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Interprofessional Conflict Among Healthcare Teams in Nigeria: Implications on Quality of Patient Care

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Abstract

Background: Patient care in Nigeria is essentially an interprofessional teamwork. The functionality of the team may have substantial implications on the quality of patient care as well as the professional satisfaction of individual professionals in the health team. This study was designed to identity if interprofessional conflicts existed in health teams in health institutions in southeast Nigeria, and to explore their nature, course, identify the extant resolution mechanisms and to start to identify and document feasible mechanisms to mitigate the conflicts. The aim is to enhance the functionality of health teams for an overall better patient care outcome.

Method: An online questionnaire survey collected data from 58 health healthcare professionals in four healthcare settings in the southeast of Nigeria. Quantitative and qualitative analyses were conducted resulting in seven central themes of conflict. The paper adopted narrative qualitative survey tools to survey a cohort of healthcare professionals who have practiced for varying periods. This study investigated the existence, or otherwise, and nature of the conflicts within health teams, probes the most at conflict as well as approaches being used in conflict resolution.

Results: Many institutional conflicts exist among the healthcare teams. There are several conflict resolutions approaches that are being employed to resolve the conflicts. Most resolutions are simply the avoidance approach. Many of the conflicts potentially affect patient care outcomes but these are issues that could be resolved on a permanent to semi-permanent basis at local levels whilst others are broader institutional issues that will require external fixes.

Discussion: There is a need to improve on the team process for healthcare professional early and systematically. Key or essential steps for doing this based on the importance of continued attentions to better patient care approaches are provided in this paper.

Introduction

The healthcare industry is a complex system of multidisciplinary professionals constrained to work together in other to achieve the collective goal of good patient health, safety and wellbeing. Delivering healthcare requires different professional groups working as teams, sharing information, and reaching agreement [1]. Whenever health professionals work together as a team, conflict is inevitable and conflict can have negative effects on patient care, job satisfaction, personal wellness, and professional productivity [2, 3]. The WHO long recognized the need for interprofessional education as a strategy for achieving world health goals [4]. Teams in health care delivery may be composed of medical doctors, nurses, laboratory scientist, radiologic diagnosticians, physiotherapists, pharmacists, medical records personnel, dieticians, health economists among many other categories. A crucial assumption therefore is that functional teams are required to better provide proper patient care.

The healthcare teams may also take many forms such as: disaster response teams; teams that perform emergency operations; hospital teams caring for acutely ill patients; teams that care for people at home; and teams that include the patient and loved ones, as well as several supporting health professionals [5]. Due to these different forms healthcare teams could take, they can therefore be large or small, centralized or dispersed, virtual or face-to-face, while their respective tasks can be focused and brief or broad and lengthy [5]. Psychologists have proposed 4 categories: (a) advice and involvement teams, (b) production and service teams, (c) project and development teams, and (d) action and negotiation teams. An example of an advice and involvement team in health care is a quality

improvement team, which serves to recommend process changes in a healthcare practice or hospital and to engage people in making the changes successfully [6].

Collaboration between these heterogeneous healthcare teams is a crucial determinant of the quality-of-care process. Quality of teamwork among healthcare professionals have been associated with patient mortality, morbidity, patient satisfaction and healthcare provider job satisfaction [1, 7]. Interprofessional collaboration in healthcare delivery is therefore essential for improved patient outcome. One clear barrier to inter-professional collaboration is conflict [2]. There are many reported sources of conflict in the health care delivery settings, but these are rarely documented or even discussed [8]. Intra-professional conflicts were linked with less patient-centred care, whereas inter-professional conflicts were linked with less timely care. In any case there is a constraint to patient care [9].

Conflict, in general, refers to forms of friction, disagreement, or discord occurring within a group when the beliefs or actions of one or more members of the group are either resisted by or unacceptable to one or more members of another group. Conflict is a complex phenomenon. It can exist at different levels: intrapersonal, interpersonal, intra-group, inter-group [10]. Interpersonal conflict occurs within the person and takes place when a person must choose between alternatives while interpersonal conflict occurs between people [10]. Conflicts can also arise between members of the same profession, known as intra-professional conflict, or it can occur between members of two or more profession, known as inter-professional conflict [11]. Inter-professional conflict may involve violence, interpersonal discord, and psychological tension. Conflicts of interests, values, and ethics could arise in healthcare settings where each health care professional have a different educational background, code of ethics, value system, and perspective on patient care as well as rivalry [12].

