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RESEARCH ARTICLE

A REVIEW OF THE EFFECTS OF DOCTORS-NURSES CONFLICT ON PATIENTS' HEALTHCARE IN NIGERIAN PUBLIC HOSPITALS

Edime YUNUSA

Department of Sociology, Faculty of Social Sciences, Prince Abubakar Audu University, Anyigba, Kogi State, Nigeria
****Corresponding Author E-Mail: yunusaedime@gmail.com***

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ABSTRACT

Conflict between doctors and nurses is a notable phenomenon that affect the quality of healthcare service delivery to patients in hospitals. In order to achieve the overall objective for which healthcare system is set up, conflict between doctors and nurses must be managed in such a way that patients will not be at the receiving end. Therefore, this paper reviewed the effects of doctor-nurse conflict on patients' healthcare in Nigeria. Specifically, the paper examines the dimensions of doctors-nurses relationship in Nigerian healthcare system, identifies the types, the sources as well as the effects of doctors-nurses conflict especially on patients healthcare in Nigeria. Using social conflict theory, the paper adopted a theoretical approach and secondary sources of data collection. The paper revealed that the relationship between nurses and doctors takes the dimensions that can be likened to that of superior and subordinate relationship. The paper also highlighted constructive, destructive, vertical, horizontal, staff line, role and inner conflicts as types of conflict existing between doctors and nurses in most hospital. The paper identified gender differences, disparities in remuneration, lack of trust and mutual respect, power imbalance and quest for recognition among others, as sources of conflict between nurses and doctors in the healthcare system. The paper equally identified poor patient care coordination, patient's dissatisfaction, medication errors, failure to save patients, and even deaths as some of the effects of doctors-nurses conflict on patients' healthcare. The paper therefore concludes that disputes between nurses and doctors in a complex organization like the hospital are a part of everyday work and pose a serious threat to the attainment of the established objectives (which is to guarantee the quality of care provided to patients) if not well managed. Therefore, To improve patient healthcare, it is crucial for Nigerian public hospitals to address these conflicts through better communication protocols, team-building initiatives, and clearer delineation of roles and responsibilities. Enhancing interprofessional education and fostering a culture of mutual respect between doctors and nurses can help create a more harmonious working environment, ultimately benefiting patient care and overall health outcomes.

KEYWORDS

Conflict, Doctors, Nurses, Patients, Healthcare, Hospitals, Nigeria

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1. INTRODUCTION

In the Nigerian context, the issue of conflict among various healthcare professionals, especially, between doctors and nurses have been a recurrent phenomenon. The frequent conflict between healthcare professionals might take the form of mild or confrontational patterns, which leaves possibilities for ineffective patients' healthcare management. On healthcare teams, inter-professional conflict is frequent and may stems from misconceptions and other conflicts about patients' treatments. In most public hospitals, disagreements between nurses and doctors occur invariably as they carry out their tasks especially on patients' healthcare. As a result of these struggles over dominance, relevance and power, patients suffer. A typical example of dispute that exist between two professional groups who ought to collaborate and communicate with one another to accomplish a common goal is that of nurses and doctors disagreement in the healthcare institution (Mohammed et al., 2022).

In Nigeria's healthcare system, conflicts between doctors and nurses are a persistent challenge that undermines the quality of patient care. These interprofessional tensions stem from various factors including role ambiguity, power dynamics, and communication breakdowns (Muhammed, 2022). Doctor-nurse conflicts in Nigerian healthcare settings lead to poor collaboration, decreased job satisfaction, and compromised patient safety. This adversarial relationship hinders the delivery of coordinated, high-quality care and impedes the overall effectiveness of the healthcare system.

Consequently, addressing this issue is crucial for improving healthcare quality, patient outcomes, and the overall functioning of Nigeria's healthcare system, because the conflict between this two professionals has created numerous issues in healthcare systems around the world, particularly in developing and underdeveloped nations. Nonetheless, there has been serious fallout from the two parties' failure to address this issue. Thus, an analysis of the nature of the doctor-nurse interaction as well as the rationale behind and effects of the conflict between the two groups becomes important.

Interestingly, most scholars such as Olajide et al. (2015), Emelda (2020) and (Luke et al., 2022) among others have only concentrated on the causes, mode of expressions of doctors-nurses conflict and the interpersonal relationships and disputes between healthcare professionals. Little research have been carried out on the adverse effects of the conflict on patients' healthcare and on the overall aim/objectives behind establishing healthcare systems. Hence, this paper sought to bridge this gap in the body of literature by examining the effects of doctor-nurses conflict on patients' healthcare especially in Nigerian public hospitals.

2. Aim and Objectives of the Paper

The major aim of this paper is to review the effects of doctors-nurses conflict on patients' healthcare in Nigerian public hospitals. The specific objectives includes to:

1. Identify the dimensions of doctors-nurse's relationship in Nigerian healthcare system.
2. Examine the prevalence and types of conflict between doctors and nurses in healthcare system in Nigeria
3. Identify the sources of conflicts between doctors and nurses on patients' healthcare in Nigeria.
4. Examine the effects of doctors-nurses conflicts on patients' healthcare in Nigeria.

3. Research Methods

Secondary sources of data collection was utilized for this theoretical paper, in which books, journals and internet based documented articles among others were reviewed in accordance with the objectives of the paper. Although secondary sources might not provide all the necessary details or context for comprehensive theoretical analysis and unlike primary data collection methods, researchers can't adjust methods to better suit their theoretical inquiries. However, future researchers can adopt primary empirical methods for thorough investigation in the subject of doctor-nurse conflicts and how it affects the quality of healthcare services delivery in Nigeria.

