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"Resolution Strategies for the Dynamics of Doctor-Nurse Conflicts Affecting Patient Well-being in Selected Public Hospitals in Kogi State, Nigeria."

Resolution Strategies for the Dynamics of Doctor-Nurse Conflicts Affecting Patient Well-being in Selected Public Hospitals in Kogi State, Nigeria

[1]Edime YUNUSA, [1]Julius Olugbenga OWOYEMI, Ph.D. and [1]Timothy Abayomi ATOYEBI, Ph.D.

[1]Department of Sociology Faculty of Social Sciences Prince Abubakar Audu University Anyigba -Kogi State, Nigeria

Corresponding Authors :- [1]Edime YUNUSA

ABSTRACT: Interprofessional conflict between doctors and nurses remains a persistent challenge in healthcare systems globally, especially in resource-constrained settings like Nigeria. In Kogi State, systemic issues such as poor infrastructure, inadequate staffing, and role ambiguity have intensified doctor–nurse tensions, with adverse consequences for patient well-being. This study thereforeinvestigated the dynamics and resolution strategies for doctor-nurse conflicts and their impact on patient outcomes in selected public hospitals in Kogi State, Nigeria. The study objectives were to assess the dynamics of doctor–nurse relationships and identified resolution strategies towards improving patients' well-being. By utilizing Social Conflict Theory and Adopting a mixed-methods approach, the study employed descriptive cross-sectional survey design and gathered data from 398 healthcare professionals (103 doctors and 295 nurses), 35 patients, and 3 Chief Medical Directors across the selected public hospitals using questionnaires and in-depth interviews.Hypothesis testing using Multiple Linear Regression revealed a significant relationship between conflict resolution strategies and improved patient well-being ($R^2 = .618$, $F = 164.23$, $p < .001$). Key findings highlighted that professional hierarchy, poor communication, and overlapping roles were major propellers of the dynamics of doctor-nurse conflict, while role clarification, joint decision-making, regular conflict resolution training, and continuous professional development were the major effective resolution strategies revealed.The study concluded that unresolved doctor–nurse conflicts compromise patient care, while targeted interventions can foster collaboration and enhance healthcare delivery. It recommended among others, policy-driven reforms emphasizing leadership training, inter professional education, and institutionalized communication frameworks to mitigate conflicts and promote a culture of mutual respect, ultimately safeguarding patient outcomes in Kogi State's public hospitals.

KEYWORDS: Doctor-Nurse Conflicts, Dynamics, Resolution Strategies, Patients' Well-being, Public Hospitals, Healthcare System, Kogi State, Nigeria

Introduction

Healthcare conflict between doctors and nurses is a global phenomenon with pervasive effects on patient safety and quality of care. Across high□income countries, studies reveal that poor interprofessional communication contributes significantly to medical errors and adverse outcomes, with about 20 % of surgical teams reporting serious disputes over postoperative care plans (Kim et al., 2017; Kern et al., 2017). The World Health Organization emphasises that effective team□based communication—such as structured briefings, debriefings, and closed□loop techniques—is foundational to patient safety (WHO, 2025; Prineas et al., 2021).Within sub□Saharan Africa, interprofessional conflict is markedly prevalent, exacerbated by fragile health systems, personnel shortages, and hierarchical dynamics. In

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Nigeria, for instance, there are only around 0.38 doctors and 1.7 nurses per 1 000 population—well below WHO recommendations—further aggravating workplace stress and incivility among nurses (Nn USA, 2025). Surveys indicate up to two‑thirds of nurses experience incivility from colleagues and supervisors, with over 77 % reporting such encounters, which can impair team cohesion and patient safety (Laschinger et al., 2017; Prineas et al., 2021).

At the national level, comprehensive studies involving over 2 200 healthcare professionals across Nigeria found that salary disparities between physicians and other cadres—due to dual pay scales (CONMESS for doctors vs CONHESS for nurses/others)—are the most commonly cited cause of interprofessional conflict (73 % of respondents), with nearly three‑quarters agreeing that these tensions are detrimental rather than productive (Mohammed, 2022; Mohammed, 2022). Additionally, leadership ambiguity, role definitions, communication failures and hierarchical structures fuel recurring disputes, which directly hamper the delivery of quality patient care (Nwobodo et al., 2022; Mohammed, 2022; Orjiakor et al., 2022).

Efforts to manage such conflicts in Nigeria have focused on multi‑agency interventions, calling for legislative reforms, harmonised salary structures, and collaborative leadership frameworks. A recent study argues that promoting leadership by competence—not professional affiliation—and mandating leadership training across all cadres could reduce tensions and foster cooperation (Orjiakor et al., 2022). Meanwhile, conflict‑management workshops rooted in emotional intelligence, role clarity and teamwork—aligned with WHO's interprofessional education guidelines—have been proposed to enhance communication and operational alignment (IntechOpen, 2024; WHO, 2010).

In the specific context of Kogi State, public hospitals suffer from persistent under‑investment and insecure conditions. Reports from Federal Teaching Hospital in Lokoja highlight that resident doctor staffing dropped from 222 to just 64 over four years due to emigration and burnout, forcing stretches of 48‑hour shifts without calls or meals and leading to physical harm, including miscarriages (Odogun, 2024). Insecurity concerns have further driven physicians and nurses abroad, undermining clinical capacity and patient continuity of care (Kogi Reports, 2024). Similar observations from smaller general hospitals reveal dilapidated facilities, shortages of medical supplies, and overburdened staff struggling to maintain basic services (The Informant, 2025).

These conditions suggest that doctor–nurse strife in Kogi State is not merely interpersonal but deeply rooted in systemic failings: insecure environments, insufficient staffing, and collapsed infrastructure. Such dynamics invariably threaten patient well‑being through delays, compromised infection control, and diminished trust. To safeguard outcomes, it is essential to implement resolution strategies that address both relational and structural factors—combining salary reform, role clarity, leadership training, teamwork promotion, and facility investment—tailored to the unique challenges in Kogi's public hospitals.

Statement of the Problem

Despite global recognition of the critical role that effective interprofessional collaboration plays in improving patient outcomes, doctor–nurse conflicts remain a deeply entrenched challenge in healthcare

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systems, especially in low- and middle-income countries like Nigeria. The situation is particularly alarming in Kogi State, where deteriorating healthcare infrastructure, high workforce attrition, and security threats have compounded professional tensions between doctors and nurses. Existing reports suggest that unresolved conflicts in public hospitals have led to increased workload, miscommunication in patient management, emotional exhaustion, and, in extreme cases, patient neglect or errors (Odogun, 2024; NnUSA, 2025). However, much of the literature in Nigeria has focused on identifying the causes of these conflicts—such as salary disparities, role ambiguity, and hierarchical structures—without giving sufficient attention to how these conflicts are currently managed and what strategies are most effective in promoting sustainable interprofessional collaboration (Orjiakor et al., 2022; Mohammed, 2022).

Furthermore, while national-level studies have broadly discussed the implications of doctor–nurse disputes, there is limited empirical research focusing specifically on the conflict management strategies deployed in public hospitals within Kogi State, a region facing unique socio-economic, political, and infrastructural challenges. There is also a paucity of research linking the dynamics of interprofessional conflict directly with patient well-being in this specific context, which leaves a crucial gap in both academic understanding and practical policy intervention.

This study, therefore, seeks to fill that gap by critically examining the management strategies used to navigate doctor–nurse conflicts and their impact on patient well-being in selected public hospitals in Kogi State. It will explore context-specific dynamics, assess the effectiveness of existing mechanisms, and propose evidence-based recommendations to improve healthcare delivery through strengthened interprofessional relationships.

Research Questions

This research was guided by the following questions:

1. What are the dynamics of doctor-nurse relationship in Kogi State public hospitals?
2. What are the strategies inmanaging the dynamics of doctor-nurse conflict towards improvingpatients' well-being in Kogi State public hospitals?

Aim and Objectives of the Study

The aim of this study was to investigate the resolution strategies for the dynamics of doctor-nurse conflicts to enhance patient wellbeing in selected public hospitals in Kogi State, Nigeria. The specific objectives includes to:

1. assess the dynamics of doctor-nurse relationships in Kogi State public hospitals.
2. identifythe resolution strategies of the dynamics of doctor-nurse conflictstowardsimproving patients' well-being in Kogi State public hospitals.

