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RESEARCH ARTICLE

EFFECTS OF AGE ON INTRA-PROFESSIONAL CONFLICT AMONG NURSES IN SOUTH-EAST, NIGERIA

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ABSTRACT

The observation of the researcher as a nurse in a hospital in South-East, Nigeria is that intra-professional conflict is rife among nurses. Strikingly, the incidence of intra-professional conflict among nurses could be a function of many factors among which are age and academic qualifications. Thus, the purpose of this study was to investigate Effects of age and academic qualification on intra-professional conflict among nurses in selected hospitals in South-East, Nigeria. The research design employed in the study was a cross sectional survey, sample size of 997 nurses who were randomly selected participated in the study. The data were obtained using a 19-item questionnaire titled: Sources of Intra-Professional Conflicts among Nurses Questionnaire (SIPCNQ). SIPCNQ was validated by two other experts from departments of nursing and health management. Reliability of SIPCNQ which was tested with Cronbach alpha test to determine its internal consistency obtained an alpha coefficient reliability of 0.68-0.86 and was considered reliable for the study. Mean, Standard Deviation with Analysis of Covariance (ANCOVA) were used for data analysis. The findings of the study revealed that intra-professional conflict negatively affected nurses of 21-30yrs the most, followed by nurses of 31-40yrs while nurses of 51-60 years are least affected by intra-professional conflict. Furthermore, the findings of the study revealed that intra-professional conflict negatively affected nurses with Diploma/other certificates the most, followed by nurses with BScN/BNSc degree while nurses with PhD/other higher degrees are least affected by intra-professional conflict. Based on the findings of the study, it was recommended that Ministry of health and employers of nurses should endeavor to organize conferences and workshops for younger nurses on the professional ways of managing and resolving intra-professional conflicts.

INTRODUCTION

Conflict is the tendency of every mortal. In any human endeavor, there is bound to be variations in views, opinions or perceptions. In other words, it is difficult to have people from different backgrounds come to a compromise position on an issue of interest. Thus, conflict is the proclivity to disagree with oneself or another regarding an issue of interest. Conflict is inevitable and by extension, occasioned by plurality of views. Conflict can either be within a person (intrapersonal) or between persons (inter-personal). Intrapersonal conflicts take place within the individual (Patton, 2014). Thus, intra-professional conflict is one that takes place within a profession. It is internal to a profession and could be problematic to manage. Intra-professional conflict pervades work places given the dynamics and interdependency of the employees. Interestingly, one of such work places is the hospital. Hospital as a work place is susceptible to conflict due to stressful environments, constant changes, challenging work, different cadres of staff as well as diversity of interactions.

Thus, the potential for conflict in a hospital setting is high given the complex nature of the health care system. Intra-professional conflict among nurses within the hospital can culminate in reduced job satisfaction as well as reduced patient safety. Within the hospital, the researcher is interested in intra-professional conflict among nurses. This is because nurses play key roles in the hospital and arguably constitute its largest workforce. Nurses serve as direct care-givers in the hospitals. They, by extension, serve as the intermediary betwixt the doctors while appearing to be in the vanguard of health services (Belachew, Molla&Tadesse, 2016). Nurses are key part of the health care system that aid in the promotion of health, prevention of disease and caring for physically ill as well as mentally ill people of all ages (Asmaa, El-Sayed and Azza, 2019). The challenging and stressful nature of nursing and midwifery can often trigger workplace conflict. Nurses have a wide scope of interventions they offer in the hospital. These interventions range from restoring health reactions to a person's episode of disease to the development of policies that are tailored towards the promotion of a population's long-term health (International council of nurses, 2019).

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Thus, nurses are expected to be guided by learned skills, policies, ethics and working standards in the discharge of their responsibilities in a way that is in adherence to ethical obligations of the nursing profession (Olson & Stokes, 2016). Given that the nursing profession is guided by ethics, codes of conduct and policies, the expectation is that intra-professional conflict will be at its lowest ebb if any. However, this appears not to be the case. This is rather evidenced by the observation of the researcher as a nurse in a hospital in South-East, Nigeria is to the effect that intra-professional conflict is rife among nurses. Interestingly, the incidence of intra-professional conflict among nurses could be a function of many factors among which is age. Regarding age, age is a factor that could trigger intra-professional conflict among nurses. This is to the extent that younger nurses in the profession could be more exposed to conflict than their older counterparts given that they may not be as emotionally matured as the older nurses. On the other hand, older nurses, by virtue of their ages could have high expectation from younger nurses in terms of quality service delivery. When the afore-mentioned expectation is not met, conflict could be the logical consequence. Akel and AbdElazeem (2015) compared nurses' and physicians' point of view regarding causes of conflict between them and found that a statistically significant relationship existed between level of conflict and nurse's age. In similar vein, El Dahshan and Moussa, (2019) assessed levels of conflict experienced by nurses and found that conflicts' level was high among younger nurses than older nurses in both Egyptian and Saudi hospitals. Going further, Tourangeau et al. (2014) noted that a generation cohort which is often linked to age can affect conflict perception among nurses. Tourangeau et al. found that while older nurses were inclined to using a more collaborative conflict resolution style, younger nurses were disposed to using a more aggressive style. Looking at the afore-mentioned studies, it can be deduced that none of them looked at intra-professional conflict among nurses in terms of age and academic qualification. Additionally, none of the studies was done in Nigeria. In a bid to fill the afore-mentioned gaps, the researcher considered the current study necessary.

