mubi General Hospital, Ganye General Hospital, Michika General Hospital, Specialist Hospital and Federal Medical Centre. In this study, Specialist Hospital and Federal Medical Centre were used as sampling points for the study. This is because of the presence of large number of clinical students are usually posted to the hospitals. The population of the study is made up of two hundred and fifty student nurses on clinical training for the 2018/2019 session in both Federal Medical Centre and Specialist Hospital. A total of 150 student nurses were posted to Federal Medical Centre and 100 student nurses were posted to Specialist Hospital Yola. There are a total of 250 student nurses undergoing clinical training in the hospitals during 2018/2019 session. The study selected 160 student nurses through random sampling technique. Out of the 160 student nurses, 29% were male, while 71% were female. Their age bracket showed that 18-25years were 78%, while the age limit of 26-30years constituted 14%. Those student nurses within the age range of 31-35years were 4%, and those of them that fall within the age limit of 36years and above were 4%. The marital status of the students showed that 87% were single, 12% were married and 1% were divorced. The research instrument used for data

collection was a self-structured questionnaire entitled “Student Nursing Conflict Questionnaire” (SNCQ).

The instrument was divided into four sections: Section A sought for information on the background of the respondents. Section B captured information on the nature of conflicts that student nurses face in hospitals, while Section C dealt with the causes and consequences of conflict on student nurses. The content of Section D was centred on conflict management styles used by student nurses. The questionnaire was developed by the researchers, and the items were based on a 4-point Likert-rating scale of strongly agree (SA), agree(A), disagree(D) and strongly disagree(SD) for the respondents to make choice as it relates to them. Face and content validity were used to validate the instrument. The researchers relied on the efforts and assistance of experts in the field of Peace and Conflict Studies to evaluate the items and certify their validity for the study. A test-re-test method was used to measure the reliability of the instrument. Thus, Pearson Product Moment Coefficient was adopted to determine the level of correlation of the variables of the instrument. Therefore, the calculated correlation co-efficient of 0.89 was obtained indicating that the instrument is reliable. The study employed primary source of data collection, which was conducted through the use of questionnaire. In the process of data collection, the researcher personally visited the two government hospitals that were used as sample site for the administration of the questionnaire. The days student nurses were on training in the hospitals were targeted in order to get access to them, especially during their free period for data collection. The questionnaire was administered and retrieved from them after three days. The study used quantitative method of data analysis. The data obtained was analysed using percentage, frequency counts and standard deviation. The cut-off point adopted for decision making was a weighted mean was 3.00. Therefore, any item that has a weighted mean of 3.00 and above were considered as agree or a strong factor, while those items that recorded a weighted mean below 3.00 were considered as disagree or weak factors.

4 RESULTS

The data presented below and the subsequent explanations that follow represent data analysis and results.

4.1 RESEARCH QUESTION 1

What is the frequency at which student nurses experience conflicts in hospitals?

Table 1: Frequency at which Student Nurses experience Conflict in Hospitals

Item	F	%
1 Student nurses frequently encounter conflicts in hospitals	81	50.6
2 Student nurses occasionally encounter conflicts in hospitals	45	28.1
3 Student nurses rarely encounter conflicts in hospitals	22	13.8
4 Student nurses never encounter conflicts in hospitals	12	7.5
Total	160	100.0

Table 1 revealed the frequency at which student nurses encounter conflicts in hospitals in Adamawa State. The respondents that indicated that they frequently encounter conflicts in hospitals constituted 50.6%. The respondents that signified that they occasionally experience conflicts in hospitals represented 28.1%, while those respondents that indicated that they rarely face conflict in hospitals were 13.8%. The respondents that showed that they never encounter conflicts in hospitals were 7.5%. Thus, it is clear that student nurses frequently experience conflicts during their clinical programme in hospitals in Adamawa State.

4.2 RESEARCH QUESTION 2

How do student nurses perceive conflicts they often encounter in hospitals?