Research Hypotheses

The following formulated null hypothesis was tested to buttress the findings of this study:

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Ho: Doctor-nurse conflict resolution strategies do not significantly impact patients' well-being in public hospitals in Kogi State.

Scope of the Study

This study explored the resolution strategiesfor the dynamics of doctor-nurse conflicts affecting patients' well-being in Kogi State public hospitals. Although, many factors are associated with the issue of conflict but this study was limited to only healthcare related conflict especially between doctors and nurses. Specifically, it examined the dynamics and resolution strategies of this conflict towards improving the well-being of patients. The contextual scope of the study covered nurses and only medical doctors because they are the healthcare professionals that directly and generally interact with patients' well-being in selected public hospitals in Kogi State. All other Healthcare workers like the Pharmacists, Laboratory Technicians, Medical Records Keepers among others don't directly manage patients' healthcare like the nurses and doctors. The study also covered both the in-patients and out-patients within the age of 18 years and above in the selected public hospitals within the time frame from December 2024 – February 2025.

Significance of the Study

The significance of this study lies in the following theoretical and practical relevance:

Firstly, while some studies have been conducted on doctor-nurse conflicts in various healthcare settings across different continents of the world, there is still limited research specifically focusing on the Nigerian context. Nigerian public hospitals face unique challenges, such as resource constraints, high patient volumes, and cultural factors that may influence inter professional dynamics. Therefore, conducting a study in this setting will practically provide valuable insights tailored towards the Nigerian healthcare system.

Secondly, the study's findings will no doubt contribute to the existing body of knowledge and serves also as a reference material for future researchers in this area who would be interested in studying inter professional conflicts in healthcare system and their effects on patient outcomes. In this way, it will provide empirical evidence specific to the Nigerian context, which can be compared and contrasted with findings from other settings, as this knowledge will help in advancing the understanding of doctor-nurse dynamics and their implications for patients' care.

Thirdly, by conducting this study, the researcher shed more light on an important issue that has the potential to impact patient care and outcomes. Moreover, the study's findings will inform efforts to improve inter professional collaboration, enhance patient-centered care, and ultimately promote better healthcare delivery in Nigeria and Kogi State.

Literature Review

Conceptual Review

Doctor-Nurse Conflict

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Conflict, in a general sense, is understood as a state of discord caused by the actual or perceived opposition of needs, values, or interests between individuals or groups. According to Kim et al. (2017), Doctor-nurse conflict in thehealthcare system arises from a mix of individual, interpersonal, and organisational factors and is frequently embedded within power dynamics, professional boundaries, and communication gaps. In their scoping review, they identified that conflict is not inherently negative but becomes problematic when unresolved, leading to communication breakdowns and compromised patient outcomes. Yunusa (2024) in this regard observed that poorly managed conflict within healthcare teams often results in team dysfunction, medical errors, and heightened stress, particularly in high-stakes settings like surgery and critical care.

Patients' Well-being

Well-being is consistently described as a complex and multidimensional construct integrating emotional, psychological, and social aspects of individuals. However,Keyes et al. (2023) defines well-being as a multidimensional construct encompassing emotional, psychological, and social aspects of an individual's life. It involves positive affect, life satisfaction, personal growth, positive relationships, social integration, and the ability to contribute to society. Well-being is characterized by a state of flourishing where individuals experience high levels of hedonic and eudaimonic wellness.

World Health Organization (WHO, 2024) defines general well-being as a state of complete physical, mental, and social wellness, and not merely the absence of disease or infirmity. It encompasses an individual's ability to cope with the normal stresses of life, work productively, contribute to their community, and realize their abilities. A state of well-being is influenced by a complex interplay of biological, physical, psychological, social, cultural, economic, and environmental factors. This definition is very particular about the physical health, mental health, social functioning, coping abilities, productivity and community engagement of an individual.

Public Hospitals

A public hospital is a hospital that is owned by a government and receives government funding. This type of hospital provides medical care at a subsidized cost, making it accessible to the general public, especially those with limited means to pay for healthcare (Sreenivasan, et al., 2020). On the other hand, Tynkkynen and Vrangbæk, (2018), see public hospitals as government-owned institutions that provide a range of healthcare services to the population, typically funded through government budgets or public health insurance schemes. These hospitals are often the primary providers of care for low-income and uninsured individuals.

Dynamics of Doctor-Nurse Relationships in Public Hospitals

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 (Konlan et al., 2023). In practically every nation around the world, doctors decide how long nurses can practice and how long they

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must attend school, as well as the boundaries of nursing expertise (Kim et al., 2022). Also, throughout history, the dominance of medical power has had a significant impact on the status and growth of nurses' expertise (Konlan et al., 2023).

All public healthcare facilities are runned by doctors (Longan& Malone, 2018). This presents them with chances to shape nursing education, particularly in Nigeria. 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 (Nwobodo et al., 2022). Nothing has changed regarding the emphasis placed on scientific knowledge, autonomy, and authority in medical education. 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 (Ogbonnaya et al., 2019).

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 (Nwobodo et al., 2022).

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 (Oyelade et al., 2020).

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. Rarely do nurses discuss the intended procedures with the doctors. 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 fulfil 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).

Conflicts between doctors and nurses can also take the dimension involving harsh language (yelling, threats, profanity), blaming, breakdown in communication, or disruptive conduct which may result to

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poor teamwork associated with high level of medical errors and adverse events for patients (Olajide et al., 2022).

Doctor-nurse relationship is a crucial aspect of the Nigerian healthcare system, as it directly impacts the quality of patient care, job satisfaction, and overall organizational performance. In Nigeria, the dynamics between doctors and nurses are influenced by various factors, including professional roles, power dynamics, communication, and organizational culture. This study explores the key dimensions of the doctor-nurse relationship in the Nigerian healthcare context, drawing on current research and literature.

i. Professional Roles and Responsibilities

In the Nigerian healthcare system, doctors and nurses have distinct professional roles and responsibilities. Doctors are primarily responsible for diagnosing, treating, and managing patient care, while nurses focus on providing direct patient care, administering medications, and monitoring patient progress (Ogbonnaya&Babalola, 2022). However, the delineation of these roles can sometimes be unclear, leading to role ambiguity and conflict. A study by Olajide et al. (2022) found that role overlap and lack of clear job descriptions can contribute to doctor-nurse conflicts in Nigerian public hospitals.

ii. Power Dynamics and Hierarchy

The Nigerian healthcare system is characterized by a hierarchical structure, with doctors often holding positions of power and authority over nurses (Olajide et al., 2022). This power imbalance can lead to a lack of autonomy for nurses and a perceived lack of respect for their professional expertise. A study by Olajide et al., (2022) found that nurses in a Nigerian military hospital reported low levels of autonomy and decision-making power, which negatively impacted their job satisfaction and perceived quality of care.

iii. Communication and Collaboration

Effective communication and collaboration between doctors and nurses are essential for providing high-quality patient care. However, research suggests that communication breakdown and lack of collaboration are common issues in the Nigerian healthcare system. A study by Falana et al. (2016) found that nurses in a Nigerian tertiary health facility reported poor communication and lack of teamwork with doctors, which hindered effective healthcare delivery. Improving inter professional communication and fostering a collaborative work environment can enhance patient outcomes and job satisfaction among healthcare professionals (Omoto et al., 2021).

iv. Organizational Culture and Support

The organizational culture and level of support within Nigerian healthcare facilities can significantly influence the doctor-nurse relationship. A study by Falana et al. (2016) found that organizational culture dimensions, such as power distance and uncertainty avoidance, were associated with higher levels of job burnout among nurses in Nigerian hospitals. Additionally, inadequate resources, high workload, and lack of managerial support can contribute to stress and conflict among healthcare professionals Creating a

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supportive work environment that values teamwork, provides necessary resources, and promotes staff well-being can foster positive doctor-nurse relationships and improve overall healthcare delivery.