The typical Nigeria healthcare delivery system is made up of teams, it is a classical system where conflict is inevitable. And the conflict situation could be confounded by certain cultural traditions. The scope and nature of the conflicts in healthcare teams in Nigeria has not enjoyed deserved inquiry and documentation congruent to its size and diversity especially in resource constrained settings in which many healthcare teams operate in the country. Workplace conflict among professionals is reportedly frequent in many countries [9]. Conflicts within teams can involve harsh language (yelling, threats, profanity), blaming, breakdown in communication, or disruptive conduct which may result to poor teamwork associated with high level of medical errors and adverse events for patients [1, 9]. Some investigators have reported that not all conflicts in workplaces are problematic; noting that when properly handled, such conflicts may yield positive outcomes and strengthen group dynamics. These situations are only problematic when poorly managed resulting in poor patient care, low job satisfaction and declined professional productivity [2]. Without a proper understanding of conflict between health care professionals, designing effective conflict management training programs for trainees that reflect the complexity of the clinical working environment is difficult.

In this paper, the authors studied conflicts situations of health teams and attempted to identify and describe the forms and sources of inter-professional conflicts based on real-life experiences of practitioners. We hypothesized that workplace conflicts in health professions deleteriously constrains patient care and professional development. The purpose of this study is to begin to define and document the potential consequences of conflicts in our system and to seek sustainable solutions for the overall betterment of patient care. We expect that the paper will help identify and categorize types of conflicts in Nigerian health teams.

Methods

Interviews and Subjects

Survey tools: The tool employed a mix of in-depth interview and structured questionnaire. The survey tool explored the nature, course, and consequence of inter-professional rivalry and conflicts in the Nigerian health care setting. The tool was electronic (Google forms) self-administered modality mixed with explanatory notes. The completion of the forms was after *Informed Consen*t was signed by all interviewees with the assurance that information was to be used for academic purpose only given. The second aspect of the survey was in-depth interviews to facilitate coding of the reports. A structured qualitative interview tool was designed to ascertain specific workplace real life experiences of seven selected groups of health professionals involved in patient care in areas of professional work conflict. Interviewees were required to describe the circumstance, identify the professional parties involved, the course and consequence of the conflict or rivalry, and to make suggestions for possible mitigation of such conflicts in future or remediation approaches adopted under the specific circumstance. The findings were extracted, examined, and grouped into themes for analyses, discussions, and conclusions.

Subjects: The subjects were healthcare providers who were currently working in any of the four selected institutions in the south east of Nigeria. The selected hospitals were: i) National Orthopedic Hospital Enugu, ii) Enugu State University of Science and Technology Teaching Hospital, Parklane, iii) University of Nigeria Teaching Hospital, Ituku Ozalla, and iv) Nnamdi Azikiwe University Teaching Hospital, Nnewi. The subjects belonged to either of seven healthcare professions. A total of 58 healthcare professionals consented to participate in this study. The Subjects were professionals who had worked for not less than one year as part of a typical healthcare team. The healthcare team chosen for this study included doctors, nurses, physiotherapists, pharmacists, dentists, and laboratory scientists. The detailed characterization of the subjects is provided in Table 1.

Data Analysis: Some pieces of the quantitative information of the respondents were auto analysed. However much of the qualitative data was analysed using standardized narrative qualitative analysis respondents interview transcripts and data formed the unit of analysis. The analysis used mean and percentages. Any mean point of 0.01-1.00 was regarded as “Strongly Disagree”, 1.01-2.00 was regarded as “Disagree”, 2.01-3.00 was regarded as “Neutral” and 3.01-4.00 was regarded as “Agree”, while any mean point above 4.01-5.00 was regarded as “Strongly Agree”.

Ethical Clearance: Ethical clearance was obtained from the offices of the Chairman Medical Advisory Committee and the Ethical Clearance Protocol Committee, respectively, of the University of Nigeria Teaching Hospital, Ituku Ozalla, Enugu and the National Othopaedic Hospital, Enugu.

