PERCEIVED DETERMINANTS OF INTER-PROFESSIONAL CONFLICTS BY COMMUNITY HEALTH PRACTITIONERS AND THEIR PSYCHOSOCIAL CONSEQUENCES ON PHC WORKERS IN OYO, OYO STATE

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Abstract
The study examined community health practitioners' (CHPs) perceptions of the factors driving inter-professional conflicts and the associated psychosocial effects on primary healthcare (PHC) workers in Oyo, Oyo State. A descriptive cross-sectional survey design was adopted for the research. The study population consisted of CHPs who had at least three years of working experience in PHCs across four local government areas within Oyo town. Using a purposive sampling technique, a total of 112 respondents were selected for participation. Data were collected through a validated structured questionnaire, and the instrument's reliability was confirmed using the split-half method, yielding a Cronbach's alpha coefficient of 0.74. The research questions were analyzed using mean score ranking, while the stated null hypotheses were tested using the Pearson Product Moment Correlation statistical method. The findings indicated that disparities in salaries and incentives (mean = 3.47) were perceived as the leading cause of inter-professional conflicts among PHC workers. In terms of psychosocial outcomes, anxiety disorders (mean = 3.28) and a lack of teamwork (mean = 3.31) emerged as the most prominent consequences of such conflicts, as reported by CHPs in Oyo, Oyo State. Furthermore, hypothesis testing revealed significant relationships between the perceived determinants and the occurrence of inter-professional conflicts (r-calculated = 0.751, which exceeded the critical value of 0.187). Similarly, a significant association was found between the perceived psychosocial consequences and inter-professional conflicts (r-calculated = 0.621, also greater than the critical value of 0.187). Based on these findings, the study recommended that health policymakers should ensure greater equity in staff remuneration and establish effective conflict resolution committees at the PHC level. In addition, health authorities were advised to introduce comprehensive psychosocial support services and organize regular training sessions on conflict management strategies for healthcare workers.
Keywords: Conflict, Consequences, Determinants, Inter-professional conflicts, Psychosocial

Introduction

In every human set-up, conflict is inevitable. Primary Health Care (PHC) Workers are crop of health professionals working at the primary health care centres in Oyo State. PHC workers include physicians, medical laboratory scientists/technicians, health educators, nurses/midwives, pharmacy technicians, health information officers/technicians, health assistants, Community Health Practitioners (CHPs) which comprised of three cadres namely Community Health Officers (CHOs), Community Health Extension Workers (CHEWs) and Junior

Community Health Extension Workers (JCHEWs) to mention a few. In Oyo State, among the PHC workers, CHPs had largest workforce. With different categories of health professionals mentioned above, there is high possibility of inter-professional conflicts. Among them, daily interaction in the workplace can bring about inter-professional conflicts.

Since the time past and till date, the issue of inter-professional conflict among health workers is still on-going. In the recent years, it seems increasing. Mayaki and Stewart (2020) opined that inter-professional conflict among health professionals in Nigeria is reported to be widespread and occurring at every level of healthcare system. Nwobodo et. al. (2022) viewed conflict as forms of friction, disagreement or discord occurring within a group when the beliefs or actions of tone or more members of the group are either resisted or unacceptable to one or more members of another group. Inter-professional conflict is the emergence of deterioration and absenteeism of harmony in the multi-professional group, which is manifested in crisis and poor sense of formation in the activities of the team. Conflict can exist at all levels such as: intra-personal, inter-personal, inter or intra-group (Dai & Akey-Torku, 2020).

According to Omisore et. al. (2017), conflict has been reported at all levels of the healthcare system from primary to tertiary healthcare facilities. Ibrahim et. al. (2025) submitted that professional conflict was most common between nurses and CHEWs (32%), and followed by nurses and physicians (29%). Nearly all PHC workers have at one time experience inter-professional conflicts. The study of Mohammed (2022) showed that majority of medical doctors (84.5%), pharmacists (84.9%), medical laboratory scientists (89.5%) and nurses (77.9%) agreed to have experienced inter-professional conflicts. There are several reasons accounted for inter-professional conflict among healthcare workers. As identified by Ibrahim et. al. (2025), major cases of professional conflict include: superiority complex (21%), professional bias (13%), role duplication (20%), particular in laboratory investigation (20%). According to National Salaries, Incomes and Wages Commission (2019), in Nigeria, two salary scales exist for healthcare workers, with wide disparity and this include, Consolidated Medical Salary Structure (CONMESS) for medical doctors or physicians and dentists; and the Consolidated Health Salary Structure (CONHESS) for all other healthcare professionals including CHPs. The challenge in the above named two salary scales is that, CONMESS put medical doctors more important in healthcare compare to other professionals using CONHESS salary scale.