Table 2: Student Nurses' Perception of Conflict they encounter in hospitals

Item	F	%
1 Student nurses perceive conflict as something bad.	81	50.6
2 Student nurses perceive conflict as something good.	45	28.1
3 Student nurses perceive conflict as something that is neither good nor bad	22	13.8
4 Student nurses do not perceive conflict as anything so serious.	12	7.5
Total	160	100.0

Tables 2 revealed how student nurses perceive conflicts they often encounter in hospitals. As can be seen from the table, 70.6% of the respondents perceived conflict as something bad, while those respondents that perceived conflict as something good were 5%. The respondents that perceived conflict as something that is neither good nor bad represented 10.6%. Equally, those respondents that do not perceive conflict as anything so serious were 13.8%. Thus, the perception of most of the student nurses on conflict favoured the assertion that it is bad. This has serious implications on how conflict will be handle conflict in the system.

Research Question 3

What are the different forms of conflicts that often confront student nurses in hospitals?

4.3 TABLE 3: TYPES OF CONFLICTS THAT STUDENT NURSES ENCOUNTER IN HOSPITALS

Item	F	%
1 Doctor-Student Nurse Conflict (DSC)	14	8.7
2 Nurse-Student Nurse Conflict (NSC)	59	36.9
3 Patient- Student Nurse Conflict (PSC)	11	6.9
4 Patient Relatives-Student Nurse Conflict(PRSC)	59	36.9
5 Student nurse- Student Nurse Conflict (SNSNC)	17	10.6
Total	160	100.0

Table 3 presented the different types of conflicts that student nurses often encounter in hospitals. The respondents revealed that they usually experience doctor-student nurse conflict (DSC) were 8.7%, while those respondents that indicated that they experience nurse-student nurse conflict (NSC) constituted 36.9%. The student nurses that often encounter patient-student nurse conflict (PSC) were 6.9%. While 36.9% of the respondents indicated that they usually get involve in patient relatives-student nurse conflict (PRSC). Also, 10.6% of the respondent signified that they encounter student nurse-student nurse conflict (SNSNC). Thus, it is apparent that majority of student nurses often encounter conflicts with nurses and patient's relatives in hospitals.

4.4 RESEARCH QUESTION 4

What are the causes of the conflict that student nurses face in hospitals?

Table 4: Causes of Conflict faced by Student Nurses in Hospitals

S/No	Item	SA	A	D	SD	\bar{x}	Std.	RMK
1	Poor management behaviour of health workers leads to conflict with student nurses in the hospital.	81 (50.63)	55 (34.38)	9 (5.63)	15 (9.38)	3.263	0.935	A
2	Violation of hospital rules and regulations result in conflict between student nurses and health personnel.	71 (44.38)	67 (41.88)	8 (5.00)	14 (8.75)	3.219	0.895	A
3	Lateness to hospital often causes conflict between student nurses and health personnel.	82 (51.25)	62 (38.75)	10 (6.25)	6 (3.75)	3.375	0.767	A
4	Poor utilisation of available materials/equipment in hospitals for training attracts conflict between student nurses and health personnel	70 (43.75)	61 (38.13)	14 (8.75)	15 (9.38)	3.163	0.938	A
5	Unclear definition of responsibilities between student nurses and health personnel leads to conflict in hospitals	85 (53.13)	54 (33.75)	11 (6.88)	10 (6.25)	3.338	0.861	A
6	The problem of indiscipline during training often result in conflict between student nurses and health workers in hospitals	50 (31.25)	31 (19.38)	35 (21.88)	44 (27.50)	2.544	1.197	D
7	Breakdown in communication between student nurses and health personnel result in conflict in hospitals.	72 (45.00)	68 (42.50)	6 (3.75)	14 (8.75)	3.238	0.887	A
8	Gossiping leads to conflict between student nurses and health workers in hospitals.	63 (39.38)	57 (35.63)	19 (11.88)	21 (13.13)	3.013	1.022	A