Results

Demographic Characteristics of Healthcare Professionals/Respondents

Table 1
Demographic Characteristics of Respondents

Profession	Number (%)	Total
Medical Doctor	22 (37.9%)	**58**
Nurse	7 (12%)	
Radiographer	5 (8.6%)	
Pharmacist	8 (13.8%)	
Medical Laboratory Scientist	6 (10.3%)	
Physiotherapist	8 (13.8%)	
Dental Technologist	2 (3.4%)	
Gender		**58**
Male	31 (53.4%)	
Female	27 (46.6%)	
Years of Professional Education		**58**
5 years and below	22 (37.9%)	
6-10 years	24 (41.4%)	
11 years and above	12 (20.7%)	
Years in Services		**58**
1-5 Years	31 (53.5%)	
6-10 Years	14 (24%)	
10-20 Years	7 (12 %)	
20 and above	2 (3.5%)	

Table 1 above shows the demographic profile of a cohort of fifty-eight (58) healthcare professionals in four large and two small hospitals in South-East Nigeria. The cohort comprised of Medical doctors represents (37.9%), Nurse/Midwives (12%), Radiographers (8.6%), Pharmacists (13.8%), Medical laboratory scientists (10.3%), Physiotherapists (13.8%) and Dentists and Dental technologists representing (3.4%). Of the 58 participants, 53.4% were males and 46.6% were females. In terms of years in service, 31 professionals have rendered service for five years and below, 14 professionals have served for 6-10 years, seven professionals have served for 10-20 years and two professionals have served for 20 years and above and two professionals have served for 20 years and above representing 53.5%, 24%, 12% and 3.5% respectively. Most of the respondents were professionals who had practiced for five years and below. 46 of the interviewees reported having experienced one form of conflict or the other in their health groups representing a high conflict occurring frequency of 80 percent in this cohort.

Table 2
Types of Conflict Experienced by health professionals.

Types of Conflict	Never	Seldom	Often	Always	Mean	SD
	1	2	3	4		
Role Conflict1	2	26	8	10	2.57	0.87
Communication Conflict2	2	17	7	8	2.38	0.94
Personality Conflict3	2	15	8	6	2.58	0.87
Ethics/ Value Conflict4	2	9	4	3	2.44	0.89

1 Defined policy, job description and management

2 The way one professional communicates with another or the lack of communication itself.

3 Arising from fundamental incompatibility in their personalities, approaches to things, or their lifestyle.

4 Occurs when a decision guided by a set of values which another with different set of values thinks is wrong.

Table 2 shows the different types of conflict experienced and the purported frequency of the conflict experienced. From the analysis of health professionals interviewed, personality conflict (x=2.58, SD=0.87) and role conflict (x=2.57, SD=0.87) are the most occurring types of conflict in workplace settings. While ethics/value conflict (x=2.44, SD=0.89) and communication conflict (x=2.38, SD=0.94) are the types of conflict less experienced in healthcare workplace setting.

Table 3
Team Conflicts Themes determined from Professional Narratives

Description	Coding of Conflict situations as reported by respondents for each of the conflict situations typology
Communication conflict: The way one professional communicates with another or the lack of communication itself	1. The medical doctors fault the nurses for not handing over some tasks appropriately. 2. Other health professionals, especially the nurses, get offended occasionally with the condescending way, they say, the doctors and Physiotherapists talk to them. Many feel there would be harmony if everyone felt respected. 3. Medical doctors feel some nurses do not read the patients' case notes/folders to see the line of management. The nurses would rather carry out instructions they infer from the nurses' record books.
Ethics/Value Conflict: Occurs when someone makes a decision guided by their values and someone else thinks that they made the wrong decision	1. The Pharmacists are usually at logger heads with the medical doctors, especially when the doctors prescribe medications the pharmacists see as wrong (wrong doses, etc.) 2. Discussing weakness or faults of other health professionals with the patients. 3. Inappropriate dressing by another health professional.
Role Conflict: Defined policy, job description and management	1. Medical doctor insisting to have superior knowledge in carrying out patients' laboratory test; often ending up giving a wrong result that had negative impact on the patient. 2. Medical lab scientists refusing doctors in lab medicine access to laboratories. 3. Nurses and medical doctors are often in conflict about whose responsibility it is to do certain procedures. Typical examples are setting up an Intravenous access and administering intravenous medications. Another is wound care/dressing. 4. The Medical Laboratory Scientists and the Medical doctors argue over who should collect body fluid samples from patients. 5. Laboratory personnel, nurses and doctors are in conflict on who should take blood products for patient transfusion from the blood bank to the patient's bed side. 6. Young doctors, especially interns, feel humiliated when they are made, by senior doctors, to do the jobs of other health professionals. It increases the animosity they feel for other health professionals. 7. Physiotherapists feel the doctors do not understand the role and expertise of a Physiotherapist.