v. Education and Training

Differences in educational backgrounds and training between doctors and nurses can also impact their professional relationships. In Nigeria, doctors undergo longer and more specialized training compared to nurses, which can contribute to power imbalances and communication gaps (Chew et al., 2019). However, efforts to promote interprofessional education and training can help bridge this divide and foster a more collaborative work environment. A study by Falana et al. (2016) found that incorporating emotional intelligence training into nursing education can improve nurses' ability to communicate effectively and manage conflicts with other healthcare professionals.

vi. Gender and Cultural Norms

Gender and cultural norms also play a role in shaping the doctor-nurse relationship in the Nigerian healthcare system. Nursing is predominantly a female profession in Nigeria, while the majority of doctors are male. This gender imbalance can contribute to power dynamics and communication challenges. Additionally, cultural norms and expectations regarding gender roles and hierarchies can influence inter professional interactions (Alshammari et al., 2019). Addressing gender biases and promoting a culture of respect and equality can help improve doctor-nurse relationships and overall healthcare delivery.

vii. Conflict Management and Resolution

Given the complex nature of doctor-nurse relationships in the Nigerian healthcare system, effective conflict management and resolution strategies are crucial. A study by Labrague et al. (2021) found that nurses who employed collaborative and compromising conflict management styles reported higher levels of job satisfaction and better inter professional relationships. Implementing conflict resolution training and promoting open communication channels can help healthcare professionals navigate interpersonal challenges and maintain a positive work environment

From the above discourse, doctor-nurse relationship in the Nigerian healthcare system is a multidimensional issue influenced by professional roles, power dynamics, communication, organizational culture, education, gender norms, and conflict management. Addressing these factors through targeted interventions, such as inter professional education, collaborative practice models, and supportive organizational policies, can help foster positive doctor-nurse relationships and improve the quality of patient care. As the Nigerian healthcare system continues to evolve, it is crucial to prioritize initiatives that promote teamwork, respect, and effective communication among healthcare professionals to ensure optimal patient outcomes and a sustainable workforce.

Doctor-Nurse Conflicts Resolution Strategies in Public Hospitals

The healthcare sector, particularly in public hospitals, is a complex ecosystem where various professionals must work in harmony to ensure optimal patient care. Among these interdisciplinary relationships, the doctor-nurse dynamic is arguably one of the most crucial. However, conflicts between

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these two groups have been a persistent challenge in healthcare systems worldwide, with significant implications for patient outcomes, staff well-being, and overall healthcare quality (Smith et al., 2022). In recent years, the need for effective doctor-nurse conflict resolution has gained increased attention, particularly in public hospitals where resource constraints and high patient volumes often exacerbate tensions. A 2023 study by Johnson and colleagues found that unresolved conflicts between doctors and nurses were associated with a 15% increase in medical errors and a 20% decrease in patient satisfaction scores. These findings underscore the urgent need for addressing these interprofessional tensions.

The root causes of doctor-nurse conflicts are multifaceted and deeply entrenched in historical, cultural, and organizational factors. Traditional hierarchies, differences in education and training, role ambiguity, and communication barriers all contribute to these conflicts (Brown, 2024). Moreover, the evolving nature of healthcare delivery, with an increasing emphasis on team-based care and shared decision-making, has created new challenges in redefining professional boundaries and expectations (Lee et al., 2023). The impact of these conflicts extends beyond immediate patient care. A comprehensive review by Garcia (2024) revealed that persistent doctor-nurse conflicts lead to increased staff burnout, higher turnover rates, and substantial economic costs for healthcare institutions. Furthermore, these tensions can create a toxic work environment that discourages collaboration and innovation, u ltimately hindering the advancement of medical practice and nursing care (Thompson, 2023).

In public hospitals, where resources are often stretched thin and patient needs are complex, the need for effective conflict resolution becomes even more critical. A recent study in Nigeria by Adebayo et al. (2024) found that public hospitals with high levels of doctor-nurse conflict had 25% longer patient wait times and 18% higher readmission rates compared to hospitals with lower conflict levels. These findings highlight the direct impact of inter professional conflicts on healthcare efficiency and quality. Moreover, the global push towards achieving Universal Health Coverage (UHC) has placed additional pressure on public hospitals to optimize their operations and improve care quality. The World Health Organization's 2023 report on UHC progress emphasized the importance of strong inter professional relationships in achieving these goals, citing doctor-nurse collaboration as a key factor in improving healthcare access and outcomes (WHO, 2023).

As healthcare systems worldwide grapple with challenges such as aging populations, increasing chronic disease burdens, and emerging health threats, the need for cohesive healthcare teams has never been greater. Resolving doctor-nurse conflicts is not just about improving workplace dynamics; it's about creating a foundation for high-quality, patient-centred care that can meet the evolving health needs of populations (Miller, 2024).

In light of these factors, developing and implementing effective strategies for doctor-nurse conflict resolution in public hospitals has become a pressing priority. By addressing these inter professional tensions, healthcare institutions can improve patient outcomes, enhance staff satisfaction, and create more resilient and adaptive healthcare systems capable of meeting the challenges of 21st-century healthcare delivery. However, the following strategies to managing doctor-nurse conflict are highlighted and explained as follows:

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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 "Inter professional 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 inter professional 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 "Inter professional 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 inter professional 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.

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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 counselling 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 Programmes: 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 inter professional 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 inter professional education had 65% lower conflict rates and 50% higher patient safety scores compared to those investing less.

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Empirical Reviews

Falana et al., (2016) likewise compared the attitudes of doctors and nurses toward collaborative care in Federal Medical Centre, Owo, Ondo State. A descriptive cross-sectional survey of 404 respondents; 256 nurses and 148 doctors in the employment of Federal Medical Centre, Owo was done. Relevant data were obtained through self-administered 60-point attitude questionnaires, adapted from Jefferson Scale on Attitude towards Doctor-Nurse Collaboration. Data collected were analyzed using SPSS (Version 17). Respondents who scored <50 were categorized as having poor attitude. Statistical associations were tested using Chisquare, t-test and logistic regression as appropriate at 5% level of significance. Their results indicated that the mean age of respondent was 35.2±7.5 years. Female respondents were 36.9%, 60% respondents had good attitudinal score. Among female respondents 78.0% had good attitude to collaboration compared to 30.2% male ($p<0.001$). In all, 84% nurses and 19.6% doctors have good attitude towards collaborative care. Female respondents had a significantly higher mean attitudinal score of 52.35±6.30 compared to male with a mean score of 45.60±7.18 ($p<0.001$). The odd of a nurse having a better attitude to doctor-nurse collaboration than doctors was 20.4 with a 95% confidence interval of 7.98-52.31 ($p<0.001$). Nurses have more positive attitudes towards doctor-nurse collaboration than doctors. They recommended that Inter-professional education that will increase the understanding of doctors and nurses and engender mutually respectful collaboration is advocated.

These scholars looked more into the collaborative efforts of doctors and nurses as it relates to provision of healthcare services in the hospitals but shied away from the possible conflict that may arise from their interactions and how it affects the patients under their care, hence this current study addressed the gap in an empirical manner.

Inyang et al., (2017) in their own study examined doctor-nurse relationship and its effects on patient care in the University of Calabar Teaching Hospital and General Hospital Calabar. Two null hypotheses were formulated based on the identified major independent variables, namely: medical team work and doctor-nurse value orientation. To generate data for testing the hypotheses, a 47 item questionnaire entitled doctor-nurse relationship and patient care was developed by the researcher and validated by the supervisor. Survey design research was adopted while data was collected from 280 randomly selected respondents (male and female) of the two major strata of the study- University of Calabar Teaching Hospital and General Hospital Calabar. Purposive, stratified and simple random sampling procedures were variously applied at appropriate stages of the study. The generated data were statistically tested using Pearson Product Moment Correlation analytical procedure using SPSS package. The analysis revealed that: A significant relationship existed between medical team work and doctor-nurse value orientation and patient care. It was recommended that collaborative work relationship between doctors and nurses should be encouraged for effective health care delivery system.

The study carried out by these researchers was one sided, in the sense that it only investigated How the collaborative relationships between doctors and nurses influence patients healthcare but ignored the conflict of interests that may ensue in their relationships and its consequences on the general well-being of the patients under their care. Meanwhile, this current study would address that to close the gap in the body of literature.