In Oyo State, discrepancy also manifests in-term of salary payment. In Oyo State Primary Health Care Board, apart from medical doctors, nurses/midwives from grade level 12 and above are being paying teaching allowance while other health professionals were neglected including CHPs. In the survey of senior management staff of health institution conducted in Nigeria, Omoluabi (2014); Aregbeshola (2018) observed massive discrepancies in the remuneration of healthcare workers on the same grade levels across the federal, state and local government as well as in the remuneration of health workers of different professions. According to Aregbeshola (2018), determinants of professional conflict among health professionals in Nigeria include, claiming superiority over others by some health professionals, leadership tussle, positions and the wide disparity in remuneration. In the view of Mohammed et. al. (2022), poor leadership structure, lack of clarity roles, as well as poor communication was linked to sources of conflict in the Nigerian health sector. This is further deepened due to different educational background, code of ethics, value system and perspective on patient care as well as rivalry (Merrill & Miller, 2015). Another salient determinant of professional conflict is leadership of different health professional association who act as interest groups to influence government policy in favour of their members ignoring the implications to other professional groups and the health sector in general (Mohammed, 2022). Ebuka (2018) revealed that healthcare professionals like pharmacists and medical laboratory scientists' entry point into public service is salary grade level 10; while physicians were placed on entry point of salary grade level 12.

Available evidence suggests that unlike in the developed world, healthcare professionals do not collaborate well in Nigeria because of the claim of superiority complex. Medical doctors always claim healthcare leadership and ownership of patients and this often creates more conflict among other healthcare professions (Adeloye et. al., 2017). Adim et. al. (2020) identified power struggle, areas of specialization, leadership in-term of headship and control, organizational hierarchy and multiplicity of skills as parts of the determinants of inter-professional conflicts. As asserted by Osaro and Charles (2014), lack of team spirit and claims of superiority of a particular group of professionals over others has impacted negatively on team spirit as well as optimal output of professional services. The report of the study of Mohammed (2022) revealed different salary structure (79.5%), lack of team work (69.9%), fighting for leadership position (69.8%), rivalry (69.8%), disparity in allowances (67.2%) and lack of respect (60.1%) among others as factors promoting inter-professional conflicts in the health sector.

Inter-professional conflict may involve violence, interpersonal discord and psychological tension (Merrill & Miller, 2015). The result of the study of Nwobodo et. al. (2022) revealed different patterns of inter-professional conflict such as medical doctors against nurses, pharmacists at loggerhead against medical doctors regarding medication prescription, medical doctors against medical laboratory scientists, nurses against cleaners and medical laboratory scientists against nurses. Inter-professional is a strong work-related stressor which has potential to impact negatively on the social, physical and mental well-being of PHC workers; and can result into psychological distress. As asserted by Woo et. al. (2020), Vizhah et. al. (2020), psychological distress can lead to burnout, depression, anxiety disorder, sleeping disorder, and other illnesses. The researcher opined that inter-professional conflicts can lead to emotional exhaustion, depersonalization, loss of energy and lack of interest in job. Sovold et. al. (2021) submitted that working in a stressful environment for long time with little recovery period can cause burnout. At times, inter-professional conflicts lead to exchange of malicious words and hostility. In South Africa, as revealed by King and Mclnerney (2006), professional conflicts have been noted as key reasons for premature resignation of skilled nurses. Report from the study of Mohammed (2022) showed that 37% of their respondents opined that inter-professional conflict has retarded their career progression. Cullati et. al. (2019); Vathsala et. al. (2016) noted that, professional conflict can involve the use of harsh language such as yelling, threats and profanity; blaming, breakdown in communication, and disruptive conduct which may result to poor teamwork associated with high level of medical errors and adverse events for patients.