Description	Coding of Conflict situations as reported by respondents for each of the conflict situations typology
Personality Conflict: Arising from fundamental incompatibility in their personalities, approaches to things, or their lifestyle.	1. Different health professionals perceive the medical doctors as nurtured to be arrogant and high handed. 2. Some health professionals who by nature are violent bring their ugly side to the workplace. 3. Inability of some persons to apologise when wrong; especially the doctors. 4. Nurses and cleaners often feel belittled when the doctors leave the 'very' dirty work for them to do. Example is leaving behind a pool of blood after performing a procedure without nicely telling them to clean up. 5.Some junior doctors complain of not receiving due assistance from some nurses. They say same nurses would gladly assist a more senior doctor in same circumstance.

The researchers compiled a stratified random sample of fifty percent of the respondents to ensure deeper qualitative assessment. This included respondents from the 'medical doctor' category, from the 'nurse' category, from 'radiographer' category, from the 'pharmacist' category, from the 'medical laboratory' category and from the 'physiotherapy' category. The selected sample narratives were first reviewed separately by three of the authors before they met together to synthesize their outputs by critically analysing the individual samples and assigning conflicts typology to the themes. The researchers developed themes from literature and these themes were: communication, ethics/values, roles, personality and systems. Sample respondents that had incomplete or inexplicit responses were screened out and replaced by other selected random sampling.

Institutional and management issues: system conflict

An unclassified but derived type of conflict that became obvious from in-depth interviews was the system conflict. This had to be differently coded from the coded narratives of Table 3. A System Conflict is caused by organizational policies and procedures such as management, educational requirements, compensation plans, and leadership styles. Many interviewees reported as follows. A) Nurses, especially, are said to have low motivation stemming from low pay. This is believed to make their service to patients lack lustre, and often infuriate the patients. Thus, bringing conflict in the teams providing service. B). Other health professionals have a perception that there is an unhealthy outstanding difference between their remunerations and that of the medical doctors.

Table 4
Professional Group that Conflicts the most

Profession	Frequency (%)
Doctor	32 (55.2%)
Nurse	12 (20.7%)
Radiographer	2 (3.5%)
Physiotherapist	1 (1.7%)
Medical Laboratory Scientist	9 (15.5%)
Pharmacist	1 (1.7%)
Dentist	1 (1.7%)
Total	**58 (100%)**

From the Table 4 above, the professional group that appears to conflict the most in healthcare are doctors, about 55.2% (32) of the respondents affirmed that they had more conflicts with doctors than other healthcare professionals; 20.7% (12) of the respondents affirmed that they had more conflicts with nurses than with other healthcare professionals; 15.5% (9) of the respondents affirmed that they conflicted more with laboratory scientist than with other healthcare professionals; 3.5% of the respondents said that they conflicted more with radiographers; while only 1.7% (1) of the respondents affirmed that they conflicted more with pharmacists, physiotherapists and dentists than with other healthcare professionals. Most inter-professional conflicts apparently occur among doctor and nurse in a health team from this study. The focus on deeper clarification of this significant finding will be a subject of further inquiry.

Resolution approaches of conflict situations

We coded the responses individual respondents adopted to the various conflict situations into any of the five approaches in Table 5. This will represent the dominant approach they adopt in conflict situations whilst working in a healthcare team.