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Theoretical Framework

This study was anchored on Social Conflict Theory as discussed below:

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 influential, 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. As a result of this injustice and abrupt lack of fairness, 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. Its strength in this study 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.

Research Design

This study adopted a descriptive cross-sectional survey research design. Survey research design, a popular social research method involves the administration of questionnaires to a sample of respondents

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selected appropriately from some population. It is one in which a group of people or items is studied by collecting data from only a few people or items considered to be representative of the entire group (Asika, 2001). Survey research design focuses on the vital facts of people and their beliefs, opinions, attitude, motivations and behaviour on a subject matter.

The Study Setting

Kogi State is located in the North-Central Geopolitical Zone of Nigeria. It is bordered by Kwara, Nasarawa, Benue, Enugu, Anambra, Edo States and the Federal Capital Territory. The state was created on August 27, 1991, by the Babangida military administration, carved out of parts of the old Kwara and Benue States (Agba et al., 2019). The history of the area now known as Kogi State can be traced back to the ancient Nok culture, which thrived in the region between 900 BC and 200 AD. The Nok culture is renowned for its terracotta figurines and iron smelting technology (Adepegba, 2021).

During the pre-colonial era, the region was home to several ethnic groups, including the Igala, Ebira, Yoruba, Nupe, and Bassa. These groups had their own distinct cultural traditions and political systems, ranging from centralized kingdoms to decentralized chieftaincies (Okene&Olayemi, 2020). In the late 19th century, the area came under the influence of the Sokoto Caliphate and the British colonial administration. The British eventually established their control over the region through a series of military campaigns and diplomatic negotiations (Adepegba, 2021).

After Nigeria's independence in 1960, the present-day Kogi State remained part of the Northern Region until the creation of the Kwara State in 1967. The area then became part of the Kwara and Benue States until the establishment of Kogi State in 1991 (Agba et al., 2019). Kogi State is rich in natural resources, including coal, limestone, and iron ore. The state's economy is primarily based on agriculture, with cash crops such as cashew nuts, cassava, yam, rice, and maize being the main products (Okene&Olayemi, 2020).

The state is home to diverse ethnic groups, including the Igala, Ebira, Yoruba, Nupe, and Bassa, among others. This ethnic diversity has contributed to the state's cultural richness, with various festivals and traditions celebrated throughout the year (Adepegba, 2021). One of the most notable cultural events in Kogi State is the annual Igala Cultural Festival, which showcases the rich heritage of the Igala people through music, dance, and traditional displays (Agba et al., 2019). There are a number of social amenities such as commercial banks including local, State and Federal public health facilities. However, Kogi State has faced challenges in recent years, including issues related to improved infrastructure development, healthcare, and education (Okene&Olayemi, 2020).

Brief Description of the Study Setting

Public hospitals in Kogi State can be traced back to the colonial era, when the British established a few health facilities in the region to cater to the needs of colonial administrators and their families. These early hospitals were predominantly located in urban centres like Lokoja, the state capital (Okene&Olayemi, 2020). After Nigeria's independence in 1960, the government recognized the need for

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improved healthcare infrastructure and began establishing more public hospitals across the country, including in the present-day Kogi State (Adepegba, 2021).

One of the earliest and most notable public hospitals in Kogi State is the Lokoja General Hospital, which was established in the late 1960s. This hospital has since grown into a major referral center for the state and neighbouring regions (Agba et al., 2019). Over the years, the Kogi State government has made efforts to expand the public healthcare system by establishing more general hospitals, specialist hospitals, reference hopsitals, cottage hospitals and primary healthcare centre across the state's three senatorial districts (Okene&Olayemi, 2020).The public hospital system in Kogi State is structured into three tiers, namely, primary healthcare, secondary healthcare, and tertiary levels of care.

Population of the Study

The population for this study were 35 accidentally selected patients, all the doctors and nurses working in the State-owned public hospitals (Primary, Secondary and Tertiary) in Kogi State which, according to the information gathered from Kogi State Hospital Management Board (2024) were 103 doctors, 306 nurses, making a total of 444 within the 59-state owned public hospitals across the 21 Local Government Areas of the State, respectively. This now bring the total number of the population of this study to be four hundred and nine (409) respectively.

Sample Size and Sampling Techniques

Sample Size Determination

Considering the relatively small size of the study population, it was not difficult for the researcher to cover the entire respondents. Therefore, the total population of the study which is 409 was considered as the sample size.

Sampling Techniques

The research adopted census sampling technique to select the study participants randomly from the sample size because it provided accurate and comprehensive information about the entire population, making it ideal for studies that require precise data. Census sampling eliminates sampling errors, allowing for detailed cross-tabulations and reliable data for small geographic areas or sub-populations. By including every individual respondent in the study, census sampling offered a complete enumeration of the population, enabling researchers to draw definitive conclusions. Therefore, table 1 below shows the selected public hospitals in each of the selected facilities across the local government areas of Kogi State:

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Table 1: The LGAs, Doctors and Nurses selected for the Study

LGA	No. of Doctors selected	No. of Nurses selected	Total number of respondents
Adavi	2	10	12
Ajaokuta	6	18	24
Ankpa	3	24	27
Dekina	17	38	55
Idah	5	18	23
Ijumu	2	15	17
Kogi	3	14	14
Lokoja	24	50	74
Mopa-Muro	3	18	21
Ofu	3	16	19
Ogorimangogo	3	14	17
Okene	10	33	43
Olamaboro	3	14	17
Omala	2	10	12
Yagba East	3	12	15
Yagba West	2	14	16
16	91	318	**409**

Source: Researcher's Field Survey, 2025

Meanwhile, the researcher randomly selected 35 In and Out-patients on different occasions through purposive sampling technique for in-depth interview from across the selected state owned hospitals and 3 Chief Medical Directors each from the State owned tertiary hospitals across the three Senatorial District of Kogi State, namely; Prince AbubakarAudu University Teaching Hospital, Anyigba (Kogi East), Kogi State Specialist Hospital Lokoja (Kogi West) and Reference Hospital Okene (Kogi Central) in order to have an in-depth views on the issue of doctor-nurse conflict and its effects on the general well-being of patients in the State's public hospitals. Therefore, totalling the figures I.e409+35 amounted to 444 respectively.

Methods of Data Collection

This study employed both primary and secondary sources of data collection. Primary sources involved quantitative method involved the use of survey through questionnaire and qualitative method through the use of In-depth interview. While the secondary sources involved the use of books, journal articles, reports, newspaper/magazines among internet documented sources relevant to the study. The researcher employed a mixed-methods approach (combining both quantitative and qualitative methods) for a comprehensive understanding of the problem and ensured that findings were cross-validated and more reliable. Furthermore, the researcher employed mixed methods approach because it allowed the researcher to propose evidence-based and experience-driven solutions for managing doctor-nurse conflicts in hospitals.

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This study adopted pragmatic research paradigm because it focuses on solving practical problems related to doctor-nurse conflicts and their effects on patient well-being. The pragmatic approach allows the researcher to combine both quantitative and qualitative methods to gain a comprehensive understanding of the phenomenon. Pragmatism emphasizes the practical application of research methods that best address the research questions rather than being confined to a single philosophical stance (positivism or interpretivism).

Instruments for Data Collection

For the instruments of data collection, the study employed questionnaire and in-depth interview to elicit information from the respondents and participants. Questionnaire was used for doctors and nurses because it gives the respondents several alternative options from which he/she chooses the one closest to his/her view, or requires the respondent to fill in the actual figure(s) related to the question asked. Specifically, the study used closed-ended questions in the questionnaire because of its ability to collect quantitative data that can be easily analyzed and compared, ensuring consistency in respondents' answers, and minimizing the time and effort required for respondents to complete the questionnaire. This structured approach also helped to reduce ambiguity and misinterpretation, making it ideal for large-scale surveys and quantitative research. Additionally, closed-ended questionnaires provided a clear and definitive way to test hypotheses and validated existing theories, allowing for precise and comparable data collection.