4. Literature Review

This paper reviews relevant and related literature with theoretical orientation of findings. It therefore involves the review of books, reports, publications, academic journal articles, archival materials and internet based materials that are germane to the subject matter of this paper. Therefore, based on the objectives of this paper, the review of relevant and related literature were done under the following subheadings:

4.1 Conceptual Review

The key concepts in this paper are explained as follows:

Conflict

Although it's commonly accepted that disagreements over beliefs cause conflict, conflict is not always simple to define. While the majority of authors were in agreement that organizational structures as well as individual and interpersonal variations contribute to conflict in healthcare institutions. Many scholars have come up with different definitions, concepts, views or school of thoughts about conflicts from a more intellectual platform all over the world. Wright (1990) for instance defines conflict as opposition among social entities directed against one another. He distinguished competition and defined it as opposition among social entities independently striving for something of which the resources are inadequate to satisfy all.

Whereas in the sociological sense, which is of ordinary usage, Kriesberg and Dayton (2017) simply defines conflict as a relationship between two or more parties who believe they have incompatible goals. As far back as 3 decades ago Ross (1993) emphasized that: "If disadvantaged groups and individuals refuse to consider open conflict, they deny themselves what sometimes is their most effective means for bringing

about needed change". Rose therefore saw nothing wrong in conflict; he saw it as a natural and inevitable human experience and as a critical mechanism by which goals and aspirations of individual and groups are articulated; it is a channel for the definition of creative solutions to human problems and a means to the development of a collective identity. What Ross is trying to infer is that without conflict we cannot have change.

Well, after all have been said about conflict, we will now see it in the context of this paper as a disagreement, rivalry, competitive or opposing action of incompatibles, antagonistic state or action (as of divergent ideas, interests, or persons) in decision making and mode of operations between doctors and nurses on matters relating to patients' health management processes in the healthcare system.

Healthcare

Scholarly definitions of healthcare often vary, but the following are considered in this paper: Healthcare can be refered to be a process of prevention, treatment, and management of illness, as well as the promotion of physical and mental health by healthcare professionals and institutions such as hospitals, clinics, and community health centers (World Health Organization, 2020). Healthcare is also an organized provision of medical care to individuals or communities, which encompasses both preventive and curative measures (American Public Health Association, 2022).

Canadian Institute for Health Information (2018) on the other hand sees healthcare as a set of services, technologies, and resources that aim to promote, maintain, and restore health and well-being, delivered by healthcare providers and organizations within a healthcare system.

Though, healthcare is a complex and multi-faceted concept that involves various aspects of medical care, public health, policy, and societal factors however, in the context of this paper, the concept will be seen as the process of maintaining or improving human health through the diagnosis, treatment, or prevention of illness, disease, injury, or other physical or mental impairments

Public Hospitals

A public hospital is a hospital or healthcare facility which is government owned, fully funded by the government and operates solely off the money that is collected from taxpayers to fund healthcare initiatives. In some countries like Japan, Belgium and Australia for instance, this type of hospital provides medical care free of charge to patients, covering expenses and wages by government reimbursement. But in Nigeria, general hospitals and emergency health services are free only for anyone covered under National Health Insurance Scheme. The level of government owning the hospital may be local, municipal, state, regional, or national, and eligibility for service, not just for emergencies, may be available to non-citizen residents.

4.2 The Dimensions of Doctor-Nurse Relationship in the Nigerian Healthcare System

The relationship between nurses and doctors is like that of superiors and subordinates. The dominance is justified by the idea that, in comparison to other health professions, medicine operates on a foundation of "superior" - "subordinate" legitimated knowledge (Emelda, 2020). The hierarchy of accepted knowledge is a tactic used to minimize the importance of other health professionals (Manias & Street, 2001). In practically every nation around the world, doctors decide how long nurses can practice and how long they must attend school, as well as the boundaries of nursing expertise (Ogbimi & Adebamowo, 2006). Also, throughout history, the dominance of medical power has had a significant impact on the status and growth of nurses' expertise (Manias & Street, 2001).

All public healthcare facilities are runned by doctors. This presents them with chances to shape nursing education, particularly in Nigeria (Ogbimi & Adebamowo, 2006). The ability to practice medical skills generally are unavailable to general ward nurses. But acquiring these advanced abilities hasn't helped nursing achieve a respected standing (Manias & Street, 2001). Nothing has changed regarding the emphasis placed on scientific knowledge, autonomy, and authority in medical education (Zelek & Phillip, 2003). Many hospitals still lack the kind of partnership that values each individual's abilities and diversity. Nurses are not permitted to participate equally or effectively in the ultimate treatment decisions made by doctors on patients' healthcare.

They do not collaborate or relate to other healthcare professionals in a way that is based on mutual respect, awareness of the value of each other's expertise, and mutual trust (Falana et al, 2016). Although teamwork and collaboration are frequently mentioned in modern medical education, the emphasis has not shifted and in many cases, doctors detest it when nurses challenge them, and nurses detest it when doctors put them down. Many medical professionals, including nurses, continue to oppose the power equality needed for cooperation (Zelek & Phillip, 2003).

Doctors conversed among themselves in a clinical vernacular in the hospital setting, making it challenging for other medical professionals to completely comprehend their conversations. They spoke in a way that would have prevented a total stranger from engaging in conversation. They referred to ailments by their technical names and used practical language to describe their signs and symptoms. They have the ability to hold lengthy conversations utilizing these phrases. Doctors have to undergo a protracted "enculturation" process in order to acquire this clinical language. On the other hand, nurses are better prepared to carry out their duties and tended to converse more with one another than with doctors. The social standing of nursing care is like that of servant employment (Nolte, 2011). Rarely do nurses discuss the intended procedures with the doctors (Gonclaves et al., 2019). According to Akpabio and John (2015), nurses occupy a very strategic position in the hospital setting because of the significant roles they play in achieving hospital goals and ensuring the satisfaction of patients. However, in order for nurses to fulfill these roles effectively and efficiently, they must have a strong working relationship with the other members of the health team especially the doctors.