Table 5
Individual Behaviour when in Conflict

Individual Behaviour	***Doctor***	***Nurse***	***Radiographer***	***Pharmacist***	***Lab Scientist***	***Physiotherapist***	***Dental Tech***	***Total***
Collaborating	1	-	-	-	-	-	-	**1**
Arguing	6	2	4	1	1	-	-	**14**
Negotiating	5	1	-	4	2	2	2	**16**
Compromise	1	1	1	-	-	-	-	**3**
Avoiding	9	3	-	3	3	6	-	**24**
Total	**22**	**7**	**5**	**8**	**6**	**8**	**2**	58

Table 5 shows the individual behaviour exhibited by professionals when in conflict. The individual behaviour of avoiding was the most utilized response exhibited amongst all professionals (24) while the individual behaviour of collaborating was least utilized response exhibited amongst professionals (1). The individual behaviour of avoiding was most utilized among doctors, nurses, laboratory scientists, and physiotherapists (9, 3, 3, and 6); individual behaviour of arguing was most utilized by radiographers (4); and individual behaviour of negotiating was most utilized by pharmacists and dentists and dental technologists (4, 2). On the other hand, individual behaviour of collaborating and compromising was least utilized by the professionals. This finding is scarcely surprising if these professionals were *ab initio* not deliberately trained to work together on collaboration and teamwork basis.

As indicated in figure 1, avoidance is apparently the most used resolution approach. Avoiding as a conflict resolution method scarcely addresses the root of the issue and conflicts recurrence is highly likely. Negotiating is the next most popular escape route for the conflicting health professionals. It is uncertain if this negotiation is on equal terms and level playing field given the extant conflicts in the system as reported at the interviews by some of the professionals in which the system is reportedly more favourable to some professionals in the health team.

Though a few professionals reported using argument to resolve conflict situations, albeit small, one can imagine members of a health team in any form of argument in patient care situations.

Discussion

The goal of this study was to identify and characterize the types of conflict experienced by different members of a healthcare team, the professional group that conflicts the most and the individual resolution strategies adopted by the professionals and to project how this might impact overall patient care. We have used large and small healthcare systems as study sites to mitigate size and setting as confounding factors and a relatively functional sample size to assure in-depth understanding and analysis.

The results of our study show that a) there is indeed inter-professional conflicts in the Nigerian health care professional teams, b) conflict occurs in the workplace settings of teams comprising the seven professional groups used in this study, c) the conflict starts to show even within the first 5 years of professional practice as indicated in Table 1, and, d) the conflicts among healthcare teams potentially impact the quality of care of patients. There is no indication from this study that a system-wide framework exists to address this obvious inter-professional conflict that can potentially impact healthcare. Conflict often causes decided tension in the workplace and often produces poor professional outcomes. A professional dealing with conflict can experience a crisis of confidence and often ends up second-guessing himself or herself [13]. These conflicts can pose threats to professionals physical, mental, and emotional health and one's ability to perform at work. Interpersonal dynamics were hampered by colleagues' uncivil behaviours, such as low degree of support, to more destructive behaviours including bullying or humiliation as indicated in the table of conflict situations.

Our study further shows that the type of conflict that is most pervasive appears to be *personality conflict*. Interpersonal conflict is a disagreement between two persons or subgroups of an organization including rancor and dissatisfaction [14]. A previous study stated that opinions, beliefs, maturity, uniqueness of attitude, emotional stability, gender, education, and language constitute personality differences that leads to workplace conflict [15]. Interpersonal relationships amongst coworkers play a particularly important role in conflict situations. Martin and Dawson in Shah (2017) opined that relationships are the main source of pleasure and provide defense against stress and because of good relationships, individuals could receive active assistance for difficult tasks and challenges in job, emotional support in their daily lives, and comradeship in shared responsibility. These result in better productivity

and performance in service delivery of the persons involved [16, 17]. Conversely, the lack of good working relationship will lead to conflict associated with strained working atmosphere and poor performance. Role conflict is the second most occurring type of conflict experienced by healthcare professionals. Role conflict occurs when roles identified with two professionals with different statuses and description of duties are unclear [10, 18].