Research Question

What are the sources of conflict among nurses based on their ages?

Hypothesis

There is no significant difference between sources of conflict among nurses based on their ages.

METHODS

Research Design: Ex-post factor research design was adopted for the study. Ex-post factor research design is a systematic empirical inquiry in which the independent variable cannot be manipulated by the researcher (Nworgu, 2015). This design is appropriate because the researcher cannot manipulate academic qualification and age of nurses which constitute the independent variable in the study.

Procedure: The population of the study comprised all nurses that have worked in any department of the hospital for two years or more. Two years was chosen because by the Nigeria civil service regulation every senior staff would have spent two

years probationary period before the appointment is confirmed (2008 Public Service Rules). The total number of nurses for NAUTH, Anambra State was 511, while that of UNTH, Enugu was 665, giving a total of 1176 nurses from the two hospitals, (Nursing Services Records, NAUTH & UNTH, 2014). The sample consisted of all the total registered but confirmed nurses in different cadre in the two hospitals with a total population of 1176 was used. The method for small population as quoted by Watson (2011) and used by Scott-Smith, (2013) in his PhD thesis was adopted because of the nature of duty of nurses. A population of just 1,000 nurses will be considered small, since Nigeria has a very large population of about 136,000 nurses/midwives (N&MCN, 2012). Most nurses cover three shift duties of morning, afternoon and night, with some others on off duty, annual/maternity leave, study leave and even sick leave. The total number of 997 nurses met on duty each day for the one month of data collection constituted the sample. A purposive sampling method was used to select the two tertiary hospitals in the South East. These hospitals were purposively chosen due to accessibility and because the population also has all the characteristics of registered nurses (they all have the same training, skills, and knowledge). The instrument for data collection was a questionnaire title: Sources of Intra-Professional Conflicts among Nurses Questionnaire (SIPCNQ). The SIPCNQ consisted of 19 items developed by the researcher. The questionnaire had two sections; A, and B. Section A was designed to generate data on respondents' demographic characteristics, while section B sought information on the respondents' sources of intra-professional conflict. SIPCNQ was validated by two experts in the field of management from Departments of Nursing and Health administration and Management for face and content validity. The reliability of the SIPCNQ was ascertained using Cronbach Alpha Statistics. Consequently, the instrument was administered once to 100 registered nurses who had worked for at least 2 years at the Chukwuemeka Odimegwu Ojukwu University Teaching Hospital (COOUTH), Awka. The scores generated were subjected to Cronbach alpha test to determine the internal consistency of the instrument. An alpha coefficient reliability of 0.68-0.86 was obtained showing that the instrument was reliable and was appropriate for the study.

Data Analysis: The research questions were answered using mean and standard deviation while Analysis of Covariance (ANCOVA) was used in testing the null hypotheses at 0.05 level of significance. The decision rule was that if the p-value < 0.05, reject H_0 and if the p-value is > 0.05, do not reject H_0 .

RESULTS

Table 1 shows that age is a factor in sources of conflict among nurses. Many nurses between the ages of 41-60 see achieving nursing goal as a major source of conflict. On the other hand, those between 21-40 see lack of clarity or the procedure to perform task as a major source of conflict than those from 41-60 years. Other variables seen as major sources of conflict among nurses between 21-40 than those between 41-60 years are personality animosity, inadequate remuneration, bullying by Senior nurses especially when one over spent her break period or receive visitor during duty, poor acceptable managerial leadership style, burnout due to heavy job assignment or heavy burns dressing, female dominance in the profession and petty jealousy, promotion stagnation, transferred aggression from home to work place, favouritism by managers. On the other hand, the sources which nurses between the ages of 41-60 years see as source of intra-professional conflict among nurses are personality clash, difficult implementing nursing process.