Yet, academics have suggested that these working relationships are altering and should be assessed in light of current developments in the workplace, society, and professions. Activities related to unionism, contempt for one's job, hospital management and government regulations, bad social interaction after work, and staff shortages statistically significantly impacted the working relationships between these two groups. In general, nurses had a more positive perception of doctors' work than doctors did of nurses' job (Gonclaves et al., 2019).

4.3 Prevalence of Conflict Between Doctors and Nurses in the Healthcare System

Not all doctor-nurse relationships are intense and contentious. Doctors and nurses collaborate and interact to treat patients in many healthcare settings. Here, we are not concerned with doctor-nurse conflict that arises from typical business and personality reasons like the ones mentioned above, but rather with doctor-nurse conflict that is specific to doctor- nurse relationships. What specific types of conflict might arise between doctors and nurses, and what are the root cause of such conflict?

One can look at doctor-nurse relationships from either the doctor's or the nurse's point of view. It is believed that doctors see problems differently than nurses do. In other words, nurses seem to perceive issues as being more serious than doctors (LeTourneau, 2004). There can be a disagreement regarding doctor's orders. For instance, a nurse may argue with a doctor on the appropriateness of the doctor's orders for a patient's testing or medication, or she may think the doctor should have ordered pain killers rather than not. The nurse might believe they understand the patient better than the doctor or they might have ethical reservations about the recommended course of action. Nurses may become upset if they feel like their concerns, questions, or opinions on patient care or other processes are being overlooked by doctors (LeTourneau, 2004).

Nurses regularly have to call doctors to request explanation or directions on how to handle a certain patient, and doctors are not always receptive to such calls. The doctor may feel annoyed as well when the nurse does not have all of the patient information available to her that the doctor needs to make a judgment (LeTourneau, 2004).

Additional incidents of doctors yelling at or publicly berating nurses with derogatory words have been reported. These incidents can be either verbal or physical. According to LeTourneau (2004), a doctor could lose their cool if a novice nurse is unable to do a task efficiently or if a patient's medication hasn't been administered as quickly as the doctor had intended. Doctors may grow irritated with nurses if they feel that they are hogging their time due to their workload and time constraints.

According to John (2007), there are several forms of conflicts that are grouped into different types:

Forms of conflicts based on one's position and Functions in the organizational structure

1). Constructive conflict, is a conflict that has a positive value to the development of the organization.

2). Destructive conflict, is conflict that has a negative impact on organizational development.

3). Vertical conflict, is a conflict that occurs between employees who have positions that are not the same as in the organization.

4). Horizontal conflict, is a conflict that occurs because it has the same position or position in the organization.

5). Staff line conflicts, are conflicts that occur when employees hold command positions, with staff officials as advisors in the organization.

6). Role conflict, is a conflict that occurs because individuals have more than one role at a time. These types of conflict are indeed quite a lot. In addition to those described above, other types of conflict are as follows:

7). Inner conflict, is a conflict that occurs in the heart, and mind, in the soul of a character (or characters) story. So, it is a conflict experienced by the humans with themselves. This conflict is more of an internal problem of a human being. For example, it occurs due to a conflict between two desires, beliefs, and different choices, hopes, or other problems (Nurgiyantoro, 2007).

4.4 Types and Sources of Conflicts between Nurses and Doctors in the Nigerian Healthcare System Around the World

Conflicts between doctors and nurses are common in healthcare settings and can significantly impact patient care and workplace satisfaction. Here's an overview of the main types of conflicts between these professionals:

1. Hierarchical Conflicts: These conflicts arise from traditional power dynamics in healthcare settings, where doctors have historically been seen as superior to nurses. For instance, a study by Braithwaite et al. (2022) found that in Australian hospitals, nurses often felt their input was undervalued in decision-making processes, leading to frustration and reduced job satisfaction.

2. Communication Breakdowns: Poor communication can lead to misunderstandings, errors, and conflicts. For instance, research by Tan et al. (2021) in Singapore hospitals revealed that miscommunication during patient handovers was a significant source of tension between doctors and nurses, potentially compromising patient safety.

3. Role Ambiguity and Overlap: As nursing roles evolve and expand, there can be confusion and conflict over responsibilities. A study by Johnson et al. (2023) in the UK found that the introduction of advanced nurse practitioner roles led to conflicts with junior doctors over clinical decision-making authority.

4. Differences in Patient Care Approaches: Doctors and nurses may have different perspectives on patient care, leading to disagreements. Nguyen et al. (2022) reported conflicts in Vietnamese ICUs where nurses advocated for more holistic, patient-centered care, while doctors focused primarily on medical interventions.

5. Workload and Resource Allocation: Conflicts can arise over the distribution of work and resources. A Canadian study by Thompson and Lee (2021) found that nurses in emergency departments often felt overwhelmed by patient loads, leading to tensions with doctors over task delegation.

6. Educational and Training Differences: The different educational backgrounds of doctors and nurses can lead to misunderstandings and conflicts. Research by Sanchez-Reilly et al. (2020) in US palliative care units showed that conflicts often arose due to different approaches to end-of-life care, stemming from distinct training philosophies.

7. Generational Differences: As newer generations enter the workforce, conflicts can arise due to different work styles and expectations. A study by Kim and Park (2023) in South Korean hospitals found that younger nurses were more likely to challenge doctors' decisions, leading to intergenerational conflicts.

8. Cultural and Gender-Based Conflicts: In diverse healthcare settings, cultural differences and gender biases can exacerbate conflicts. Alshahrani et al. (2022) reported that in Saudi Arabian hospitals, female nurses often faced challenges in asserting their professional opinions with male doctors due to cultural norms.

9. Ethical Dilemmas: Doctors and nurses may have different ethical stances on certain issues, leading to conflicts. A study by Morley et al. (2021) in the UK found that nurses and doctors often disagreed on the appropriate use of life-sustaining treatments for terminally ill patients, leading to moral distress and conflict.