While the In-depth interview was used for patients and Chief Medical Directors to gather more information on the subject matter and to complement the responses of the study participants. The questionnaire and In-depth interview were categorized into sections consisting of the socio-demographic characteristics of the respondents and the substantive issues of the research in tandem with the aim and objectives of the study.

Pilot Study

A pilot study was conducted at 6 selected public hospitals in Benin City among the population of the study i.e doctors and nurses since they share the same characteristics with those in Kogi State public hospitals, the study area. 30 copies of questionnaires were distributed for participants (doctors and nurses) to provide answers from which validity and reliability were ascertained before the main research survey. The pilot test was necessary because it helps to identify any problems and omissions as well as to check the time spent in responding and for the clarity of language. Testing instruments through the use of pilot tests improved the reliability, precision and cross-cultural validity of data. Data collected were subjected to analysis with the use of Cronbach's Alpha reliability coefficient test and Exploratory Factor Analysis

Validity of Research Instrument

To prove that the questionnaire (instrument for data collection) was of acceptable standard constructed for the survey research, the instrument was subjected to face validity by 2 experts in the field of the study, such as the researcher's supervisors and 2 other experts from the Department of Educational Administration and Management in the faculty of Education, Prince AbubakarAudu University Anyigba.

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This aims to ascertain that the instrument is free from errors, ambiguity of instruction or wording, time inadequacy and measurability of construct.

Reliability of the Research Instrument

Reliability refers to the degree to which instrument or scale is consistent in its result overtime (Easterby, 2008). To ascertain the reliability of the instrument, a pilot study was conducted. In this study, 30 participants (different from the participants of the main study) were selected to complement the questionnaire. Cronbach Alpha Co-efficient was used in estimating the reliability. In this study, all the scales have a Cronbach's Alpha value greater than 0.70, which suggests that they are reliable scales for assessing the various aspects Doctor-Nurse Conflict and the Psychosocial Well-being of Patients in Public Hospitals in Kogi State, Nigeria.

Administration of the Research Instruments

The study administered 371 copies of questionnaire to only doctors and nurses across the selected hospitals and conducted In-depth interview with 35 in-patients and out-patients of the selected hospitals and 3 Chief Medical Directors (CMDs) each from 3 tertiary hospitals across the 3 Senatorial Districts of Kogi State. The questionnaire and in-depth interview schedules were administered by the researcher alongside some research assistants including students' nurses on practical training in the selected facilities to aid the data collection for the study respectively. Participants of the In-depth interview were selected randomly on different occasions.

Methods of Data Analysis

The quantitative data generated for the study were presented and analysed in descriptive statistics using tables and percentages to give a clearer understanding, enhances and clarifies the data collected from the field. It was done using frequency count of each response to the questions and then the percentages were discerned. The response to the questionnaire were coded and studied, in order to help in the comparative description, interpretation and general discussion of the study findings. While the responses from the interview schedules were translated, transcribed and content analyzed.

The hypothesis of the study was tested using Multiple Linear Regression because of the multiple variables involved respectively with the aid of Statistical Packages for Social Sciences (SPSS) IBM v29 as the tool of analysis because it includes relevant and updated statistical test features and equally has scripting procedures necessary for this study.

Ethical Consideration

In carrying out a systematic study of this nature, ethical consideration is sacrosanct. This is because it is one of the most important points that deserve attention. The researcher was therefore guided by the ethics of conducting research to protect the image of the respondents by treating their responses with strict confidentially and strictly for this academic purpose. The researcher sought for permission from the appropriate authorities in the Kogi State Hospital Management Board before the research activities. The

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principle of informed consent was also observed in the study appropriately while the ethical clearance was obtained from Prince AbubakarAudu University Teaching Hospital, Anyigba (KSUTH/ETHICS/005/VOL.1/59)

Data Presentation and Analysis

The presentation and analysis of the data were based on questionnaire administered to doctors and nurses across the Kogi State owned hospitals in the three Senatorial District of Kogi State, Nigeria, in which a total number of four hundred and nine (409) copies of questionnaires were distributed to the respondents by the researcher alongside the research assistants, out of which a total of three hundred and ninety eight (398) copies were filled, returned and used. While eleven copies (11) were not returned due to the respondents negligence, forgetfulness while some mishandled the instruments as at the time the researcher went to retrieve the remaining instruments. Meanwhile, 94% of the distributed copies of the questionnaire were properly filled, returned and used, while 6% were not returned and was not used. Hence, the analysis was based on the retrieved instruments. The implication of the returned copies of the questionnaire is that a high response rate of 94% was achieved, indicating that the majority of respondents took the survey seriously and completed the questionnaire. This suggests that the data collected is likely reliable and representative of the population surveyed.

Table 2: Socio-Demographic Characteristics of the Respondents

Variable	Category	Frequency (N = 398)	Percentage (%)
L.G.A	Adavi	11	2.8
	Ajaokuta	15	3.8
	Ankpa	75	18.8
	Dekina	98	24.6
	Idah	19	4.8
	Ijumu	16	4.0
	Kogi	11	2.8
	Lokoja	49	12.3
	Mopa-Muro	9	2.3
	Ofu	15	3.7
	Ogorimangogo	10	2.5
	Okene	26	6.5
	Olamaboro	13	3.3
	Omala	17	4.3
	Yagba East	6	1.5
	Yagba West	8	2.0
Sex	Male	117	29.4
	Female	281	70.6
Age (years)	Less than 21	33	8.3
	21-25	59	14.8
	26-30	61	15.3
	31-35	76	19.1
	36-40	78	19.6
	41-50	80	20.1

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	51 and above	11	2.8
Marital Status	Single	104	26.1
	Married	167	41.9
	Divorced	44	11.1
	Widowed/Widowered	54	13.6
	Separated	29	7.3
Highest Qualification	Consultant	28	7
	M.Sc/Ph.D.	59	14.8
	B.Sc	138	34.7
	RN/RM	173	43.5
Length of Service	0-5	77	19.3
	6-10	89	22.4
	11-15	91	22.9
	16-20	101	25.4
	21-35	40	10.1
Job Category	Medical Doctor	65	16.3
	Nursing	333	83.7

Source: Researcher's Field Survey, 2025

The Local Government Areas of the respondents as shown on table 4 indicates that 11(2.8%) of the respondents were from Adavi LGA, 15(3.8%) were from Ajaokuta LGA, 75(18.8%) of the respondents indicated Ankpa LGA, 98(24.6%) of the respondents accounted for Dekina LGA, 19(4.8%) of the respondents indicated Idah LGA, 16(4.0%) of the respondents indicated Ijumu LGA, 11(2.8%) of the respondents indicated Kogi LGA, 49(12.3%) of the respondents indicated Lokoja LGA, 9(2.3%) of the respondents indicated Mopa-Muro LGA, 15(3.7%) of the respondents indicated Ofu LGA, 10(2.5%) of the respondents indicated Ogorimangogo LGA, 26(6.5%) of the respondents were from Okene LGA, 13(3.3%) of the respondents were from Olamaboro LGA, 17(4.3%) of the respondents indicated Omala LGA, 6(1.5%) were from Yagba East LGA, 8(2.0%) of the respondents indicated Yagba West LGA. These findings indicate that the majority of respondents in the study were from Dekina LGA, which could be attributed to the fact that the local government area houses Prince AbubakarAudu University Teaching Hospital which is the largest State-owned health facility in the State. Additionally, the concentration of respondents in Dekina LGA may be linked to the more availability of public hospitals, which, if not evenly distributed across LGAs, could skew the findings. This has implications for policy recommendations, as solutions drawn from data heavily influenced by one area may not fully address the realities of doctor-nurse conflicts and patient well-being in other parts of the state. Moreover, the overrepresentation from Dekina LGA means findings may reflect conflict dynamics specific to a large, centralized hospital, possibly skewing insights into broader systemic issues. Larger hospitals often have more complex hierarchies, role overlap, and interprofessional tensions, which may exacerbate doctor-nurse conflicts compared to smaller, more collaborative settings.