Table 4 revealed the causes of conflict that student nurses often confront in hospitals in Adamawa State. The respondents that agreed to the statement that poor management behaviour of the health workers lead to conflict with student nurses in hospitals signified ($\bar{x} = 3.263$). The respondents that indicated that the violation of hospital rules and regulations result in conflict between student nurses and health personnel was ($\bar{x} = 3.219$). The respondents that agreed to the idea that lateness to hospital often cause conflict between student nurses and health personnel recorded a mean score of ($\bar{x} = 3.375$). The mean score ($\bar{x} = 3.163$) represented those respondents that indicated that poor utilisation of available hospital

materials/equipment for training leads to conflict between students nurses and health personnel. The respondents that agreed that unclear definition of responsibilities between student nurses and health personnel leads to conflict in hospitals constituted ($\bar{x} = 3.338$). The mean score ($\bar{x} = 2.544$) showed those respondents that indicated that the problem of indiscipline in the training often result in conflict between student nurses and health workers in hospitals. The respondents that agreed that breakdown in communication between student nurses and health personnel result in conflict in hospitals constituted ($\bar{x} = 3.238$), while the mean score ($\bar{x} = 3.013$) represented those respondents that agreed that gossiping leads to conflict between student nurses and health workers in hospitals. Thus, lateness to hospital and unclear definition of responsibilities are the major issues that easily brew conflict between student nurses and health personnel in hospitals.

4.5 RESEARCH QUESTION 5

What are the consequences of conflicts that student nurses experience in hospitals?

Table 5: Consequences of Conflict on Students Nurses

S/No	Item	SA	A	D	SD	\bar{x}	Std.	RMK
1	Conflict lowers the productivity of student nurses.	106 (66.25)	43 (26.88)	4 (2.50)	7 (4.38)	3.550	0.751	A
2	Conflict discourages effective training of student nurses.	103 (64.38)	50 (31.25)	2 (1.25)	5 (3.13)	3.569	0.679	A
3	Conflict leads to poor performance of students nurses in hospitals	94 (58.75)	56 (35.00)	3 (1.88)	7 (4.38)	3.481	0.744	A
4	Conflict brings about hatred between students nurses and health personnel in hospitals.	79 (49.38)	63 (39.38)	1 (0.63)	17 (10.63)	3.275	0.925	A
5	Conflict makes student nurses to lose concentration/ dedication on their training programme.	90 (56.25)	53 (33.13)	7 (4.38)	10 (6.25)	3.394	0.840	A
6	Conflict lowers the self-esteem of student nurses.	73 (45.63)	74 (46.25)	5 (3.13)	8 (5.00)	3.325	0.765	A
7	Conflict can lead to the suspension of students nurses	60 (37.50)	69 (43.13)	15 (9.38)	16 (10.00)	3.081	0.931	A

8	Conflict leads to physical fight between student nurse and health personnel in hospitals.	48 (30.00)	54 (33.75)	23 (14.38)	35 (21.88)	2.719	1.117	D
9	Conflict leads to stress among student nurses	64 (40.00)	74 (46.25)	10 (6.25)	12 (7.50)	3.188	0.856	A

Table 5 showed the consequences of conflict on student nurses. The respondents that agreed that conflict lowers the productivity of student nurses constituted ($\bar{x} = 3.550$). The mean score ($\bar{x} = 3.569$) was recorded for those respondents that agreed conflict discourages effective training of student nurses. The respondents that agreed that conflict leads to poor performance of students nurses in the hospital recorded ($\bar{x} = 3.481$), while those respondents that indicated that conflict brings about hatred between students nurses and health personnel in hospitals recorded ($\bar{x} = 3.275$). The respondents that agreed that conflict makes student nurses to lose concentration/ dedication on their training programme signified ($\bar{x} = 3.394$). The mean score ($\bar{x} = 3.325$) represented those respondents that agreed that conflict lowers the self-esteem of student nurses. The respondents that agreed that conflict results in the suspension of student nurses recorded ($\bar{x} = 3.081$). While the mean score ($\bar{x} = 2.719$) showed those respondents that disagreed with the fact that conflict leads to physical fight between student nurses and health personnel, the mean score ($\bar{x} = 3.188$) represented those respondents that agreed that conflict leads to stress among student nurses. Significantly, majority of the respondents agreed that conflict discourages effective training of student nurses and lowers their productivity.

4.6 RESEARCH QUESTION 6

What are the conflict management strategies that student nurses often employ to mitigate conflict in hospitals?