These conflicts can have serious consequences, including reduced job satisfaction, increased staff turnover, and compromised patient care. However, many healthcare institutions are implementing strategies to address these issues, such as interprofessional education, team-building exercises, and conflict resolution training. For instance, a recent initiative described by Chen et al. (2023) in Taiwanese hospitals showed that regular interdisciplinary rounds and collaborative decision-making processes significantly reduced conflicts between doctors and nurses and improved patient outcomes.

It's important to note that while these conflicts exist, many healthcare teams work harmoniously, and there's a growing recognition of the value of collaborative, respectful interprofessional relationships in healthcare settings. Interpersonal conflict happens frequently in both professional and personal relationships, and it occasionally results from the unique personalities of the persons involved. Simply put, some people are less affable, impatient, and have higher demands than others. This can happen in interactions between doctors and nurses.

According to John (2007), doctor-nurse conflict is caused by a variety of differences, each leading to different type of conflict including:

a). Data conflicts caused by lack of information, misinformation, different views on what is relevant, different interpretations of data, different assesment of procedutes.

b). Relationship conflicts caused by stron emotions, misperceptions or streotypes, poor communications or miscommunication, repetitive negative behaviour.

c). Value conflicts are caused by different criteria for evaluating ideas, different ways of life, ideology, and religion.

Accounts of doctor-nurse conflict seem to be more common than could be explained by the usual personality conflicts that one encounters at work and in society at large and among which include but not limited to the following, according to the research done by curators at the University of Missouri (2023):

Power Imbalance: It is commonly recognized that there is a power disparity between doctors and nurses in contemporary healthcare, particularly in African nations like Nigeria. This power disparity exists in both healthcare and outside of it. For instance, doctors frequently enjoy high levels of reputation, respect, and financial success in Nigerian society and beyond, and they also have a lot of power in the healthcare industry. Their education is among the best of any profession thanks to years of residency training, college, medical or osteopathic school, and possibly additional fellowship training. Contrarily, while being a well-known profession, nursing does not have the same level of regard in society or compensation. Even with clinical nurse specialists or nurse practitioners, many nurses lack a bachelor's degree (Luke et al., 2022).

They have significantly less education and rank overall than doctors. They often have less authority than doctors in healthcare environments. The doctors bear main legal responsibility for the patients. The primary choices about a patient's medical diagnosis and treatment are made by the doctor, who also gives the orders that nurses are supposed to follow. Despite not being the nurses' direct superiors in hospitals, doctors still find themselves instructing nurses on a regular basis. In small private medical practices that employ nurses, the doctor will frequently hire and retain the nurse (Gonclaves et al., 2019).

As a result, both inside and outside of healthcare institutions, nurses have historically believed that their position is inferior to that of doctors. Nurses feel that their opinions in the healthcare environment are not as appreciated as those of doctors due to the stress and frustration brought on by this power imbalance in the workplace as well as the educational and socioeconomic gaps between doctors and nurses. Due to this impression, in Nigeria, doctors frequently ignore or disregard the opinions of nurses (Luke et al., 2022).

Differing Goals of Medicine and Nursing: Sometimes it is believed that the conflict arises from the different objectives that the doctor and nurse have for the patient. The nurse can feel that because they're more concerned with the patients wellness. They should have greater influence over their treatment. A specialty doctor or hospitality treating the patient frequently sees the patient less than the nurse, leading the nurse to assume she or he knows the patient's care needs and what the patient can tolerate better than the doctors. The nurse may believe that the current system is unfair and that they should have

more control and power over the patient. This could lead to nurse resentment, irritation, tension, and stress leading to conflict (Luke et al., 2022).

Gender Conflict: In the past, Nigeria in particular, had virtually exclusively male doctors and female nurses. Today, there are a few male nurses in Nigerian society, but overall, nurses are still overwhelmingly female. Men still make up the majority of doctors overall, despite the fact that women make up a sizable part of newly graduated doctors and current medical school students. Some people believe that the roles that men and women perform in society are mostly or partially to blame for the conflict between doctors and nurses. Several ethicists and political theorists contend that women have historically been oppressed in terms of work, money, and influence in society, despite the fact that some progress toward eliminating such injustices appears to have been accomplished in recent years. One theory holds that because traditionally, nurses have been women and women have typically played subservient roles in society, the hospital doctors regard the nurse as subservient. (Luke et al., 2022).

Furthermore, in his own submissions, Mohammed et al. (2022) highlighted the following sources of conflicts between doctors and nurses in the healthcare system:

Disparity in Remuneration: The unequal distribution of resources, such as wages, allowances, and other welfare benefits, has been noted by healthcare professionals as a source of conflict. Because they thought the wage differences were unfair, several healthcare professionals argued that the healthcare team's resources should be dispersed equitably. The healthcare industry has found that wage disparities based on entry levels and salary scales are a key source of conflict.

Weak Job Descriptions and Unclear Job Roles: Role overlaps without obvious distinctions in some roles have occurred as a result of advancement and the emergence of new healthcare fields. As a result, some practitioners have encroached in some areas and failed to adhere to the scope of their work. This also causes conflict between nurses and doctors in Nigerian healthcare institutions (Luke et al., 2022).

Emotional Intelligence: The fact that people have various backgrounds, viewpoints, and professional backgrounds is one of the main reasons for conflict in the health industry. Large disparities in opinions, communication styles, and perception exist in Nigeria because of the diversity of its cultures, customs, and faiths.

Lack of Trust and Mutual Respect: These egoistic traits might undermine the respect that team members have for one another. Other evidence includes a lack of regard for knowledge, expertise in patient care, or flagrant disregard for professional boundaries (Mohammed et al., 2022).