Table 1. Difference in Sources of Conflict Based on Age

S/N	Sources of Conflict	Means and STD							
		21-30 yrs		31-40 years		41-50 yrs		51-60yrs	
		X	SD	X	SD	X	SD	X	SD
1.	Nursing goal to be achieved like quick.	2.98	0.81	3.07	0.81	3.41	0.81	3.11	0.71
2.	Lack of clarity on the process or procedure of performance task.	3.19	0.91	2.89	0.91	2.40	0.51	2.11	0.41
3.	Personality clashes and lack of dialogue.	2.88	0.45	3.41	0.81	3.21	0.81	3.11	1.01
4.	Personality animosity against the nurse.	3.44	0.81	3.21	1.31	3.11	0.61	3.01	0.72
5.	Disparity in academic qualification between graduates and non-graduates.	3.21	0.71	2.91	1.26	3.01	0.61	3.00	0.61
6.	Inadequate remuneration.	3.18	0.70	3.41	0.81	3.65	0.99	3.61	0.81
7.	Inadequate welfare package.	3.11	0.81	3.11	0.95	3.68	0.99	3.71	1.01
8.	Difficulty in implementing the nursing process.	2.41	0.45	3.01	0.62	3.52	1.00	3.71	1.11
9.	Disrespectfulness by young graduate nurses.	2.51	0.68	2.51	0.61	3.41	0.81	3.11	0.78
10.	Bullying by Senior nurses especially when one over spent her break period or receive visitor on duty.	3.12	0.91	3.11	0.81	2.11	0.41	2.01	0.51
11.	Poor acceptable managerial leadership style.	3.28	1.01	3.31	0.81	2.11	0.41	2.01	0.22
12.	Burnout due to heavy job assignment or heavy burns dressing.	3.41	1.08	3.41	0.91	2.41	0.51	2.11	0.31
13.	Female dominance in the professional and petty jealousy.	2.51	0.51	2.22	0.45	2.00	0.21	1.99	0.21
14.	Promotion stagnation.	3.51	1.87	3.30	1.38	3.61	0.78	2.71	0.51
15.	Unfriendly colleagues and uncondusive work environment.	2.51	0.52	3.51	0.88	3.71	0.81	3.01	0.71
16.	Transferred aggression from home to work place.	3.31	1.00	3.25	0.99	3.00	0.61	3.11	0.68
17.	Lack or limited materials and supplies to work with.	3.41	1.12	3.11	1.24	3.62	0.72	3.71	0.78
18.	Favoritism by managers.	3.62	1.13	3.02	1.41	2.81	0.66	2.51	0.54
19.	Communication breakdown.	3.41	1.12	3.08	1.49	3.11	0.81	3.77	0.79

Table 2. ANOVA onSignificant Difference between Sources of Intra-Professional Conflict among Nurses Based on their Ages

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	12.536	3	4.178	37.639	.526
Within Groups	130.308	1173	0.111		
Total	132.844	1176			

The cluster means of 3.11, 3.10, 3.04 and 2.91 respectively for nurses between the ages of 21-30yrs, 31-40yrs, 41-50yrs and 51-60 years show that intra-professional conflict affects nurses of 21-30yrs the most, followed by nurses of 31-40yrs while nurses of 51-60 years are least affected by intra-professional conflict. Table 2 reveals a significant difference between sources of conflict among nurses based on their ages; $F(3, 1173) = 37.639$; $p > 0.05$. This means that the null hypothesis is not rejected because the p-value is greater than the alpha value of 0.05. Therefore, there is no significant difference between sources of intra-professional conflict among nurses based on their ages.

DISCUSSION

The findings of the study revealed that intra-professional conflict negatively affects nurses of 21-30yrs the most, followed by nurses of 31-40yrs while nurses of 51-60 years are least affected by intra-professional conflict. Workplace conflict could be said to fall into two categories, above the line which is obvious and challenging conflict, such as a senior member of staff yelling at a new graduate on the ward, and below the line, which is less explicit and noticeable but may involve bullying behaviour and be equally damaging. The deduction here is that the older a nurse gets, the less disposed they are to intra-professional conflict. In other words, older nurses are more matured in handling matters of conflict unlike their younger counterparts. This is rather not surprising given that chronological age is considerably associated with responsibility. Thus, the older one gets, the more responsible they are expected to be. Consistent with the findings of the current study is the finding of El Dahshan and Moussa, (2019) that conflicts level was high among younger nurses than older nurses in both Egyptian and Saudi hospitals. Similarly, Akel and AbdElazeem (2015) found that a statistically significant relationship existed between level of conflict and nurse's age. The findings of the study further indicated that there was no significant difference between sources of intra-professional conflict among nurses based on their ages. In other words, intra-professional conflict occurs across all ages. Thus, intra-professional conflict is not predominantly a function of age.

CONCLUSION

In view of the findings of the study, it was concluded that age negatively affects intra-professional conflict among nurses. Again, it was concluded that while the effect is stronger on younger nurses than older nurses. It was further concluded that the effect of age on intra-professional conflict among nurses is not significant and could easily be resolved.

RECOMMENDATION

The following recommendations are made based on the findings and the implications:

- Ministry of health and employers of nurse should endeavor to organize regular conferences and workshops for younger nurses on the tactful ways of managing intra-professional conflict.
- Young nurses should be given proper orientation immediately after being employed.
- Identify potential conflicts before they occur.
- Communication needs to be clear, and it needs to be often. It also needs to be a two-way street.

Area of Further Studies: Given that the context of this study was limited to nurses in selected health facilities in Anambra state, future research could consider another subsector or nurses from other states. Such studies could give insight on why there is a notion that nurses eat their young. Again, future research may consider why young nurses do not relate well with their senior colleagues.

Ethical Consideration: The researcher maintained the following ethical considerations during the course of the research: anonymity and confidentiality of participants, obtained informed consent and voluntary participation.

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