Table 6: Conflict Handling Styles of Student Nurses

S/No	Item	SA	A	D	SD	\bar{x}	Std.	RMK
1	Competing	54 (33.75)	71 (44.37)	9 (5.63)	26 (16.25)	3.000	1.023	A
2	Accommodating	59 (36.88)	66 (41.25)	15 (9.37)	20 (12.50)	3.025	0.989	A
3	Collaborating	64 (40.00)	73 (45.63)	8 (5.00)	15 (9.38)	3.153	0.902	A

4	Avoiding	58 (36.25)	62 (38.75)	18 (11.25)	22 (13.75)	3.000	1.020	A
5	Compromising	37 (23.13)	67 (41.88)	25 (15.63)	31 (19.38)	2.678	1.035	D

Figure 6 showed the conflict handling styles of student nurses. The major conflict handling style often employed by student nurses was collaborating style ($\bar{x}=3.153$). This is followed by accommodating style ($\bar{x}=3.025$). The third most used conflict management style by student nurses was competing style ($\bar{x}=3.000$), followed by avoiding style ($\bar{x}= 3.000$). The least style that student nurses use to mitigate conflicts in hospitals was compromising style ($\bar{x}=2.678$). Thus, the major conflict management styles highly favoured by student nurses to mitigate conflict were collaborating style and accommodating style.

5 CONFLICT FREQUENCY AND STUDENT NURSES

Conflict frequency is the rate at which people experience conflict in an organisation. However, the rate at which conflict occurs in organisations varies within and across organisations. In this study, it was discovered that student nurses frequently experience conflict in hospitals. This is obvious because healthcare centres are seen as conflict ridden domains. The works of Beech and Leather (2006) and Ferns and Meerabeau (2008) are in consonant with the findings of this study. They maintained that across healthcare professions and levels, student nurses are at risk of being victims of work-related violent incidents. The reasons for this development are not far-fetched, in that nursing students are particularly vulnerable within the healthcare workplace because they are often young, with less clinical and life experience, and fewer have acquired coping skills, minimal power in the environment's hierarchy (Dellasega, 2009) and are unfamiliar with the environment and its standards (Andrews *et al.*, 2005). Therefore, healthcare organisations are very complex and they are characterised by numerous intricate interdependent relationships and job ambiguities, which often create stress and produce macro-level conflict (Haraway and Haraway, 2005). Student nurses are definitely going to share from the complexities and conflicts inherent in the system. This is because their involvement in clinical events and activities in health settings are a functional of what they are directed to do by their sectional instructors. By extension, they are considered as part and parcel of the system during their clinical training. According

to Almost, Doran, Hall and Laschinger (2010), healthcare complexities are related to time pressure, critical life and death decisions, unmet expectation from peers, and enormous workloads. These factors enormously associated with conflict emanating from healthcare centres. Operating in an environment of this nature will make nursing students to have higher levels of stress and conflict than students in other disciplines, and this stress will also varies at different education levels of nursing students and different nursing programs (Burnardet *al.*, 2008). These factors are the reasons why nursing students frequently confront conflicts in healthcare settings.

6 CONFLICT PERCEPTION OF STUDENT NURSES

Conflict perception is the nature of interpretations individuals can infer from conflict situations at a point. Perception plays a central role in conflict initiation and management. This study discovered that majority of student nurses perceive conflict as something bad. This finding is in agreement with the studies of Hartman and Crume (2014), that the overall view that student nurses have about conflict and expectations for conflict behaviour showed consistently that it was strong and reflected negative perceptions about the conflict process. They stated further that student nurses reported negative perceptions about engaging in conflict, negatively evaluated personal conflict behaviour, and often felt dissatisfied with conflict outcomes. Alimba (2016) posited that the understanding that conflict is a bad element will create an atmosphere that will be characterised by the adoption of wrong approaches for handling conflict, which will result in increase in the volume of conflict in the system. Therefore, wrong perception of conflict will result in using approaches not meant for a conflict to address it, and thus escalation will be experienced, making the conflict complex and difficult to resolve.