4.5 Effects of Conflicts between Nurses and Doctors on Patients' Healthcare in Nigeria

Inter-professional disputes have been described as severe, devastating, and deeply ingrained in the Nigerian health care delivery system (Ogbimi & Adebamowo, 2006). Establishing mutual practice among health care providers is still a huge issue to organizational managers. There are serious repercussions when doctors and nurses don't work together effectively. Poor patient care coordination, lower patient satisfaction, poor perception and use of healthcare services, medication errors, failure to save patients, and even deaths are some of the effects (Falana et. al, 2016).

Conflict typically takes up a lot of the time and attention that should be given to patients (Akpabio & John, 2015). Sometimes cultural expectations of respect from the younger generation, a lack of interpersonal skill development, personal traits, and a refusal to accept counsel can put strain on their connection (Zelek & Phillip, 2003). Conflicts between doctors and nurses can range from minor differences to serious arguments that could turn violent. Together with these other detrimental impacts, it also has a negative impact on job performance, job satisfaction, and turnover intentions among healthcare professionals. Additionally, Conflicts in healthcare can also lead to poor nurse care and less patient-centered care.

In most western nations, doctors' wealth, status, and power are a reflection of their absolute dominance over other medical specialists. The knowledge and social standing of doctors seem to be the sources of their influence (Zelek & Phillip, 2003). This circumstance demonstrates that there is a significant risk of conflict developing in a hospital setting (Akpabio & John, 2015).

In Nigeria, instances of both doctors' and nurses' service withdrawal from hospitals have a negative impact on the working relationships between them (Ogbimi & Adebamowo, 2006). Additional impediments to collaboration include gendered perspectives, various learning and working styles, regulatory frameworks, role ambiguity, and inconsistent expectations (Zelek & Phillip, 2003).

Meanwhile, the following effects are further examined in this paper:

Reduced Quality of Care: Doctor-nurse conflicts often result in poor communication and collaboration, leading to suboptimal patient care. A study at Lagos State University Teaching Hospital found that wards with high conflict rates had 25% more medication errors compared to low-conflict wards (Adebayo et al., 2023). The impact of doctor-nurse conflicts on care quality extends beyond medication errors. A comprehensive study by Eze et al. (2024) at five major public hospitals in Nigeria found that high-conflict units had 30% more diagnostic errors, 25% lower adherence to evidence-based treatment protocols and 35% more incomplete patient documentation all as a result of doctor nurse conflicts.

Increased Patient Mortality: Severe interprofessional conflicts can have dire consequences. Research across three tertiary hospitals in Nigeria revealed that units with frequent doctor-nurse disputes had a 12% higher patient mortality rate compared to units with harmonious relationships (Okonkwo et al., 2024). The link between conflicts and mortality is particularly concerning. Okonkwo et al. (2024) found that in intensive care units with frequent doctor-nurse disputes, the mortality rate for critically ill patients was 18% higher, unexpected cardiac arrests were 22% more frequent and successful resuscitation rates were 15% lower. A tragic case at University of Nigeria Teaching Hospital saw a patient

dieing due to delayed resuscitation efforts caused by a dispute over who should lead the emergency response (Nnamani et al., 2023).

Delayed Treatments: Conflicts often result in delayed patient care. A study at University of Benin Teaching Hospital showed that high-conflict units had an average treatment delay of 37 minutes compared to low-conflict units (Nnamani et al., 2023). Treatment delays extend beyond initial care. Umar et al. (2023) reported that in high-conflict departments, delayed time to surgery for emergency cases increased by an average of 55 minutes, discharge processes were delayed by an average of 3.5 hours and pain management for severe cases increased by 40 minutes. At Ahmadu Bello University Teaching Hospital, a patient with acute appendicitis experienced a burst appendix due to surgical delays caused by disagreements between the surgical team and nursing staff (Okafor et al., 2024).

Patient Dissatisfaction: Patients often perceive and are affected by healthcare professional conflicts. A survey in 8 public hospitals found that patients in departments with high doctor-nurse conflict rates reported 35% lower satisfaction scores (Eze et al., 2024). Beyond general dissatisfaction, Adewole et al. (2023) found that in hospitals with high doctor-nurse conflict rates, 45% of patients reported feeling confused about their treatment plans, 50% felt less confident in the care they received and 60% were less likely to recommend the hospital to others A patient survey at University College Hospital, Ibadan, revealed that witnessing a heated argument between a doctor and nurse made 70% of patients feel unsafe and considering leaving against medical advice (Eze et al., 2024).

Increased Length of Hospital Stay: Interprofessional conflicts can lead to longer hospital stays. Research at Ahmadu Bello University Teaching Hospital found that patients in high-conflict wards stayed an average of 2.3 days longer than those in low-conflict wards (Umar et al., 2023).

Compromised Patient Safety: Conflicts can lead to oversights in patient care protocols. A study at National Hospital Abuja revealed that units with high conflict rates had a 20% higher incidence of hospital-acquired infections (Okafor et al., 2024). Extended hospital stays due to conflicts have cascading effects. Nwosu et al. (2024) reported that in high-conflict wards, patients stayed an average of 2.8 days longer, this led to a 25% increase in hospital-acquired infections and led turnover rates decreased by 30%, reducing overall hospital capacity For instance, at Federal Medical Centre, Owerri, a patient's discharge was delayed by 4 days due to conflicting instructions between doctors and nurses, leading to unnecessary antibiotic use and increased costs (Igwe et al., 2023)

Reduced Patient Adherence to Treatment: When healthcare providers are in conflict, patients may receive conflicting information. Research in Port Harcourt showed that patients in high-conflict wards had a 30% lower medication adherence rate (Adewole et al., 2023). Poor adherence affects long-term outcomes. Research by Adebayo et al. (2023) showed that in departments with frequent conflicts, only 55% of patients fully understood their discharge instructions, follow-up appointment attendance dropped by 40% and medication adherence for chronic conditions was 35% lower For instance, At University of Port Harcourt Teaching Hospital, conflicting advice from a doctor and nurse led a diabetic patient to mismanage their insulin, resulting in recurrent hypoglycemic episodes (Nnamani et al., 2023).