The sex distribution of the respondents as shown in table 4 reveals that 117 (29.4%) of the respondents were male while the remaining 281(70.6%) of the respondents were female. The high figure of female respondents is an indication that we have more females especially nurses in the healthcare institutions

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particularly in Kogi State public hospitals. This could also be attributed to the fact that women's traditional roles as caregivers and nurturers have led to a natural alignment with the nursing profession, as nursing requires empathy, compassion, and a strong desire to care for others, traits that are often associated with women. The healthcare system's need for emotional labour, which involves managing emotions to provide care, also informs more recruitment of women into nursing in the hospitals. Moreover, women are socialized to be more emotionally expressive and attentive to others' needs, making them well-suited and more recruitment for nursing roles in the hospitals. This gendered composition can influence the power dynamics between doctors (who may be male-dominated) and nurses (female-dominated). Conflicts may stem from gendered assumptions, communication barriers, or hierarchical attitudes, with female nurses potentially experiencing marginalization or undervaluation by male doctors in male-led professional environments.

The age distribution of the respondents as presented in table 4 indicates that 33(8.3%) were within less than 21 years of age, 39(14.8%) of the respondents were within the age of 21-25 years, 61 representing 15.3% of the respondents were within the age of 26-30 years, 76(19.1%) of the respondents were within the age of 31-35 years, 78(19.6%) of the respondents were within the age of 36-40 years, 80(20.1%) of the respondents were within the age of 41-50 years while the remaining 11(2.8%) of the respondents were within the age of 51 years and above. The high proportion of those whose age ranges between 36-40 and 41-50 years indicates that most of the respondents were in their active working age across the hospitals in Kogi State. This age range suggests that professionals are experienced and assertive, which may intensify conflict when roles or decisions are challenged. Nurses and doctors in this bracket may demand respect and autonomy, creating friction when there is lack of mutual recognition or professional boundaries are blurred

In examining the marital status of the respondents, table 4 further reveals that 104(26.1%) of the respondents account for single nurses and doctors, 167(41.9%) of the respondents account for married, 44(11.1%) of the respondents account for divorced while 54(13.6%) of the respondents loss their spouses to death, whereas the remaining 29(7.3%) of the respondents were separated from their partners. This implies that majority (41.9%) of the respondents were married. This was expected because most of the respondents were adults and matured enough for marriage, hence the high proportion of the married among the nurses and doctors in Kogi State hospitals. Married professionals may have stronger time and emotional management skills, yet they may also be less tolerant of prolonged workplace stress or disrespect. Tensions may arise if either doctors or nurses feel their roles add excessive burdens, impacting work-life balance. Personal values shaped by marriage may also influence conflict resolution approaches.

With regards to the qualifications of the respondents, table 4 also shows that 28(7%) of the respondents indicated that they were Consultants, 59 representing 14.8% admitted that they had M.Sc/Ph.D. degree certificates, 138(34.7%) indicated that they had B.Sc/MBBS degree certificates while 173(43.5%) had admitted that they had Registered Nurses/Midwifery certificates respectively. This signifies that majority of the respondents had BSc and RN/RM certificates in Kogi State public hospitals. And this could be as a result of the shorter duration and more accessible requirements of undergraduate programs. In contrast, pursuing M.Sc and Ph.D. degrees require significant time, financial investment, and academic rigour,

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limiting the number of healthcare professionals especially nurses and doctors who pursue or had advanced degrees. Additionally, the healthcare system's need for frontline caregivers is often prioritized over specialized research or academic roles. This results in a larger workforce of nurses and doctors with graduate qualifications more than postgraduate experience. The qualification distribution of healthcare professionals in Kogi State public hospitals also has significant implications for the healthcare system. For instance, the predominance of professionals with B.Sc/MBBS and RN/RM certificates suggests a workforce primarily composed of practitioners focused on direct patient care rather than specialized or research-based roles. This may enhance the availability of frontline healthcare providers, ensuring that basic medical and nursing services are adequately delivered. The relatively lower number of M.Sc and Ph.D. holders could indicate a potential gap in advanced expertise, medical research, and healthcare policy development within the system. Although, differences in qualifications can lead to perceived status imbalances however, doctors with MBBS may see themselves as more authoritative than nurses with RN, while nurses may feel undervalued despite frontline experience. This educational gap can fuel power struggles, particularly when roles are not clearly delineated or when nurses are excluded from decision-making. Furthermore, The limited number of specialists may mean over-reliance on basic care roles, with doctors expected to make complex decisions alone and nurses feeling excluded from advanced responsibilities. This mismatch can lead to tension when expectations are high but roles and training do not align accordingly. Additionally, the emphasis on frontline care providers over specialized roles may contribute to an imbalance in the healthcare system, where immediate patient care is prioritized at the expense of long-term healthcare advancements. Addressing this gap might require policies that encourage and support further education, such as scholarships, career incentives, and institutional support for research and specialization. Strengthening postgraduate education among healthcare professionals could lead to improved healthcare service delivery, better patient outcomes, and a more resilient healthcare system in the long run.

Regarding the length of service of the respondents, table 4 shows that 77(19.3%) of the respondents indicated that they had been in the healthcare services within the range of 0-5 years in service, 89(22.4%) of the respondents account for 6-10 years in service, 91(22.9%) of the respondents account for 11-15 years in service, 101(25.4%) of the respondents account for 16-20 years in service, while the remaining 40 representing 10.1% of the respondents account for 21-35 years in service respectively. The implication of these findings is that majority of the respondents have so far spent about 20 years in the healthcare services. This signifies that majority of the respondents had a good knowledge of the research topic considering their length of experience in the service of providing healthcare for patients in the hospitals. Longer service duration suggests deep-rooted professional identities and expectations. Conflicts may arise when experienced nurses challenge younger doctors, or when long-serving professionals feel their contributions are overlooked in clinical decisions. Institutional memory may clash with new practices, fueling misunderstandings and resistance.

On the basis of job category of the respondents, table 4 shows that 65(16.3%) of the respondents were medical doctors while the remaining 333(83.7%) of the respondents were nurses. The high percentage of nurses as against doctors is an indication that they were more nurses than doctors across the public hospitals in Kogi State. The small percentage of medical doctors in hospitals compared to nurses could be

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as a result of nursing education and training programs which are often more accessible and affordable than medical school. Nursing programs also have a shorter duration, typically 2-4 years, compared to medical school, which can take 7-10 years. Nurses are essential to the daily operations of hospitals, providing hands-on care, administering medications, and monitoring patients' conditions. This requires a larger workforce to ensure adequate staffing. Hence, hospitals often have a higher demand for nurses due to the need for around-the-clock care. Nurses work varying shifts, including nights, weekends, and holidays, which requires a larger staff to maintain adequate coverage. The nursing profession is often seen as a more flexible and family-friendly career option, with more opportunities for part-time or remote work. This attracts individuals who value work-life balance. The combination of these factors contributes to a larger workforce of nurses compared to medical doctors in Kogi State hospitals. This numerical imbalance can lead to workload disparities and feelings of hierarchical dominance by a smaller doctor population. Nurses may feel overworked and underappreciated, while doctors may feel pressured by being in short supply. This dynamic can fuel resentment, role confusion, and blame, especially during high-pressure situations.

Research Question 2: What are the dynamics of doctor-nurse conflict in public hospitals in Kogi State?

Table 3: Percentage Distribution of the Dynamics of Doctor-Nurse Conflict in Public Hospitals in Kogi State

Items	Category	Frequency *(N = 398)*	Percentage (%)
Cordial relationship exists between doctors and nurses in Kogi State public hospitals.	Strongly Agreed	87	21.9
	Agreed	65	16.3
	Neutral	98	24.6
	Strongly Disagreed	45	11.3
	Disagreed	103	25.9
Rate the overall working relationship between doctors and nurses in the hospital.	Excellent	92	23.1
	Good	97	24.4
	Fair	113	28.4
	Poor	61	15.3
	Very Poor	35	8.8

Source: Researcher's Field Survey, 2025

In respect of whether cordial relationship exists between doctors and nurses in public hospitals in Kogi State, table 6 reveals that 87(21.9%) of the respondents indicated strongly agreed, 65(16.3%) of the respondents indicated agreed, while 98(24.6%) of the respondents indicated neutral, 45(11.3%) of the respondents strongly disagreed and the remaining 103(28.4%) indicated disagreed. These findings imply that cordial relationship does not exist between doctors and nurses in Kogi State public hospitals.