The goal of the healthcare system is to provide patient care. Health professionals from various disciplines need to work together to achieve this prime objective. However, other studies have shown that when these professionals come together, conflict is nearly inevitable within and between teams and these inter-professional conflicts could be linked to varied issues such as different philosophical views regarding patient care, scope of practice, personality differences and power differentials.7 In our study, we report *situations of conflict* that manifest variously as listed hereunder:

a. The medical doctors fault the nurses for not handing over some tasks appropriately.
b. Other health professionals, especially the nurses, get offended occasionally with the condescending way, they say, the doctors and Physiotherapists talk to them. Many believe there would be harmony if everyone felt respected.
c. Medical doctors feel some nurses do not read the patients' case notes/folders to see the line of management. The nurses would rather carry out instructions they infer from the nurses' record books.
d. The Pharmacists are usually at logger heads with the medical doctors, especially when the doctors prescribe medications the pharmacists see as wrong (wrong doses, etc.)
e. Discussing weakness or faults of other health professionals with the patients.
f. Inappropriate dressing by another health professional.
g. Medical doctor insisting to have superior knowledge in carrying out patients' laboratory test; often ending up giving a wrong result that had negative impact on the patient.
h. Medical laboratory scientists refusing doctors in lab medicine access to laboratories. (Both g and h happen in facilities where systems are ill-defined, and roles not clarified and supervised)
i. Nurses and medical doctors are often in conflict about whose responsibility it is to do certain procedures. Typical examples are setting up an Intravenous access and administering intravenous medications. Another is wound care/dressing.
j. The medical laboratory scientists and the medical doctors argue over who should collect body fluid samples from patients. Patient care is reportedly adversely affected in this situation of conflict.
k. Laboratory personnel, nurses and doctors are in conflict on who should take blood products for patient transfusion from the blood bank to the patient's bed side.
l. Young doctors, especially interns, feel humiliated when they are made, by senior doctors, to do the jobs of other health professionals. It increases the animosity they feel for other health professionals.
m. Physiotherapists feel the doctors do not understand the role and expertise of a Physiotherapist.
n. Different health professionals perceive the medical doctors as nurtured to be arrogant and high handed.
o. Some health professionals who by nature are violent bring their ugly side to the workplace.
p. Inability of some persons to apologize when wrong, especially the doctors.
q. Nurses and cleaners often feel belittled when the doctors leave the 'very' dirty work for them to do. Example is leaving behind a pool of blood after performing a procedure without nicely telling them to clean up.

r. Some junior doctors complain of not receiving due assistance from some nurses. They say same nurses would gladly assist a more senior doctor in same circumstance. This constrains skills transfer to the new professional.

Analyses of Situation of Conflicts

Exploring the nature and dimensions of the conflicts in context as listed above from in-depth interviews provided clearer conflict case course and consequences. It was obvious from above that junior care professional may miss out on learning opportunities; professionals may be unhappy and dysfunctional members of the team, disharmony, to possibilities of antagonism and sabotage! In all such situations, the patient is apparently the loser.

We want to state that conflict management is essential for patient care in our care settings. Teamwork approach by health professions is a good patient care approach. Therefore, a continual inter-professional dialogue is critical for facilitating teamwork health among professional. The leadership of a medical/health team is well defined. It seems therefore that leadership must demonstrate and be seen to be demonstrating true leadership and inclusiveness. Addressing teamwork approach will also include early and deliberate inclusion and inculcation of team spirit in schools and professional meetings. All professionals need varying levels of professional recognition, sense of belonging and practice space. Clinicians should have training, or some exposures, to teamwork, leadership, interpersonal communication, definition of roles and responsibilities during their professional training and at their workplaces. Some authors have advocated for the development and implementation of a curriculum on *health inter-professional practice*. Inter-professional relationship training may really need to be included in all health professional education curricula.

Conclusions

Findings from this study can be used to design inter-professional curriculum to improve outcomes from conflicts and improve wellbeing, job satisfaction, and reduce patient turnover. It is apparent that healthcare teams are challenged by significant situations of conflict. Many of the issues are institutional and will require significant external fixes. However, many of the issues are administrative and management in nature and can benefit from local level interventions. In any case, the goal will always ensure that healthcare teams are established and functional with core objective of ensuring the best care for the patient. We summarise that in any case, the 9 step approaches as articulated in Table 7 is recommended for establishing functional health teams in many care settings. Management of hospitals should consider team conflicts as a potential threat to quality of care and support conflict management programs.