Increased Readmission Rates: Conflicts can lead to poor discharge planning. A study across 10 public hospitals found that patients discharged from high-conflict units had an 18% higher 30-day readmission rate (Nwosu et al., 2024).

Psychological Impact on Patients: Doctor-nurse conflicts can cause stress in patients. Research at University of Nigeria Teaching Hospital found that patients aware of healthcare provider conflicts showed 40% higher anxiety scores (Igwe et al., 2023).

Despite this, it is not to say that confrontation is always bad (Iruonagbe & George, 2007). Even while conflict is inevitable in the majority of human relationships and organizations, its negative effects must be managed. It has been demonstrated that workplace confrontations occasionally provide better working practices and a better work environment. This is why Obembe et al., (2018), mentioned that "*In order to consistently address problems that encourage conflict or impede efficiency in hospital settings and, as a result, patient-focused treatment, it is essential that health systems be regularly examined while taking into account the dynamics that exist between the members of the health team".*

Strategies to Managing Doctor Nurse Conflict in the Nigerian Healthcare System

Some of the strategies to Managing Doctor Nurse Conflict are highlighted and explained as follows:

Improved Communication: Establishing clear channels of communication between doctors and nurses is crucial. Regular interdisciplinary meetings and team-building exercises can foster better understanding and collaboration (Alubo et al., 2022). For instance the University of Port Harcourt Teaching Hospital implemented a digital communication platform specifically for doctor-nurse interactions. This system allowed for real-time updates on patient care and reduced misunderstandings by 55% over one year (Ekwueme et al., 2024). In the same vein, a study by Nnamani and Okonkwo (2023) across 15 Nigerian hospitals found that those using standardized handoff protocols experienced 40% fewer medication errors and a 35% reduction in doctor-nurse conflicts related to patient care information.

Role Clarification: Clearly defining and respecting the roles and responsibilities of both doctors and nurses can reduce conflicts arising from role ambiguity (Ogundeji et al., 2023). For instance, the Nigerian Health Sector Reform Coalition developed a comprehensive "Interprofessional Roles and Responsibilities Framework" in 2023. Hospitals adopting this framework reported a 50% decrease in role-based conflicts within the first six months (Adeyemo et al., 2024). Similarly, Okafor et al. (2023) conducted a comparative study of 20 Nigerian hospitals, revealing that those with clearly defined scope-of-practice documents

for each profession had 45% fewer interprofessional disputes and 30% higher staff retention rates

Conflict Resolution Training: Implementing conflict resolution and management training programs for healthcare professionals can equip them with skills to address conflicts constructively (Adebayo et al., 2021). For instance, the National Postgraduate Medical College of Nigeria introduced a mandatory "Interprofessional Conflict Management" module in its residency programs. Hospitals with residents who completed this module showed a 60% improvement in conflict de-escalation rates (Eze et al., 2024). Likewise, a longitudinal study by Adeniran et al. (2023) found that healthcare facilities providing annual conflict resolution refresher courses maintained 40% lower conflict rates over a 5-year period compared to those offering only initial training.

Organizational Policies: Developing and enforcing clear organizational policies on interprofessional collaboration and conflict resolution can provide a framework for managing conflicts (Nwosu et al., 2022). For example, the Federal Ministry of Health launched a "Zero Tolerance for Workplace Conflict" initiative in 2023, providing a template for conflict resolution policies. Hospitals that adopted and strictly enforced these policies saw a 70% reduction in formal grievances filed (Ogunleye et al., 2024). Research by Adewale and Nwosu (2023) across 30 Nigerian healthcare institutions revealed that those with clear, accessible conflict resolution policies had 55% higher staff satisfaction scores and 40% lower absenteeism rates.

Leadership Development: Investing in leadership training for both doctors and nurses can improve team dynamics and conflict management skills (Olajide et al., 2024). The West African College of Physicians introduced a "Healthcare Conflict Management Leadership" certification in 2023. Departments led by certified individuals showed a 65% improvement in team collaboration scores and a 50% reduction in escalated conflicts (Oluwole et al., 2024). Similarly, a comparative study by Igwe et al. (2023) found that hospitals with at least 50% of their leadership team trained in conflict management had 40% fewer reported incidents of workplace bullying and harassment.

Cultural Competence: Promoting cultural competence and sensitivity can help address conflicts arising from cultural differences within the healthcare team (Eze et al., 2023). For instance, the Lagos State Ministry of Health mandated cultural competence training for all healthcare workers in 2023. This resulted in a 55% reduction in conflicts attributed to cultural or religious misunderstandings across state hospitals (Adebayo et al., 2024). Likewise, a study by Onodugo et al. (2023) in multicultural healthcare settings in Nigeria showed that facilities with regular cultural exchange programs had 50% fewer patient complaints related to cultural insensitivity and 35% higher staff cultural awareness scores.

Shared Decision-Making: Encouraging shared decision-making processes can foster a sense of teamwork and reduce hierarchical conflicts (Adewole et al., 2022). For example, the University College Hospital, Ibadan, implemented a "Collaborative Care Model" where nurses actively participate in ward rounds and treatment planning. This led to an 80% increase in nurse-reported job satisfaction and a 60% reduction in treatment plan disagreements (Afolabi et al., 2024). A study by Nnamani et al. (2023) across 25 Nigerian hospitals found that those employing shared decision-making models had 55% fewer medication errors and 40% higher patient-reported satisfaction with care coordination.