Regarding the degree of the working relationship between doctors and nurses in public hospitals, table 6 also reveals that the relationship was excellent, 113(28.4%) of the respondents rated the relationship to be good, 97(24.4%) of the respondents rated the relationship to be fair, while 61(15.3%) rated the relationship to be poor, the remaining 34(8.8%) of the respondents rated the relationship to be very poor.

These findings reveal a contradiction between the perceived lack of cordiality and a generally fair working relationship between doctors and nurses in Kogi State public hospitals. While the majority of

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respondents either disagreed or remained neutral about the existence of a cordial relationship, suggesting strained interpersonal dynamics, a notable portion still rated the overall working relationship as fair to good. This dichotomy implies that while professional interactions may meet functional expectations, they are likely characterized by underlying tensions, lack of mutual trust, or emotional disconnect, which can hinder teamwork and affect morale. The prevalence of neutral and negative responses further highlights a fragile professional atmosphere where collaboration may occur out of necessity rather than genuine collegiality. This underscores the need for targeted interventions to improve interpersonal relationships and foster a culture of respect and cooperation, as sustained tension can gradually erode team effectiveness and patient care quality.

Findings from the interview schedules with the Chief Medical Directors to complement the findings of the questionnaire on this research question are presented below, as an interviewee had the following to say thus:

> In my experience so far, the dynamics of doctor-nurse conflicts often revolve around professional autonomy and decision-making authority. The most common friction points emerge during ward rounds, where nurses sometimes feel their patient insights are overlooked, while doctors perceive questioning of their clinical decisions as challenges to their expertise. For instance, in our medical ward, we frequently observe tensions around the timing and urgency of medication administration, where nurses' workflow considerations sometimes clash with doctors' prescribed treatment schedules. These conflicts undeniably impact patient care, particularly through delays in treatment implementation and occasionally through communication breakdowns that affect the continuity of care. I've noticed that when such conflicts persist, patient satisfaction scores tend to decrease, and we see an increase in incident reports related to near-misses in medication administration. The strain on professional relationships often leads to reduced collaborative problem-solving, which is crucial for complex patient cases requiring multidisciplinary approaches **(IDI/6/Male/47years/Chief Medical Director/Anyigba/2025).**

These findings provide a structured understanding of the dynamics of doctor-nurse conflicts in Kogi State public hospitals as they revealed that the dynamics of doctor-nurse conflicts in these hospitals revolve around issues of professional autonomy, hierarchical struggles, communication breakdowns, and resource allocation. While each Chief Medical Director (CMD) presents a unique perspective, their insights collectively highlight the complexity of these conflicts and their far-reaching consequences on patient care and staff morale.

Research Question 2: What are the effective strategies for doctor-nurse conflicts reduction in public hospitals in Kogi State?

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Table 4: Percentage Distribution of the Resolution Strategies for Doctor-Nurse Conflict Towards Improving Patients' Well-being in Kogi State Public Hospitals

ITEM	YES	NO	UNDECIDED
Do you think that doctor-nurse conflict can be reduced or managed?	288(72.4%)	44(11.1%)	66(16.5%)
There should be roles clarification between doctors and nurses	296(74.4%)	61(15.3%)	41(10.3%)
There should be frequent conflict reduction training for doctors and nurses	307(77.1%)	51(12.8%)	40(10.1%)
There should be shared decision making concerning patients healthcare	149(37.4%)	145(36.5%)	104(26.1%)
Doctor and nurses should be involved in continuous professional development	333(83.6%)	21(5.3%)	44(11.1%)
Others	132(33.2%)	121(30.4%)	145(36.4%)

Source: Researcher's Field Survey, 2025

Regarding the question on whether doctor-nurse conflict can be reduced or managed, 288(72.4%) of the respondents indicated in affirmation, while 44(11.1%) of the respondents indicated in the contrary, the remaining 41(10.3%) of the respondents were undecided. This can be interpreted to imply that doctor-nurse conflict can actually be managed or reduced in order to achieve for which the hospitals are established.

In examining whether role clarification between doctors and nurses can help manage doctor-nurse conflict, table 9 shows that 296(74.4%) of the respondents indicated yes while 61(15.3%) of the respondents indicated no, the remaining 41(10.3%) of the respondents were neutral in their responses. This implies that role clarification is an effective strategy for doctor-nurse conflict resolution in Kogi State public hospitals.

On whether organizing frequent conflict resolution training for doctors and nurses can help resolve or manage doctor-nurse conflict, table 9 reveals that 307(77.1%) of the respondents indicated in affirmation, while 51(12.1%) of the respondents had a contrary opinion, the remaining 40(10.1%) of the respondents were undecided. This signifies that organizing frequent conflict resolution training is an effective strategy for doctor-nurse conflict reduction in Kogi State public hospitals.

In investigating whether shared decision-making concerning patients' healthcare can help to reduce doctor-nurse conflict, table 9 further reveals that 149(37.4%) of the respondents indicated in affirmation

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while 145(36.5%) of the respondents indicated a contrary opinion, the remaining 104(26.9%) of the respondents were undecided. This can be interpreted to mean that having a shared decision-making concerning patients' healthcare can be an effective strategy for doctor-nurse conflict reduction in Kogi State public hospitals.

With regards to whether involvement in continuous professional development can help in reducing or managing doctor-nurse conflict, table 9 also reveals that 333(83.6%) of the respondents indicated in affirmation while 21 representing 5.3% of the respondents had contrary opinion, the remaining 44(11.1%) of the respondents were undecided. These findings can be interpreted to mean that the healthcare professionals' continuous engagement in professional development can be an effective strategy for doctor-nurse conflict reduction in Kogi State public hospitals.

The findings from the Interview schedules with patients on strategies to managing doctor-nurse conflict also complement the findings of questionnaire are presented as follows:

An interviewee mentioned the following regarding the ways to reduce doctor-nurse conflict thus:

> During my stay, I noticed that most disagreements were handled through the head nurse who seemed to act as a mediator. While this helped maintain order, I think having regular team meetings where both doctors and nurses can openly discuss patient care would be more effective. I've seen how lack of communication affects patient care, so creating structured opportunities for dialogue could prevent many conflicts.Also, from my extended hospitalization, I perceived that conflicts were often pushed aside rather than properly resolved, creating lingering tension that affected patient care. I believe implementing a formal system where nurses and doctors can raise concerns without fear of repercussion would be beneficial. As a patient, I'd feel more confident in my care if I knew my healthcare providers had a healthy way to address their differences **(IDI/1/Male/32years/In-Patient/Anyigba/2025)**.

Buttressing the above points, another Chief Medical Director had these to say thus:

> Well, the primary sources of conflicts stem from overlapping professional roles in an evolving healthcare landscape. Modern nursing has become increasingly specialized, yet our institutional policies haven't fully adapted to reflect these changes. For instance, we frequently encounter tensions in our critical care units where highly trained nurses possess specialized knowledge that sometimes conflicts with general medical officers' approaches. Communication breakdowns also often occur not due to lack of skill, but because of differing professional languages and priorities. Nurses focus on holistic patient care and continuous monitoring, while doctors typically concentrate on diagnostic and treatment decisions. Cultural factors also play a significant role, as traditional respect for hierarchy in our society sometimes prevents junior doctors and experienced nurses from engaging in open dialogue.

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The increasing pressure on healthcare workers due to growing patient loads and documentation requirements further strains these professional relationships **(IDI/6/Male/51years/Chief Medical Director/Lokoja/2025).**

Judging from above reactions, the findings from the CMDs interviewees align with patients' suggestions in emphasizing structured conflict resolution mechanisms, open communication, and teamwork initiatives to manage doctor-nurse conflicts effectively. Overall, while patients and CMDs agree on key strategies, patients prioritize immediate care improvements, whereas CMDs take a broader, policy-driven approach to conflict resolution.

Testing of Hypothesis

Ho: Different doctor-nurse conflict resolution strategies do not significantly impact patients' well-being in public hospitals in Kogi State.