Despite clear differences in functions performed by each cadre at the PHC level in Oyo State, there is still inter-professional conflict. It will be difficult for PHC to thrive where there is rancor, acrimony and unhealthy relationships among the professional groups. In Nigeria, Ehikioya (2014) reported unhealthy rivalry among various healthcare professionals. Ibrahim et. al. (2025) reported that during the routine posting at general hospital, Hadejia, inter-professional conflict occurs due to multi-professional approach especially between nurses and physicians, CHEWs and laboratory technicians; and between nurses and other clinical staff. The researchers observed dearth of literature and no scholarly work done in the locale of study on inter-professional conflict among PHC workers in Nigeria with respect to Oyo State. Many studies have been carried out on how inter-professional conflicts among health professionals affect outcome of patient care and health delivery system without taking cognizance of workers' psychosocial well-being. In Oyo State, till today, at the PHC level, inter-professional conflicts exist but under-reported and undocumented. Yet, there was silent cry among members. Therefore, researchers investigated the perceived determinants of inter-professional conflicts by CHPs and their psychosocial consequences on PHC workers in Oyo, Oyo State.

Research Questions

The following questions were answered in this study:
1. What are the perceived determinants of inter-professional conflicts among PHC workers as reported by CHPs in Oyo, Oyo State?
2. What are the perceived psychosocial consequences of inter-professional conflicts among PHC workers as reported by CHPs in Oyo, Oyo State?

Hypotheses

The following null hypotheses were formulated and tested in this study:
1. There is no significant relationship between perceived determinants and inter-professional conflict among PHC workers as reported by CHPs in Oyo, Oyo State.
2. There is no significant relationship between perceived psychosocial consequences and inter-professional conflicts among PHC workers as reported by CHPs in Oyo, Oyo State.

Methodology

A descriptive cross-sectional survey design was employed in this study. The study population comprised all CHPs who have spent a minimum of three years working at the PHCs in four local governments in Oyo totaling 112. The study was conducted between December 2024 and March 2025. A purposive sampling technique was used to select all the 112 CHPs as the sample size for the study. A structured questionnaire titled "Perceived Determinants and Psychosocial Consequences of Inter-Professional Conflicts among PHC Workers (PDPCICPHCW)" validated by three jurors was used for quantitative data gathering. Reliability of the instrument was established using a split half method and the results showed good internal consistency, with a Cronbach's alpha of 0.74. Consent of each respondent was sought, confidentiality pledged and participation in the study was voluntary. Three trained research assistants helped in the distribution of the copies of the questionnaire. Data processing was done using Statistical Package for Social Sciences version 25.0. The two research questions were answered and presented using mean score ranking. Composite scores for perceived determinants, inter-professional conflicts and psychosocial consequences were computed by averaging each construct. Pearson Product Moment Correlation (PPMC) was used test the null hypotheses at 0.05 alpha level.

Results

Research Question One: What are the perceived determinants of inter-professional conflicts among PHC workers as reported by CHPs in Oyo, Oyo State?

Table 1: Mean Score and Rank Order of Respondents' Perceived Determinants of Inter-personal Conflicts among PHC Workers as Reported by CHPs in Oyo, Oyo State

N= 112

S/n	Perceived Determinants of Inter-professional Conflicts	$\bar{x}$	Rank	Decision
1	Toxic leadership	3.23	4th	High
2	Lack of mutual respect	2.99	9th	High
3	Salary and incentive disparity	3.47	1st	High
4	Leadership tussle	3.12	6th	High
5	Superiority complex	3.30	2nd	High
6	Inferiority complex	2.21	15th	Low
7	Role overlaps	2.49	11th	Low
8	Divergent clinical approach to patient care	2.32	13th	Low
9	Poor communication	2.29	14th	Low
10	Rivalry	2.96	10th	High
11	Excessive workload	3.28	3rd	High
12	Lack of recognition	2.48	12th	Low
13	Professional hierarchy	3.04	8th	High
14	Role ambiguity	2.07	16th	Low
15	Competition	3.09	7th	High
16	Personality clashes	3.20	5th	High

Criterion $\bar{x}$ = 2.50

The result in the table 1 indicated that items 3, 5, 11, 1, 16, 4, 15, 13, 2 and 10 respectively were high in values because their means scores were equal or higher than the criterion mean. Therefore, salary and incentive disparity, excessive workload, toxic leadership, personality clashes, leadership tussle, competition, professional hierarchy, lack of mutual respect and rivalry were perceived to be high determinants of inter-professional conflicts among PHC workers as reported by CHPs in Oyo, Oyo State.