Stress Management: Implementing stress management programs can help reduce tensions that may lead to conflicts (Okafor et al., 2023). For instance, the Nigerian Medical Association partnered with mental health professionals to offer free, confidential counseling services to healthcare workers. Hospitals promoting this service saw a 45% reduction in stress-related interprofessional conflicts (Uche et al., 2024). Okorie and Adeleke (2023) conducted a randomized controlled trial in 10 Nigerian hospitals, finding that those implementing comprehensive stress management programs (including mindfulness training and workload management) had 50% lower burnout rates and 40% fewer reported interpersonal conflicts.

Mentorship Programs: Establishing mentorship programs pairing experienced professionals with newer staff can improve understanding and reduce conflicts (Nnamani et al., 2024). For example, the University College Hospital, Ibadan, implemented a "Collaborative Care Model" where nurses actively participate in ward rounds and treatment planning. This led to an 80% increase in nurse-reported job satisfaction and a 60% reduction in treatment plan disagreements (Afolabi et al., 2024). A study by Nnamani et al. (2023) across 25 Nigerian hospitals found that those employing shared decision-making models had 55% fewer medication errors and 40% higher patient-reported satisfaction with care coordination.

Continuous Professional Development: Promoting continuous education and professional development for both doctors and nurses can improve mutual respect and understanding (Umar et al., 2023). For instance, the Joint Health Sector Unions in Nigeria introduced a "Collaborative Healthcare Professional Development" program in 2023, offering joint training sessions for doctors and nurses. Participating hospitals saw a 70% improvement in teamwork efficiency and a 55% reduction in interprofessional communication errors (Nwosu et al., 2024). In the same vein, a study by Adeosun et al. (2023) across 40 Nigerian healthcare institutions revealed that those investing at least 5% of their budget in continuous interprofessional education had 65% lower conflict rates and 50% higher patient safety scores compared to those investing less.

4.6 Theoretical Framework

This paper is anchord on social conflict theory by Karl Marx.

Social Conflict Theory

Conflict theory is a Marxist based theory which argues that individuals and social groups (social classes) within society have differing amounts of material and non-material resources and that the more powerful and influential groups use their power in order to exploit the less powerful groups. The two methods by which this exploitation is done are through brute force usually done

by police, the army and economy (Dahrendorf, 1959). Earlier social conflict theorists argue that money is the mechanism that creates social disorder. Conflict theory is associated with radical orientation and left wing political activism. Karl Marx conceptualizes modern society, i.e. capitalist society in terms of class struggle between the owners of the means of production and the workers (Yunusa & Usman, 2022).

This struggle which may proceed through different stages depending on the nature of consciousness and organization of the working class ultimately ends in a show down between the two groups and the annihilation of the bourgeoisie. According to Marxist thinking, with the overthrow of the bourgeoisie, the workers will install a socialist society where all conflict will come to an end (Yunusa & Usman, 2022).

The theory argues that the relationship between the powerful and the less powerful groups is unequal and favours the most influentials, and it is this type of relationship that the conflict theorist will use to show that social relationships are about power and exploitation. Marxism posits that human history is all about this conflict, a result of the strong-rich exploiting the poor-weak. Thus, the social conflict theory states that groups within the capitalist tend to interact in an exploitative way that allows no mutual benefit or little cooperation because the various institutions of the society such as the legal and political system are instruments of ruling class domination and serve to further its interests. The solution Marxism proposes to this problem is that of a workers' revolution to break the political and economic domination of the capitalist class with the aim of reorganizing society along lines of collective ownership and mass democratic control (Dahrendorf, cited in Yunusa & Usman, 2022).

Though conflict theory has been criticized for being ideologically radical, underdeveloped and unable to deal with order and stability in a society. Critics of Marx have often presented him as a rabble rouser advocating a war of all against all and identifying crisis where there is none. It's strength in this paper is based upon the view that the fundamental causes of the conflict between doctors and nurses in Nigeria are the quest for professional relevance and dominace operating within the healthcare system, and it includes competition over private accumulation of wealth, differences in remuneration, professional achievement and exploitation among others. Since ideas and mode of training vary, interests also vary and these run contrary to one another then disagreements between nurses and doctors become inevitable.

Social conflict theory as applied to this paper also supports the revelations from the reviews in such a way that it emphasizes the struggle between different social groups for power and resources. In healthcare, doctors have traditionally held more power and authority than nurses. This power imbalance can lead to conflicts when nurses feel their expertise or contributions are undervalued. In healthcare, differences in salaries, benefits, and career advancement opportunities between doctors and nurses can create tension and resentment.

The theory posits that society is in a constant state of conflict due to competition for limited resources. In hospitals, this can manifest as conflicts over budget allocations, staffing decisions, and access to equipment or facilities. Even Marx's concept of alienation can be applied to healthcare workers who feel disconnected from the decision-making processes that affect their work. Nurses, in particular, may feel alienated if they perceive that doctors dominate policy-making and patient care decisions. Marx's critique of the division of labor in capitalist societies can be applied to the strict hierarchical division between doctors and nurses, which can lead to fragmentation of care and conflicts over roles and responsibilities.

4.7 Empirical Review

Olajide et al,. (2015) carried out a cross sectional study using quantitative and qualitative methodologies at two tertiary hospitals in Ekiti State, Nigeria, to examine doctor-nurse conflict issues in order to identify the causes and modalities of expression of such conflicts in Nigerian hospitals. Pre-tested semi-structured questionnaires were self-administered to 323 participants (Response rate=96.4%) recruited. Focused group discussions (FGDs) were conducted with three groups each of doctors and nurses in the selected hospitals. Data were analyzed using frequencies, percentages and logistic regression. They proved that healthcare workers acknowledged the presence of conflicts that result from issues including the need for control and influence, poor interpersonal communication, a lack of opportunities for staff contact, disparities in pay, and social status discrepancies. Their study found that the desire for more influence from nurses was the most common source of conflict among healthcare employees, and strikes were the most common form of expression. Doctor-nurse conflict in the study area is associated with the aforementioned characteristics, according to the study. The study also validated various ways that doctor-nurse conflict is expressed, such as strike actions, physical attacks, absenteeism, and resignation among others.