7 NATURE OF CONFLICTS CONFRONTING STUDENT NURSES

Different types of conflict exist in organisations. As such, individuals are likely to face different forms of conflict. This is equally applicable to healthcare centres, with complex operational terrains and convergence of personalities with diverse views and interests. In this study, it was discovered that student nurses often encounter conflict with different health personnel, however, majorly with nurses and patient relatives in hospitals. The positions of Seren and Ustun (2008) and Arieli (2013) correspond with the findings of the study, that student nurses experience

conflict with their teachers (such as doctors, nurses and so on) and classmates (Seren and Ustun, 2008). Arieli (2013) observed that student nurses may experience interpersonal conflict with supervisors, colleagues, and patients when they engage in clinical placement. This is understandable because they constantly interact and operate with these set of people in the system.

8 CAUSES AND CONSEQUENCES OF CONFLICT ON STUDENT NURSES

The causes of conflict are numerous in healthcare centres. However, this study found out that the main causes of conflict with student nurses were poor management behaviour of the health workers, violation of hospital rules and regulations, lateness to the hospital, poor utilisation of available hospital materials/equipment for training, communication problems and unclear definition of responsibilities between student nurses and health personnel. These findings are in agreement with the observation of Osinchuk (1995); that conflict between student nurses and health workers are caused by communication problems, difficulty in compromising with the values and the rules of the society, authority issues, anger and irritation, low performance and responsibilities, and disobedience to rules and policies. On the consequences of conflict on student nurses, the study uncovered that it lowers the productivity of student nurses, discourages effective training of student nurses, leads to poor performance of the students, brings about hatred between students nurses and health personnel, makes student nurses to lose concentration/dedication on their training programme, lowers the self-esteem of student nurses and result in stress among student nurses. These findings are in tandem with the works of Randle (2003) and Kantek and Gezer (2009). Randle (2003) posited that conflict affects student nurses in diverse ways, such as it decreases their work satisfaction, reduced productivity, increased omissions in care, medication errors, substandard care and impaired patient safety. Also, conflict makes student nurses to suffer from high stress, problems in interpersonal relations, decrease in academic success, and increasing rates of absenteeism (Kantek and Gezer, 2009). These effects can result in student nursing abandoning the programme, which will be tantamount to a great loss to humanity and the nation at large.

9 CONFLICT HANDLING STYLES OF STUDENT NURSES

This study discovered that student nurses often adopt different styles for handling conflict in the system. However, the major conflict management strategies they are favourably disposed to are collaborating style, followed by accommodating style. Competing and avoiding styles come after these styles. The least approach used by student nurses compromising style. These findings are in agreement with the positions of Kantek and Gezer (2009). They observed that the most common style used by student nurses were integrating and obliging styles and the least common style was dominating style. While Kantek and Gezer (2009) discovered that the least style employed by student nurses was dominating (that is competing), this study found out that the least style used by them was compromising style. The differences in the styles may be associated with differences in location, the parties involved in a conflict and conflict orientations of the student nurses before embarking on clinical training. In the case of Pines *et al.* (2012), they found out that nursing students had a lower tendency of using competing and collaborating strategies, while this study discovered that student nurses have a high tendency in using both competing and collaborating styles. In a study conducted by Sportsman and Hamilton (2007), they came up with the ideas that the most popular style of conflict management among nursing students was compromise, while in this study the most popular style used by student nurses was collaborating, whereas compromising style was found to be the least or the most unpopular style among student nurses. It is important to note that different styles can be adopted by student nurses to handle conflict, however, it depends “on a number of factors which may be personal or situational in nature” (Alimba and Kissang, 2019). Thus, when conflict is constructively managed by student nurses, it will inspire innovations and creative strategies to address challenging issues, improve teamwork and patient care delivery outcomes, and encourage healthcare organisations to attain higher levels of quality and achievement (Rahim *et al.*, 2000).