Research Question Two: What are the perceived psychosocial consequences of inter-professional conflicts among PHC workers as reported by CHPs in Oyo, Oyo State?

Table 1: Mean Score and Rank Order of Respondents' Perceived Psychosocial Consequences of Inter-professional Conflicts among PHC Workers as Reported by CHPs in Oyo, Oyo State

N= 112

S/n	Perceived Psychosocial Consequences of Inter-professional Conflicts	$\bar{x}$	Rank	Decision
	(**Psychological Variables**)			
1	Depression	2.62	12th	High
2	Low self-esteem	3.00	5th	High
3	Anxiety disorder	3.28	2nd	High
4	Suicidal ideation	1.83	15th	Low

5	Sleeping disorder	2.90	8th	High
6	Burnout	3.18	3rd	High
7	Emotional exhaustion	3.17	4th	High
8	Loss of concentration at work	2.99	6th	High
9	Absent-mindedness	2.86	10th	High
	(**Social Variables**)			
10	Job dissatisfaction	2.89	9th	High
11	Loss of interest in job	2.94	7th	High
12	Premature resignation	1.92	14th	Low
13	Lack of teamwork spirit	3.31	1st	High
14	Isolation	2.16	13th	Low
15	Escalation of others' professional mistakes	2.88	11th	High

Criterion $\bar{x}$ = 2.50

The result in the table 1 indicated that items 13, 3, 6, 7, 2, 8, 11, 5, 10, 9, 15 and 1 respectively were high in values because their means scores were equal or higher than the criterion mean. Therefore, of lack of teamwork, anxiety disorder, burnout, emotional exhaustion, low self-esteem, loss of concentration at work, loss of interest in job, sleeping disorder, job dissatisfaction, absent-mindedness, escalation of others' professional mistakes and depression respectively were perceived to be high psychosocial consequences of inter-professional conflicts among PHC workers as reported by CHPs in Oyo, Oyo State.

Hypotheses Testing

Hypothesis One: There is no significant relationship between perceived determinants and inter-professional conflict among PHC workers as reported by CHPs in Oyo, Oyo State.

Table 3: Pearson (r) Correlation between Perceived Determinants and Inter-professional Conflicts among PHC workers as Reported by CHPs in Oyo, Oyo State

Variables	**N**	**Df**	**SD**	**r-cal value**	**r-crit. value**	**Alpha level**	**Decision**
Perceived Determinants & Inter-professional Conflicts	112	110	7.22 6.71	0.751	0.187	0.05	Ho Rejected

Table 3 revealed that the calculated r-value of 0.751 is greater than the critical r value of 0.187 with the degree of freedom 110 at 0.05 alpha level. Therefore, the null hypothesis is rejected which implies that, there was a significant relationship between perceived determinants and inter-professional conflict among PHC workers as reported by CHPs in Oyo, Oyo State.

Hypothesis Two: There is no significant relationship between perceived psychosocial consequences and inter-professional conflicts among PHC workers as reported by CHPs in Oyo, Oyo State.

Table 4: Pearson (r) Correlation between Psychosocial Consequences and Inter-personal Conflicts among PHC Workers as Reported by CHPs in Oyo, Oyo State

Variables	N	Df	SD	r-cal value	r-crit. value	Alpha level	Decision
Psychosocial consequences & Inter-professional Conflicts	112	110	6.20 4.54	0.621	0.187	0.05	Ho Rejected

Table 4 revealed that the calculated r-value of 0.621 is greater than the critical r value of 0.187 with the degree of freedom 110 at 0.05 alpha level. Therefore, the null hypothesis is rejected which implies that, there was a significant relationship between psychosocial consequences and inter-professional conflict among PHC workers as reported by CHPs in Oyo, Oyo State.