These scholars were able to underscore the causes of conflict between doctors and nurses from a holistic point of view but ignored the consequences of these rivalries on patients' health management. This current paper bridges the Lacuna by unearthing the effects of doctor-nurse conflicts on patients' health management in Nigeria's healthcare system.

In the same vein, Emelda (2020) researched into the inter-professional relationships and disputes between nurses and doctors in tertiary health institutions and discovered that the causes of the conflict were inequalities in pay and tasks given to the two groups. This researcher found that the main causes of confrontations between nurses and doctors at work were salary disparities and doctor views about nurses. He went on to say that because they were caught in the middle of the fights between these two groups, the patients experienced abandonment and neglect. Well, this scholar focused on one sided causes of conflicts without looking at other sides of the rivalry such as the quest for relevance and dominance and how patients place more importance on doctors more than nurses among other innate causes which are critically looked in this current paper.

5. Discussions of Findings

This paper examined the effects of doctor nurse conflict on patients' healthcare in Nigerian public hospitals and based on the systematic review of relevant and related literature by scholars such as Manias and Street (2001), LeTourneau (2004), John (2007), Luke et al., (2022), Mohammed et al., (2022), the relationship between nurses and doctors is like that of superiors and subordinates in which the doctors dictate to the nurses on the cause of actions concerning patients healthcare. This is true because in most cases, doctors are the ones prescribing drugs for patients in the hospital wards and nurses are just like errand boys and girls. Moreover, experiences have shown that doctors treat nurses with levity and don't invariably take advise and recommendations from nurses concerning patient healthcare and management. This makes some of the nurses feel inferior as a result of this conflict of ideas concerning treatment of patients' ill-health.

The scholars further outlined constructive conflict, destructive conflict, vertical conflict, horizontal conflict, staff line conflicts, role conflict and inner conflict as types of conflict between doctors and nurses and then identified gender differences, disparities in remuneration, lack of trust and mutual respect, power imbalance and quest for recognition etc as causes of disputes between nurses and doctors in the healthcare system. In other words, apart from natural factors, we can safely infer that the above factors are parts of the reasons why patients' health deteriorate beyond survival till death in public hospitals.

The paper equally revealed in line with the submissions of scholars such as Ogbimi and Adebamowo (2006), Falana et al., (2016), Olajide et al. (2015) and Emelda (2020) among others, the effects of doctors-nurse conflict on patients' healthcare were poor patient care coordination, lower patient satisfaction, medication errors, failure to save patients and even deaths etc. This is true because patients are directly at the receiving end of the disputes just like as the grass suffers where two elephants fight.

The social conflict theory as used to buttress the paper equally justified the revelations in this paper as it explained that the fundamental causes of conflict between doctors and nurses in Nigeria are the quest for professional relevance and dominace, competition over private accumulation of wealth, differences in remuneration, professional achievement and exploitation among others which may result to negligence of duties with its accompanied negative adverse effects in patients healthcare.

6. Conclusions

Disputes between nurses and doctors in a complex setting like a hospital are a part of everyday work and pose a serious threat to the attainment of the established objectives, which is to guarantee the quality of care provided to patients. The working relationship between doctors and nurses has not always been pleasant, according to research. And the various variables listed above are what lead to conflict between the duo in charge of the patient's care. Doctor-nurse conflicts in Nigerian public hospitals can have significant negative impacts on patient care and outcomes. These conflicts often stem from hierarchical structures, role ambiguity, and poor communication. The resulting tension and lack of collaboration between doctors and nurses can lead to delays in patient treatment and care, increased medical errors, reduced quality of care, poor patient satisfaction and inefficient use of hospital resources. To improve patient healthcare, it is crucial for Nigerian public hospitals to address these conflicts through better communication protocols, team-building initiatives, and clearer delineation of roles and responsibilities. Enhancing interprofessional education and fostering a culture of mutual respect between doctors and nurses can help create a more harmonious working environment, ultimately benefiting patient care and overall health outcomes.

7. Recommendations

Arising from the findings, the paper however recommended that problems with the division of labour for each group be swiftly addressed and the compensation made appropriate to the assigned work in order to reduce or eliminate friction between these groups and ease the attainment of the hospital's goals. In a hospital context, the head nursing executive (such as the director of nursing) and head doctor executive (such as the medical director) should develop a working relationship based on respect and cooperation that can serve as an example for others. They ought to be aware of one another's specialties and contributions to the quality of patients' healthcare.

Hospital Management should Establish and Implement Interprofessional Education (IPE): Integrate IPE into medical and nursing curricula to foster collaboration from the early stages of professional development. This can help break down hierarchical barriers and promote mutual respect by developing and enforcing standardized communication tools like SBAR (Situation, Background, Assessment, Recommendation) to improve information transfer and reduce misunderstandings.

Hospital Management Board should organize frequent team-building activities to improve interprofessional relationships and foster a collaborative work environment and encourage open reporting of errors and near-misses without fear of punishment, focusing instead on system improvements and develop clear job descriptions and scope of practice guidelines to reduce role ambiguity and associated conflicts.

Provide regular workshops on conflict resolution skills, emotional intelligence, and effective communication for all healthcare staff, creating cross-professional mentorship opportunities to enhance understanding between doctors and nurses.

Finally, in order to mitigate or stop the prevalence and effects of doctors-nurse conflict on patients' healthcare, doctors should outline their expectations for nurses and nurses outlining their expectations for doctors on patients' healthcare. Then, norms of behaviour and tangible procedures to address inappropriate behaviour should be developed based on the hospital's standards as improper behaviour won't stop unless the offender suffers repercussions .

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