Multiple Linear Regression was used to test and analyze this hypothesis andthe following results emerged:

Table 5: Showing the Summary of Multiple Linear Regression Results of Conflict Resolution Strategies andPatients' Well-being

Model Summary

R	R Square	Adjusted R Square	Standard Error of the Estimate	Durbin-Watson
.786	.618	.613	.51243	.1.892

ANOVA Results

Source	SS	Df	MS	F	Sig.
Regression	172.364	4	43.091	164.228	.000
Residual	106.636	393	.271		
Total	279.000	397			

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Coefficients

Variable	B	SE	Beta	T	Sig.
(Constant)	1.124	.156		7.205	.000
Role Clarification	.384	.047	.342	8.170	.000
Conflict Reduction Training	.412	.049	.368	8.408	.000
Shared Decision Making	.276	.044	.248	6.273	.000
Professional Development	.395	.048	.354	8.229	.000

Descriptive Statistics

Variable	Mean	SD	N	Yes (%)
Role Clarification	0.744	0.436	398	74.4
Conflict Reduction Training	0.771	0.421	398	77.1
Shared Decision Making	0.374	0.484	398	37.4
Professional Development	0.836	0.371	398	83.6

Strategy Implementation Response Rates

Strategy	Yes (%)	No (%)	Undecided (%)
Role Clarification	74.4	15.3	10.3
Conflict Reduction Training	77.1	12.8	10.1
Shared Decision Making	37.4	36.5	26.1
Professional Development	83.6	5.3	11.1

Source: Researcher's SPSS Computation, 2025.

Statistical Analysis Results:

Model Fit:

$R^2 = .618$ (61.8% of variance explained)

Adjusted $R^2 = .613$

Model Significance:

$F(4, 393) = 164.228$

$p < .001$

Predictor Significance (all $p < .001$):

Conflict Reduction Training: $\beta = .368$

Professional Development: $\beta = .354$

Role Clarification: $\beta = .342$

Shared Decision Making: $\beta = .248$

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Decision Making:

Reject Ho3: The null hypothesis is rejected and the alternative hypothesis accepted. Because there is significant statistical evidence that the different doctor-nurse conflict resolution strategies tested, significantly affect patients' general well-being in public hospitals in Kogi State.

Interpretation: The multiple regression analysis reveals that all the four conflict resolution strategies are significant predictors for reducing doctor-nurse conflict onward improved relationship and collaborations between doctors and nurses in Kogi State public hospitals with the model explaining 61.8% of the variance ($R^2 = .618$). Conflict Reduction Training emerged as the strongest predictor ($\beta = .368$) followed by Professional Development which showed strong influence ($\beta = .354$), followed by Role Clarification which demonstrated significant impact ($\beta = .342$) and then Shared Decision Making, while significant, had the lowest impact ($\beta = .248$).

Discussions of Findings

The aim of this cross-sectional descriptive study was to examine theresolution strategies for the dynamics of doctor-nurse conflicts affecting patient well-being in selected public hospitals in Kogi State, Nigeria.

Based on the result from the field, it was found that larger percentage of the respondents agreed that there were no cordial relationships between doctors and nurses across the public hospitals in Kogi State. Against the strong opinions of this significant majority of the respondents, the findings implied that cordial relationship does not exist between doctors and nurses in Kogi State public hospitals. Moreover, a significant proportion of the respondents rated the relationship between doctors and nurses as fair to signify that there was no good relationship between doctors and nurses in public hospitals in Kogi State even when the relationship was expected to be excellent in their healthcare practices on patients.

These findings are in support of the position of Emelda (2020) who opined that the relationship between nurses and doctors is like that of superiors and subordinates and that the dominance is justified by the idea that, in comparison to other health professions, medicine operates on a foundation of "superior"–"subordinate" legitimated knowledge. In congruence with these findings also, Kim et al. (2022) asserted that 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. Still in support of these findings, Konlan et al. (2023) opined that throughout history, the dominance of medical power has had a significant impact on the status and growth of nurses' expertise. Also, in support of these findings, Longan and Malone (2018) opined that all public healthcare facilities are run by doctors and this presents them with chances to shape nursing education, particularly in Nigeria. However, Kerhof et al. (2021) contradicted this view by suggesting that despite hierarchical tensions, the role of nurses in clinical decision-making is increasingly valued, and collaboration between doctors and nurses is possible, which challenges the idea that these professional hierarchies prevent cordial relationships.

Based on the findings from the field, it was discovered that a higher percentage of the respondents admitted in affirmation that doctor-nurse conflict can be reduced or managed in Kogi State public hospitals, and sequel to this, a significant majority of the respondents pointed at role clarification between

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doctors and nurses to help manage or reduce doctor-nurse conflict in public hospitals in Kogi State. Then a higher proportion of the respondents as well pointed at organizing frequent conflict resolution training for doctors and nurses to help manage or reduce doctor-nurse conflicts. Similarly, the majority of the respondents indicated shared decision-making concerning patients' healthcare to help in reducing doctor-nurse conflicts. Likewise, the respondents pointed at involvement in continuous professional development to help in reducing or managing doctor-nurse conflict in Kogi State public hospitals.

The results of hypothesis four also buttressed these findings as the multiple regression analysis revealed that all the four conflict resolution strategies discovered were significant predictors for reducing doctor-nurse conflict onward improving the relationship and collaborations between doctors and nurses in Kogi State public hospitals with the model explaining 61.8% of the variance ($R^2 = .618$). Conflict Reduction Training emerged as the strongest predictor ($\beta = .368$) followed by Professional Development which showed strong influence ($\beta = .354$), followed by Role Clarification which demonstrated significant impact ($\beta = .342$) and then Shared Decision Making, while significant, had the lowest impact ($\beta = .248$). These results and analysis led to the rejection of the null hypothesis to conclude that there is significant statistical evidence that the different doctor-nurse conflict resolution strategies tested, significantly affect patients' general well-being in public hospitals in Kogi State.

These findings are in agreement with the findings of previous studies such as Ogundeji et al., (2023) who asserted that clearly defining and respecting the roles and responsibilities of both doctors and nurses can reduce conflicts arising from role ambiguity. Adeyemo et al., (2024) also reported in line with the findings of this present study that Nigerian Health Sector Reform Coalition developed a comprehensive "Inter professional Roles and Responsibilities Framework" in 2023 and Hospitals which adopted this framework reported a 50% decrease in role-based conflicts within the first six months. In congruence with these findings also, Okafor et al. (2023) who conducted a comparative study of 20 Nigerian hospitals, found that those with clearly defined scope-of-practice documents for each profession had 45% fewer inter professional disputes and 30% higher staff retention rates.

Conclusions

The study's findings suggest that the dynamics of doctor-nurse conflicts involved a range of factors including communication breakdowns, role conflicts, and differences in professional values and goals, mastermind by lack of mutual respect, differences in wages and salaries, and quest for recognition and professional relevance, leading to patients often experiencing anxiety, depression, stress, and trauma as a result of these conflicts. Despite these dynamisms, there are effective strategies for reducing doctor-nurse conflicts in public hospitals in Kogi State. These strategies include role clarification between doctors and nurses, frequent conflict resolution training, shared decision-making concerning patient healthcare, and involvement in continuous professional development.

Recommendations

Based on the findings of this study, the study put forward the following recommendations:

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Kogi State Hospital Management Board should establish a culture of open communication and collaboration between doctors and nurses. This can be achieved by providing regular training and workshops on effective communication, conflict resolution, and teamwork. Healthcare providers should be encouraged to share their concerns and ideas, and hospital administrators should foster an environment that values and rewards collaboration and open communication. There should be vivid emphasis and frequent clarification of roles and responsibilities between doctors and nurses. This can be achieved by developing clear job descriptions, establishing standardized protocols for patient care, and providing regular training and education on role clarification. By clarifying roles and responsibilities, healthcare providers can reduce confusion, improve communication, and enhance collaboration.

Authors Contribution

EdimeYunusa, carried out the research work

Prof. Julius Olugbenga Owoyemi and Dr. Timothy Abayomi Atoyebi supervised the research work.

Conflict of Interest

The authors declared no conflict of interest regarding this research work

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