Table 7
Steps to establishing functional healthcare teams.

Essentials of Healthcare Teams Development		
a) Training on teamwork	b) Team based statutes and structures or management systems and processes	c) Team leadership defined
d) Affirmation of a common goal/vision	e) Supportive communication channel	f) Optimal use of team members expertise
g) Mechanisms for convergence of opinions and solutions	h) Fair and equitable reward of team members	i) Patient centered in all cases.[19]

Declarations

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Conflict of Interest: The authors declare no conflict of interest/ competing interest.

Authors' Contribution: All authors contributed equally in conceptualizing, writing, proof reading and funding this work/study.

Ethical Approval and Consent to participate: Consent for publication and Ethical clearance were obtained from the offices of the Chairman Medical Advisory Committee and the Ethical Clearance Protocol Committee, respectively, of the University of Nigeria Teaching Hospital, Ituku Ozalla, Enugu and the National Othopaedic Hospital, Enugu. Study was carried out in accordance with relevant organizational and scientific guidelines and regulations. Informed Consent was signed by all interviewees with the assurance that information was to be used for academic purpose only given.

Consent for Punlication: NA

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Availability of Data: All data and materials from the study are available for public use on request from the corresponding author: Princewill Ikechukwu Ugwu, Department of Physiology, College of Medicine, University of Nigeria, Nigeria; Email: princewill.ugwu@unn.edu.ng

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Table

Table 6 is not available with this version.

Figures

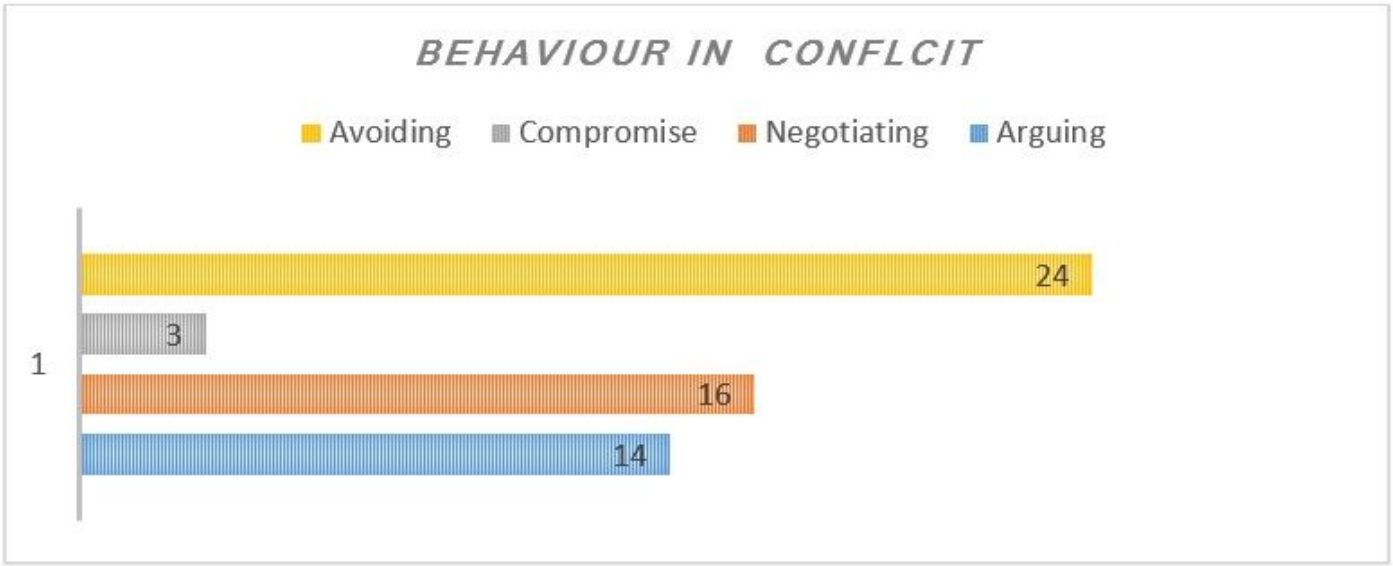

Figure 1

Healthcare professionals' behaviour during conflict situations