10 CONCLUSION

This study has significantly shown that healthcare centres, consciously or unconsciously, have metamorphosed, in this modern time, into conflict ridden arenas. Conflict of varying degrees and intensities characterise its operational milieu. This development has made healthcare workers, whether permanent or

temporary including those on clinical training or industrial attachment like student nurses to experience one form of conflict or the other in the system. These conflicts are stimulated by the complex nature of the operations of the system, diverse backgrounds of its stakeholders and their different orientations in terms of their needs, interests and views. The covert interjection of these factors in workers' interactions is bound to give rise to conflicts of varying scales and intensities, especially when student nurses are concerned, in the system. Therefore, considering the fact that student nurses are upcoming health personnel, who are undergoing training to acquire knowledge and skills needed to provide them with the professional kits on how to care for patients and their families in hospitals, make them to be highly vulnerable to conflict incidents. This is because their immediate status, exposure and maturity, when compared with other health workers are unparallel in the system. Therefore, this study ventured into interrogating the frequency at which student nurses confront conflict, how they perceive conflict confronting them, the causes and consequences of the conflict and how they manage conflict. The essence of understanding these variables is to clearly get the true picture of their plights with regards to conflict scenario, they often experience during clinical training, for proper articulation in order to promote learning. The idea that student nurses frequently encounter conflict has implicated their conflict management potentials. Therefore, depending on how they handle conflict, it may lead to devastating consequences, which might affect their learning potentials and task productivity. The causes of these conflicts are multifarious, showcasing the fact that student nurses can easily get entangled with conflict, especially when they are being supervised by a tough person. The overall effects of student nurses getting embroiled in conflict are enormous as this may impair their training process and lower their productivity in the course of rendering services. These deficiencies can cause student nurses to be ill-trained, with the underlying implication of producing nurses that will lack the temerity to cope with the severity of handling the plights of patients and delivery quality medical care services. Apart from this, the worst case scenario may play out, whereby a student nurse may drop out of the clinical training as a result of conflict. This will limit the number of qualified nurses that will be produced at a particular time. However, whichever angle this is viewed from, student nurses, patients and the system in generally are bound to suffer. These challenging situations can be prevented if proactive conflict management strategies are adopted by student

nurses to amicably resolve conflict for their own good and betterment of the system. It is clear that student nurses employ different styles in handling conflict which ranges from collaborating, accommodating, competing, avoiding to compromising. These styles are good, however, their deployment will depend on the existing conflict situations and the personalities involved. There are diverse factors that often prompt the adoption of conflict styles, however, when the style employed successfully mitigate conflict, constructive and functional outcomes will be achieved for effective quality healthcare delivery. Based on the findings and conclusion of this study, the following recommendations become highly imperative to promote peace among healthcare practitioners and stakeholders

- i. The issue of medical peace education should be promoted in all ramifications in health establishments in order to help would-be health practitioners like student nurses and those already practising in the field to understand conflict dynamics and its management approaches for constructive mitigation to reduce its frequent occurrences and the way it is generally perceived.
- ii. Health authorities should ensure that orientation programmes are mounted for incoming student nurses to help them smoothly adapt to their new environment. The orientation programmes should be such that will aid them to understand the standing rules and regulations of the system, and strict compliance should be promoted with penalties meted out on violators. This will help to prevent conflicts associated with late coming and violation of rules, which characterise the operations of student nurses during clinical trianing.
- iii. Government should ensure that material facilities for training students are adequately provided in healthcare centres, as this will help to check competition or struggle surrounding shortage of facilities which often result in conflict amongst student nurses and health workers.
- iv. Health authorities should make sure that a well-coordinated guideline for interactions and operations among the different actors participating in the training process of student nurses are provided to help ensure that communication process and interaction are well controlled and coordinated to encourage harmonious relationships among the parties for the effective delivery of quality services to patients.

- v. To prevent conflict that usually occur between student nurses, patients and their relatives, special measures should be put in place on how patients should be attended to promote student nurse-patient relationship. Such precautions should equally include adequate supervision of student nurse to ensure compliance with instructions given by clinical supervisors.
- vi. A platform should be created that will enable student nurses to formally interact with their clinical supervisors to brief them on the up to date activities of their conducts in terms of patients assigned to them and the difficulties faced while executing their tasks. Such a platform will help enhance clinical knowledge of student nurses and aid in improving student nurse-patient relationship. Patients complain mechanism should be built into the platform to encourage adequate monitoring and supervision of student nurses.

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