Discussion

The findings from the table 1 indicated that salary and incentive disparity, superiority complex, excessive workload, toxic leadership, personality clashes, leadership tussle, competition, professional hierarchy, lack of mutual respect and rivalry ranked first ($\bar{x}$ = 3.47), second ($\bar{x}$ = 3.30), third ($\bar{x}$ = 3.28), fourth ($\bar{x}$ = 3.25), fifth ($\bar{x}$ = 3.20), sixth ($\bar{x}$ = 3.12), seventh ($\bar{x}$ = 3.09), eighth ($\bar{x}$ = 3.04), ninth ($\bar{x}$ = 2.99) and tenth ($\bar{x}$ = 2.96) respectively were highly perceived as determinants of inter-professional conflicts among PHC workers as reported by the CHPs in Oyo, Oyo State. However, role ambiguity ($\bar{x}$ = 2.07), inferiority complex ($\bar{x}$ = 2.21), poor communication ($\bar{x}$ = 2.29), divergent approach to patient care ($\bar{x}$ = 2.32), lack of recognition ($\bar{x}$ = 2.48), and role overlaps ($\bar{x}$ = 2.49) were perceived to a low extent, suggesting that they were less prominent determinants of inter-professional conflicts among PHC workers as reported by CHPs. In order to solidify the findings above, the result of the tested hypothesis 1 in the table 3 revealed that there was a significant relationship between perceived determinants and inter-professional conflict among PHC workers as reported by CHPs in Oyo, Oyo State. The result corroborates the findings of Mohammed (2022) who identified disparity in salary structure (79.5%), lack of teamwork (69.9%), struggle for leadership position (69.8%), professional rivalry (69.8%), inequality in allowance (67.2%) and lack of respect (60.1%) as determinants of professional conflicts. The result further aligned with the assertion of Osaro and Charles (2014) who reported lack of team spirit and claim of superiority as other factors impacting professional team spirit negatively. Also, Aregbeshola (2018) cited leadership tussle, claiming superiority, wide disparity in salary and position as parts of sources of inter-professional conflicts.

The result in the table 2 showed that lack of teamwork spirit ($\bar{x}$ = 3.31), anxiety disorders ($\bar{x}$ = 3.28), burnout ($\bar{x}$ = 3.18), emotional exhaustion ($\bar{x}$ = 3.17), low self-esteem ($\bar{x}$ = 3.00), loss of concentration at work ($\bar{x}$ = 2.99), loss of interest in job ($\bar{x}$ = 2.94), sleeping disorders ($\bar{x}$ = 2.90), job dissatisfaction ($\bar{x}$ = 2.89), absent-mindedness ($\bar{x}$ = 2.86), escalation of others' professional mistakes ($\bar{x}$ = 2.88) and depression ($\bar{x}$ = 2.62) respectively were the prominent perceived psychological consequences of inter-professional conflicts among PHC workers as reported by CHPs in Oyo, Oyo State. Suicidal ideation ($\bar{x}$ = 1.83), as psychological variable and premature resignation ($\bar{x}$ = 1.92) and isolation ($\bar{x}$ = 2.16 as social variables were least reported as the psychological consequences of inter-

professional conflicts among PHC workers as reported by CHPs in Oyo, Oyo State. In support of the findings, the tested hypothesis 2 in the table 4 revealed that there was a significant relationship between psychosocial consequences and inter-professional conflict among PHC workers as reported by CHPs in Oyo, Oyo State. The findings of this study were in line with the submission of Woo et. al. (2020); Vizhah et. al. (2020) that burnout, anxiety disorders and sleeping disorders were associated with psychological stress as a result of psychosocial distress from workplace. The result is further in support of the assertion of Cullati et. al; Vathsala et. al. (2016) that poor teamwork, disruptive conduct and breakdown in communication were resultant effects of professional conflict.

Conclusion and Recommendations

Based on the findings of the study, it was concluded that perceived determinants had significant association with inter-professional conflicts among PHC workers as reported by CHPs in Oyo, Oyo State. Perceived psychosocial consequences had significant association with inter-professional conflicts among PHC workers as reported by CHPs in Oyo, Oyo State. Based on the conclusion of the study, it was recommended that:

1. Health policymakers at all levels should promote equity among health personnel and establish functional conflict resolution committee at the PHC level to ensure effective management of inter-professional conflicts.
2. Health authorities should implement comprehensive psychosocial support services and organize regular seminars on conflict management techniques to enhance the social and mental well-being of PHC workers.

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